

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002581

Entity Name: MAGELLAN HEALTHCARE, INC.

Current Principal Place of Business:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Current Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

FEI Number: 52-2135463

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title VP/S, DIRECTOR
Name GREGOIRE, DANIEL N
Address 55 NOD ROAD
City-State-Zip: AVON CT 06001

Title VP/T, DIRECTOR
Name RUBIN, JONATHAN N
Address 55 NOD ROAD
City-State-Zip: AVON CT 06001

Title AS
Name MCQUILLEN, MICHAEL P
Address 6950 COLUMBIA GATEWAY DRIVE
City-State-Zip: COLUMBIA MD 21046

Title VP
Name NEWLIN, LINTON C
Address 1203 4TH STREET SW
City-State-Zip: CULLMAN AL 35055

Title VP
Name WEST, JEFFREY N
Address 14100 MAGELLAN PLAZA
City-State-Zip: MARYLAND HEIGHTS MO 63043

Title VP, DIRECTOR
Name SMITH, BARRY M
Address 4800 N. SCOTTSDALE RD.
STE. 4400
City-State-Zip: SCOTTSDALE AZ 85251

Title VP, DIRECTOR
Name MCCABE, ANNE M
Address 55 NOD ROAD
City-State-Zip: AVON CT 06001

Title VP, ASST. SECRETARY
Name SMITH, MARGIE M.
Address 1203 4TH STREET SW
City-State-Zip: CULLMAN AL 35055

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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

SECRETARY

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name SHAPIRO, IRENE
Address 55 NOD ROAD
City-State-Zip: AVON CT 06001

Title ASST. TREASURER
Name COPELAND, M. ROBIN
Address 6950 COLUMBIA GATEWAY DRIVE
City-State-Zip: COLUMBIA MD 21046

Title PRESIDENT & CEO
Name SRIVASTAVA, SAM
Address 55 NOD ROAD
City-State-Zip: AVON CT 06001

Title ASST. SECRETARY
Name DIBERNARDI, JOHN J.
Address 6950 COLUMBIA GATEWAY DRIVE
City-State-Zip: COLUMBIA MD 21046

Title ASST. SECRETARY
Name GLUZMAN, JOEL
Address 3131 CAMINO DEL RIO N.
SUITE 400
City-State-Zip: SAN DIEGO CA 92108