

Address

10 WEYBOSSET STREET

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

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02903-

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Flling Period: September 1 - Nevember 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No. 129569 Aetna Rx Home Delivery, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island MAIL ORDER PHARMACY DELAWARE 5. Principal office address City State 151 FARMINGTON AVENUE HARTFORD 061Sb 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name IENUS Street Address State 151 FARMINGTON AVENUE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (3) Manager Name Street Address Street Address City State Zip City State Zφ ................ **Мападет** *Name* **Мапарет** *Name* Street Address Street Address Cuy State City 2.0 State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **CT CORPORATION SYSTEM** 

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

PROVIDENCE

FILED 129569*	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.
File Date AUG 2 1 2006  Check No	MM 8/1 09/13/05
By:	Signature of Authorized Person Date  WILLIAM C. BASKIN III AS ASST. SECRETARY
POR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

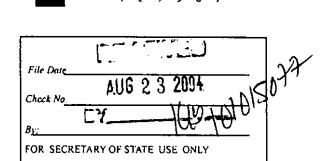


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE							
1. ID No. 129569	2. Exact name of the limited liability company AETNA RX HOME DELIVERY, LLC						
3. State of Formation	1	•	he business which is actually conduct	ed in Phode Island			
DE		er Pharmacy	ne outsides when to deliately conduct	to in Knobe island			
5. Principal office address			City	State	Zip		
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PE	RSON:		
Contact Name			Contact Title				
William C. Baskin III			. Assistant S	. Assistant Secretary			
Street Address			City	State	Zip		
151 Farmington Avenue			Hartford	СТ	06156		
7. NAME AND AD	FILL IN S	SPACES BEFORE USIN	LIMITED LIABILITY CON GATTACHMENTS ("X" ROX JUIRES FILING OF AMENDMENT.	FOR ATTACHMENT)	•		
Manager Name			· Manager Name				
AETNA HEALTH	HOLDINGS, LLC	(Sole Member)	:				
Street Address 151 Farmingto	on Avenue		*Sirect Address		·		
City Hartford	State CT	Zip 06156	*City	State	Zip		
Manager Name			*Manager Name		• • • • • • • • • • • • • • • • • • • •		
Street Address			•Street Address	·Street Address			
City	State	Zip	City	Sioic	Zip		
8. RESIDENT AGEN Agent Name	T IN RHODE ISLA	D -DO NOT ALTER- C	hanges require filing of	Form 642 - R.I.GL.	7-16-11		
CT Corporation S	System						
Address			City		Ζίρ		
123 Dyer Street			Providence		02903		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

ACTIVA, ITERITY HOLDINGS, LLC.

Signature of Authorized Person

Date

By: WILLIAM C. BASKIN, III
Print or Type Name of Authorized Person