

1.) CORPORATION NAME:

**AMERIGROUP Nevada, Inc.**

DUE DATE: **1/31/2012**

SCC ID NO: **F1778606**

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 | 1,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NV**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7251 W. LAKE MEAD BLVD.  
SUITE 104

CITY/ST/ZIP: LAS VEGAS, NV 89128-

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.

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | AILEEN MCCORMICK                            |  |
| TITLE:          | CEO/PRESIDENT                               |  |
| ADDRESS:        | 6700 WEST LOOP SOUTH, SUITE 200             |  |
| CITY/ST/ZIP/CO: | BELLAIRE, TX 77401-                         |  |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | KAREN L. SHIELDS                            |                                   |
| TITLE:          | VP/ASST TREAS                               |                                   |
| ADDRESS:        | 7251 W. LAKE MEAD BLVD.<br>SUITE 104        |                                   |
| CITY/ST/ZIP/CO: | LAS VEGAS, NV 89128-                        |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | SCOTT W. ANGLIN                             |                                   |
| TITLE:          | VP/TREAS                                    |                                   |
| ADDRESS:        | 7251 W. LAKE MEAD BLVD.<br>SUITE 104        |                                   |
| CITY/ST/ZIP/CO: | LAS VEGAS, NV 89128-                        |                                   |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | NICHOLAS J. PACE                            |  |
| TITLE:          | VP/secretary                                |  |
| ADDRESS:        | 4425 CORPORATION LANE                       |  |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23462-                   |  |

|                 |                                      |  |
|-----------------|--------------------------------------|--|
|                 | <input type="checkbox"/> OFFICER     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | ERIC LLOYD                           |  |
| TITLE:          | DIRECTOR                             |  |
| ADDRESS:        | 7251 W. LAKE MEAD BLVD.<br>SUITE 104 |  |
| CITY/ST/ZIP/CO: | LAS VEGAS, NV 89128-                 |  |

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/ KAREN L. SHIELDS</u>                         | <u>KAREN L. SHIELDS, VP/ASST</u>                 | <u>11/28/2011</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>TREAS</u><br>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.