12334201320100103

HEALTH QUARTERLY STATEMENT

As of September 30, 2013
of the Condition and Affairs of the

Molina Healthcare of Ohio, Inc.

NAIC Group Code.....1531, 1531 (Current Period) (Prior Period) NAIC Company Code..... 12334 Employer's ID Number..... 20-0750134

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... November 19, 2003 Commenced Business..... October 24, 2005

Statutory Home Office	8101 North High Street, Suite 180….. Columbus ..... OH ..... US ..... 43235 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	8101 North High Street, Suite 180….. Columbus ..... OH ..... US ..... 43235 *(Street and Number) (City or Town, State, Country and Zip Code)*	888-562-5442 *(Area Code) (Telephone Number)*
Mail Address	8101 North High Street, Suite 180….. Columbus ..... OH ..... US ..... 43235 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	8101 North High Street, Suite 180….. Columbus ..... OH ..... US ..... 43235 *(Street and Number) (City or Town, State, Country and Zip Code)*	888-562-5442 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Donna Marie Sickler *(Name)*	888-562-5442 *(Area Code) (Telephone Number) (Extension)*
	donna.sickler@molinahealthcare.com *(E-Mail Address)*	614-781-1410 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Amy Schultz Clubbs	President	2. Donna Marie Sickler	Treasurer/VP
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Amy Schultz Clubbs Teri Daly Lauenstein James Dwight Forshee MD

State of..... Ohio
County of..... Franklin

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)	(Signature)	(Signature)
Amy Schultz Clubbs	Donna Marie Sickler	Jeffrey Don Barlow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer/VP	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____

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 Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds	61,594,357		61,594,357	47,341,838
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
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 $.....0 encumbrances)			0	
5. Cash ($.....16,391,131), cash equivalents ($.....39,998,232) and short-term investments ($.....75,637,598)	132,026,961		132,026,961	110,129,455
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	193,621,318	0	193,621,318	157,471,294
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	479,159		479,159	422,568
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	42,932,874		42,932,874	24,367,187
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	93,475		93,475	854,622
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	227,099		227,099	83,000
18.1 Current federal and foreign income tax recoverable and interest thereon	5,367,311		5,367,311	
18.2 Net deferred tax asset	2,789,915	816,520	1,973,395	2,870,079
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software	3,323,028	3,323,028	0	2,646
21. Furniture and equipment, including health care delivery assets ($.....0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	251,878		251,878	
24. Health care ($.....32,857,568) and other amounts receivable	35,006,673	2,149,104	32,857,569	13,837,752
25. Aggregate write-ins for other than invested assets	151,887	151,887	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	284,244,617	6,440,539	277,804,078	199,909,148
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	284,244,617	6,440,539	277,804,078	199,909,148

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. Prepayments and Other Receivables	151,887	151,887	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)	151,887	151,887	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	119,705,692	3,736,892	123,442,584	77,968,936
2.	Accrued medical incentive pool and bonus amounts			0	
3.	Unpaid claims adjustment expenses	982,325	62,702	1,045,027	1,039,676
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act	83,000		83,000	83,000
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserve			0	
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance			0	
9.	General expenses due or accrued	29,891,177		29,891,177	22,208,828
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))			0	938,209
10.2	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable			0	
12.	Amounts withheld or retained for the account of others			0	
13.	Remittances and items not allocated			0	
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates			0	459,571
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers and certified $.....0 reinsurers)			0	
20.	Reinsurance in unauthorized and certified ($.....0) companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans			0	
23.	Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	847,147
24.	Total liabilities (Lines 1 to 23)	150,662,194	3,799,594	154,461,788	103,545,367
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX	1,500	1,500
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	82,888,500	82,888,500
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	40,452,289	13,473,781
32.	Less treasury stock, at cost:				
	32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	123,342,289	96,363,781
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	277,804,077	199,909,148

DETAILS OF WRITE-INS

2301.	Amounts Due to State			0	847,147
2302.				0	
2303.				0	
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0	0	847,147
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.					
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member months	XXX	2,233,847	2,313,188	3,064,506
2.	Net premium income (including $.....0 non-health premium income)	XXX	901,607,635	895,004,229	1,219,289,416
3.	Change in unearned premium reserves and reserve for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX	5,235,350	7,775,430	(2,988,638)
7.	Aggregate write-ins for other non-health revenues	XXX	0	0	0
8.	Total revenues (Lines 2 to 7)	XXX	906,842,985	902,779,659	1,216,300,778
Hospital and Medical:					
9.	Hospital/medical benefits	28,576,196	476,269,940	436,346,478	595,499,294
10.	Other professional services	1,366,503	22,775,055	75,935,129	101,301,357
11.	Outside referrals		18,297,591		
12.	Emergency room and out-of-area		42,121,637	62,186,384	82,040,274
13.	Prescription drugs		132,289,699	155,226,303	202,615,403
14.	Aggregate write-ins for other hospital and medical	0	0	2,534,642	3,891,065
15.	Incentive pool, withhold adjustments and bonus amounts		570,104	221,353	220,683
16.	Subtotal (Lines 9 to 15)	29,942,699	692,324,026	732,450,289	985,568,076
Less:					
17.	Net reinsurance recoveries		1,528,730	5,414,765	7,950,235
18.	Total hospital and medical (Lines 16 minus 17)	29,942,699	690,795,296	727,035,524	977,617,841
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....18,590,517 cost containment expenses	1,355,785	22,596,423	20,722,572	26,567,685
21.	General administrative expenses		148,766,030	135,397,984	183,414,369
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				83,000
23.	Total underwriting deductions (Lines 18 through 22)	31,298,484	862,157,749	883,156,080	1,187,682,895
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	44,685,236	19,623,579	28,617,883
25.	Net investment income earned		582,899	722,385	901,071
26.	Net realized capital gains (losses) less capital gains tax of $.....7,291		13,541	38,960	35,967
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	596,440	761,345	937,038
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29.	Aggregate write-ins for other income or expenses	0	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	45,281,676	20,384,924	29,554,921
31.	Federal and foreign income taxes incurred	XXX	16,239,189	7,543,872	10,792,405
32.	Net income (loss) (Lines 30 minus 31)	XXX	29,042,487	12,841,052	18,762,516

DETAILS OF WRITE-INS

0601.	Performance revenue	XXX	3,668,406	7,775,430	(2,988,638)
0602.	Administrative fee for payment processing	XXX	1,566,944		
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	5,235,350	7,775,430	(2,988,638)
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.	Transportation Costs			2,534,642	3,891,065
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	2,534,642	3,891,065
2901.					
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	96,363,782	115,765,925	115,765,925
34. Net income or (loss) from Line 32	29,042,487	12,841,052	18,762,516
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....0	20,918		(140,000)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(188,129)	1,505,854	1,774,338
39. Change in nonadmitted assets	(1,896,767)	(3,283,763)	(3,798,997)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders		(36,000,000)	(36,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	26,978,509	(24,936,857)	(19,402,143)
49. Capital and surplus end of reporting period (Line 33 plus 48)	123,342,291	90,829,068	96,363,782

DETAILS OF WRITE-INS

4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance	908,607,528	883,637,166	1,206,397,731
2. Net investment income	1,131,556	1,805,942	2,025,705
3. Miscellaneous income	3,668,406	7,775,430	(2,988,638)
4. Total (Lines 1 through 3)	913,407,490	893,218,538	1,205,434,798
5. Benefit and loss related payments	682,844,807	714,248,838	975,497,394
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	167,866,235	159,538,487	210,704,038
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....7,291 tax on capital gains (losses)	22,552,000	5,637,634	10,230,999
10. Total (Lines 5 through 9)	873,263,042	879,424,959	1,196,432,431
11. Net cash from operations (Line 4 minus Line 10)	40,144,448	13,793,579	9,002,367
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	15,299,028	26,403,182	39,439,984
12.2 Stocks		16,017,427	16,017,427
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			40
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	15,299,028	42,420,608	55,457,451
13. Cost of investments acquired (long-term only):			
13.1 Bonds	30,115,043	8,691,947	23,057,234
13.2 Stocks		16,017,427	16,017,427
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)	30,115,043	24,709,373	39,074,660
14. Net increase (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(14,816,015)	17,711,235	16,382,791
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		36,000,000	36,000,000
16.6 Other cash provided (applied)	(3,430,927)	(124,232)	129,041
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(3,430,927)	(36,124,232)	(35,870,959)
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)	21,897,506	(4,619,419)	(10,485,801)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	110,129,456	120,615,257	120,615,257
19.2 End of period (Line 18 plus Line 19.1)	132,026,961	115,995,838	110,129,456

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

20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year	244,335							283	244,052	
2. First Quarter	242,145							278	241,867	
3. Second Quarter	239,441							381	239,060	
4. Third Quarter	261,644							430	261,214	
5. Current Year	0									
6. Current Year Member Months	2,233,847							3,036	2,230,811	
Total Member Ambulatory Encounters for Period:										
7. Physician	897,196							2,800	894,396	
8. Non-Physician	1,568,925							4,486	1,564,439	
9. Total	2,466,121	0	0	0	0	0	0	7,286	2,458,835	0
10. Hospital Patient Days Incurred	116,462							803	115,659	
11. Number of Inpatient Admissions	24,113							117	23,996	
12. Health Premiums Written (a)	908,650,605							3,578,938	905,071,667	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	908,650,605							3,578,938	905,071,667	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	664,336,287							3,063,157	661,273,130	
18. Amount Incurred for Provision of Health Care Services	692,324,026							3,274,267	689,049,759	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....3,578,938.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark Corporation	9,565,233					9,565,233
PFK	17,752,295					17,752,295
0199999. Individually Listed Claims Unpaid	27,317,528	0	0	0	0	27,317,528
0399999. Aggregate Accounts Not Individually Listed-Covered	32,059,282					32,059,282
0499999. Subtotals	59,376,810	0	0	0	0	59,376,810
0599999. Unreported Claims and Other Claim Reserves						64,065,774
0799999. Total Claims Unpaid						123,442,584

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare	573,034	2,489,480	15,422	965,842	588,456	606,199
7. Title XIX - Medicaid	63,626,344	612,264,274	3,493,679	118,967,640	67,120,023	77,362,737
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	64,199,378	614,753,754	3,509,101	119,933,482	67,708,479	77,968,936
10. Healthcare receivables (a)	16,715,679		788,183	34,201,587	17,503,862	17,503,862
11. Other non-health					0	
12. Medical incentive pools and bonus amounts		570,105			0	
13. Totals (Lines 9-10+11+12)	47,483,699	615,323,859	2,720,918	85,731,895	50,204,617	60,465,074

(a) Excludes $.....0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Molina Healthcare of Ohio, Inc. (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 the Ohio insurance law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Ohio.

The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP as follows:

SSAP or Appendices	State Law or Regulation	Description
A-001	§§ 3907.14 to 3907.141 §3925.20 (Non-Life)	Provides limitations on investments that are outside the scope of the Manual

Such prescribed accounting practices have no significant effect on the Company's statutory-basis financial statements for the periods presented.

2. Accounting Changes and Corrections of Errors

For the nine months ended September 30, 2013, the Company updated the method used to allocate hospital and medical expenses on Page 4, the Statement of Revenue and Expenses, Lines 9 through 12, to more accurately report the individual components. The update is reflected in the current period reported, and no restatement has been made for the prior periods presented. There is no impact on net income, surplus, total assets or total liabilities relating to this change.

SSAP 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans*, allows for the admissibility of estimated amounts related to prescriptions filled during the three months immediately preceding the reporting date. Therefore, the Company admitted $797,274 at September 30, 2013, for estimated amounts related to prescriptions filled in the third quarter of 2013. The Company did not record this accounting change for the prior period presented. If the Company had made this accounting change in the prior year, total assets and capital and surplus would have increased by $$810,971 at December 31, 2012. There is no impact on net income or total liabilities in the current or prior periods relating to this change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

5. Investments

A. – C. No significant change.

D. Loan-Backed Securities:
(1)(4)(5)

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2013, $5,030,918 of the Company's long-term investments consisted of auction rate securities. As of September 30, 2013, these securities had a fair value of $4,934,500, for a total of $96,418 in unrealized losses. These securities have been in a continuous loss position for more than 12 months.

a. The aggregate amount of unrealized losses:

1. Less than 12 Months $0

2. 12 Months or Longer $96,418

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months $0

2. 12 Months or Longer $4,934,500

Due to events in the credit markets, these auction rate securities experienced failed auctions beginning in the first quarter of 2008, and such auctions have not resumed. Therefore, quoted prices in active markets have not been available since early 2008. To estimate the fair value of these securities, the Company used pricing models that included factors such as the collateral underlying the securities, the creditworthiness of the counterparty, the timing of expected future cash flows, and the expectation of the next time the security would have a successful auction. The estimated values of these securities were also compared, when possible, to valuation data with respect to similar securities held by other parties. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates. The Company concluded that these estimates, given the lack of market available pricing, provided a reasonable basis for determining fair value of the auction rate securities as of September 30, 2013.

The Company attributes the decline in market value of these loan-backed securities to liquidity issues, as a result of the failed auction market, rather than to credit issues. Because the decline in market value is not due to the credit quality of the issuers, and because the Company does not intend to sell, nor is it more likely than not that the Company will be required to sell, these investments before recovery of their cost, the Company does not consider the auction rate securities that are designated as available-for-sale to be other-than-temporarily impaired at September 30, 2013.

E. (3)b. Not applicable.

F.-G. No significant change.

6. Joint Ventures, Partnerships and Limited Liability Companies
No significant change.

7. Investment Income
No significant change.

8. Derivative Instruments
No significant change.

9. Income Taxes

NOTES TO FINANCIAL STATEMENTS

No significant change.

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

A. – D. No significant change.

E. On September 9, 2011, Molina Healthcare, Inc. (the "Parent) entered into a credit agreement for a $170 million revolving credit facility with various lenders to be used for general corporate purposes. On February 15, 2013, Molina repaid all of the outstanding indebtedness under the Credit Facility, and also terminated the Credit Facility.

F. - L. No significant change.

11. Debt

No significant change.

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

A. (6) Not applicable.

B. – F. No significant change.

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

No significant change.

14. Contingencies

A. Contingent Commitments: As described in Note 10.E. above, on February 15, 2013, the Parent repaid all of the outstanding indebtedness under its Credit Facility, and also terminated the Credit Facility.

B.- F. No significant change.

15. Leases

No significant change.

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

No significant change.

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

A. No significant change.

B.(2)b. Not applicable.

B.(4)a. Not applicable.

B.(4)b. Not applicable.

C. There were no wash sales during the period ended September 30, 2013.

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

NOTES TO FINANCIAL STATEMENTS

No significant change.

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

No significant change.

20. Fair Value Measurements

A.

(1) Assets Measured at Fair Value on a Recurring Basis: The Company's assets measured at fair value on a recurring basis are listed in the table below. The Plan receives monthly statements from investment brokers that provide market pricing.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Money market funds	$75,637,598			$75,637,598
Unaffiliated domestic securities				
Total assets at fair value	$75,637,598			$75,637,598
b. Liabilities at fair value				
None				

(2) Fair Value Measurements in (Level 3) of Fair Value Hierarchy: None.

(3) None.

(4) Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.

(5) None.

B. See Below

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	61,213,138	61,594,357	411,201	55,867,437	4,934,500	0

NOTES TO FINANCIAL STATEMENTS

In addition to Bonds, the Company's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Company believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of these instruments and their expected realization or payment.

D. Not applicable.

21. Other Items

No significant change.

22. Events Subsequent

None.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

25. Change in Incurred Claims and Claim Adjustment Expenses

The change in prior year estimated claims reserves represents favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known regarding incurred reported claims.

Claims unpaid activity as of September 30, and for the period then ended, is summarized as follows:

	9/30/2013	12/31/2012
Unpaid claims liabilities and claims adjustment expenses, beginning of year	$ 79,008,612	$ 74,466,273
Add provision for claims, net of reinsurance:		
Current year	702,355,473	978,825,303
Prior years	(11,560,177)	(1,207,460)
Net incurred claims during the current year	690,795,296	977,617,843
Deduct paid claims, net of reinsurance:		
Current year	597,847,031	902,478,405
Prior years	64,199,378	73,018,988
Net paid claims during the current year	662,046,409	975,497,393
Current year change in claims adjustment expenses	5,351	58,411
Current year change in health care receivables	17,485,907	1,508,856
Current year change in amounts due from reinsurers	(761,146)	854,622

NOTES TO FINANCIAL STATEMENTS

Unpaid claims liabilities and claims adjustment expenses, end of year	$ 124,487,611	$ 79,008,612

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	$ 0
2. Date of the most recent evaluation of this liability	9/30/2013
3. Was anticipated investment income utilized in the calculation?	Yes [X] No [ ]

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

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 [ ] No [X]

2.2 If yes, date of change: .....

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No [ ]

3.2 If the response to 3.1 is yes, provide a brief description of those changes.

Molina Center LLC dissolved on 9/24/23 and was removed from the organizational chart

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

4.2 If yes, provide name of 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.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [X] No [ ] N/A [ ]

If yes, attach an explanation.

Services Agreement amended eff. 6/22/12 & approved 8/7/13, to amend & restate Responsibilities and Reporting Arrangements provision

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012.....

6.2 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. 12/31/2011.....

6.3 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). 4/5/2013.....

6.4 By what department or departments?

Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

7.1 Has this 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 [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

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 [ ] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1 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? Yes [X] No [ ]

(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.

9.11 If the response to 9.1 is No, please explain:

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

Amended Sept. 2013 to add a section regarding compliance with HIPAA and a section to clarify reporting violations of law or policy

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

PART 1 - FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $.....251,878

PART 1 - INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $.....0

13. Amount of real estate and mortgages held in short-term investments: $.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	$ 0	$ 0
14.22 Preferred Stock	$ 0	$ 0
14.23 Common Stock	$ 0	$ 0
14.24 Short-Term Investments	$ 0	$ 0
14.25 Mortgage Loans on Real Estate	$ 0	$ 0
14.26 All Other	$ 0	$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	$ 0	$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $.....0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $.....0
16.3 Total payable for securities lending reporting on the liability page: $.....0

17. 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 [ ]

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

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank	60 Livingston Ave, St. Paul, MN 55107
Morgan Stanley Smith Barney	2000 Westchester Ave, Purchase, NY 10577

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

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

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

17.5 Identify all investment advisors, broker/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	2 Name(s)	3 Address
149777	Morgan Stanley Smith Barney	555 California St, 35th Floor, San Francisco, CA 94104

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

18.2 If no, list exceptions: .....

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent		78.7 %
	1.2 A&H cost containment percent		2.1 %
	1.3 A&H expense percent excluding cost containment expenses		16.9 %
2.1	Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (YES or NO)
A&H Non-Affiliates						
93572.....	43-1235868.....	01/01/2013	RGA Reinsurance Company.....	MO.....	SSL/A/G.....	YES.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	L		3,578,938	905,071,667				908,650,605	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	3,578,938	905,071,667	0	0	0	908,650,605	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	3,578,938	905,071,667	0	0	0	908,650,605	0
DETAILS OF WRITE-INS									
58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)		0	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.

(a) Insert the number of L responses except for Canada and Other Alien.

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

PART 1 – ORGANIZATIONAL CHART

1531	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.
l-00000	NM	37-1661581	Molina Healthcare of New Mexico Medical Clinics, 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.
|-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
|-15133	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	NM	45-2634351	Molina Healthcare Data Center, Inc.
|-00000	CA	37-1652282	American Family Care, Inc.
l-00000	AZ	26-1938644	Molina Healthcare of Arizona, Inc.
l-00000	GA	80-0800257	Molina Healthcare of Georgia, Inc
l-00000	MO	26-3342852	Molina Healthcare of Missouri, Inc.
l-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
l-00000	CA	27-0941584	Molina Healthcare Services
l-14398	DC	45-4750271	Molina Healthcare of the District of Columbia, Inc.
l-00000	MD	46-0598968	Molina Healthcare of Maryland, Inc.
|-00000	CA	46-2821516	American Family Care Hospital Management, Inc.
|-00000	SC	46-2992125	Molina Healthcare of South Carolina, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
1531	Molina Healthcare, Inc	00000	13-4204626		0001179929	Molina Healthcare, Inc	Molina Healthcare, Inc	DE	UDP	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	33-0342719			Molina Healthcare, Inc	Molina Healthcare of California	CA	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	52630	38-3341599			Molina Healthcare, Inc	Molina Healthcare of Michigan, Inc	MI	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	95502	33-0617992			Molina Healthcare, Inc	Molina Healthcare of Utah, Inc	UT	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	96270	91-1284790			Molina Healthcare, Inc	Molina Healthcare of Washington, Inc	WA	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	95739	85-0408506			Molina Healthcare, Inc	Molina Healthcare of New Mexico, Inc	NM	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	37-1661581			Molina Healthcare, Inc	Molina Healthcare of New Mexico Medical Clinics, Inc	NM	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	10757	20-1494502			Molina Healthcare, Inc	Molina Healthcare of Texas, Inc	TX	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	13778	27-0522725			Molina Healthcare, Inc	Molina Healthcare of Texas Insurance Company	TX	DS	Molina Healthcare of Texas, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	12334	20-0750134			Molina Healthcare, Inc	Molina Healthcare of Ohio, Inc	OH	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	20-2714545			Molina Healthcare, Inc	Molina Healthcare of California Partner Plan, Inc	CA	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	13128	26-0155137			Molina Healthcare, Inc	Molina Healthcare of Florida, Inc	FL	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	15133	26-1769086			Molina Healthcare, Inc	Molina Healthcare of Virginia, Inc	VA	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	27-1510177			Molina Healthcare, Inc	Molina Information Systems, LLC (dba Molina Medicaid Solutions)	CA	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	12007	20-0813104			Molina Healthcare, Inc	Molina Healthcare of Wisconsin, Inc	WI	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	14104	27-1823188			Molina Healthcare, Inc	Molina Healthcare of Illinois, Inc	IL	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	45-2854547			Molina Healthcare, Inc	Molina Pathways, LLC	DE	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	45-2634351			Molina Healthcare, Inc	Molina Healthcare Data Center, Inc	NM	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	37-1652282			Molina Healthcare, Inc	American Family Care, Inc	CA	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	26-1938644			Molina Healthcare, Inc	Molina Healthcare of Arizona, Inc	AZ	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	80-0800257			Molina Healthcare, Inc	Molina Healthcare of Georgia, Inc	GA	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	26-3342852			Molina Healthcare, Inc	Molina Healthcare of Missouri, Inc	MO	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	26-4390042			Molina Healthcare, Inc	Molina Healthcare of Mississippi, Inc	MS	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	27-0941584			Molina Healthcare, Inc	Molina Healthcare Services	CA	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	14398	45-4750271			Molina Healthcare, Inc	Molina Healthcare of the District of Columbia, Inc	DC	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	46-0598968			Molina Healthcare, Inc	Molina Healthcare of Maryland, Inc	MD	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	46-2821516			Molina Healthcare, Inc	American Family Care Hospital Management, Inc	CA	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	46-2992125			Molina Healthcare, Inc	Molina Healthcare of South Carolina, Inc	SC	DS	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	SEE EXPLANATION

Explanation:

1. This line of business is not written by the company.

Bar Code:

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

		1 Year to Date	2 Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	47,341,839	64,626,406
2.	Cost of bonds and stocks acquired	30,115,043	39,074,660
3.	Accrual of discount	11,443	13,876
4.	Unrealized valuation increase (decrease)	20,918	(140,000)
5.	Total gain (loss) on disposals	20,833	55,294
6.	Deduct consideration for bonds and stocks disposed of	15,299,028	55,457,411
7.	Deduct amortization of premium	616,691	830,986
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	61,594,357	47,341,839
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	61,594,357	47,341,839

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	127,337,070	750,151,293	746,593,647	(4,511,578)	139,210,013	127,337,070	126,383,138	126,843,152
2. Class 2 (a)	50,264,998	286,044,991	291,612,000	3,247,268	47,749,919	50,264,998	47,945,258	36,001,043
3. Class 3 (a)	1,880,000			20,000	1,880,000	1,880,000	1,900,000	1,860,000
4. Class 4 (a)				1,001,790			1,001,790	
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	179,482,068	1,036,196,284	1,038,205,647	(242,519)	188,839,932	179,482,068	177,230,185	164,704,195
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	179,482,068	1,036,196,284	1,038,205,647	(242,519)	188,839,932	179,482,068	177,230,185	164,704,195

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 $.....0; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	75,637,598	XXX	75,637,598	2,854	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	63,236,157	78,455,232
2. Cost of short-term investments acquired	2,222,552,443	3,131,411,416
3. Accrual of discount	8,348	10,628
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		102
6. Deduct consideration received on disposals	2,210,079,731	3,146,616,328
7. Deduct amortization of premium	79,620	24,892
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	75,637,598	63,236,157
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	75,637,598	63,236,157

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	54,126,200	51,441,848
2. Cost of cash equivalents acquired	1,409,190,411	1,895,182,469
3. Accrual of discount	78,621	145,066
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(0)	(61)
6. Deduct consideration received on disposals	1,423,397,000	1,892,643,122
7. Deduct amortization of premium		
8. Total foreign exchange change in book/ adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	39,998,232	54,126,200
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	39,998,232	54,126,200

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment									
46613P T2 2	JEA-B-TXBL		07/26/2013	Morgan Stanley		1,000,000	1,000,000		1FE
3199999.	Total - Bonds - U.S. Special Revenue & Special Assessments					1,000,000	1,000,000	0	XXX
Bonds - Industrial and Miscellaneous									
172967 DE 8	CITIGROUP INC		07/25/2013	Morgan Stanley		2,180,600	2,000,000	6,772	1FE
233851 AG 9	DAIMLER FINANCE NA LLC		07/24/2013	Morgan Stanley		505,725	500,000	3,490	1FE
59217G AV 1	MET LIFE GLOB FUNDING I		07/26/2013	Morgan Stanley		1,148,193	1,130,000	1,708	1FE
3899999.	Total - Bonds - Industrial & Miscellaneous					3,834,518	3,630,000	11,969	XXX
8399997.	Total - Bonds - Part 3					4,834,518	4,630,000	11,969	XXX
8399999.	Total - Bonds					4,834,518	4,630,000	11,969	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					4,834,518	XXX	11,969	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: 0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Desig-nation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment																					
66285W HH 2	N TX TWY-A-TXB-BANS		09/01/2013	Maturity		1,000,000	1,000,000	1,025,930	1,009,292		(9,292)		(9,292)		1,000,000			0	24,410	09/01/2013	1FE
713575 ST 6	PERALTA CLG-TXB-REF		08/01/2013	Maturity		1,000,000	1,000,000	1,000,000	1,000,000				0		1,000,000			0	34,700	08/01/2013	1FE
3199999.	Total - Bonds - U.S. Special Revenue & Assessment					2,000,000	2,000,000	2,025,930	2,009,292	0	(9,292)	0	(9,292)	0	2,000,000	0	0	0	59,110	XXX	XXX
8399997.	Total - Bonds - Part 4					2,000,000	2,000,000	2,025,930	2,009,292	0	(9,292)	0	(9,292)	0	2,000,000	0	0	0	59,110	XXX	XXX
8399999.	Total - Bonds					2,000,000	2,000,000	2,025,930	2,009,292	0	(9,292)	0	(9,292)	0	2,000,000	0	0	0	59,110	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					2,000,000	XXX	2,025,930	2,009,292	0	(9,292)	0	(9,292)	0	2,000,000	0	0	0	59,110	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: 0.

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt B-Sn 1B-Broker List
NONE

Sch. DB-Pt D-Sn 1
NONE

Sch. DB-Pt D-Sn 2
NONE

Sch. DL-Pt. 1
NONE

Sch. DL-Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
JP Morgan Chase	Columbus, Ohio					8,959,896	1,079,924	31,290,902	XXX
JP Morgan Chase	Columbus, Ohio					128,353	561,800	111,800	XXX
JP Morgan Chase	Columbus, Ohio					536,655	(35,473)	(28,576)	XXX
US Bank	St. Paul, MN					(8,202,797)	(11,173,858)	(14,785,481)	XXX
US Bank	St. Paul, MN					(65,231)	(77,758)	(79,103)	XXX
US Bank	St. Paul, MN					(60,259)	(269,607)	(119,411)	XXX
Chase Bank	Columbus , Ohio						1,000	1,000	XXX
0199999. Total Open Depositories		XXX	XXX	0	0	1,296,617	(9,913,972)	16,391,131	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	1,296,617	(9,913,972)	16,391,131	XXX
0599999. Total Cash		XXX	XXX	0	0	1,296,617	(9,913,972)	16,391,131	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							
B.A.T. International Finance P.L.C.		09/23/2013		10/02/2013	4,999,968		256
Pearson Holdings, Inc.		09/23/2013		10/07/2013	4,999,767		311
Northeast Utilities		09/23/2013		10/03/2013	4,999,944		222
VNA Holding Inc.		09/23/2013		10/07/2013	4,999,767		311
Dominion Resources, Inc.		09/25/2013		10/01/2013	5,000,000		192
The Clorox Company		09/19/2013		10/22/2013	3,999,463		307
Marriott International, Inc.		09/03/2013		10/30/2013	2,999,348		630
FMC Corporation		09/24/2013		10/01/2013	5,000,000		224
Pentair Finance S.A.		09/03/2013		10/02/2013	2,999,975		700
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					39,998,232	0	3,152
3899999. Total - Industrial and Miscellaneous (Unaffiliated)					39,998,232	0	3,152
Total Bonds							
7799999. Subtotals - Issuer Obligations					39,998,232	0	3,152
8399999. Subtotals - Bonds					39,998,232	0	3,152
8699999. Total - Cash Equivalents					39,998,232	0	3,152