No. <b>W 30239</b>		Due no later than Apr 30, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		100	CT CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  AETNA HEALTH MANAGEMENT, LLC LILY H FAHNESTOCK 151 FARMINGTON AVE. W101		B U	1111 W JEFFERSON STE 530 BOISE ID 83702 USA  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		HARTFORD CT 06156						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held N	ame		Street or PO Address	Cit	y	State	Country	Postal Code
MEMBER AI	etna Heal	TH HOLDINGS LLC	151 FARMINGTON AVE	HA	RTFORD	СТ	USA	06156
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE		Signature: Venus Schroeter			Date: 05/05/2010			
W 30239		Name (type or print): Venus Schroeter			Title: Auth Rep			
Processed 05/05/2010 * Electronically provided signatures are accepted as original signatures.								