



ANNUAL STATEMENT

For the Year Ended December 31, 2011
of the Condition and Affairs of the

Molina Healthcare Insurance Company

NAIC Group Code.....1531, 1531
(Current Period) (Prior Period)

NAIC Company Code..... 69647

Employer's ID Number..... 31-0628424

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... October 19, 1948

Commenced Business..... December 5, 1978

Statutory Home Office

8101 North High Street, Suite 210..... Columbus OH 43235
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

200 Oceangate, Suite 100..... Long Beach CA 90802
(Street and Number) (City or Town, State and Zip Code)

562-435-3666 x111566
(Area Code) (Telephone Number)

Mail Address

200 Oceangate, Suite 100..... Long Beach CA 90802
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

200 Oceangate, Suite 100..... Long Beach CA 90802
(Street and Number) (City or Town, State and Zip Code)

562-435-3666 x111566
(Area Code) (Telephone Number)

Internet Web Site Address

molinahealthcare.com

562-435-3666 x111566

Statutory Statement Contact

Joseph William White

(Area Code) (Telephone Number) (Extension)

(Name)

joseph.white@molinahealthcare.com

562-499-0612

(E-Mail Address)

(Fax Number)

OFFICERS

Name	Title	Name	Title
1. John Conrad Molina	President	2. Joseph William White	Chief Financial Officer
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

Joseph Marion Molina
John Michael Puente #

DIRECTORS OR TRUSTEES

John Conrad Molina

Robert William Gordon

Joseph William White

State of..... California
County of..... Los Angeles

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) John Conrad Molina	(Signature) Joseph William White	(Signature) Jeffrey Don Barlow
1. (Printed Name) President	2. (Printed Name) Chief Financial Officer	3. (Printed Name) Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

This _____ day of _____ 2012

a. Is this an original filing?

Yes [X] No []

b. If no
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	4,935,559		4,935,559	4,898,631
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....(2,049), Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$....3,909,603, Sch. DA).....	3,907,554		3,907,554	4,048,023
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	8,843,113	0	8,843,113	8,946,654
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	16,187		16,187	5,709
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	36
25. Aggregate write-ins for other than invested assets.....	301	301	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	8,859,601	301	8,859,300	8,952,399
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	8,859,601	301	8,859,300	8,952,399

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepays / Deposits.....	301	301	0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	301	301	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$.....0 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....		
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 17, Col. 1) (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....		
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid (Exhibit 4, Line 10).....		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....		
6.2 Dividends not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....		
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....		
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....		
9.4 Interest Maintenance Reserve (IMR, Line 6).....	168,635	184,012
10. Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....		
11. Commissions and expense allowances payable on reinsurance assumed.....	61,875	3,335
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....		
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5).....		
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....	431	84,290
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....		
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19. Remittances and items not allocated.....		
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR Line 16, Col. 7).....	24,356	21,821
24.02 Reinsurance in unauthorized companies.....		
24.03 Funds held under reinsurance treaties with unauthorized reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....	250	
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	1,028	25,022
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	256,575	318,480
27. From Separate Accounts Statement.....		
28. Total liabilities (Line 26 and 27).....	256,575	318,480
29. Common capital stock.....	2,727,274	2,727,274
30. Preferred capital stock.....	0	0
31. Aggregate write-ins for other than special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....	4,990,293	4,990,293
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	885,158	916,352
36. Less treasury stock, at cost:		
36.1 ....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 ....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	5,875,451	5,906,645
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	8,602,725	8,633,919
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	8,859,300	8,952,399

DETAILS OF WRITE-INS

2501. Escheat Liability.....	1,028	25,022
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,028	25,022
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0

Molina Healthcare Insurance Company

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11).....		
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	73,603	56,975
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5).....	15,377	20,492
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		
8.2 Charges and fees for deposit-type contracts.....		
8.3 Aggregate write-ins for miscellaneous income.....	0	0
9. Totals (Lines 1 to 8.3).....	88,980	77,467
10. Death benefits.....		
11. Matured endowments (excluding guaranteed annual pure endowments).....		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8).....		
13. Disability benefits and benefits under accident and health contracts.....		
14. Coupons, guaranteed annual pure endowments and similar benefits.....		
15. Surrender benefits and withdrawals for life contracts.....		
16. Group conversions.....		
17. Interest and adjustments on contract or deposit-type contract funds.....		
18. Payments on supplementary contracts with life contingencies.....		
19. Increase in aggregate reserves for life and accident and health contracts.....		
20. Totals (Lines 10 to 19).....	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1).....		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1).....		
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4).....	25,680	108,318
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3).....	211,533	57,684
25. Increase in loading on deferred and uncollected premiums.....		
26. Net transfers to or (from) Separate Accounts net of reinsurance.....		
27. Aggregate write-ins for deductions.....	0	0
28. Totals (Lines 20 to 27).....	237,213	166,002
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(148,233)	(88,535)
30. Dividends to policyholders.....		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(148,233)	(88,535)
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....	(119,860)	(148,207)
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	(28,373)	59,672
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR).....		
35. Net income (Line 33 plus Line 34).....	(28,373)	59,672
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2).....	8,633,918	8,577,532
37. Net income (Line 35).....	(28,373)	59,672
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....		
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax.....		(350,457)
41. Change in nonadmitted assets.....	(285)	350,441
42. Change in liability for reinsurance in unauthorized companies.....		
43. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Col. 4).....		
44. Change in asset valuation reserve	(2,535)	(3,270)
45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1).....		
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
47. Other changes in surplus in Separate Accounts Statement.....		
48. Change in surplus notes.....		
49. Cumulative effect of changes in accounting principles.....		
50. Capital changes:		
50.1 Paid in.....		
50.2 Transferred from surplus (Stock Dividend).....		
50.3 Transferred to surplus.....		
51. Surplus adjustment:		
51.1 Paid in.....		
51.2 Transferred to capital (Stock Dividend).....		
51.3 Transferred from capital.....		
51.4 Change in surplus as a result of reinsurance.....		
52. Dividends to stockholders.....		
53. Aggregate write-ins for gains and losses in surplus.....	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53).....	(31,193)	56,386
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38).....	8,602,725	8,633,918

DETAILS OF WRITE-INS

08.301.		
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	0	0
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	0
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	0	0

Annual Statement for the year 2011 of the **Molina Healthcare Insurance Company**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....		
2. Net investment income.....	.68,042	155,652
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	.68,042	155,652
5. Benefit and loss related payments.....		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	202,667	276,967
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(36,001)	(218,000)
10. Total (Lines 5 through 9).....	166,666	58,967
11. Net cash from operations (Line 4 minus Line 10).....	(98,624)	96,685
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	9,071,333	5,865,000
12.2 Stocks.....	556,093	
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	9,627,426	5,865,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	9,113,178	4,574,640
13.2 Stocks.....	556,093	
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	9,669,271	4,574,640
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(41,845)	1,290,360
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(51)	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	0	(51)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(140,469)	1,386,994
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	4,048,023	2,661,029
19.2 End of year (Line 18 plus Line 19.1).....	3,907,554	4,048,023

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20,0001
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts.....	0											
2. Considerations for supplementary contracts with life contingencies.....	0											
3. Net investment income.....	73,603		73,603									
4. Amortization of Interest Maintenance Reserve (IMR).....	15,377		15,377									
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0											
6. Commissions and expense allowances on reinsurance ceded.....	0											
7. Reserve adjustments on reinsurance ceded.....	0											
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from S/A.....	0											
8.2 Charges and fees for deposit-type contracts.....	0											
8.3 Aggregate write-ins for miscellaneous income.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3).....	88,980	0	88,980	0	0	0	0	0	0	0	0	0
10. Death benefits.....	0											
11. Matured endowments (excluding guaranteed annual pure endowments).....	0											
12. Annuity benefits.....	0											
13. Disability benefits and benefits under accident and health contracts.....	0											
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0											
15. Surrender benefits and withdrawals for life contracts.....	0											
16. Group conversions.....	0											
17. Interest and adjustments on contract or deposit-type contract funds.....	0											
18. Payments on supplementary contracts with life contingencies.....	0											
19. Increase in aggregate reserves for life and accident and health contracts.....	0											
20. Totals (Lines 10 to 19).....	0	0	0	0	0	0	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	0											
22. Commissions and expense allowances on reinsurance assumed.....	0											
23. General insurance expenses.....	25,680		25,680									
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	211,533		211,533									
25. Increase in loading on deferred and uncollected premiums.....	0											
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0											
27. Aggregate write-ins for deductions.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27).....	237,213	0	237,213	0	0	0	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(148,233)	0	(148,233)	0	0	0	0	0	0	0	0	0
30. Dividends to policyholders.....	0											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(148,233)	0	(148,233)	0	0	0	0	0	0	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains).....	(119,860)		(119,860)									
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	(28,373)	0	(28,373)	0	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

08.301.	0											
08.302.	0											
08.303.	0											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	0	0	0	0	0	0	0	0	0	0	0	0
2701.	0											
2702.	0											
2703.	0											
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes the following amounts for FEGLI/SGLI: Line 1.....0 Line 10.....0 Line 16.....0 Line 23.....0 Line 24.....0

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group				
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities			
Involving Life or Disability Contingencies (Reserves)											
(Net of Reinsurance Ceded)											
1. Reserve December 31, prior year.....	0										
2. Tabular net premiums or considerations.....	0										
3. Present value of disability claims incurred.....	0				XXX						
4. Tabular interest.....	0										
5. Tabular less actual reserve released.....	0										
6. Increase in reserve on account of change in valuation basis.....	0										
7. Other increases (net).....	0										
8. Totals (Lines 1 to 7).....	0	0	0	0	0	0	0	0			
9. Tabular cost.....	0				XXX						
10. Reserves released by death.....	0			XXX	XXX			XXX			
11. Reserves released by other terminations (net).....	0										
12. Annuity, supplementary contract, and disability payments involving life contingencies.....	0										
13. Net transfers to or (from) Separate Accounts.....	0										
14. Total deductions (Lines 9 to 13).....	0	0	0	0	0	0	0	0			
15. Reserve December 31, current year.....	0	0	0	0	0	0	0	0			

NONE

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	60,789.....
1.1 Bonds exempt from U.S. tax.....	(a).....	.....76,976
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....	5,341.....
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....	1.....
10. Total gross investment income.....	.....	82,318.....
11. Investment expenses.....	.....	(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....8,714
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	8,714.....
17. Net investment income (Line 10 minus Line 16).....	.....	73,604.....

DETAILS OF WRITE-INS

0901. Miscellaneous Income.....	.....1	.....1
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....1	.....1
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0	.....0

(a) Includes \$.....0 accrual of discount less \$.....4,917 amortization of premium and less \$.....22,197 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$....2,859 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....0	.....	.....
1.2 Other bonds (unaffiliated).....0	.....	.....
1.3 Bonds of affiliates.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....0	.....	.....
2.11 Preferred stocks of affiliates.....0	.....	.....
2.2 Common stocks (unaffiliated).....0	.....	.....
2.21 Common stocks of affiliates.....0	.....	.....
3. Mortgage loans.....0	.....	.....
4. Real estate.....0	.....	.....
5. Contract loans.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....0	.....	.....
7. Derivative instruments.....0	.....	.....
8. Other invested assets.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0.....	0.....	0.....	0.....	0.....
10. Total capital gains (losses).....	0.....	0.....	0.....	0.....	0.....

DETAILS OF WRITE-INS

0901. ....	.....	.....	.....0	.....	.....
0902. ....	.....	.....	.....0	.....	.....
0903. ....	.....	.....	.....0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0.....	0.....	0.....	0.....	0.....
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0.....	0.....	0.....	0.....	0.....

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Industrial Life	Ordinary			5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	6 Life Insurance		7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other		
FIRST YEAR (other than single)												
1. Uncollected.....	0											
2. Deferred and accrued.....	0											
3. Deferred, accrued and uncollected:												
3.1 Direct.....	0											
3.2 Reinsurance assumed.....	0											
3.3 Reinsurance ceded.....	0											
3.4 Net (Line 1 + Line 2).....	0	0	0	0	0	0	0	0	0	0	0	
4. Advance.....	0											
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0	0	0	0	0	
6. Collected during year:												
6.1 Direct.....	0											
6.2 Reinsurance assumed.....	0											
6.3 Reinsurance ceded.....	0											
6.4 Net.....	0	0	0	0	0	0	0	0	0	0	0	
7. Line 5 + Line 6.4.....	0	0	0	0	0	0	0	0	0	0	0	
8. Prior year (uncollected + deferred and accrued - advance).....	0											
9. First year premiums and considerations:												
9.1 Direct.....	0											
9.2 Reinsurance assumed.....	0											
9.3 Reinsurance ceded.....	0											
9.4 Net (Line 7 - Line 8).....	0	0	0	0	0	0	0	0	0	0	0	
SINGLE												
10. Single premiums and considerations:												
10.1 Direct.....	35,177				35,177							
10.2 Reinsurance assumed.....	0				35,177							
10.3 Reinsurance ceded.....	35,177				0							
10.4 Net.....	0	0	0	0	0	0	0	0	0	0	0	
RENEWAL												
11. Uncollected.....	0											
12. Deferred and accrued.....	0											
13. Deferred, accrued and uncollected:												
13.1 Direct.....	0											
13.2 Reinsurance assumed.....	0											
13.3 Reinsurance ceded.....	0											
13.4 Net (Line 11 + Line 12).....	0	0	0	0	0	0	0	0	0	0	0	
14. Advance.....	0											
15. Line 13.4 - Line 14.....	0	0	0	0	0	0	0	0	0	0	0	
16. Collected during year:												
16.1 Direct.....	1,018,750			1,016,871							1,879	
16.2 Reinsurance assumed.....	0			0							0	
16.3 Reinsurance ceded.....	1,018,750			1,016,871							1,879	
16.4 Net.....	0	0	0	0	0	0	0	0	0	0	0	
17. Line 15 + Line 16.4.....	0	0	0	0	0	0	0	0	0	0	0	
18. Prior year (uncollected + deferred and accrued - advance).....	0											
19. Renewal premiums and considerations:												
19.1 Direct.....	1,018,750			1,016,871							1,879	
19.2 Reinsurance assumed.....	0			0							0	
19.3 Reinsurance ceded.....	1,018,750			1,016,871							1,879	
19.4 Net (Line 17 - Line 18).....	0	0	0	0	0	0	0	0	0	0	0	
TOTAL												
20. Total premiums and annuity considerations:												
20.1 Direct.....	1,053,927	0		1,016,871	35,177	0	0	0	0	0	1,879	
20.2 Reinsurance assumed.....	0	0		0	0	0	0	0	0	0	0	
20.3 Reinsurance ceded.....	1,053,927	0		1,016,871	35,177	0	0	0	0	0	1,879	
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	0	0	0	0	0	0	0	0	0	0	0	

EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other	
DIVIDENDS AND COUPONS APPLIED (included in Part 1)											
21. To pay renewal premiums.....	0										
22. All other.....	0										
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED											
23. First year (other than single):											
23.1 Reinsurance ceded.....	0										
23.2 Reinsurance assumed.....	0										
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
24. Single:											
24.1 Reinsurance ceded.....	0										
24.2 Reinsurance assumed.....	0										
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
25. Renewal:											
25.1 Reinsurance ceded.....	0										
25.2 Reinsurance assumed.....	0										
25.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6).....	0	0	0	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed (Page 6, Line 22).....	0	0	0	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)											
27. First year (other than single).....	0										
28. Single.....	0										
29. Renewal.....	0										
30. Deposit-type contract funds.....	0										
31. Totals (to agree with Page 6, Line 21).....	0	0	0	0	0	0	0	0	0	0	0

NONE

Molina Healthcare Insurance Company
EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5 Investment	6 Total		
	1 Life	Accident and Health					
		2 Cost Containment	3 All Other				
1. Rent.....					0		
2. Salaries and wages.....					0		
3.11 Contributions for benefit plans for employees.....					0		
3.12 Contributions for benefit plans for agents.....					0		
3.21 Payments to employees under non-funded benefit plans.....					0		
3.22 Payments to agents under non-funded benefit plans.....					0		
3.31 Other employee welfare.....					0		
3.32 Other agent welfare.....					0		
4.1 Legal fees and expenses.....					0		
4.2 Medical examination fees.....					0		
4.3 Inspection report fees.....					0		
4.4 Fees of public accountants and consulting actuaries.....	12,020				12,020		
4.5 Expense of investigation and settlement of policy claims.....					0		
5.1 Traveling expenses.....					0		
5.2 Advertising.....					0		
5.3 Postage, express, telegraph and telephone.....	1				1		
5.4 Printing and stationery.....					0		
5.5 Cost or depreciation of furniture and equipment.....					0		
5.6 Rental of equipment.....					0		
5.7 Cost or depreciation of EDP equipment and software.....					0		
6.1 Books and periodicals.....					0		
6.2 Bureau and association fees.....					0		
6.3 Insurance, except on real estate.....					0		
6.4 Miscellaneous losses.....					0		
6.5 Collection and bank service charges.....	9,358				9,358		
6.6 Sundry general expenses.....					0		
6.7 Group service and administration fees.....	4,301				4,301		
6.8 Reimbursements by uninsured plans.....					0		
7.1 Agency expense allowance.....					0		
7.2 Agents' balances charged off (less \$.....0 recovered).....					0		
7.3 Agency conferences other than local meetings.....					0		
9.1 Real estate expenses.....					0		
9.2 Investment expenses not included elsewhere.....					0		
9.3 Aggregate write-ins for expenses.....	0	0	0	0	0		
10. General expenses Incurred.....	25,680	0	0	0	(a) 25,680		
11. General expenses unpaid December 31, prior year.....	3,335				3,335		
12. General expenses unpaid December 31, current year.....	61,875				61,875		
13. Amounts receivable relating to uninsured plans, prior year.....					0		
14. Amounts receivable relating to uninsured plans, current year.....					0		
15. General expenses paid during year (Lines 10 + 11 - 12 - 13 + 14).....	(32,860)	0	0	0	(32,860)		

DETAILS OF WRITE-INS

09.301.....					0
09.302.....					0
09.303.....					0
09.398. Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0
09.399. Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	0	0	0	0	0

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

	Insurance			4 Investment	5 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business		
1. Real estate taxes.....					0
2. State insurance department licenses and fees.....	88,747				88,747
3. State taxes on premiums.....	122,786				122,786
4. Other state taxes, including \$.....0 for employee benefits.....					0
5. U.S. Social Security taxes.....					0
6. All other taxes.....					0
7. Taxes, licenses and fees incurred.....	211,533	0	0	0	211,533
8. Taxes, licenses and fees unpaid December 31, prior year.....					0
9. Taxes, licenses and fees unpaid December 31, current year.....					0
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....	211,533	0	0	0	211,533

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....		
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		
4. Applied to provide paid-up annuities.....		
5. Total Lines 1 through 4.....	0	0
6. Paid-in cash.....		
7. Left on deposit.....		
8. Aggregate write-ins for dividend or refund options.....	0	0
9. Total Lines 5 through 8.....	0	0
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....		
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total Lines 10 through 14.....	0	0
16. Total from prior year.....		
17. Total dividends or refunds (Lines 9 + 15 - 16).....	0	0

DETAILS OF WRITE-INS

0801.....		
0802.....		
0803.....		
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Line 0801 thru 0803 plus 0898) (Line 8 above).....	0	0

Molina Healthcare Insurance Company
EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
Life Insurance:					
0100001. 1958 CSO ALB CRVM 4.00% CRF.....	1,474,811			1,474,811	
0100002. 1958 CSO ALB CRVM 4.00% CRF.....	312,840			312,840	
0100003. 1958 CSO ALB NL 4.00% CRF.....	143,375			143,375	
0100004. 1958 CSO ANB CRVM 4.00% CRF.....	7,399			7,399	
0100005. 1980 CSO ALB CRVM 4.50% CRF.....	2,763,822			2,763,822	
0100006. 1980 CSO ANB CRVM 4.50% CRF.....	2,668			2,668	
0100007. 1980 CSO ANB NL 4.50% CRF.....	6,283			6,283	
0100008. 1980 CSO ALB CRVM 5.00% CRF.....	5,931,567			5,931,567	
0100009. 1980 CSO ALB CRVM 5.50% CRF.....	767,244			767,244	
0100010. 1980 CSO ALB CRVM 5.50% CRF.....	279			279	
0100011. 1980 CSO ALB NL 5.50% CRF.....	464,189			464,189	
0199997. Totals (Gross).....	11,874,477	0	11,874,477	0	0
0199998. Reinsurance ceded.....	11,874,477			11,874,477	
0199999. Totals (Net).....	0	0	0	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. Statutory Reserve.....	10,937,444	XXX	10,937,444	XXX	
0299997. Totals (Gross).....	10,937,444	XXX	10,937,444	XXX	0
0299998. Reinsurance ceded.....	10,937,444	XXX	10,937,444	XXX	
0299999. Totals (Net).....	0	XXX	0	XXX	0
Supplementary Contracts with Life Contingencies:					
0300001. Annuity.....	427,510		427,510		
0399997. Totals (Gross).....	427,510	0	427,510	0	0
0399998. Reinsurance ceded.....	427,510		427,510		
0399999. Totals (Net).....	0	0	0	0	0
Accidental Death Benefits:					
0400001. 1959 ADB - 1958 CSO 3%.....	308		308		
0499997. Totals (Gross).....	308	0	308	0	0
0499998. Reinsurance ceded.....	308		308		
0499999. Totals (Net).....	0	0	0	0	0
Disability - Active Lives:					
0500001. 1952 Interco Disability - 1958 CSO 3%.....	.870		.870		
0599997. Totals (Gross).....	.870	0	.870	0	0
0599998. Reinsurance ceded.....	.870		.870		
0599999. Totals (Net).....	0	0	0	0	0
Disability - Disabled Lives:					
0600001. 1952 Disability STY 1958 CSO 3%.....	46,178		46,178		
0699997. Totals (Gross).....	46,178	0	46,178	0	0
0699998. Reinsurance ceded.....	46,178		46,178		
0699999. Totals (Net).....	0	0	0	0	0
Miscellaneous Reserves:					
0700001. NDDFP Reserve.....	2,004		2,004		
0700002. ICP Reserve.....	.21,955		21,955		
0700003. Excess CSV Reserve.....	.671,295		671,295		
0799997. Totals (Gross).....	.695,254	0	.695,254	0	0
0799998. Reinsurance ceded.....	.695,254		.695,254		
0799999. Totals (Net).....	0	0	0	0	0
9999999. Totals (Net) - Page 3, Line 1.....	0	0	0	0	0

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [] No [X]

1.2 If not, state which kind is issued..... Non - Participating

2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [] No [X]

2.2 If not, state which kind is issued.....

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [X] No []
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [] No [X]
4.1 Amount of insurance: \$.....
4.2 Amount of reserve: \$.....
4.3 Basis of reserve: \$.....
4.4 Basis of regular assessments: \$.....
4.5 Basis of special assessments: \$.....
4.6 Assessments collected during year: \$.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X]
6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$.....
Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [] No [X]
7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$.....
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount: \$.....
7.3 State the amount of reserves established for this business: \$.....
7.4 Identify where the reserves are reported in the blank.

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due To Change
	2 Changed From	3 Changed To	

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non- Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
ACTIVE LIFE RESERVE									
1. Unearned premium reserves.....	237					237			
2. Additional contract reserves (a).....	498					498			
3. Additional actuarial reserves - Asset/Liability analysis.....	0								
4. Reserve for future contingent benefits.....	0								
5. Reserve for rate credits.....	0								
6. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0	0	0
7. Totals (Gross).....	735	0	0	0	0	735	0	0	0
8. Reinsurance ceded.....	735					735			
9. Totals (Net).....	0	0	0	0	0	0	0	0	0
CLAIM RESERVE									
10. Present value of amounts not yet due on claims.....	0								
11. Additional actuarial reserves - Asset/Liability analysis.....	0								
12. Reserve for future contingent benefits.....	0								
13. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0	0	0
14. Totals (Gross).....	0	0	0	0	0	0	0	0	0
15. Reinsurance ceded.....	0								
16. Totals (Net).....	0	0	0	0	0	0	0	0	0
17. TOTALS (Net).....	0	0	0	0	0	0	0	0	0
18. TABULAR FUND INTEREST.....	0								

DETAILS OF WRITE-INS

0601.....									
0602.....									
0603.....									
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0	0	0	0
1301.....									
1302.....									
1303.....									
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 + 1398) (Line 13 above).....	0	0	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance.....	.....0					
2. Deposits received during the year.....	.....0					
3. Investment earnings credited to the account.....	.....0					
4. Other net change in reserves.....	.....0					
5. Fees and other charges assessed.....	.....0					
6. Surrender charges.....	.....0					
7. Net surrender or withdrawal payments.....	.....0					
8. Other net transfers to or (from) Separate Accounts.....	.....0					
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	.....0	.....0	.....0	.....0	.....0	.....0
10. Reinsurance balance at the beginning of the year.....	.....0					
11. Net change in reinsurance assumed.....	.....0					
12. Net change in reinsurance ceded.....	.....0					
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	.....0	.....0	.....0	.....0	.....0	.....0
14. Net balance at the end of the current year after reinsurance (Lines 9 + 13).....	.....0	.....0	.....0	.....0	.....0	.....0

NONE

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**PART 1 - Liability End of Current Year**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	0										
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0
2.2 Other:											
2.21 Direct.....	33,944		33,944								
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	33,944		33,944								
2.24 Net.....	0	0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	100,595		100,595								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	100,595		100,595								
3.4 Net.....	0	0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	134,539	0	134,539	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	134,539	0	134,539	0	0	0	0	0	0	0	0
4.4 Net.....	0	(a).....0	(a).....0	0	0	0	(a).....0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for

Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0,

are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0

are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**PART 2 - Incurred During the Year**

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	.....0										
1.2 Reinsurance assumed.....	.....0										
1.3 Reinsurance ceded.....	.....0										
1.4 Net.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	.....134,539		.....134,539								
2.2 Reinsurance assumed.....	.....0										
2.3 Reinsurance ceded.....	.....134,539		.....134,539								
2.4 Net.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. Amounts recoverable from reinsurers December 31, current year.....	.....0										
4. Liability December 31, prior year:											
4.1 Direct.....	.....165,790		.....165,790								
4.2 Reinsurance assumed.....	.....0										
4.3 Reinsurance ceded.....	.....165,790		.....165,790								
4.4 Net.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. Amounts recoverable from reinsurers December 31, prior year.....	.....0										
6. Incurred benefits:											
6.1 Direct.....	.....(31,251)	.....0	.....(31,251)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6.2 Reinsurance assumed.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6.3 Reinsurance ceded.....	.....(31,251)	.....0	.....(31,251)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6.4 Net.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

Molina Healthcare Insurance Company
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....		16	16
25. Aggregate write-ins for other than invested assets.....	301	0	(301)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	301	16	(285)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	301	16	(285)

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepays/Deposits.....	301		(301)
2502.			0
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	301	0	(301)

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Molina Healthcare Insurance Company (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Ohio insurance law. The National Association of Insurance Commissioners' *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Ohio.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses in the period. Actual results could differ from those estimates.

C. Accounting Policy

(1) Cash and cash equivalents are defined as cash and short-term highly liquid investments that are both readily convertible to known amounts of cash and so near maturity that they represent an insignificant risk of change in value because of changes in interest rates. These securities are principally stated at amortized cost, which approximates fair value. Only investments with original or remaining maturities of three months or less when purchased qualify under this definition.

Short-term investments consist primarily of money market funds and current maturities of government-sponsored enterprise bonds. Realized capital gains and losses are determined using the specific identification method.

(2) Bonds not backed by other loans are principally stated at amortized cost using the scientific method. Changes in admitted asset carrying amounts of bonds are credit or charged directly to unassigned surplus.

(3) Investments in common stock: None

(4) Investments in preferred stock: None

(5) Investments in mortgage loans: None

(6) Investments in loan-backed securities: None

(7) Investments in subsidiaries, controlled or affiliated companies: None

(8) The Company has no investments in joint ventures, partnerships and limited liability companies.

(9) Investments in derivatives: None

(10) The Company uses anticipated investment income as a factor in the premium deficiency calculation. No premium deficiency reserves were deemed necessary as of December 31, 2011.

(11) A summary of management's policies and methodologies for estimating the liabilities for losses and loss/claim adjustment expenses for accident and health contracts: As of December 31, 2011 and 2010, all of the Company's business was ceded to Protective Life Insurance Company through a 100% coinsurance agreement. Benefit and loss reserves included in reserves for future policy benefits are established in amounts adequate to meet estimated future obligations on policies in force. Benefits to policyholders are charged to operations as incurred. Reserves for future policy benefits are determined using assumed rates of interest, mortality and morbidity consistent with statutory requirements. Most life insurance reserves for which the 1980 CSO mortality table is used as the mortality basis are determined using a modified preliminary term reserve method.

(12) There was no change in the capitalization policy from prior periods.

(13) The method used to estimate pharmaceutical rebate receivable: Not applicable

2. Accounting Changes and Corrections of Errors

A. None

3. Business Combinations and Goodwill

NOTES TO FINANCIAL STATEMENTS

A. Statutory Purchase Method : None

B. Statutory Merger : None

C. Assumption Reinsurance: None

C. Impairment Loss : None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans: None

B. Debt Restructuring: None

C. Reverse Mortgages: None

D. Loan-Backed Securities: None

E. Repurchase Agreements and/or Securities Lending Transactions: None

F. Real Estate: None

G. Low-Income Housing Tax Credits: None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. None

B. None

7. Investment Income:

A. The Company had no investment income that was excluded in 2011 or 2010. All of the Company's investments and the income derived from such investments meet the criteria for admitted receivables.

B. None

8. Derivative Instruments

None

9. Income Taxes

A. (1) The components of the net deferred tax asset (all Ordinary) is reflected on the following schedule:

	12/31/11	12/31/10
1a. Total of all deferred tax assets	\$ 184,784	\$ 240,410
1b. Statutory valuation allowance	(184,784)	(240,410)
1c. Adjusted gross deferred tax assets	-	-
1d. Total of all deferred tax liabilities	-	-
1e. Net deferred tax asset(liability) before admissibility test		
1f. Total deferred tax assets non-admitted	-	-
1g. Net admitted DTA or DTL	\$ -	\$ -

(2) The Company has not elected to admit DTAs pursuant to paragraph 10.e. The current period election does not differ from the prior reporting period.

(3) Not applicable

(4) Admission calculation components are as follows:

	12/31/11	12/31/10
4a. Admitted pursuant to par. 10.a.	\$ -	\$ -
4b. Admitted pursuant to par. 10.b. (lesser	-	-

NOTES TO FINANCIAL STATEMENTS

of 10.b.ii. below)			
4c. Par 10.b.i.	-	-	
4d. Par 10.b.ii.	866,208	860,391	
4e. Admitted pursuant to 10.c.	-	-	
4f. Total	\$ -	\$ -	
4g-I Additional admitted pursuant to par. 10.e.i. Admitted deferred tax assets	-	-	

(5) Not applicable

(6)

SSAP No. 10R Paragraphs 10.a, 10b. and 10c.:	12/31/11	12/31/10
6a. Admitted DTAs	\$ -	\$ -
6b. Admitted Assets	8,859,300	8,952,399
6c. Adjusted Statutory Surplus	8,662,081	8,603,905
6d. Total Adjusted Capital from DTAs Increase due to SSAP No. 10R Paragraph 10e:	8,627,081	8,655,740
6e. Admitted DTA's	-	-
6f. Admitted Assets	\$ -	\$ -
6g. Adjusted Statutory Surplus	-	-

B. Not applicable. The company had no deferred tax liabilities.

C. Current Tax and Change in Deferred Tax

Current income taxes incurred consist of the following major components:

	12/31/11	12/31/10
Current income tax expense (benefit)	\$ (119,859)	\$ (148,207)
Tax on capital gains	-	-
Prior year under accrual (over accrual)	-	-
Federal income tax expense (benefit)	(119,859)	\$ (148,207)

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

	12/31/11	12/31/10	Change	Character
Deferred tax assets:				
Deferred acquisition costs 2a5.	\$102,354	\$96,157	\$6,197	ordinary
Fixed assets 2a7.	82,430	144,253	(61,823)	ordinary
Total deferred tax assets	184,784	240,410	(55,626)	
Valuation allowance 2b.	(184,784)	(240,410)	55,626	ordinary
Non-admitted deferred tax assets 2c.	-	-	-	
Admitted deferred tax assets	-	-	-	
Deferred tax liabilities:	-	-	-	
Other 3a5.	-	-	-	ordinary
Total deferred tax liabilities	-	-	-	
Non-admitted deferred tax liabilities	-	-	-	
Admitted deferred tax liabilities	-	-	-	
Net admitted deferred tax assets	-	-	-	

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of non-admitted assets as the Change in Non-Admitted Assets is reported separately from the Change in Deferred Income taxes in the surplus section of the Annual Statement):

	2011	2010	Change
Total deferred tax assets	184,784	240,410	(55,626)
Total deferred tax liabilities	-	-	-
Valuation allowance	(184,784)	(240,410)	55,626

NOTES TO FINANCIAL STATEMENTS

Net deferred tax asset (liability)	-	-	-
Tax effect of unrealized (gains)/losses			-
Change in net deferred income tax assets-increase (decrease)			

The Company is subject to taxation in the United States and various states. With few Exceptions, the Company is no longer subject to U.S. federal tax years on or before 2008 And state as well as local income tax examination for tax years on or before 2007.

D. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory federal tax rate to income before income taxes. The significant items causing this difference are as follows:

	Amount	Tax Effect	Effective Tax Rate
Taxes on income at federal statutory tax rate	(148,233)	(51,882)	35.00%
Valuation allowance	(158,931)	(55,626)	37.53%
Other, including Prior Year True-up	((35,289)	(12,351)	8.33%
Reported tax expense	(342,289)	(119,859)	80.86%

Federal and foreign income taxes incurred	(119,859)	80.86%
Change in net deferred income taxes	-	0.00%
Total statutory income taxes	(119,859)	80.86%

E. There were no loss carry forwards.

The amount of federal income taxes incurred that will be available for recoupment in the event of future net losses is approximately \$0.

Deposits admitted under IRC Section 6603: None

F. Federal income tax return consolidation

(1) The Company's Federal income tax return is consolidated with the following entities:

Molina Healthcare, Inc.	Molina Healthcare of Missouri, Inc.
Molina Healthcare of Arizona, Inc.	Molina Healthcare of Utah, Inc.
Molina Healthcare of California	Molina Healthcare of Virginia, Inc.
Molina Healthcare of California Partner Plan	Molina Healthcare of Mississippi, Inc.
Molina Healthcare of Michigan, Inc.	Molina Healthcare Services
Molina Healthcare of New Mexico, Inc.	Molina Healthcare of Illinois, Inc.
Molina Healthcare of Ohio, Inc.	Molina Information Systems, LLC
Molina Healthcare of Washington, Inc.	Molina Healthcare of Wisconsin, Inc
Molina Healthcare of Texas, Inc.	Molina Center, LLC
Molina Healthcare of Georgia, Inc.	Molina Pathways, LLC
Molina Healthcare of Nevada, Inc.	Molina Healthcare Data Center, Inc.
Molina Healthcare of Florida, Inc.	American Family Care, Inc.
Molina Healthcare of Texas Insurance Company	Alliance for Community Health, LLC (dba Molina Healthcare of Missouri)

Molina Healthcare, Inc. ("Molina") and its subsidiaries, including the Company, file a consolidated federal income tax return. Under a written intercompany tax-sharing agreement with the Parent, approved by the Company's

NOTES TO FINANCIAL STATEMENTS

board of directors, the combined federal income tax is allocated to each entity which is a party to the consolidation. The Parent collects from, or refunds to, the subsidiaries the amount of taxes or benefits determined as if each entity filed separate tax returns. Under the tax-sharing agreement, the Company has an enforceable right to recoup federal income taxes paid in prior years in the event of future net losses or to recoup net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany balances are settled annually within 90 days of filing the consolidated federal income tax return.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. The Company is a wholly owned subsidiary of Molina. In 2005, Molina acquired the capital stock of Phoenix National Insurance Company (Phoenix), an Ohio corporation, from PM Holdings, Inc. In 2006, the name of Phoenix was changed to Molina Healthcare Insurance Company. The Company is licensed to sell life, annuity and accident and health products in all states except Maine and New York. As of December 31, 2011 and 2010, all of the Company's business was ceded to Protective Life Insurance Company through a 100% coinsurance agreement.
- B. No reportable transactions.
- C. No reportable transactions.
- D. As of December 31, 2011, amounts due to Molina and affiliates totaled \$250 and amounts due from Molina and affiliates totaled \$ 0. Intercompany receivables and payables are generally settled on a monthly basis.
- E. None
- F. None
- G. As indicated in 10.A. above, the Company is a wholly owned subsidiary of Molina. Molina is a multi-state managed care organization that arranges for the delivery of health care services to persons eligible Medicaid, Medicare, and other government-sponsored health care programs for low-income families and individuals. The entities under common ownership of Molina are indicated in Note 9.F. above.
- H. Amount deducted from the value of an upstream intermediate entity or ultimate parent owned: None
- I. Investment in subsidiary, controlled or affiliated (SCA) entity that exceeds 10% of the admitted assets of the insurer: None
- J. Investment in impaired SCA: None
- K. Investment in foreign subsidiary: None
- L. Investment in downstream noninsurance holding company: None

11. Debt

None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Plans

- A. Defined Benefit Plan: None
- B. Defined Contribution Plan: None
- C. Multiemployer Plans: None
- D. Consolidated/Holding Company Plans: None
- E. Postemployment Benefits and Compensated Absences: None
- F. Impact of Medicare Modernization Act on Post Retirement Benefits: None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has 4,000,000 shares of \$2 par value common stock authorized, 1,363,637 shares issued and outstanding.
- (2) Preferred stock: None
- (3) Dividend restrictions: Without prior approval by the Insurance Commissioner of the state of Ohio, the aggregate amounts of dividends to shareholders during any 12-month period shall not exceed the greater of the prior year's net income or 10% of surplus. These dividends may be paid upon notification to the Ohio Department of Insurance. Larger dividends, classified as extraordinary, require approval of the Ohio Department of Insurance.
- (4) Dividends paid by the Company to Molina during 2011 were as follows: None

NOTES TO FINANCIAL STATEMENTS

- (5) Subject to the limitations of (3) above, no restrictions have been placed on the portion of the Company's profits that may be paid as ordinary dividends to Molina.
- (6) Restrictions placed on unassigned funds (surplus): None
- (7) Advances to surplus not repaid: None
- (8) Stock held for special purposes: None
- (9) Changes in balances of special surplus funds from the prior period: None
- (10) Unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses: None
- (11) Surplus Notes: None
- (12) Impact of the restatement in a quasi-reorganization: None
- (13) The effective date of a quasi-reorganization: None

14. Contingencies

- A. Contingent Commitments: None
- B. Assessments: None
- C. Gain Contingencies: None
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits: None
- E. Product Warranties: None
- F. All Other Contingencies: From time to time, the Company may be involved in legal actions in the normal course of business, some of which involve a demand for both compensatory and punitive damages not covered by insurance. Currently, there are no pending or threatened actions which, to the knowledge and in the opinion of management and the Company's counsel, would have a material adverse effect on the Company's financial position, results of operations or cash flow.

15. Leases

- A. Lessee lease arrangements
 - (1) Operating leases: None
 - (2) Future minimum lease payments for years ending December 31 are as follows: None
 - (3) Sale-leaseback transactions: None
- B. Lessor lease arrangements: None

16. Information About Financial Instruments With Off-Balance Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables Reported Sales : None
- B. Transfer and Servicing of Financial Assets : None
- C. Wash Sales : None

18. Gain or Loss to the Reporting Entity from Uninsured Accident and Health Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans: None
- B. ASC Plans: None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract: None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrator

None

20. Fair Value Measurements

A.

NOTES TO FINANCIAL STATEMENTS

(1) Assets Measured at Fair Value on a Recurring Basis: The Company's assets measured at fair value on a recurring basis include primarily short-term money market funds, which are classified as short-term investments. The Plan receives monthly statements from investment brokers that provide market pricing.

(1)	(2)	(3)	(4)	(5)
Description	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Money market funds	\$ 3,909,603	0	0	\$3,909,603
Total assets at fair value	\$ 3,909,063	0	0	\$3,909,603
b. Liabilities at fair value				
None	\$ 0	\$ 0	\$ 0	\$ 0

(2) None

(3) Not applicable – The Company does not invest in financial instruments that do not have observable inputs.

(4) Not applicable

(5) None

B. Not applicable

C. The Company's statutory-basis balance sheets include the following financial instruments: cash, short-term investments, bonds, investment income due and accrued, federal income taxes payable, accounts payable, and other current liabilities. The Company believes the carrying amounts of current assets and current liabilities in the statutory-basis financial statements approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

D. Not applicable

21. Other Items

A. Extraordinary Items: None

B. Troubled Debt Restructuring: None

C. Other Disclosures: Assets with a book value of \$4,711,269 and \$4,688,542 at December 31, 2011 and 2010 respectively, were on deposit with various government authorities as required by law, also reported in Schedule E-Part 3 – Special Deposits.

D. Uncollectible Amounts: None

E. Business Interruption Insurance Recoveries: None

F. State Transferable and Non-transferable Tax Credits : None

G. Subprime-Mortgage-Related Risk Exposure: None

H. Retained Assets: None

22. Events Subsequent

There were no recognized or unrecognized events occurring subsequent to the close of the books that would have a material effect on the Company's financial condition. Subsequent events were considered through February 16, 2012 for the statutory statement available to be issued on February 16, 2012.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

NOTES TO FINANCIAL STATEMENTS

(1) No

(2) No

Section 2 – Ceded Reinsurance Report – Part A

(1) No

(2) No

Section 3 – Ceded Reinsurance Report – Part B

(1) \$ 0

(2) No

B. Uncollectible Reinsurance: None

C. Commutation of Ceded Reinsurance: None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. None

B. None

C. None

25. Change in Incurred Claims and Claim Adjustment Expenses

None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables : None

B. Risk-Sharing Receivables: None

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Reserves for Life Contracts and Deposit-Type Contracts

- (1) The Company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the month of death. The Company has certain surrender values in excess of the legally computed reserves which are included in Exhibit 5G, Line 3.
- (2) The method used in the valuation of substandard policies is based on the normal tabular reserves plus one half of the annual substandard extra premium.
- (3) There are no amounts of insurance for which the gross premium are less than the net premiums according to the standard of valuation set by the Ohio Department of Insurance.
- (4) Tabular cost has been determined from the basic data for the calculation of policy reserves. Tabular less actual reserves released has been determined from the basic data for the calculation of reserves and reserves released. Tabular interest has been determined from the basic data for the calculation of policy reserves. Page 7 is blank because the Company has ceded all of its life insurance business.
- (5) Tabular interest on funds not involving life contingencies is calculated as the product of the valuation rate of interest times the mean of the amount of funds subject to such rate held at the beginning and end of the year of valuation. Exhibit 7 reflects the ceding of all business not involving life contingencies.
- (6) There were no other reserve changes.

32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics

The Company has no annuity actuarial reserves or deposit liabilities net of reinsurance.

33. Premium and Annuity Considerations Deferred and Uncollected

NOTES TO FINANCIAL STATEMENTS

The Company had no deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2011, net of reinsurance.

34. Separate Accounts

The Company has no separate account business.

35. Loss/Claim adjustment expense

Not Applicable

Molina Healthcare Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]							
1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]							
1.3 State regulating? <u>OHIO</u>								
2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
2.2 If yes, date of change:	12/31/2006							
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2006							
3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2006							
3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	04/10/2008							
3.4 By what department or departments? <u>OHIO</u>								
3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]							
3.6 Have all of the recommendations within the latest financial examination report been complied with?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]							
4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:								
4.11 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
4.12 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:								
4.21 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
4.22 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1 Name of Entity</td> <td style="width: 33%; text-align: center;">2 NAIC Co. Code</td> <td style="width: 33%; text-align: center;">3 State of Domicile</td> </tr> </table>		1 Name of Entity	2 NAIC Co. Code	3 State of Domicile				
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile						
6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
6.2 If yes, give full information: <u>N/A</u>								
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
7.2 If yes,% 7.21 State the percentage of foreign control 7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Nationality</td> <td style="width: 50%; text-align: center;">2 Type of Entity</td> </tr> </table>		1 Nationality	2 Type of Entity					
1 Nationality	2 Type of Entity							
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.								
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 14.28%; text-align: center;">1 Affiliate Name</td> <td style="width: 14.28%; text-align: center;">2 Location (City, State)</td> <td style="width: 14.28%; text-align: center;">3 FRB</td> <td style="width: 14.28%; text-align: center;">4 OCC</td> <td style="width: 14.28%; text-align: center;">5 OTS</td> <td style="width: 14.28%; text-align: center;">6 FDIC</td> <td style="width: 14.28%; text-align: center;">7 SEC</td> </tr> </table>		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC		
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? <u>Ernst & Young LLP, 725 S. Figueroa St., Los Angeles, CA 90001</u>								
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
10.2 If the response to 10.1 is yes, provide information related to this exemption:								
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
10.4 If the response to 10.3 is yes, provide information related to this exemption:								
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]							
10.6 If the answer to 10.5 is no or n/a, please explain.								
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? <u>Brian F. Goebel, FSA, MAAA, Chief Actuary, 200 Oceangate, Suite 100, Long Beach, CA 90802 , Employee of the reporting entity</u>								
12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
12.11 Name of real estate holding company <u>N/A</u>								
12.12 Number of parcels involved 12.13 Total book/adjusted carrying valueN/AN/A							
12.2 If yes, provide explanation. <u>N/A</u>								

Molina Healthcare Insurance Company

GENERAL INTERROGATORIES

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

None

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [X]13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

N/A

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

N/A

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

N/A

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$.....0
20.12 To stockholders not officers	\$.....0
20.13 Trustees, supreme or grand (Fraternal only)	\$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$.....0
20.22 To stockholders not officers	\$.....0
20.23 Trustees, supreme or grand (Fraternal only)	\$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	.....
21.22 Borrowed from others	.....
21.23 Leased from others	.....
21.24 Other	.....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	.....
22.22 Amount paid as expenses	.....
22.23 Other amounts paid	.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.3)? Yes [] No [X]

24.2 If no, give full and complete information relating thereto.
CitiGroup- Custodian

24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).
The company does not have a security lending program.

24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs.

24.6 If answer to 24.4 is no, report amount of collateral for other programs.

24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3) Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$.....0
25.22 Subject to reverse repurchase agreements	\$.....0
25.23 Subject to dollar repurchase agreements	\$.....0
25.24 Subject to reverse dollar repurchase agreements	\$.....0
25.25 Pledged as collateral	\$.....0
25.26 Placed under option agreements	\$.....0
25.27 Letter stock or securities restricted as to sale	\$.....0
25.28 On deposit with state or other regulatory body	\$.....0
25.29 Other	\$.....0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

If no, attach a description with this statement.
N/A

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X] N/A

27.2 If yes, state the amount thereof at December 31 of the current year: Yes [] No [] N/A

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
CitiGroup	333 W. 34th Street, NY, NY 10001

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
#149777	Morgan Stanley Smith Barney - Juan Cordova, Lars Monroe, Greg Krohner	555 California St., 35th Flr, San Francisco, CA 94

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj.Carrying Value
29.2999. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation
N/A			

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	8,845,162	8,944,073	98,911
30.2 Preferred stocks.....			0
30.3 Totals.....	8,845,162	8,944,073	98,911

30.4 Describe the sources or methods utilized in determining the fair values:

Fair Value of bonds is based on unit prices published by the Securities Valuation Office of the NAIC (SVO) when available. For securities not priced by the SVO or when amortized cost is

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D. Fair values are provided by third party vendor, Clearwater Analytics, who uses unit prices published by the Securities Valuation Office of the NAIC (SVO) when available. For securities not priced by the SVO Clearwater Analytic receives pricing from variety of industry standard data providers, security master files from large financial institutions and other third party sources. These multiple prices are inputs into a distribution-curve-based algorithm to determine daily market values. Yes [X] No []

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? \$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

NONE

GENERAL INTERROGATORIES**PART 2 - LIFE INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

1.62 Total incurred claims

1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned

1.65 Total incurred claims

1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned

1.72 Total incurred claims

1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned

1.75 Total incurred claims

1.76 Number of covered lives

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	0	0
2.2 Premium Denominator.....	0	0
2.3 Premium Ratio (2.1/2.2).....	0.0	0.0
2.4 Reserve Numerator.....	237	211
2.5 Reserve Denominator.....	0	0
2.6 Reserve Ratio (2.4/2.5).....	0.0	0.0

3.1 Does this reporting entity have Separate Accounts? Yes [] No [X]

3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [] No [] N/A [X]

3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?

3.4 State the authority under which Separate Accounts are maintained:

3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [] No [X]

3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No [X]

3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?

4.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes [] No [X]

4.2 Net reimbursement of such expenses between reporting entities:

4.21 Paid

4.22 Received

5.1 Does the reporting entity write any guaranteed interest contracts? Yes [] No [X]

5.2 If yes, what amount pertaining to these items is included in:

5.21 Page 3, Line 1

5.22 Page 4, Line 1

6. For stock reporting entities only:

6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$.....0

7. Total dividends paid stockholders since organization of the reporting entity:

7.11 Cash \$.....4,990,293

7.12 Stock \$.....6,400,000

GENERAL INTERROGATORIES**PART 2 - LIFE INTERROGATORIES**

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as:

Yes [] No [X]

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement?

Yes [] No []

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31 Earned premium.....
8.32 Paid claims.....
8.33 Claim liability and reserve (beginning of year).....
8.34 Claim liability and reserve (end of year).....
8.35 Incurred claims.....

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and

8.34 for Col. (1) are:

1 Earned Premium	2 Claim Liability and Reserve
8.41 < \$25,000.....
8.42 \$25,000 -- 99,999.....
8.43 \$100,000 -- 249,999.....
8.44 \$250,000 -- 999,999.....
8.45 \$1,000,000 or more.....

8.5 What portion of earned premium reported in 8.31, Col. 1 was assumed from pools?

9.1 Does the company have variable annuities with guaranteed benefits?

Yes [] No [X]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	3 Waiting Period Remaining	4 Account Value Related to Col. 3	5 Total Related Account Values	6 Gross Amount of Reserve	7 Location of Reserve	8 Portion Reinsured	9 Reinsurance Reserve Credit
.....

10. For reporting entities having sold annuities to another insurer when the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year? \$.....0

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value) \$
.....

11.1 Do you act as a custodian for health savings account? Yes [] No [X]

11.2 If yes, please provide the amount of custodial funds held as of the reporting date.

11.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

11.4 If yes, please provide the balance of the funds administered as of the reporting date.

Molina Healthcare Insurance Company

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

Show amounts of life insurance in this exhibit in thousands (omit \$000)

	1 2011	2 2010	3 2009	4 2008	5 2007
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....	119,583	130,802	140,785	151,171	136,653
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....					24,524
3. Credit life (Line 21, Col. 6).....	126	126	126	126	126
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4).....					
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10).....	119,709	130,928	140,911	151,297	161,303
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2).....					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....					
10. Credit life (Line 2, Col. 6).....					
11. Group (Line 2, Col. 9).....					
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10).....	0	0	0	0	0
Premium Income - Lines of Business (Exhibit 1-Part 1)					
14. Industrial life (Line 20.4, Col. 2).....					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....					
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life (group and individual) (Line 20.4, Col. 5).....					
17.1 Group life insurance (Line 20.4, Col. 6).....					
17.2 Group annuities (Line 20.4, Col. 7).....					
18.1 A&H - group (Line 20.4, Col. 8).....					
18.2 A&H - credit (group and individual) (Line 20.4, Col. 9).....					
18.3 A&H - other (Line 20.4, Col. 10).....					
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	0	0	0	0	0
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....	8,859,300	8,952,399	8,954,407	9,048,339	8,777,951
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	256,575	318,480	376,874	634,102	587,685
23. Aggregate life reserves (Page 3, Line 1).....					
24. Aggregate A&H reserves (Page 3, Line 2).....					
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....	24,356	21,821	18,551	14,526	16,059
27. Capital (Page 3, Lines 29 & 30).....	2,727,274	2,727,274	2,727,274	2,727,274	2,727,274
28. Surplus (Page 3, Line 37).....	5,875,451	5,906,645	5,850,259	5,686,963	5,462,992
Cash Flow (Page 5)					
29. Net Cash from operations (Line 11).....	(98,624)	96,685	53,330	186,714	219,492
Risk-Based Capital Analysis					
30. Total adjusted capital.....	8,627,081	8,655,740	8,596,084	8,428,763	8,206,325
31. Authorized control level risk-based capital.....	84,000	109,164	133,760	120,312	137,614
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1).....	55.8	54.8	70.0	59.3	63.0
33. Stocks (Lines 2.1 and 2.2).....					
34. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
35. Real estate (Line 4.1, 4.2 and 4.3).....					
36. Cash, cash equivalents and short-term investments (Line 5).....	44.2	45.2	30.0	40.7	37.0
37. Contract loans (Line 6).....					
38. Derivatives (Line 7).....			XXX.....	XXX.....	XXX.....
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....					
41. Securities lending reinvested collateral assets (Line 10).....			XXX.....	XXX.....	XXX.....
42. Aggregate write-ins for invested assets (Line 11).....					
43. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0

Molina Healthcare Insurance Company
FIVE-YEAR HISTORICAL DATA

(continued)

	1 2011	2 2010	3 2009	4 2008	5 2007
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Sch. D Summary, Line 12 Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18 Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24 Col. 1).....					
47. Affiliated short-term investments (subtotal included in Sch. DA, Verif. Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate					
49. All other affiliated.....					
50. Total of above Lines 44 to 49.....	0	0	0	0	0
Total Nonadmitted and Admitted Assets					
51. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	301	16	350,457	620,643	742,091
52. Total admitted assets (Page 2, Line 28, Col. 3).....	8,859,300	8,952,399	8,954,407	9,048,339	8,777,951
Investment Data					
53. Net investment income (Exhibit of Net Investment Income).....	73,604	56,975	187,935	258,737	462,190
54. Realized capital gains (losses) (Page 4, Line 34, Column 1).....					
55. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....					
56. Total of above Lines 53, 54 and 55.....	73,604	56,975	187,935	258,737	462,190
Benefits and Reserve Increase (Page 6)					
57. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15 Col. 1 less Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 & 11).....					
58. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11).....					
59. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3).....					
60. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11).....					
61. Dividends to policyholders (Line 30, Col 1).....					
Operating Percentages					
62. Insurance expense percent (Page 6, Col. 1, Lines 21, 22, & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00.....					
63. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.00.....	7.7	6.8	6.6	5.8	6.8
64. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....					
65. A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....					
66. A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....					
A&H Claim Reserve Adequacy					
67. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2).....					
68. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2).....					
69. Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....					
70. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....					
Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)					
71. Industrial life (Col. 2).....					
72. Ordinary - life (Col. 3).....	(28,373)	59,672	288,188	100,677	170,731
73. Ordinary - individual annuities (Col. 4).....					
74. Ordinary - supplementary contracts (Col. 5).....					
75. Credit life (Col. 6).....					
76. Group life (Col. 7).....					
77. Group annuities (Col. 8).....					
78. A&H - group (Col. 9).....					
79. A&H - credit (Col. 10).....					
80. A&H - other (Col. 11).....					
81. Aggregate of all other lines of business (Col. 12).....					
82. Total (Col. 1).....	(28,373)	59,672	288,188	100,677	170,731

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes No

If no, please explain:

EXHIBIT OF LIFE INSURANCE

	Industrial		Ordinary		Credit Life (Group and Individual)		Group		10 Total Amount of Insurance (a)
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance (a)	7 Number of Policies	8 Certificates	
1. In force end of prior year.....			2,922	130,802	24	.126			.130,928
2. Issued during year.....									.0
3. Reinsurance assumed.....									.0
4. Revived during year.....			1	.5					.5
5. Increased during year (net).....				164					164
6. Subtotals, Lines 2 to 5.....	0	0	1	169	0	0	0	0	169
7. Additions by dividends during year.....	XXX	XXX		XXX			XXX	XXX	.0
8. Aggregate write-ins for increases.....	0	0	0	0	0	0	0	0	.0
9. Totals (Lines 1 and 6 to 8).....	0	0	2,923	130,971	24	.126	0	0	131,097
Deductions during year:									
10. Death.....			.40	1,469			XXX		1,469
11. Maturity.....							XXX		.0
12. Disability.....							XXX		.0
13. Expiry.....			1	.50					.50
14. Surrender.....			103	5,154					5,154
15. Lapse.....			.75	4,450					4,450
16. Conversion.....			1	158			XXX	XXX	158
17. Decreased (net).....				107					107
18. Reinsurance.....									.0
19. Aggregate write-ins for decreases.....	0	0	0	0	0	0	0	0	.0
20. Totals (Lines 10 to 19).....	0	0	.220	11,388	0	0	0	0	11,388
21. In force end of year (Line 9 minus Line 20).....	0	0	2,703	.119,583	24	.126	0	0	.119,709
22. Reinsurance ceded end of year.....	XXX	XXX	.119,583	XXX		126	XXX	XXX	.119,709
23. Line 21 minus Line 22.....	XXX	0	XXX	0	XXX	(b) 0	XXX	XXX	0

DETAILS OF WRITE-INS

0801.....										.0
0802.....										.0
0803.....										.0
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0	0	0	0	0	0	0	0	.0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0	0	0	0	0	0	0	0	.0
1901.....										.0
1902.....										.0
1903.....										.0
1998. Summary of remaining write-ins for Line 19 from overflow page.....	0	0	0	0	0	0	0	0	0	.0
1999. Totals (Lines 1901 thru 1903 plus 1998) (Line 19 above).....	0	0	0	0	0	0	0	0	0	.0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Group \$.....0; Individual \$.....0.

Molina Healthcare Insurance Company
EXHIBIT OF LIFE INSURANCE (continued)
 ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends.....	XXX.....		XXX.....	
25. Other paid-up insurance.....				
26. Debit ordinary insurance.....	XXX.....	XXX.....		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies-decreasing.....				
28. Term policies-other.....				
29. Other term insurance-decreasing.....	XXX.....		XXX.....	
30. Other term insurance.....	XXX.....		XXX.....	
31. Totals (Lines 27 to 30).....	0	0	0	0
Reconciliation to Lines 2 and 21:				
32. Term additions.....	XXX.....		XXX.....	
33. Totals, extended term insurance.....	XXX.....	XXX.....		
34. Totals, whole life and endowment.....			2,703	119,583
35. Totals (Lines 31 to 34).....	0	0	2,703	119,583

CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial.....				
37. Ordinary.....			119,583	
38. Credit Life (Group and Individual).....			126	
39. Group.....				
40. Totals (Lines 36 to 39).....	0	0	119,709	0

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies.....	XXX.....		XXX.....	
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis.....		XXX.....		XXX.....
43. Federal Employees' Group Life Insurance included in Line 21.....				
44. Servicemen's Group Life Insurance included in Line 21.....				
45. Group Permanent Insurance included in Line 21.....				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a).....	
--	--

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above.....	
47.1	
47.2	

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium.....								
49. Disability Income.....								
50. Extended Benefits.....		XXX.....	XXX.....					
51. Other.....								
52. Total.....	0	(b).....0	0	(b).....0	0	(b).....0	0	(b).....0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the Annual Statement Instructions.

**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE
AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS,
ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES**

SUPPLEMENTARY CONTRACTS

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year.....	15	.71		
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....	15	.71	.0	.0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	.0	.0	.0
9. In force end of year.....	15	.71	.0	.0
10. Amount on deposit.....		(a).....		(a).....
11. Income now payable.....				
12. Amount of income payable.....	(a).....	(a).....	(a).....	(a).....

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year.....		.994		
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....	0	.994	.0	.0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	.0	.0	.0
9. In force end of year.....	0	.994	.0	.0
Income now payable:				
10. Amount of income payable.....	(a).....	.XXX	.XXX	(a).....
Deferred fully paid:				
11. Account balance.....	.XXX	(a).....	.XXX	(a).....
Deferred not fully paid:				
12. Account balance.....	.XXX	(a).....	.XXX	(a).....

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1 Certificates	2 Premiums in force	3 Policies	4 Premiums in force	5 Policies	6 Premiums in force
1. In force end of prior year.....						
2. Issued during year.....						
3. Reinsurance assumed.....						
4. Increased during year (net).....		.XXX		.XXX		.XXX
5. Total (Lines 1 to 4).....	0	.XXX	0	.XXX	0	.XXX
Deductions during year:						
6. Conversions.....		.XXX	.XXX	.XXX	.XXX	.XXX
7. Decreased (net).....		.XXX		.XXX		.XXX
8. Reinsurance ceded.....		.XXX		.XXX		.XXX
9. Totals (Lines 6 to 8).....	0	.XXX	0	.XXX	0	.XXX
10. In force end of year.....	0	(a).....	0	(a).....	0	(a).....

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

			1 Deposit Funds Contracts	2 Dividend Accumulations Contracts
	1	2		
1. In force end of prior year.....				
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....			.0	0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....			0	0
9. In force end of year.....			0	0
10. Amount of account balance.....			(a).....	(a).....

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the Annual Statement Instructions.

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	Active Status	1		Direct Business Only				Deposit-Type Contracts	
		Life Contracts		4	5	6			
		2	3			Total Columns 2 through 5			
1. Alabama.....	AL.....	7,700					7,700		
2. Alaska.....	AK.....						0		
3. Arizona.....	AZ.....	25,626					25,626		
4. Arkansas.....	AR.....	4,331					4,331		
5. California.....	CA.....	189,936	10,401				200,337		
6. Colorado.....	CO.....	8,632					8,632		
7. Connecticut.....	CT.....	7,492					7,492		
8. Delaware.....	DE.....	600					600		
9. District of Columbia.....	DC.....						0		
10. Florida.....	FL.....	41,631	895		202		42,728	63,751	
11. Georgia.....	GA.....	21,027					21,027		
12. Hawaii.....	HI.....	2,047					2,047		
13. Idaho.....	ID.....	1,904					1,904		
14. Illinois.....	IL.....	13,208					13,208		
15. Indiana.....	IN.....	20,607					20,607		
16. Iowa.....	IA.....	3,599					3,599		
17. Kansas.....	KS.....	3,801					3,801		
18. Kentucky.....	KY.....	61,043	300		709		62,052		
19. Louisiana.....	LA.....	12,631					12,631		
20. Maine.....	ME.....	260					260		
21. Maryland.....	MD.....	2,393					2,393		
22. Massachusetts.....	MA.....						0		
23. Michigan.....	MI.....	23,309	6,000				29,309		
24. Minnesota.....	MN.....	2,291					2,291		
25. Mississippi.....	MS.....	7,487					7,487		
26. Missouri.....	MO.....	1,613					1,613		
27. Montana.....	MT.....						0		
28. Nebraska.....	NE.....	1,889					1,889		
29. Nevada.....	NV.....	9,034					9,034		
30. New Hampshire.....	NH.....	524					524		
31. New Jersey.....	NJ.....	450					450		
32. New Mexico.....	NM.....	1,919					1,919		
33. New York.....	NY.....	908					908		
34. North Carolina.....	NC.....	27,912					27,912		
35. North Dakota.....	ND.....	394					394		
36. Ohio.....	OH.....	393,891	7,269		808		401,968	21,278	
37. Oklahoma.....	OK.....	1,498					1,498		
38. Oregon.....	OR.....	13,212					13,212		
39. Pennsylvania.....	PA.....	2,177					2,177		
40. Rhode Island.....	RI.....						0		
41. South Carolina.....	SC.....	7,007					7,007		
42. South Dakota.....	SD.....	746					746		
43. Tennessee.....	TN.....	7,292					7,292		
44. Texas.....	TX.....	38,878					38,878		
45. Utah.....	UT.....	1,954					1,954		
46. Vermont.....	VT.....						0		
47. Virginia.....	VA.....	28,525	312				28,837		
48. Washington.....	WA.....	6,619			160		6,779		
49. West Virginia.....	WV.....	3,468	10,000				13,468		
50. Wisconsin.....	WI.....	5,406					5,406		
51. Wyoming.....	WY.....						0		
52. American Samoa.....	AS.....						0		
53. Guam.....	GU.....						0		
54. Puerto Rico.....	PR.....						0		
55. US Virgin Islands.....	VI.....						0		
56. Northern Mariana Islands.....	MP.....						0		
57. Canada.....	CN.....						0		
58. Aggregate Other Alien.....	OT.....	0	0	0	0	0	0	0	
59. Subtotal.....	(a).....	1,016,871	35,177	1,879	0	1,053,927	85,029		
60. Reporting entity contributions for employee benefit plans.....	XXX.....						0		
61. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX.....						0		
62. Dividends or refunds applied to shorten endowment or premium paying period.....	XXX.....						0		
63. Premium or annuity considerations waived under disability or other contract provisions.....	XXX.....	4,420					4,420		
64. Aggregate other amounts not allocable by State.....	XXX.....	0	0	0	0	0	0	0	
65. Totals (Direct Business).....	XXX.....	1,021,291	35,177	1,879	0	1,058,347	85,029		
66. Plus reinsurance assumed.....	XXX.....						0		
67. Totals (All Business).....	XXX.....	1,021,291	35,177	1,879	0	1,058,347	85,029		
68. Less reinsurance ceded.....	XXX.....	1,021,291	35,177	1,879		1,058,347	85,029		
69. Totals (All Business) less reinsurance ceded.....	XXX.....	0	0	(b)	0	0	0	0	

DETAILS OF WRITE-INS

5801.....	XXX.....						0	
5802.....	XXX.....						0	
5803.....	XXX.....						0	
5898. Summ. of remaining write-ins for line 58 from overflow page.....	XXX.....	0	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 plus 5898) (Line 58 above).....	XXX.....	0	0	0	0	0	0	0
9401.....	XXX.....						0	
9402.....	XXX.....						0	
9403.....	XXX.....						0	
9498. Summ. of remaining write-ins for line 94 from overflow page.....	XXX.....	0	0	0	0	0	0	0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX.....	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

Residence of the Policy Owner

(a) Insert the number of "L" responses except for Canada and Other Alien.
 (b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9, and 10, or with Schedule H, Part 1, Column 1, Line 1. Indicate which: Exhibit 1, Lines 6.4 and 16.4 cols. 8, 9 and 10.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

01531	DE	13-4204626	Molina Healthcare, Inc.
|00000	CA	33-0342719	Molina Healthcare of California
|52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
|95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
|96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
|95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
|10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
|-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
|12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
|00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
|69647	OH	31-0628424	Molina Healthcare Insurance Company
|95609	MO	43-1743902	Alliance for Community Health, LLC (dba Molina Healthcare of Missouri)
|13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
|00000	VA	26-1769086	Molina Healthcare of Virginia, Inc.
|00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
|12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
|14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
|00000	DE	45-2854547	Molina Pathways, LLC
|00000	DE	27-4034065	Molina Center LLC
|00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
00000	CA	37-1652282	American Family Care, Inc.

2011 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK

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