No. <b>C 95182</b>		Due no later than May 31, 2018		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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CIGNA BEHAVIORAL HEALTH, INC.  11095 VIKING DRIVE  SUITE 350  EDEN PRAIRE MN 55344		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name	<b>:</b>		Street or PO Address	City	State	Country	Postal Code
SECRETARY ANNA TREASURER SCOT DIRECTOR KARE	RETARY ANNA KRISHTUL ISURER SCOTT R. LAMBERT CTOR KAREN CIERZAN		11095 VIKING DRIVE SUITE 350 11095 VIKING DRIVE SUITE 350 11095 VIKING DRIVE SUITE 350 11095 VIKING DRIVE SUITE 350 11095 VIKING DRIVE SUITE 350	EDEN PRAIRE EDEN PRAIRE EDEN PRAIRE EDEN PRAIRE EDEN PRAIRE	MN MN MN MN MN	USA USA USA USA USA	55344 55344 55344 55344 55344
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
MN Signature: Traci Hot C 95182 Name (type or print)			Date: 04/13/2018 Title: POA				
Processed 04/13/2018	* Electronically provided signatures are accepted as original signatures.						