2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State
03-20-2008 90025 044 ***150.00

DOCUMENT # P05382

1. Entity Name
MOLINA HEALTHCARE INSURANCE COMPANY

Principal Place of Business	Mailing Address
8101 N. HIGH STREET STE 210 COLUMBUS, OH 43235 US	2277 FAIR OAKS BLVD STE 440 SACRAMENTO, CA 95825 US

500001 30

02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0628424
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOLINA, JOSEPH M
STREET ADDRESS	ONE GOLDEN SHORE DRIVE
CITY-ST-ZIP	LONG BEACH, CA 90802
TITLE	TD
NAME	MOLINA, JOHN C
STREET ADDRESS	200 OCEANGATE, STE 100
CITY-ST-ZIP	LONG BEACH, CA 90802
TITLE	AS
NAME	STANDRING, THOMAS
STREET ADDRESS	2277 FAIR OAKS BLVD, #440
CITY-ST-ZIP	SACRAMENTO, CA 95825
TITLE	D
NAME	GORDON, ROBERT W
STREET ADDRESS	200 OCEANGATE, STE 100
CITY-ST-ZIP	LONG BEACH, CA 90802
TITLE	SD
NAME	ANDREWS, MARK L
STREET ADDRESS	2277 FAIR OAKS BLVD. #440
CITY-ST-ZIP	SACRAMENTO, CA 95825
TITLE	D
NAME	WHITE, JOSEPH
STREET ADDRESS	200 OCEANGATE, STE 100
CITY-ST-ZIP	LONG BEACH, CA 90802

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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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #