

1.) CORPORATION NAME:

**CIGNA Behavioral Health, Inc.**

DUE DATE: **9/30/2011**

SCC ID NO: **F1051673**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11095 VIKING DRIVE STE 350

CITY/ST/ZIP: EDEN PRAIRIE, MN 55344-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KAREN K CIERZAN  
TITLE: DIRECTOR  
ADDRESS: 11095 VIKING DRIVE STE 350  
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER  DIRECTOR

NAME: WILLIAM J SMITH  
TITLE: DIRECTOR  
ADDRESS: 11095 VIKING DRIVE  
STE 350  
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER  DIRECTOR

NAME: NEAL M. COHEN  
TITLE: PRESIDENT/CEO  
ADDRESS: 11095 VIKING DRIVE  
STE 350  
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER  DIRECTOR

NAME: SCOTT R. LAMBERT  
TITLE: TREASURER/VP  
ADDRESS: 11095 VIKING DR  
STE 350  
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER  DIRECTOR

NAME: SHERMONA MAPP  
TITLE: SECRETARY  
ADDRESS: 11095 VIKING DR  
STE 350  
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER  DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SHERMONA MAPP	SHERMONA MAPP, SECRETARY	9/5/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.