

P05382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

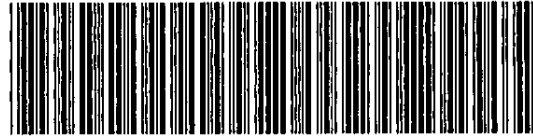
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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100226173271

*affidavit
Amending
officer*

03/28/12--01030--012 **52.50

FILED
2012 MAR 28 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
4/2/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Molina Healthcare Insurance Company
Name of Corporation

DOCUMENT NUMBER: P05382

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

June Stracener
Name of Contact Person

Mitchell Williams Law Firm
Firm/Company

5414 Pinnacle Point Drive, Suite 500
Address

Rogers, AR 72758
City/State and Zip Code

licensing@catalystx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

June Stracener at (479) 464-5668
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

- | | | | |
|---|---|--|--|
| ☐ \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|--|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
Molina Healthcare Insurance Company
2. This entity was authorized to transact business in Florida on 3-21-1985 and its Florida document number is P05382
3. This corporation was formed under the laws of Ohio
4. The name and address of each officer and/or director is as follows:

Title:

Director

Name and Address

Richard A. Bates

800 King Farm Blvd., 4th Floor

Rockville, MD 20850

Director

Susan W. Berson

701 Pennsylvania Avenue, N.W., Ste. 900

Washington, DC 20004

Director

David T. Blair

800 King Farm Blvd., 4th Floor

Rockville, MD 20850

Director

Wayne G. Dix

800 King Farm Blvd., 4th Floor

Rockville, MD 20850

(Attach additional pages if necessary)

SEE ADDITIONAL PAGES

Corporate Secretary

Title of person signing

Signature of an officer or director

Benjamin R. Preston

Typed or printed name of person signing

CR2E127 (10/11)

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

Catalyst Rx Plan Services Insurance Company
Continuation of Item 4

<u>Title</u>	<u>Name and Address</u>
<u>Director</u>	Mark A. McElroy 12501 Del Rey Santa Ana, CA 92705
<u>Director</u>	Benjamin R. Preston 800 King Farm Blvd., 4th Floor Rockville, MD 20850
<u>Director</u>	Timothy R. Pearson 800 King Farm Blvd., 4th Floor Rockville, MD 20850
<u>Director</u>	Norman C. Storbakken 3560 Delta Dental Drive Eagan, MN 55122
<u>Chief Executive Officer</u>	David T. Blair 800 King Farm Blvd., 4th Floor Rockville, MD 20850
<u>President & Chief Operating Officer</u>	Richard A. Bates 800 King Farm Blvd., 4th Floor Rockville, MD 20850
<u>Treasurer & Chief Financial Officer</u>	Timothy R. Pearson 800 King Farm Blvd., 4th Floor Rockville, MD 20850
<u>Vice President & Corporate Secretary</u>	Benjamin R. Preston 800 King Farm Blvd., 4th Floor Rockville, MD 20850