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LIMITED LIABILITY REINSTATEMENT

AETNA HEALTH ADMINISTRATORS, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000617

1. Limited Liability Company's Name
Aetna Health Administrators, LLC

2. Principal Office Address		3. Mailing Office Address	
980 Jolly Road		151 Farmington Avenue, W101	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Blue Bell, PA		Hartford, CT	
Zip	Country	Zip	Country
19422	US	06156	US

4. State/Country of Formation: PA

5. Date Organized or Qualified To Do Business in Florida: 03/07/2002

6. FEI Number: 23-3101414 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Salvina Amelita-Gray (REGISTERED AGENT MUST SIGN) SALVINA AMELITA-GRAY Date 11/8/04
SPECIAL ASSISTANT SECRETARY

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Aetna Life Insurance Company	151 Farmington Avenue	Hartford, CT 06156

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. AETNA LIFE INSURANCE CO., SOLE MEMBER

Signature of Managing Member/Manager: Paige K Falasco Date 11/3/04 Daytime Phone # 860-273-3338

Typed or printed name of signing Managing Member/Manager: PAIGE M. FALASCO, As Asst. Corporate Secretary of Aetna Life Insurance Co.

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