

P 40228

CT CORPORATION SYSTEM

CORPORATION(S) NAME

- (1) Aetna Health Management, Inc.
(2) Aetna U.S. Healthcare, Inc.
(3) Prudential Health Care Plan, Inc.
(4) Aetna Insurance Company of Connecticut
(5) Aetna Health and Life Insurance Company
(6) Corporate Health Insurance Company

FILED
2001 JUL -9 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/09/01 01040--020
*****35.00 *****35.00

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/9/01

Order#: 4457363
C. COULLETTE JUL 09 2001

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Aetna Health Management, Inc.
2. The mailing address of the corporation is: 151 Farmington Avenue, MC64,
Hartford, CT 06156
3. Date of incorporation/qualification: 8/27/92 Document number: P40228
4. The name and address of the current registered agent and office:

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, Florida 32301

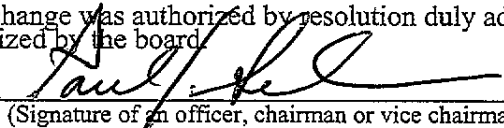
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

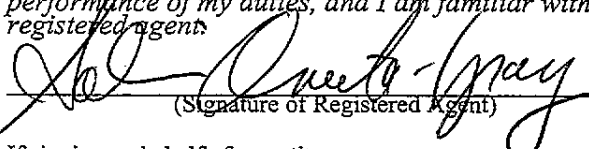

(Signature of an officer, chairman or vice chairman of the board)

6-27-01
(Date)

SENIOR INVESTMENT OFFICER
(Printed or typed name and title)

6-27-01
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY
(Date)

7/6/01

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)