2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P26554

1. Entity Name
CIGNA BEHAVIORAL HEALTH, INC.

Principal Place of Business	Mailing Address
11095 VIKING DRIVE, SUITE 350 EDEN PRAIRIE, MN 55344 US	11095 VIKING DRIVE, SUITE 350 EDEN PRAIRIE, MN 55344 US

DO NOT WRITE IN THIS SPACE

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
41-1648670
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	DIXON, KEITH A
STREET ADDRESS	11095 VIKING DRIVE., STE 350
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344
TITLE	S
NAME	COOPER, SUSAN L
STREET ADDRESS	900 COTTAGE GROVE RD
CITY-ST-ZIP	BLOOMFIELD, CT 06152
TITLE	T
NAME	PORCELLO, DAVID
STREET ADDRESS	900 COTTAGE GROVE ROAD
CITY-ST-ZIP	BLOOMFIELD, CT 06152
TITLE	D/CH
NAME	ODZER, RANDALL B
STREET ADDRESS	11095 VIKING DR.
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344
TITLE	VP
NAME	MEYER, ZACHARY J
STREET ADDRESS	11095 VIKING DRIVE, 350
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80123-010 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President Jan 27, 2004 952 996 2520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #