

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06472

Entity Name: AETNA HEALTH INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

4630 WOODLANDS CORP BLVD
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

151 FARMINGTON AVE.,
W101
HARTFORD, CT 06156

New Mailing Address:

FEI Number: 59-2411584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, CLARENCE C
Address: 4630 WOODLANDS CORP BLVD.
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: MARTINO, GREGORY S
Address: 980 JOLLY RD,U13A
City-St-Zip: BLUE BELL, PA 19422

Title: VPT () Delete
Name: COFRANCESCO, ELAINE R
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: DVP () Delete
Name: HAUSER, JR, WILLIAM E M.D.
Address: 11675 GREAT OAKS WAY
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: WIGHTMAN, DEBORAH M
Address: 11675 GREAT OAKS WAY
City-St-Zip: ALPHARETTA, GA 30022

Title: VPS () Delete
Name: LEE, EDWARD C
Address: 151 FARMINGTON AVENUE,RC4B
City-St-Zip: HARTFORD, CT 06156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FCON (X) Change () Addition
Name: BOLTON, ALICIA H
Address: 980 JOLLY RD
City-St-Zip: BLUE BELL, PA 19422

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD C. LEE

VPS

04/13/2009

Electronic Signature of Signing Officer or Director

Date