

1.) CORPORATION NAME:

AMERIGROUP Nevada, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1778606**

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:	ERIC LLOYD	
TITLE:	PRESIDENT/CEO	
ADDRESS:	7251 W. LAKE MEAD BLVD. SUITE 104	
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89128	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ERIC (RICK) K. NOBLE	
TITLE:	ASS. TREAS	
ADDRESS:	120 MONUMENT CIRCLE	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	R. DAVID KRETSCHMER	
TITLE:	TREASURER	
ADDRESS:	120 MONUMENT CIR.	
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 CIRCLE	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204	

	<input type="checkbox"/> OFFICER	<input checked="" 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:	CATHERINE I. KELAGHAN	
TITLE:	DIRECTOR	
ADDRESS:	120 MONUMENT CIRCLE	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AILEEN MCCORMICK CHAIRMAN 3800 Buffalo Speedway Suite 400 Houston, TX 77098	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD ARTHUR ROBERTS MEDICAL OFFICER 9133 West Russell Road Las Vegas, NV 89148	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jack Louis Young ASST SECRETARY 4425 CORPORATION LANE VIRGINIA BEACH, VA 23462	<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/ KATHLEEN S. KIEFER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN S. KIEFER, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/21/2014 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.			