

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000992

Entity Name: MOLINA HEALTHCARE, INC.**Current Principal Place of Business:**200 OCEANGATE
SUITE 100
LONG BEACH, CA 90802**Current Mailing Address:**200 OCEANGATE
SUITE 100
LONG BEACH, CA 90802**FEI Number:** 13-4204626**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** JUNEIVAH MOLINA

04/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRASIER, BARBARA L
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802

Title DIRECTOR, CHAIRMAN
Name WOLF, DALE B
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802

Title DIRECTOR
Name COOPERMAN, DANIEL
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802

Title DIRECTOR
Name CARRUTHERS, GARREY
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802

Title SECRETARY
Name BARLOW, JEFF D
Address 2180 HARVARD STREET
SUITE 400
City-State-Zip: SACRAMENTO CA 95815

Title CEO, DIRECTOR, PRESIDENT
Name ZUBRETSKY, JOSEPH M
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802

Title DIRECTOR
Name SCHAPIRO, RICHARD M
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802

Title DIRECTOR
Name ZORETIC, RICHARD
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802

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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

SECRETARY

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROMNEY, RONNA E
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802

Title CFO, TREASURER
Name KEIM, MARK L
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802

Title DIRECTOR
Name ORLANDO, STEVEN J
Address 200 OCEANGATE
SUITE 100
City-State-Zip: LONG BEACH CA 90802