**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 23, 2024**
**Secretary of State**
**6968000479CC**

DOCUMENT# M22000018288

**Entity Name:** MAGELLAN MEDICAID ADMINISTRATION, LLC

**Current Principal Place of Business:**

11013 W BROAD ST
GLEN ALLEN, VA 23060

**Current Mailing Address:**

2900 AMES CROSSING RD.
SUITE 200
EAGAN, MN 55121 US

**FEI Number: 54-0849793**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MANAGER | Title | MANAGER |
| Name | KOLAR, MICHAEL | Name | RENZE, MARK |
| Address | 11013 W BROAD ST | Address | 11013 W BROAD ST |
| City-State-Zip: | GLEN ALLEN VA 23060 | City-State-Zip: | GLEN ALLEN VA 23060 |

| | |
|---|---|
| Title | MANAGER |
| Name | KAMAL, MOSTAFA |
| Address | 11013 W BROAD ST |
| City-State-Zip: | GLEN ALLEN VA 23060 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: MOSTAFA KAMAL MANAGER 04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date