

2020 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/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 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

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

Title PRESIDENT, CEO
Name FASOLA, KENNETH
Address 4801 E. WASHINGTON STREET
City-State-Zip: PHOENIX AZ 85034

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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: MARGIE SMITH

ASSISTANT SECRETARY 06/08/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY, DIRECTOR, EXECUTIVE VP
Name HADDOCK, DAVID
Address 4801 E. WASHINGTON STREET
City-State-Zip: PHOENIX AZ 85034

Title DIRECTOR
Name MURRAY, JIM
Address 4801 E. WASHINGTON STREET
City-State-Zip: PHOENIX AZ 85034