| No. W 30239 | Due no later than Apr 30, 2007 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---------------------------------|------------------|--|---------|-------------|--|
| Return to: | Annual Report Form | | | 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 HAN 151 FARMINGTON AVE. W101 HARTFORD CT 06156 | | BOISE ID 83 | 300 N 6TH ST BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresses of a | at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER AETNA HEALTH HOLDINGS LLC 151 FARMINGTON AVE HARTFORD CT 06156 | | | | | | 06156 | |
| 5. Organized Under the Laws of: | 6. Annual Report mus | | | | | | |
| DELAWARE | Signature: Venus Schroeter | | Date: | Date: 03/28/2007 | | | |
| W 30239 | Name (type or print): Venus Schroeter | | Title: | Title: Authorized Person | | | |
| Processed 03/28/2007 | * Electronically provided signatures are accepted as original signatures. | | | | | | |