

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214503993

1.) CORPORATION NAME:

MAGELLAN HRSC, INC.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1200593**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6950 COLUMBIA GATEWAY DRIVE

CITY/ST/ZIP: COLUMBIA, MD 21046

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: JONATHAN N RUBIN OFFICER DIRECTOR
 TITLE: P/SR VP/AS/T
 ADDRESS: 55 NOD ROAD
 CITY/ST/ZIP/CO: AVON, CT 06001

NAME: EDWARD CHRISTIE OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 6950 COLUMBIA GATEWAY DRIVE
 CITY/ST/ZIP/CO: COLUMBIA, MD 21046

NAME: ANDREW M CUMMINGS OFFICER DIRECTOR
 TITLE: SR VP-LGL AFF/S
 ADDRESS: 65 BROADWAY STE 904
 CITY/ST/ZIP/CO: NEW YORK, NY 10006

NAME: DANIEL N GREGOIRE OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 55 NOD ROAD
 CITY/ST/ZIP/CO: AVON, CT 06001

NAME: DENNIS LAZAROFF OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 14100 MAGELLAN PLAZA
 CITY/ST/ZIP/CO: MARYLAND HEIGHTS, MO 63043

NAME: LINTON C NEWLIN OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 1203 4TH STREET SW
 CITY/ST/ZIP/CO: CULLMAN, AL 35055

NAME: MICHAEL P MCQUILLEN TITLE: ASST S ADDRESS: 6950 COLUMBIA GATEWAY DR CITY/ST/ZIP/CO: COLUMBIA, MD 21046	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARGIE M. SMITH TITLE: ASST SECRETARY ADDRESS: 1203 4TH STREET SW CITY/ST/ZIP/CO: CULLMAN, AL 35055	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RENIE SHAPIRO TITLE: DIRECTOR ADDRESS: 55 NOD ROAD CITY/ST/ZIP/CO: AVON, CT 06001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY M. SMITH TITLE: DIRECTOR ADDRESS: 55 NOD ROAD CITY/ST/ZIP/CO: AVON, CT 06001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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/ DANIEL N GREGOIRE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL N GREGOIRE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/15/2014 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.		