

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214500080

1.) CORPORATION NAME:

Molina Healthcare of Virginia, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **06887228**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11484 WASHINGTON PLAZA WEST
SUITE 300

CITY/ST/ZIP: RESTON, VA 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:	KATHIE MANCINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11484 WASHINGTON PLAZA WEST		
	SUITE 300		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	JEFF D. BARLOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	300 UNIVERSITY AVENUE		
	SUITE 100		
CITY/ST/ZIP/CO:	SACRAMENTO, CA 95825		

NAME:	JOHN C. MOLINA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	200 OCEANGATE		
	STE 100		
CITY/ST/ZIP/CO:	LONG BEACH, CA 90802		

NAME:	HELGA GERGENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 OCEANGATE		
	SUITE 100		
CITY/ST/ZIP/CO:	LONG BEACH, CA 90802		

NAME:	JEAN GLOSSA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11484 WASHINGTON PLAZA		
	SUITE 300		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM PARKER VICE PRESIDENT 11484 WASHINGTON PLAZA WEST SUITE 300 RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SALVADOR GUTIERREZ VICE PRESIDENT 11484 WASHINGTON PLAZA WEST SUITE 300 RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYCE BERG VICE PRESIDENT 11484 WASHINGTON PLAZA WEST SUITE 300 RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH W. WHITE VICE PRESIDENT 11484 WASHINGTON PLAZA WEST SUITE 300 RESTON, VA 20190	<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/ JEFF D. BARLOW	JEFF D. BARLOW, SECRETARY	11/13/2013			
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.					