

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90184 003 ****50.00

DOCUMENT # M02000000617

1. Entity Name
AETNA HEALTH ADMINISTRATORS, LLC



Principal Place of Business
**980 JOLLY ROAD
BLUE BELL, PA 19422**

Mailing Address
**151 FARMINGTON AVENUE, W101
HARTFORD, CT 06156**

DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
23-3101414

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVE.
HARTFORD, CT 06156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/13/05

Date

860 273-3977

Daytime Phone #