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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2016

CSC
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: MOLINA HEALTHCARE OF TEXAS INSURANCE COMPANY
Ref. Number: W16000061456

RESUBMIT

Please give original
submission date as file date.

We have received your document for MOLINA HEALTHCARE OF TEXAS INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 716A00018916

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16 SEP 13 AM 10:51

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 278886 7446445
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70,000

ORDER DATE : September 1, 2016

ORDER TIME : 8:41 AM

ORDER NO. : 278886-005

CUSTOMER NO: 7446445

FOREIGN FILINGS

NAME: MOLINA HEALTHCARE OF TEXAS
INSURANCE COMPANY

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TALLAHASSEE, FLORIDA

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Molina Healthcare of Texas Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
n/a
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Texas 3. 27-0522725
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 28, 2010 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5605 North MacArthur Boulevard, Suite 400, Irving, Texas 75038-2693
(Principal office address)
same as above
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: 

(Registered agent's signature)

Courtney Williams
Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

*Chairman: Lisa Rubino
Address: 200 Oceangate, Suite 100
Long Beach, CA 90802

*Vice Chairman: Thomas Standring
Address: 200 Oceangate, Suite 100
Long Beach, CA 90802

*Director: Robert W. Gordon
Address: 200 Oceangate, Suite 100, Long Beach, CA 90802

*Director: Terry P. Bayer
Address: 200 Oceangate, Suite 100, Long Beach, CA 90802

*Director: Joseph W. White
Address: 200 Oceangate, Suite 100, Long Beach, CA 90802

B. OFFICERS

*President: Lisa Rubino
Address: 200 Oceangate, Suite 100
Long Beach, CA 90802

*Vice President: Thomas Standring
Address: 200 Oceangate, Suite 100
Long Beach, CA 90802

*Secretary: Jeff D. Barlow
Address: 300 University Avenue, Suite 100, Sacramento, CA 95825

*Treasurer: Joseph W. White
Address: 200 Oceangate, Suite 100, Long Beach, CA 90802

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Jeff D. Barlow, Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

MOLINA HEALTHCARE OF TEXAS INSURANCE
Applicant Name: COMPANY

NAIC No. 13778
FEIN 27-0522725

**Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance**

State of Texas
(Domiciliary State of Applicant)

Office of Department of Insurance
(Commissioner, Superintendent, Officer)

I, Jeff Hunt, hereby certify that I am the*
(Name)

Director of Company Licensing & Registration, of the State of Texas
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

MOLINA HEALTHCARE OF TEXAS INSURANCE COMPANY
(Name of Insurer)

of Irving, Texas is duly organized under the laws of said State and
(city/state)

is authorized to transact the business of
Accident, and Health

insurance in this State. (Lines of Insurance)**

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

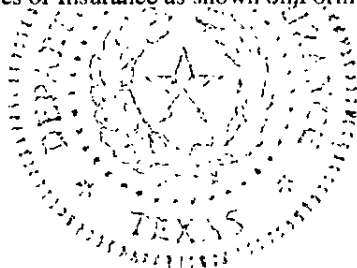
on September 12, 2016

[Signature]
(Signature)

Jeff Hunt
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA



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