

No. C 184026		Due no later than Aug 31, 2014 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	BARRY M. SMITH	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	ROBERT W FIELD	15950 N. 76TH STREET STE. 200	SCOTTSDALE	AZ	USA	85260
DIRECTOR	WILLIAM MCBRIDE	55 NOD ROAD	AVON	CT	USA	06001
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				
Processed 08/26/2014		Date: 08/26/2014 Title: Secretary				
* Electronically provided signatures are accepted as original signatures.						