Daytime Phone #

2002 Uniform Business Report (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P40228 1. Entity Name AETNA HEALTH MANAGEMENT, INC.						FILED Mar 14, 2002 8:00 am Secretary of State 03-14-2002 90059 035 ***150.00				
,	re of Business STON AVE. MC84 ST 06156	Mailing Address 151 FARMINGTON AVE. MC64 HARTFORD CT 06156 US 3. Mailing Address 151 FARMINGTON AVE, WIO) Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
2. Principal P	Place of Business #, etc.									
City & Stat		City & State HARTFURD CT			4. FEI Num	13-367079		No	plied For t Applicable]
Zip	Country	-06156	Country		5. Certifica	ate of Status Desired	- I I - T	8.75 Add ee Required		
	6. Name and Address of Current R	egistered Agent			7. Name a	nd Address of New I	Registered Ag	ent]
	PORATION SYSTEM		Nan Stre		(P.O. Box Nun	nber is Not Acceptabl	e)			1
	JTH PINE ISLAND RD. ION FL 33324							1 7 0 4		
	. <u> </u>		City				<u> </u>	Zip Code) 	1
Tax filing i	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002 Make Check Payable	FEE IS \$1	50.00 \$550.00		Election Campaign Fi Trust Fund Contribution	~ ~		May Be	-
11.	10 OFFICERS AND D	IRECTORS /	12.		ADDITION	IS/CHANGES TO OFF	ICERS AND D	IRECTORS	IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEBBER, ALAN J 151 FARMINGTON AVE HARTFORD CT 06156	(1) Delete	TITLE NAME STREET ADORI CITY-ST-ZIP	P BENN ISI HAR	NETT, ALAN FARMINGTO IFORD, CT	I M. N AVENUE O6156	[T Change	☐ Addition	2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KRAMER, WILLIAM I 980 JOLLY ROAD	□ Delete	TITLE NAME STREET ADDRI	VPA	5		{	Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLUE BELL PA 19422 VPT SMYK, DAVID C 980 JOLLY ROAD BLUE BELL PA 19422	☑ Delete	TITLE NAME STREET ADDRI	VP DOM 151 F HAPT	VEY, ROBE FARMINGTO TFORD CT	RTA N'AVENUE 106156		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ORKINS, LAWERENCE G JR 151 FARMINGTON AVE HARTFORD CT 06156	☐ Delete	TITLE NAME STREET ADDRE		(101 <u>m,</u> 0)		[☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIO SELIAN, PAUL J 151 FARMINGTON AVE HARTFORD CT 06156	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess			[_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess				☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address.	ue and accurate and that my ered to execute this report as	signature sha	all have the :	same legal eff	ect as if made under	oath: that I am	an officer of	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

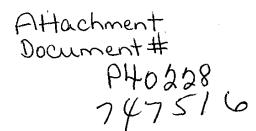
SIGNATURE:

DOCUMENT # P40228 1. Entity Name AETNA HEALTH MANAGEMENT, INC. Principal Place of Business 151 FARMINGTON AVE. MC84 HARTFORD CT 08156 US 152 Principal Place of Business 153 Mailing Address US 2. Principal Place of Business 3. Mailing Address US DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number	The state of the s				
Principal Place of Business 151 FARMINGTON AVE. MC84 HARTFORD CT 08156 US 2 Principal Place of Business 3. Mailing Address US Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE					
151 FARMINGTON AVE. MC84 HARTFORD CT 06156 US 2. Principal Place of Business 3. Mailing Address 151 FARMINGTON AVE. MC84 HARTFORD CT 06156 US DO NOT WRITE IN THIS SPACE					
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HARTFORD CT 06156 US 2. Principal Place of Business 3. Mailing Address IST HARMINGTON AVE, WIDT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3. Mailing Address 151 FARMINGTON AVE, WIO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE					
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE					
City & State City & State 4 FFI Number 1 I Ann	· .				
110000000000000000000000000000000000000	lied For Applicable				
Zip. Country Country 5. Certificate of Status Desired Fee Required	onal				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
Name					
C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324					
	<u> </u>				
City City FL Zip Code					
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.					
SIGNATURE					
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State	May Be Fees				
11. F OFFICERS AND DIRECTORS / 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	V 11				
TITLE SVP NAME WERRER ALAN J Delete TITLE PRINCIT, ALAN M.	Addition				
NAME STREET ADDRESS WEBBER, ALAN J STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	•				
CITY-ST-ZIP HARTFORD CT 06156 CITY-ST-ZIP HARTFORD CT 06156					
TITLE VPS Delete TITLE VPAS Change	Addition				
NAME KRAMER, WILLIAM I NAME					
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THE MAY	Addition				
NAME SMYK, DAVID C STREET ADDRESS ST					
CITY-ST-ZIP BLUE BELL PA 19422 CITY-ST-ZIP HARTFORD, CT 06/56					
TITLE AS Delete TITLE Change NAME ORKINS, LAWERENCE G JR	Addition				
STREET ADDRESS 151 FARMINGTON AVE					
CITY-ST-ZIP HARTFORD CT 06156 CITY-ST-ZIP					
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NAME SELIAN, PAUL J STREET ADDRESS 151 FARMINGTON AVE					
STREET ADDRESS 151 FARMINGTON AVE CITY-ST-ZIP HARTFORD CT 08156 CITY-ST-ZIP	•				
	I Addition				
NAME NAME	Addition				
D Stange	_ Addition				

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all purple like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Daytime Phone #





Aetna Inc. 151 Farmington Avenue, W101 Hartford, CT 06156

Law Document Center (860) 952-8658 (860) 952-8662

February 27, 2002

Department of State Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find the 2002 Uniform Business Report (UBR) enclosed, along with a check in the amount of \$150.00 for Aetna Health Management, Inc. Would you kindly stamp the extra copy of the form and return it to my attention so I can have a copy for my files. My address is located above and also on the enclosed business card. Thank you kindly.

Sincerely,

Dina Bagdigian

Analyst 📜