

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P40228** (9)
1. Corporation Name
AETNA HEALTH MANAGEMENT, INC.



Principal Place of Business 151 FARMINGTON AVE. MC64 HARTFORD CT 06156 US	Mailing Address 151 FARMINGTON AVE. MC64 HARTFORD CT 06156 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-3670795		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE. 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	CAMPBELL, A. BRUCE	1.2 NAME	Timothy E. Nolan
STREET ADDRESS	151 FARMINGTON AVE, MB66	1.3 STREET ADDRESS	980 Jolly Road
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	Blue Bell, PA 19422
TITLE	CEOP	2.1 TITLE	Principal Medical Officer
NAME	MALTZ, P ALLEN	2.2 NAME	Arthur G. Leibowitz
STREET ADDRESS	151 FARMINGTON AVE, MB66	2.3 STREET ADDRESS	980 Jolly Road
CITY-ST-ZIP	HARTFORD CT	2.4 CITY-ST-ZIP	Blue Bell PA 19422
TITLE	VP	3.1 TITLE	Senior Vice President
NAME	THOMAS, R WILLIAMS	3.2 NAME	Daniel S. Messina
STREET ADDRESS	151 FARMINGTON AVE, MB66	3.3 STREET ADDRESS	151 Farmington Ave
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	Hartford, CT 06156
TITLE	VP	4.1 TITLE	
NAME	SIMON, DAVID F	4.2 NAME	
STREET ADDRESS	980 JOLLY RD, UAA	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	Secretary
NAME	BURNS, JOSEPH K	5.2 NAME	Don H Liu
STREET ADDRESS	9030 STONY PT. PKWY., STE. 440	5.3 STREET ADDRESS	980 Jolly Road
CITY-ST-ZIP	RICHMOND VA 23235	5.4 CITY-ST-ZIP	Blue Bell, PA 19422
TITLE	AS	6.1 TITLE	
NAME	COLLERAN, ROBERT J	6.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE., MC64	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06156	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

[Signature]

[Signature]

CR2E034 (10/97)