

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90102 001 ***158.75

DOCUMENT # P26554 1. Entity Name CIGNA BEHAVIORAL HEALTH, INC.	
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Principal Place of Business 11095 VIKING DRIVE, SUITE 350 EDEN PRAIRIE, MN 55344 US	Mailing Address 11095 VIKING DRIVE, SUITE 350 EDEN PRAIRIE, MN 55344 US
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DO NOT WRITE IN THIS SPACE



01182005 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

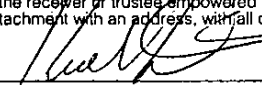
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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)(j), 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** **1/30/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #