12334201320100100

ANNUAL STATEMENT

For the Year Ended December 31, 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	3000 Corporate Exchange Drive….. Columbus ..... OH ..... US …. 43231 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	3000 Corporate Exchange Drive….. Columbus ..... OH ..... US …. 43231 *(Street and Number) (City or Town, State, Country and Zip Code)*	888-562-5442 *(Area Code) (Telephone Number)*
Mail Address	3000 Corporate Exchange Drive….. Columbus ..... OH ..... US …. 43231 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	3000 Corporate Exchange Drive….. Columbus ..... OH ..... US …. 43231 *(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)*	888-562-5442-216406 *(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 Nancy Thome Wohlhart # 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 _____ 2014

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 _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	4					4
0399999. Premiums due and unpaid from Medicare entities	146,921					146,921
0499999. Premiums due and unpaid from Medicaid entities	5,712,519	3,427,402	2,474,168	3,041,112		14,655,201
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	5,859,444	3,427,402	2,474,168	3,041,112	0	14,802,126

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS Caremark	254,041	247,700	276,995	1,534,279		2,313,015
0199999. Total Pharmaceutical Rebate Receivables	254,041	247,700	276,995	1,534,279	0	2,313,015
Capitation Arrangement Receivables						
0499998. Capitation Arrangement Receivables Not Listed Individually	21,741,220					21,741,220
0499999. Total Capital Arrangement Receivables	21,741,220	0	0	0	0	21,741,220
Other Receivables						
0699998. Other Receivables Not Listed Individually	40,448	55,895	1,098	624,319	624,319	97,441
0699999. Total Other Receivables	40,448	55,895	1,098	624,319	624,319	97,441
0799999. Gross Health Care Receivables	22,035,709	303,595	278,093	2,158,598	624,319	24,151,676

EXHIBIT 4 - 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	6,952,660					6,952,660
0199999. Individually listed claims unpaid	6,952,660	0	0	0	0	6,952,660
0399999. Aggregate accounts not individually listed - covered	4,861,471	1,419,452	4,885,695	20,831,289	34,507	32,032,414
0499999. Subtotals	11,814,131	1,419,452	4,885,695	20,831,289	34,507	38,985,074
0599999. Unreported claim and other claim reserves						65,479,573
0799999. Total claims unpaid						104,464,647

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molinan Healthcare, Inc.	Misc Charges	383,165	383,165	
0199999. Individually listed payables		383,165	383,165	0
0399999. Total gross payables		383,165	383,165	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	227,872,057	24.3	377,899	148.1		227,872,057
3. All other providers	4,843,206	0.5	255,164	100.0		4,843,206
4. Total capitation payments	232,715,263	24.8	633,063	248.1	0	232,715,263
Other Payments:						
5. Fee-for-service	48,200,720	5.1	XXX	XXX		48,200,720
6. Contractual fee payments	657,519,924	70.1	XXX	XXX		657,519,924
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	705,720,644	75.2	XXX	XXX	0	705,720,644
13. Total (Line 4 plus Line 12)	938,435,907	100.0	XXX	XXX	0	938,435,907

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
	PFK & HNCC	222,717,727	18,559,811		
	March Vision	5,154,330	429,527		
9999999. Totals		227,872,057	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,938,650		88,537	1,850,113	1,850,113	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	3,357,002		78,848	3,278,154	3,278,154	0
6. Total	5,295,652	0	167,385	5,128,267	5,128,267	0

* 1 2 3 3 4 2 0 1 3 4 3 0 5 9 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of Ohio, Inc. 2. Columbus, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....1531 NAIC Company Code.....12334

	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 Benefits 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	255,164							507	254,657	
6. Current year member months	3,006,782							4,467	3,002,315	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,210,006							4,154	1,205,852	
8. Non-physician	2,172,577							6,628	2,165,949	
9. Totals	3,382,583	0	0	0	0	0	0	10,782	3,371,801	0
10. Hospital patient days incurred	160,239							1,098	159,141	
11. Number of inpatient admissions	32,346							176	32,170	
12. Health premiums written (b)	1,248,660,924							5,394,776	1,243,266,148	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,248,660,924							5,394,776	1,243,266,148	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	938,435,906							4,615,082	933,820,824	
18. Amount incurred for provision of health care services	960,694,093							4,920,918	955,773,175	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....5,394,776

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of Ohio, Inc. 2. Columbus, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR (Location)

NAIC Group Code.....1531 NAIC Company Code.....12334

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits 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	255,164							507	254,657	
6. Current year member months	3,006,782							4,467	3,002,315	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,210,006							4,154	1,205,852	
8. Non-physician	2,172,577							6,628	2,165,949	
9. Totals	3,382,583	0	0	0	0	0	0	10,782	3,371,801	0
10. Hospital patient days incurred	160,239							1,098	159,141	
11. Number of inpatient admissions	32,346							176	32,170	
12. Health premiums written (b)	1,248,660,924							5,394,776	1,243,266,148	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,248,660,924							5,394,776	1,243,266,148	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	938,435,906							4,615,082	933,820,824	
18. Amount incurred for provision of health care services	960,694,093							4,920,918	955,773,175	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....5,394,776

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572.....	43-1235868....	01/01/2013	RGA Reinsurance Company.....	MO.....	1,235,644	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				1,235,644	0
2199999.	Total - Accident and Health Non-Affiliates.....				1,235,644	0
2299999.	Total - Accident and Health.....				1,235,644	0
2399999.	Total U.S.....				1,235,644	0
9999999.	Total.....				1,235,644	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
93572.....	43-1235868....	01/01/2013	RGA Reinsurance Company.....	MO.....	SSL/A/G.....	4,493,189	.....	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....			.....	.....	4,493,189	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....			.....	.....	4,493,189	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....			.....	.....	4,493,189	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....			.....	.....	4,493,189	0	0	0	0	0	0
6999999.	Total - U.S.....					4,493,189	0	0	0	0	0	0
9999999.	Total.....					4,493,189	0	0	0	0	0	0

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

		1 2013	2 2012	3 2011	4 2010	5 2009
A.	**OPERATIONS ITEMS**					
1.	Premiums					
2.	Title XVIII - Medicare	3	2	5	3	1
3.	Title XIX - Medicaid	4,490	3,874	3,780	2,373	1,662
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses	1,236	855		484	563
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with certified reinsurers			XXX	XXX	XXX
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Multiple beneficiary trust			XXX	XXX	XXX
18.	Funds deposited by and withheld from (F)			XXX	XXX	XXX
19.	Letters of credit (L)			XXX	XXX	XXX
20.	Trust agreements (T)			XXX	XXX	XXX
21.	Other (O)			XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	223,000,248		223,000,248
2.	Accident and health premiums due and unpaid (Line 15)	14,802,126		14,802,126
3.	Amounts recoverable from reinsurers (Line 16.1)	1,235,644		1,235,644
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	28,294,659		28,294,659
6.	Totals assets (Line 28)	267,332,677	0	267,332,677
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	104,464,647		104,464,647
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	5,862		5,862
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	33,963,520		33,963,520
15.	Total liabilities (Line 24)	138,434,029	0	138,434,029
16.	Total capital and surplus (Line 33)	128,898,648	XXX	128,898,648
17.	Total liabilities, capital and surplus (Line 34)	267,332,677	0	267,332,677
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
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 CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

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	IA	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	IA	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	IA	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	IA	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	IA	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	IA	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	IA	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	RE	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	IA	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	IA	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	IA	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	NIA	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	IA	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	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	45-2854547			Molina Healthcare, Inc.	Molina Pathways, LLC	DE	NIA	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	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	37-1652282			Molina Healthcare, Inc.	American Family Care, Inc.	CA	NIA	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	NIA	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	NIA	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	NIA	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	NIA	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	NIA	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	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	15329	46-2992125			Molina Healthcare, Inc.	Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	46-4148278			Molina Healthcare, Inc.	Molina Healthcare of North Carolina, Inc.	NC	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc.	23,929,549	(165,473,018)			666,976,416				525,432,947	
00000	33-0342719	Molina Healthcare of California		10,617,109			127,361,043				137,978,152	
95502	33-0617992	Molina Healthcare of Utah, Inc.	(6,000,000)				(36,272,649)				(42,272,649)	
52630	38-3341599	Molina Healthcare of Michigan, Inc.					(70,865,438)				(70,865,438)	
96270	91-1284790	Molina Healthcare of Washington, Inc.		171,285			(115,287,399)				(115,116,114)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.	(5,000,000)	47,000,000			(45,996,758)				(3,996,758)	
10757	20-1494502	Molina Healthcare of Texas, Inc.		4,000,000			(143,331,170)	(2,596,287)			(141,927,457)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.					(126,019,787)				(126,019,787)	
13128	26-0155137	Molina Healthcare of Florida, Inc.		4,000,000			(21,510,297)				(17,510,297)	
95609	43-1743902	Alliance for Community Health, LLC	(12,929,549)								(12,929,549)	
00000	26-1769086	Molina Healthcare of Virginia, Inc.		1,000,000			(419,973)				580,027	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.					(18,076,519)				(18,076,519)	
14104	27-1823188	Molina Healthcare of Illinois, Inc.		10,000,000			5,861,186				15,861,186	
14398	45-4750271	Molina Healthcare of the District of Columbia, Inc.		(1,520,000)							(1,520,000)	
00000	46-0598968	Molina Healthcare of Maryland, Inc.		1,611,000							1,611,000	
15329	46-2992125	Molina Healthcare of South Carolina, Inc.		74,021,000			5,000				74,026,000	
00000	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Soluti					(39,539,265)				(39,539,265)	
13778	27-0522725	Molina Healthcare of Texas Insurance Company					(208,650)	2,596,287			2,387,637	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc.					(203,428,517)				(203,428,517)	
00000	45-2634351	Molina Healthcare Data Center, Inc.		(500,000)			4,000,430				3,500,430	
00000	37-1652282	American Family Care, Inc.		9,572,624			13,707,690				23,280,314	
00000	46-2821516	American Family Care Hospital Management, Inc.		5,500,000							5,500,000	
00000	27-4034065	Molina Center LLC					3,044,657				3,044,657	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	SEE EXPLANATION
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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

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

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

14. Not Applicable

15. Not Applicable

16. Not Applicable

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

18. Not Applicable

19. Not Applicable

20. Not Applicable

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

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

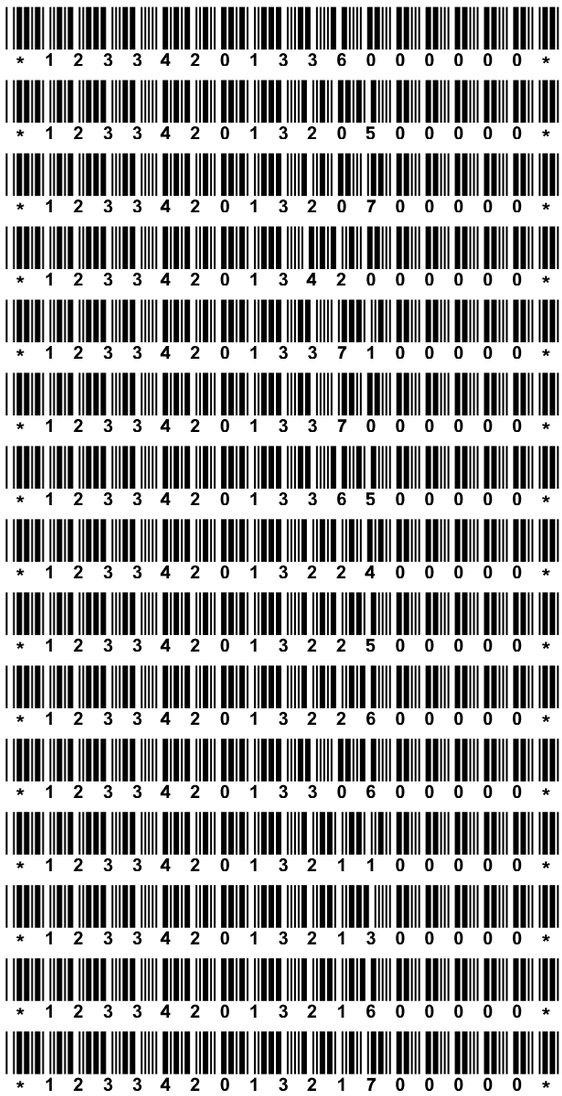
23. This line of business is not written by the company.

24. Not Applicable

25. Not Applicable

26.

BAR CODE:



Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Conferences / Seminars	26,435	2,586	123,149		152,170
2505. Other administrative expenses		8	(61,843)		(61,835)
2506. Miscellaneous			506,170		506,170
2507. Healthcare Savings Fees	1,387,086				1,387,086
2508. Caremark Admin Fee		(115,172)			(115,172)
2597. Summary of remaining write-ins for Line 25	1,413,521	(112,578)	567,476	0	1,868,419

Overflow Page for Write-Ins

NONE

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