

# State of Idaho

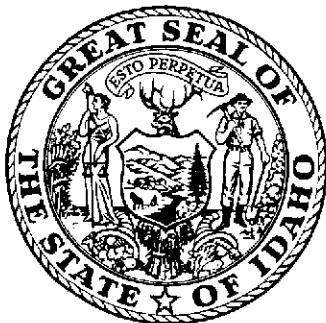
Office of the Secretary of State

**AMENDED CERTIFICATE OF AUTHORITY**  
**OF**  
**MAGELLAN BEHAVIORAL HEALTH, INC.**  
File Number C 145716

I, BEN YSURSA, Secretary of the State, hereby certify that an Application for Amended Certificate of Authority, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to reflect the name change from MAGELLAN BEHAVIORAL HEALTH, INC. to **MAGELLAN HEALTHCARE, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: June 6, 2014



*Ben Yursa*

SECRETARY OF STATE

By *[Signature]*



# APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

(Instructions on back of application)

2014 JUN -6 AM 11:34

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-1504, **Idaho Code**, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement. Complete only applicable items.

SECRETARY OF STATE  
IDAHO

1. A Certificate of Authority was issued to the corporation by your office on: 10/3/02,  
authorizing it to transact business in the State of Idaho under the name of:  
Magellan Behavioral Health, Inc.
2. Its corporate name has been changed to: Magellan Healthcare, Inc.
3. The name which it shall use hereafter in the State of Idaho is:  
Magellan Healthcare, Inc.
4. It has changed its jurisdiction of incorporation, without a change of corporate identity to: n/a
5. The address of its principal office is amended to:  
n/a

Dated: 6/3/2014 Corporation Name: Magellan Healthcare, Inc.

Signature: 

Typed Name: Michael P. McQuillen

Capacity: Assistant Secretary

Customer Acct # :

(If using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

06/06/2014 05:00

CK:100965833 CT:74104 BH:1428064

1@ 30.00 = 30.00 AMEND CERT #2

1@ 20.00 = 20.00 EXPEDITE C #3

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Revised 07/2002

C145716

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MAGELLAN BEHAVIORAL HEALTH, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MAGELLAN HEALTHCARE, INC.", THE SECOND DAY OF JUNE, A.D. 2014, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGELLAN HEALTHCARE, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 1998.

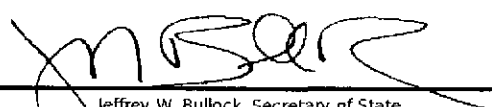
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2980112 8320

140798527



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1426788

DATE: 06-05-14