

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05382

FILED
Apr 20, 2011
Secretary of State

Entity Name: MOLINA HEALTHCARE INSURANCE COMPANY

Current Principal Place of Business:

300 UNIVERSITY AVENUE
SUITE 100
SACRAMENTO, CA 95825 US

New Principal Place of Business:

200 OCEANGATE
SUITE 100
LONG BEACH, CA 90802 US

Current Mailing Address:

300 UNIVERSITY AVENUE
SUITE 100
SACRAMENTO, CA 95825 US

New Mailing Address:

200 OCEANGATE
SUITE 100
LONG BEACH, CA 90802 US

FEI Number: 31-0628424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PTD
Name: MOLINA, JOHN C
Address: 200 OCEANGATE, SUITE 100
City-St-Zip: LONG BEACH, CA 90802

Title: CFOD
Name: WHITE, JOSEPH W
Address: 200 OCEANGATE, SUITE 100
City-St-Zip: LONG BEACH, CA 90802

Title: S
Name: BARLOW, JEFF D
Address: 300 UNIVERSITY AVENUE, SUITE 100
City-St-Zip: SACRAMENTO, CA 95825

Title: D
Name: GORDON, ROBERT W
Address: 200 OCEANGATE, SUITE 100
City-St-Zip: LONG BEACH, CA 90802

Title: D
Name: MOLINA, JOSEPH M
Address: 200 OCEANGATE, SUITE 100
City-St-Zip: SACRAMENTO, CA 95825

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: JEFF D. BARLOW

S

04/20/2011

Electronic Signature of Signing Officer or Director

Date