

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000002581

**Entity Name:** MAGELLAN HEALTHCARE, INC.

**Current Principal Place of Business:**

8621 ROBERT FULTON DRIVE  
COLUMBIA, MD 21046

**Current Mailing Address:**

8621 ROBERT FULTON DRIVE  
COLUMBIA, MD 21046 US

**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 8621 ROBERT FULTON DRIVE  
City-State-Zip: COLUMBIA MD 21046

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

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

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

Title ASST. SECRETARY  
Name DIBERNARDI, JOHN J.  
Address 8621 ROBERT FULTON 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

**Continues on page 2**

*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 GREGOIRE

**SECRETARY**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name ALCORN, TERESA  
Address 4800 N. SCOTTSDALE ROAD  
STE. 4400  
City-State-Zip: SCOTTSDALE AZ 85251

Title SVP COMMERCIAL SECTOR  
Name LEHMAN, EDWARD  
Address 7600 CORPORATE CENTER DRIVE  
SUITE 600  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name GIRALDO, GUS  
Address 7600 CORPORATE CENTER DRIVE  
SUITE 600  
City-State-Zip: MIAMI FL 33126