

1.) CORPORATION NAME:

Arcadian Health Plan, Inc.

DUE DATE: **6/30/2010**

SCC ID NO: **F1757881**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 12TH ST

CITY/ST/ZIP: OAKLAND, CA 94607-

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: ROBERT FAHLMAN
TITLE: PRESIDENT
ADDRESS: 500 12TH ST
CITY/ST/ZIP/CO: OAKLAND, CA 94607-

OFFICER

DIRECTOR

NAME: JAMES NOVELLO
TITLE: SECRETARY
ADDRESS: 500 12TH ST
CITY/ST/ZIP/CO: OAKLAND, CA 94607-

OFFICER

DIRECTOR

NAME: JEFFREY MCMANUS
TITLE: DIRECTOR
ADDRESS: 500 12TH ST, #350
CITY/ST/ZIP/CO: OAKLAND, CA 94607-

OFFICER

DIRECTOR

NAME: CHASE MILBRANDT
TITLE: DIRECTOR
ADDRESS: 500 12TH ST
CITY/ST/ZIP/CO: OAKLAND, CA 94607-

OFFICER

DIRECTOR

NAME: DAVID BUHLER
TITLE: CFO
ADDRESS: 500 12TH ST, #350
CITY/ST/ZIP/CO: OAKLAND, CA 94607-

OFFICER

DIRECTOR

NAME: KENNETH ZIMMERMAN TITLE: TREASURER ADDRESS: 500 12TH ST #350 CITY/ST/ZIP/CO: OAKLAND, CA 94607-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ JAMES NOVELLO</u>	<u>JAMES NOVELLO, SECRETARY</u>	<u>1/13/2011</u>
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.