

1.) CORPORATION NAME:

MAGELLAN MEDICAID ADMINISTRATION, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **12/31/2011**

SCC ID NO: **01187723**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4300 COX RD

CITY/ST/ZIP: GLEN ALLEN, VA 23060-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TIMOTHY NOLAN	
TITLE:	PRESIDENT	
ADDRESS:	4300 COX RD	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN RUBIN	
TITLE:	VP/DIR	
ADDRESS:	55 NOD RD	
CITY/ST/ZIP/CO:	AVON, CT 06001-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LINTON C NEWLIN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1203 4TH ST SW	
CITY/ST/ZIP/CO:	CULLMAN, AL 35055-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	IRENE SHAPIRO	
TITLE:	TREAS/ASST SEC	
ADDRESS:	55 NOD RD	
CITY/ST/ZIP/CO:	AVON, CT 06001-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANIEL N GREGOIRE	
TITLE:	SECRETARY	
ADDRESS:	55 NOD RD	
CITY/ST/ZIP/CO:	AVON, CT 06001-	

NAME: RENE LERER TITLE: DIRECTOR ADDRESS: 55 NOD RO CITY/ST/ZIP/CO: AVON, CT 06001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: WILLIAM MCBRIDE TITLE: DIRECTOR ADDRESS: 55 NOD ROAD CITY/ST/ZIP/CO: AVON, CT 06001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DANIEL N GREGOIRE _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL N GREGOIRE, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/29/2011 DATE
---	--	--------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.