No. C 148518 Return to:		Due no later than Apr 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. AETNA HEALTH OF UTAH INC 10150 S. CENTENNIAL PARKWAY SANDY UT 84070 USA		2. Registered Agent and Address (NO PO BOX)			
				10 Page 10 Pag	C T CORPORATION SYSTEM		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter	r Names and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TODD D. TRETTIN		10150 S. CENTENNIAL PARKWAY	SANDY	υT	USA	84070
		UNG-I D. LEE	10150 S. CENTENNIAL PARKWAY	SANDY	UT	USA	84070
TREASURER JOHN PATRIC		CK MARONEY	10150 S. CENTENNIAL PARKWAY	SANDY	UT	USA	84070
DIRECTOR BRETT R. C		CLAY	10150 S. CENTENNIAL PARKWAY	SANDY	UT	USA	84070
DIRECTOR THOMAS J.		GROTE	10150 S. CENTENNIAL PARKWAY	SANDY	UΤ	USA	84070
DIRECTOR	TODD D TR	ETTIN	10150 S. CENTENNIAL PARKWAY	SANDY	UΤ	USA	84070
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
UT		Signature: Kelly Lettmann		Date: 03/29/2017			
C 148518		Name (type or print): Kelly Lettmann		Title: POA			
Processed 03/29/2017	7	* Electronically prov	ided signatures are accepted as original si	gnatures.			