No. C 95182	Due no later than May 31, 2012		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		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Busin	ess Addresses of Presiden	nt, Secretary, and Directors. Treasurer	(optional).			
Office Held Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT NEAL M COHEN SECRETARY SHERMONA MAPP TREASURER SCOTT R LAMBERT DIRECTOR KELLY K BRUNDIN		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	MN MN MN MN	USA USA USA USA	55344 55344 55344 55344
5. Organized Under the Laws of: 6. Annual Report must be signed.*		e signed.*				
MN C 95182	Signature: Poa Name (type or print): Poa		Date: 04/27/2012 Title: Laura Louis			
Processed 04/27/2012	* Electronically provided signatures are accepted as original signatures.					