## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** May 12, 2001 8:00 am Secretary of State **DOGUMENT # P26554** 1. Entity Name CIGNA BEHAVIORAL HEALTH, INC. 05-12-2001 90047 048 \*\*\*150.00 Principal Place of Business Mailing Address 11095 VIKING DRIVE. SUITE 350 11095 VIKING DRIVE, SUITE 350 EDEN PRAIRIE MN 55344 EDEN PRAIRIE MN 55344 LIS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. 4. FÉI Number Applied For City & State City & State 41-1648670 Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City Fl 8. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Г Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition P/D Delete TITLE TITLE DIXON, KEITH A NAME NAME STREET ADDRESS 11095 VIKING DRIVE., STE 350 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EDEN PRAIRIE MN 55344 ☐ Addition ☐ Change ☐ Delete TITLE TITLE COOPER, SUSAN L NAME NAME STREET ADDRESS 900 COTTAGE GROVE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOOMFIELD CT 06152** Change ☐ Addition X Delete TITLE TITLE THAI, BACH MAI T NAME NAME David Porcello 900 COTTAGE GROVE ROAD STREET ADDRESS STREET ADDRESS 900 Cottage Grove Rd CITY-ST-ZIP Bloomfield, CT 06152 CITY-ST-ZIP **BLOOMFIELD CT 06152** Change ☐ Addition TITLE ☐ Delete TITLE Douglas e Klinger NAME NAME 900 COTTAGE GRIVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOOMFIELD CT 06152** Change ☐ Addition TITLE ☐ Delete TITLE MILLER, BRADLEY K NAME NAME 900 COTTAGE GROVE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOOMFIELD CT 06152** ☐ Delete TITLE Change Addition TITLE MEYER, ZACHARY J NAME NAME STREET ADDRESS 11095 VIKING DRIVE, 350 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **EDEN PRAIRIE MN 55344** 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if

Keith A. Dixon, President

Daytime Phone #