



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
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 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129569		2. Exact name of the limited liability company Aetna Rx Home Delivery, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island MAIL ORDER PHARMACY	
5. Principal office address 151 FARMINGTON AVENUE		City HARTFORD	State CT
		Zip 06136	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VENUS M. SCHROETER		Contact Title MANAGER	
Street Address 151 FARMINGTON AVENUE		City HARTFORD	State CT
		Zip 06136	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name A		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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



129569

FILED

File Date AUG 21 2006
Check No. By 101017513
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 09/13/05
Signature of Authorized Person Date
WILLIAM C. BASKIN III AS ASST. SECRETARY
Print or Type Name of Authorized Person



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129569		2. Exact name of the limited liability company AETNA RX HOME DELIVERY, LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Mail Order Pharmacy			
5. Principal office address		City	State	Zip	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William C. Baskin III		Contact Title Assistant Secretary			
Street Address 151 Farmington Avenue		City Hartford	State CT	Zip 06156	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name AETNA HEALTH HOLDINGS, LLC (Sole Member)		Manager Name			
Street Address 151 Farmington Avenue		Street Address			
City Hartford	State CT	Zip 06156	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	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 CT Corporation System		Address			
Address 123 Dyer Street		City Providence		Zip 02903	

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



1 2 9 5 6 9

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.

AETNA HEALTH HOLDINGS, LLC

Signature of Authorized Person

Date

By: WILLIAM C. BASKIN, III

Print or Type Name of Authorized Person

File Date	AUG 23 2004
Check No.	100-101015077
By:	
FOR SECRETARY OF STATE USE ONLY	