

1.) CORPORATION NAME:

Molina Healthcare of Virginia, 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: **1/31/2012**

SCC ID NO: **06887228**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11484 WASHINGTON PLAZA WEST
SUITE 300

CITY/ST/ZIP: RESTON, VI 20190-

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: JOSEPH M MOLINA MD
TITLE: PRESIDENT
ADDRESS: 200 OCEANGATE STE 100
CITY/ST/ZIP/CO: LONG BEACH, CA 90802-

OFFICER

DIRECTOR

NAME: JOHN C MOLINA
TITLE: CFO
ADDRESS: 200 OCEANGATE
STE 100
CITY/ST/ZIP/CO: LONG BEACH, CA 90802-

OFFICER

DIRECTOR

NAME: HELGA GERGENS
TITLE: DIRECTOR
ADDRESS: 200 OCEANGATE
SUITE 100
CITY/ST/ZIP/CO: LONG BEACH, CA 90802-

OFFICER

DIRECTOR

NAME: JEFF D. BARLOW
TITLE: SECRETARY
ADDRESS: 300 UNIVERSITY AVENUE
SUITE 100
CITY/ST/ZIP/CO: SACRAMENTO, CA 95825-

OFFICER

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/ JEFF D. BARLOW	JEFF D. BARLOW, SECRETARY	11/10/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.