

1.) CORPORATION NAME:

Aetna Health Insurance Company

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0220261**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 980 JOLLY ROAD

CITY/ST/ZIP: BLUE BELL, PA 19422

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GREGORY S MARTINO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	980 JOLLY ROAD		
CITY/ST/ZIP/CO:	BLUE BELL, PA 19422		
NAME:	ELAINE R COFRANCOSCO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	151 FARMINGTON AVE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06156		
NAME:	EDWARD C LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	151 FARMINGTON AVENUE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06156		
NAME:	JENNIFER A PALMA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PFO/CONT		
ADDRESS:	9080 JOLLY ROAD		
CITY/ST/ZIP/CO:	BLUE BELL, PA 19422		
NAME:	MARA P JACOBOWITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	980 JOLLY RD		
CITY/ST/ZIP/CO:	POB 1109 BLUE BELL, PA 19422		
NAME:	PATRICK R. YOUNG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	980 JOLLY RD.		
CITY/ST/ZIP/CO:	BLUE BELL, PA 19422		

NAME: BRIAN C. WINTERS TITLE: ASSISTANT CONTR ADDRESS: 980 JOLLY RD CITY/ST/ZIP/CO: BLUE BELL, PA 19422	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MICHAEL W. FEDYNA TITLE: VP/CHIEF ACTUAR ADDRESS: 151 FARMINGTON AVE. CITY/ST/ZIP/CO: HARTFORD, CT 06156	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ EDWARD C LEE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>EDWARD C LEE, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/11/2012</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.