


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90014 046 \*\*\*150.00

**DOCUMENT # P26554**  
 1. Entity Name  
**CIGNA BEHAVIORAL HEALTH, INC.**



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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40022943



01302007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**41-1648670**      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**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2007 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	<input type="checkbox"/> Delete
NAME	DIXON, KEITH A	
STREET ADDRESS	11095 VIKING DRIVE., STE 350	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOPER, SUSAN L	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-ST-ZIP	BLOOMFIELD, CT 06152	
TITLE	VC	<input type="checkbox"/> Delete
NAME	PORCELLO, DAVID	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY-ST-ZIP	BLOOMFIELD, CT 06152	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	BOURDON, DAVID	
STREET ADDRESS	11095 VIKING DR STE 350	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	ARONSON PROHOFSKY, JODI	
STREET ADDRESS	11095 VIKING DRIVE, 350	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMBERT, SCOTT	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-ST-ZIP	HARTFORD, CT 06152	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**       **2-12-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT 40022929

~~#P26554~~

Directors/Officers:

Name: Keith Dixon, CEO

Address: 11095 Viking Drive, Suite 350, Eden Prairie, MN 55344

Name: Jodi Aronson Prohofski, Senior VP

Address: 11095 Viking Drive, Suite 350, Eden Prairie, MN 55344

Name: David Bourdon, CFO

Address: 11095 Viking Drive, Suite 350, Eden Prairie, MN 55344

Officers:

Name: Timothy Burton

Address: 1601 Chestnut Street-Two Liberty, Philadelphia, PA 19192

Name: John P. Frey

Address: 1601 Chestnut Street-Two Liberty, Philadelphia, PA 19192

Name: Barry R. McHale

Address: 1601 Chestnut Street-Two Liberty, Philadelphia, PA 19192

Name: David M. Porcello

Address: 900 Cottage Grove Rd, South Bldg, Hartford, CT 06152

Name: Dana A Doroshenko

Address: 900 Cottage Grove Rd, South Bldg, Hartford, CT 06152

Name: David M. Wildfeuer

Address: 1601 Chestnut Street-Two Liberty, Philadelphia, PA 19192

Name: Susan L. Cooper

Address: 900 Cottage Grove Rd, South Bldg, Hartford, CT 06152

Name: Irene P. Gentile

Address: 900 Cottage Grove Rd, South Bldg, Hartford, CT 06152

Name: Jo Goodell-Holmes

Address: 11095 Viking Drive, Suite 350, Eden Prairie, MN 55344

Name: Linda Wencil

Address: 900 Cottage Grove Rd, South Bldg, Hartford, CT 06152

Name: Steven J. Platt

Address: 1601 Chestnut Street-Two Liberty, Philadelphia, PA 19192

Name: Theresa Press

Address: 1601 Chestnut Street-Two Liberty, Philadelphia, PA 19192

Name: Maureen H. Ryan

Address: 590 Naamans Road, Claymont, DE 19703