

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215504896

1.) CORPORATION NAME:

**AMERIGROUP Nevada, Inc.**

DUE DATE: **1/31/2015**

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.

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

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

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

NAME:	AILEEN MCCORMICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3800 BUFFALO SPEEDWAY SUITE 400		
CITY/ST/ZIP/CO:	HOUSTON, TX 77098		

NAME:	KATHLEEN S. KIEFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	120 MONUMENT CIRCLE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

NAME:	RICHARD ARTHUR ROBERTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	MEDICAL OFFICER		
ADDRESS:	9133 WEST RUSSELL ROAD		
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89148		

NAME: JACK LOUIS 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: CATHERINE I. KELAGHAN TITLE: DIRECTOR ADDRESS: 120 MONUMENT CIRCLE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input type="checkbox"/> OFFICER <input checked="" 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	2/4/2015 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.		