No. **C 95182**	**Due no later than May 31, 2011** **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.** CIGNA BEHAVIORAL HEALTH, INC. 11095 VIKING DR., STE 350 EDEN PRAIRIE MN 55344	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New 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	JODI ARONSON PROHOFSKY	11095 VIKING DR., STE 350	EDEN PRAIRIE	MN	USA	55344
PRESIDENT	JODI ARONSON PROHOFSKY	11095 VIKING DR., STE 350	EDEN PRAIRIE	MN	USA	55344
SECRETARY	SHERMONA MAPP	11095 VIKING DR., STE 350	EDEN PRAIRIE	MN	USA	55344
TREASURER	STEPHAN PETROV	11095 VIKING DR., STE 350	EDEN PRAIRIE	MN	USA	55344
DIRECTOR	WILLIAM JOHN SMITH	11095 VIKING DR., STE 350	EDEN PRAIRIE	MN	USA	55344
DIRECTOR	KAREN K. CIERZAN	11095 VIKING DR., STE 350	EDEN PRAIRIE	MN	USA	55344

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MN **C 95182**	Signature: Laura Louis	Date: 04/14/2011
	Name (type or print): Laura Louis	Title: Poa

Processed 04/14/2011

* Electronically provided signatures are accepted as original signatures.