

No. C 184026		Due no later than Aug 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MAGELLAN MEDICAID ADMINISTRATION, INC. MARIA AYUB 6950 COLUMBIA GATEWAY DRIVE COLUMBIA MD 21046		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JONATHAN N RUBIN	55 NOD ROAD	AVON	CT	USA	06001	
DIRECTOR	DANIEL N GREGOIRE	55 NOD ROAD	AVON	CT	USA	06001	
DIRECTOR	RENE LERER	55 NOD ROAD	AVON	CT	USA	06001	
TREASURER	IRENE SHAPIRO	55 NOD ROAD	AVON	CT	USA	06001	
SECRETARY	DANIEL N GREGOIRE	55 NOD ROAD	AVON	CT	USA	06001	
PRESIDENT	TIMOTHY NOLAN	2300 COX ROAD	GLEN ALLEN	VA	USA	23060	
5. Organized Under the Laws of: VA C 184026		6. Annual Report must be signed.* Signature: Daniel N. Gregoire Name (type or print): Daniel N. Gregoire					
		Date: 09/22/2010 Title: Secretary					
Processed 09/22/2010		* Electronically provided signatures are accepted as original signatures.					