

No. C 145716		Due no later than Oct 31, 2015 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 HEALTHCARE, INC. MARIA AYUB 6950 COLUMBIA GATEWAY DR COLUMBIA MD 21046		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
						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	
TREASURER	JONATHAN N RUBIN	55 NOD ROAD	AVON	CT	USA	06001	
SECRETARY	DANIEL N GREGOIRE	55 NOD ROAD	AVON	CT	USA	06001	
DIRECTOR	ANNE MCCABE	55 NOD ROAD	AVON	CT	USA	06001	
PRESIDENT	SAM SRIVASTAVA	55 NOD ROAD	AVON	CT	USA	06001	
DIRECTOR	BARRY M. SMITH	4800 N. SCOTTSDALE RD. STE. 4400	SCOTTSDALE	AZ	USA	85251	
5. Organized Under the Laws of: DE C 145716		6. Annual Report must be signed.* Signature: DANIEL N. GREGOIRE Name (type or print): DANIEL N. GREGOIRE					
		Date: 10/20/2015 Title: SECRETARY					
Processed 10/20/2015		* Electronically provided signatures are accepted as original signatures.					