

1.) CORPORATION NAME:

**Amerigroup Services, Inc.**

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **07449895**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4425 CORPORATION LANE

CITY/ST/ZIP: VIRGINIA BEACH, VA 23462

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: PETER DAVID HAYTAIAN TITLE: PRESIDENT ADDRESS: 4425 CORPORATION LANE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: R. DAVID KRETSCHMER TITLE: TREASURER ADDRESS: 120 MONUMENT CIRCLE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ERIC (RICK) K NOBLE TITLE: ASST TREASURER ADDRESS: 120 MONUMENT CIRCLE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KATHLEEN S KIEFER TITLE: SECRETARY ADDRESS: 120 MONUMENT CIR. CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JACK L YOUNG TITLE: ASST SECRETARY ADDRESS: 4425 CORPORATION LANE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CARTER A BECK TITLE: DIRECTOR ADDRESS: 3000 GOFFS FALLS CITY/ST/ZIP/CO: MANCHESTER, NH 03111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WAYNE S. DEVEYDT DIRECTOR 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE I KELAGHAN DIRECTOR 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ KATHLEEN S KIEFER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN S KIEFER, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/23/2015 DATE
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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.