## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06472

Entity Name: AETNA HEALTH INC.

FILED Mar 26, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4630 WOODLANDS CORP BLVD TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

151 FARMINGTON AVE., TS1 FARMINGTON AVENUE RT65 RT65 HARTFORD, CT 06156 HARTFORD, CT 06156

FEI Number: 59-2411584 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 LABORDE, MARK R

 Address:
 841 PRUDENTIAL DR

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: VP

Name: MARTINO, GREGORY S Address: 980 JOLLY RD,U13A City-St-Zip: BLUE BELL, PA 19422

Title: VPT

Name: COFRANCESCO, ELAINE R Address: 151 FARMINGTON AVE. City-St-Zip: HARTFORD, CT 06156

Title: PFOC

 Name:
 PALMA, JENNIFER A

 Address:
 980 JOLLY RD

 City-St-Zip:
 BLUE BELL, PA 19422

Title: [

 Name:
 ENTERLEIN, KEVIN P

 Address:
 1600 SW 80TH TERRACE

 City-St-Zip:
 PLANTATION, FL 30022

Title: VPS

Name: LEE, EDWARD C

Address: 151 FARMINGTON AVENUE, RC4B

City-St-Zip: HARTFORDL, CT 06156

I hereby 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 all other like empowered.

SIGNATURE: EDWARD C. LEE VPS 03/26/2012