2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# F10000001582

Entity Name: MAGELLAN HEALTH SERVICES, INC.

Current Principal Place of Business:

55 NOD ROAD
AVON, CT 06001

New Principal Place of Business:

Current Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

New Mailing Address:

FEI Number: 58-1076937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C
Name: LERER, RENE`
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: D
Name: MCBRIBE, WILLIAM
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: D
Name: DIAMENT, MICHAEL
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: P
Name: ROHAN, KAREN
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: VP
Name: WEST, JEFFREY
Address: 10400 MAGELLAN PLAZA
City-St-Zip: MARYLAND HEIGHT, MO 63043

Title: T
Name: SHAPIRO, IRENE
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL N. GREGOIRE SECY 04/22/2011

Electronic Signature of Signing Officer or Director — Date