FILED Aug 15, 2006 8:00 am Secretary of State

08-15-2006 90005 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL REPORT								
DOCUMENT # P05382 1. Entity Name PHOENIX NATIONAL INSURANCE COMPANY								
Principal Place of Business 8050 HASBROOK RD CINCINNATI, OH 45236-2907 US		Mailing Address ONE AMERICAN ROW C/O JOHN H BEERS HARTFORD, CT 06102 US						
2. Principal Place of Business 8101 N. High Street		3. Mailing Address 2277 Fair Oaks Blvd.		FIRE UNDER DES ELEKE EINE MUZE FLANG MUZE FLANG BIEN EINEN EINEN EINEN EINEN EINEN EINEN EINEN EINEN EINEN EINE				
Suite Apl 4 elc. Suite 210		Suite, Apt. 4, etc. Suite 440		08032006 Chg-P CR2E034 (11/05)				
Columbus, OH		City & State Sacramento, CA		4. FEI Number Applied For 31-0628424 Not Applicable				
43235 ·	County	95825	CUSA	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
CHIEF FINANCIAL OFFICER				Street Address (P.O. Box Number is Not Acceptable)				
P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			}					
			City	ity FL Zip Code				
	named entity submits this statement for ons of registered agent.	the purpose of changing its re	egistered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE_								
	Signature, typed or printed name of registered agent i	and title if applicable. (NOTE:	Registered Agent signatur	ne required when reinstating) DATE				
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Corporation did not receive the prior notice.								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS	2VP CUEVO, BENITO J 56 PROSPECT STREET	(A Delete	TITLE NAME STREET ADDRESS	P /D ঐ Change □ Addition Molina, Joseph M. One Golden Shore Drive				
CITY-ST-ZIP	HARTFORD, CT 06115		CTTY-\$1-20P	Long Beach, CA 90802-4202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WIRTH, RICHARD ONE AMERCAN ROW HARTFORD, CT 061025056	(X Delete	TITLE NAME STREET MODRESS CITY-ST-ZP	T/D Action Addition Molina, John C. One Golden Shore Drive Long Beach, CA 90802-4202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DECRESCE, JOSEPH C ONE AMERCAN ROW HARTFORD, CT 061025056	(Delete	MILE MAKE STREET ADDRESS CITY-ST-&P	S/D Andrews, Mark L. 2277 Fair Oaks Blvd. #440 Sacramento, CA 95825				
TITLE NAME STREET ADDRESS CITY-ST-EP	DPS BEERS, JOHN H ONE AMERICAN ROW HARTFORD, CT 061025056	(A) Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	CFO/D White, Joseph One Golden Shore Drive Long, Beach, CA 90802-4202				
TITLE SUMME STREET ADDRESS CITY-ST-ZPP	2VPT CODY, KATHERINE ONE AMERICAN ROW HARTFORD, CT 061025206	K2 Delete	TITLE MAKE STREET ADDRESS CITY-ST-ZP	AS Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARTFORD, CT 061025056	¹Q Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crange Addition Cordon, Robert W. One Golden Shore Drive Long Beach, CA 90802-4202				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information								

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes: I turner certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 i changed, or on an attachment with an address, with all other like empowered.

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer Or DIRECTOR	SIGNATURE:	M.SI	7 8/10/01/2 Thomas Standring,	Assistant Secretar	y916-648-2464
	0101171101121	BIGHATURE AND TYPED OR PRINTED HA	SE OF BIGHING OFFICER OR DIRECTOR	Celo	Daytens Phone 8



ATTACHMENT

#101382

2277 Fair Oaks Boulevard, Suite 440 Sacramento, CA 95825 916 • 646 • 9193 916 • 646 • 4572 fax

August 11, 2006

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Annual Report

Dear Sir/Madam:

Enclosed please find the annual report for Molina Healthcare Insurance Company f/k/a Phoenix National Insurance Company ("PNIC"). We did not receive the prior annual report notice because it was sent to PNIC. An application to change the name of the corporation has been filed with the Amendment Section of the Division of Corporations.

Should you have any questions regarding the enclosed, please feel free to contact me at (916) 646-9193, Ext. 114672.

Ruth Wilkening Regulatory Analyst

/rw Enclosure