

1.) CORPORATION NAME:

**Molina Healthcare, Inc.**

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER 16TH FL  
1111 EAST MAIN STREET**

SCC ID NO: **F1930413**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150,000,000
PREFER	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 OCEANGATE  
SUITE 100

CITY/ST/ZIP: LONG BEACH, CA 90802

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:	JOSEPH M. MOLINA MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT, CEO		
ADDRESS:	200 OCEANGATE		
	SUITE 100		
CITY/ST/ZIP/CO:	LONG BEACH, CA 90802		

NAME:	JOHN C. MOLINA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	200 OCEANGATE		
	SUITE 100		
CITY/ST/ZIP/CO:	LONG BEACH, CA 90802		

NAME:	JEFF D. BARLOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	300 UNIVERSITY AVENUE		
	SUITE 100		
CITY/ST/ZIP/CO:	SACRAMENTO, CA 95825		

NAME:	GARREY CARRUTHERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 OCEANGATE		
	SUITE 100		
CITY/ST/ZIP/CO:	LONG BEACH, CA 90802		

NAME:	DANIEL COOPERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 OCEANGATE		
	SUITE 100		
CITY/ST/ZIP/CO:	LONG BEACH, CA 90802		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES Z. FEDAK DIRECTOR 200 OCEANGATE SUITE 100 LONG BEACH, CA 90802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN JAMES DIRECTOR 200 OCEANGATE SUITE 100 LONG BEACH, CA 90802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK E. MURRAY DIRECTOR 200 OCEANGATE SUITE 100 LONG BEACH, CA 90802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN J. ORLANDO DIRECTOR 200 OCEANGATE SUITE 100 LONG BEACH, CA 90802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONNA E. ROMNEY DIRECTOR 200 OCEANGATE SUITE 100 LONG BEACH, CA 90802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. SZABO JR. DIRECTOR 200 OCEANGATE SUITE 100 LONG BEACH, CA 90802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE B. WOLF DIRECTOR 200 OCEANGATE SUITE 100 LONG BEACH, CA 90802	<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/ JEFF D. BARLOW SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFF D. BARLOW, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/18/2015 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.			