

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004080

Entity Name: MOLINA HEALTHCARE OF TEXAS INSURANCE COMPANY**Current Principal Place of Business:**5605 NORTH MACARTHUR BLVD, SUITE 400
IRVING, TX 75038-2693**Current Mailing Address:**5605 NORTH MACARTHUR BLVD, SUITE 400
IRVING, TX 75038-2693 US**FEI Number:** 27-0522725**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**Officer/Director Detail :**

Title	CHAIRMAN, PRESIDENT
Name	ROTE, ANNE
Address	5605 NORTH MACARTHUR BLVD, SUITE 400
City-State-Zip:	IRVING TX 75038-2693

Title	DIRECTOR
Name	KIDD, CARL
Address	5605 NORTH MACARTHUR BLVD, SUITE 400
City-State-Zip:	IRVING TX 75038-2693

Title	DIRECTOR
Name	SURDOCK, CHRISTINE
Address	100 W. BIG BEAVER STE 600
City-State-Zip:	TROY MI 48084

Title	TREASURER
Name	BEIERMANN, JAMES
Address	5605 NORTH MACARTHUR BLVD, SUITE 400
City-State-Zip:	IRVING TX 75038-2693

Title	SECRETARY
Name	BARLOW, JEFF D
Address	300 UNIVERSITY AVE, SUITE 100
City-State-Zip:	SACRAMENTO CA 95825

Title	DIRECTOR
Name	GREENBERG, LAURIE MD
Address	5605 NORTH MACARTHUR BLVD, SUITE 400
City-State-Zip:	IRVING TX 75038-2693

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

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****04/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date