

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003703

**Entity Name:** AMERIGROUP CORPORATION

**Current Principal Place of Business:**

4425 CORPORATION LANE  
VIRGINIA BEACH, VA 23462

**Current Mailing Address:**

4425 CORPORATION LANE  
VIRGINIA BEACH, VA 23462 US

**FEI Number:** 54-1739323

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SECRETARY  
Name KIEFER, KATHLEEN SUSAN  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name SCHER, VINCENT EDWARD  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name BENINTENDI, LAURIE HELM  
Address 4425 CORPORATION LANE  
City-State-Zip: VIRGINIA BEACH VA 23462

Title DIRECTOR, CHAIRPERSON,  
PRESIDENT AND CHIEF EXECUTIVE  
OFFICER  
Name NORWOOD, FELICIA FARR  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name PENCZEK, RONALD WILLIAM  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title VICE PRESIDENT AND ASSISTANT  
SECRETARY  
Name YOUNG, JACK LOUIS  
Address 4425 CORPORATION LANE  
City-State-Zip: VIRGINIA BEACH VA 23462

Title ASSISTANT TREASURER  
Name NOBLE, ERIC (RICK) KENNETH  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY  
Name LANGSLOW, LESLIE CANANT  
Address 4425 CORPORATION LANE  
City-State-Zip: VIRGINIA BEACH VA 23462

*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:** KIEFER , KATHLEEN SUSAN

**SECRETARY**

**04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date