

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213559821

1.) CORPORATION NAME:

MAGELLAN MEDICAID ADMINISTRATION, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **01187723**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11013 W. BROAD STREET, STE 500

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.

NAME: TIMOTHY NOLAN TITLE: PRESIDENT ADDRESS: 11013 W. BROAD STREET STE 500 CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input 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 checked="" 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 type="checkbox"/> DIRECTOR
NAME: DANIEL N GREGOIRE TITLE: SECRETARY ADDRESS: 55 NOD RD CITY/ST/ZIP/CO: AVON, CT 06001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY SMITH TITLE: DIRECTOR ADDRESS: 55 NOD RO CITY/ST/ZIP/CO: AVON, CT 06001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM MCBRIDE DIRECTOR 55 NOD ROAD AVON, CT 06001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TINA BLASI VICE PRESIDENT 6950 Columbia Gateway Drive Columbia, MD 21046	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL WATERBURY VICE PRESIDENT 45 NOD ROAD AVON, CT 06001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN DiBERNARDI ASST SECRETARY 6950 Columbia Gateway Drive Columbia, MD 21046	<input checked="" type="checkbox"/> OFFICER	<input 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	12/17/2013 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.			