

No. C 214121		Due no later than Jun 30, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AETNA STUDENT HEALTH AGENCY INC. 151 FARMINGTON AVE RW61 HARTFORD CT 06156 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JIN OAK HA	77 SOUTH BEDFORD STREET	BURLINGTON	MA	USA	01803	
VICE PRESIDENT	JOHN PATRICK MARONEY	77 SOUTH BEDFORD STREET	BURLINGTON	MA	USA	01803	
TREASURER	JOHN PATRICK MARONEY	77 SOUTH BEDFORD STREET	BURLINGTON	MA	USA	01803	
DIRECTOR	JIN OAK HA	77 SOUTH BEDFORD STREET	BURLINGTON	MA	USA	01803	
5. Organized Under the Laws of: MA C 214121		6. Annual Report must be signed.* Signature: KELLY LETTMANN Name (type or print): KELLY LETTMANN					
		Date: 05/10/2018 Title: POA					
Processed 05/10/2018		* Electronically provided signatures are accepted as original signatures.					