

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000103818

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** AETNA BETTER HEALTH INC.

**Current Principal Place of Business:**

4645 E COTTON CENTER BLVD, BLDG 1  
PHOENIX, AZ 85040

**New Principal Place of Business:**

**Current Mailing Address:**

151 FARMINGTON AVE.  
RT65  
HARTFORD, CT 06156

**New Mailing Address:**

151 FARMINGTON AVENUE  
RT65  
HARTFORD, CT 06156

**FEI Number:** 80-0671703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33334 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

**OFFICERS AND DIRECTORS:**

Title: CEPD  
Name: KELLY, THOMAS L  
Address: 4645 E COTTON CENTER BLVD, BLDG 1  
City-St-Zip: PHOENIX, AZ 85040

Title: VPAT  
Name: FISCHER, BRIAN K  
Address: 4645 E COTTON CENTER BLVD, BLDG 1  
City-St-Zip: PHOENIX, AZ 85040

Title: VPS  
Name: KESSLER, ROBERT MD  
Address: 4645 E COTTON CENTER BLVD, BLDG 1  
City-St-Zip: PHOENIX, AZ 85040

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

Title: VCON  
Name: CONTE, STEVEN M  
Address: 980 JOLLY RD.  
City-St-Zip: BLUE BELL, PA 19422

Title: D  
Name: HATFIELD, FREDERICK R  
Address: 4645 E COTTON CENTER BLVD, BLDG 1  
City-St-Zip: PHOENIX, AZ 85040

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

VPAS

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date