



HEALTH QUARTERLY STATEMENT

As of March 31, 2014
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 888-562-5442
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3000 Corporate Exchange Drive..... Columbus OH US 43231
(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3000 Corporate Exchange Drive..... Columbus OH US 43231 888-562-5442
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.molinahealthcare.com

Statutory Statement Contact Donna Marie Sickler 888-562-5442-216406
(Name) (Area Code) (Telephone Number) (Extension)
donna.sickler@molinahealthcare.com 614-899-2376
(E-Mail Address) (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) Amy Schultz Clubbs 1. (Printed Name) President _____ (Title)	_____ (Signature) Donna Marie Sickler 2. (Printed Name) Treasurer/VP _____ (Title)	_____ (Signature) Jeffrey Don Barlow 3. (Printed Name) Secretary _____ (Title)
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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 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	70,359,325		70,359,325	65,585,293
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 (\$.....8,057,872), cash equivalents (\$.....66,124,894) and short-term investments (\$.....86,472,827).....	160,655,593		160,655,593	157,414,955
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).....	231,014,918	.0	231,014,918	223,000,248
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	426,881		426,881	417,066
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	52,734,150	7,732	52,726,418	14,802,126
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.....	(24,162)		(24,162)	1,235,644
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.....	413,224		413,224	370,496
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	2,907,185
18.2 Net deferred tax asset.....	3,782,749	1,142,940	2,639,809	2,712,250
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....	79,802		79,802	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	5,546,063	5,546,063	.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	3,426,031		3,426,031	
24. Health care (\$.....20,257,274) and other amounts receivable.....	18,169,743	135,479	18,034,264	21,887,662
25. Aggregate write-ins for other than invested assets.....	66,652	66,652	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	315,636,051	6,898,866	308,737,185	267,332,677
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	315,636,051	6,898,866	308,737,185	267,332,677

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.....	66,652	66,652	.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).....	66,652	66,652	.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).....	82,231,421		82,231,421	104,464,647
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	1,069,336		1,069,336	1,040,166
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	20,643		20,643	7,436
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	59,351		59,351	5,862
9. General expenses due or accrued.....	48,165,632		48,165,632	25,111,741
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	9,476,406		9,476,406	
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	383,165
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....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 \$.....30,472,401 current).....	30,472,401	0	30,472,401	7,421,012
24. Total liabilities (Lines 1 to 23).....	171,495,190	0	171,495,190	138,434,029
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	6,294,806	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	48,057,189	46,008,648
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	137,241,995	128,898,648
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	308,737,185	267,332,677

DETAILS OF WRITE-INS

2301. Amounts Due to State.....	30,472,401		30,472,401	7,421,012
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).....	30,472,401	0	30,472,401	7,421,012
2501. 2015 health insurer fee accrual.....	XXX	XXX	6,294,806	
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	6,294,806	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	771,720	725,650	3,006,782
2. Net premium income (including \$.....0 non-health premium income).....	XXX	347,687,120	295,916,619	1,244,167,735
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	(419,988)	1,051,769	4,071,437
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	347,267,132	296,968,388	1,248,239,172
Hospital and Medical:				
9. Hospital/medical benefits.....		174,963,143	140,279,888	672,212,663
10. Other professional services.....		6,985,240	26,165,908	30,431,573
11. Outside referrals.....		6,488,732		25,198,786
12. Emergency room and out-of-area.....		12,516,005	19,803,846	54,938,828
13. Prescription drugs.....		42,144,791	43,344,761	177,190,648
14. Aggregate write-ins for other hospital and medical.....0		0	37,058	0
15. Incentive pool, withhold adjustments and bonus amounts.....		155,238	141,738	721,595
16. Subtotal (Lines 9 to 15).....0		243,253,149	229,773,199	960,694,093
Less:				
17. Net reinsurance recoveries.....		27,716	952,894	3,186,563
18. Total hospital and medical (Lines 16 minus 17).....0		243,225,433	228,820,305	957,507,530
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....6,789,539 cost containment expenses.....		7,570,703	6,935,152	27,693,465
21. General administrative expenses.....		72,217,796	48,584,301	210,797,025
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....		13,207		(75,564)
23. Total underwriting deductions (Lines 18 through 22).....0		323,027,139	284,339,758	1,195,922,456
24. Net underwriting gain or (loss) (Lines 8 minus 23).....XXX		24,239,993	12,628,630	52,316,716
25. Net investment income earned.....		216,566	192,927	811,658
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....			10,520	22,620
27. Net investment gains or (losses) (Lines 25 plus 26).....0		216,566	203,447	834,278
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		(2,000,001)	0	(541,716)
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		22,456,558	12,832,077	52,609,278
31. Federal and foreign income taxes incurred.....XXX		14,119,590	4,667,206	18,605,426
32. Net income (loss) (Lines 30 minus 31).....XXX		8,336,968	8,164,871	34,003,852

DETAILS OF WRITE-INS

0601. Performance revenue.....	XXX	(419,988)	1,051,769	4,071,437
0602.	XXX			
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		(419,988)	1,051,769	4,071,437
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.....			37,058	
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	37,058	0
2901. Fines and Penalties.....		(2,000,001)		(541,716)
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		(2,000,001)	0	(541,716)

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.....	128,898,648	96,363,782	96,363,782
34. Net income or (loss) from Line 32.....	8,336,968	8,164,871	34,003,852
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....7,434.....	13,806	20,000	43,253
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	169,717	(828,786)	665,711
39. Change in nonadmitted assets.....	(177,144)	101,421	(2,177,950)
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.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	8,343,347	7,457,506	32,534,866
49. Capital and surplus end of reporting period (Line 33 plus 48).....	137,241,995	103,821,288	128,898,648

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.....	309,808,585	305,106,566	1,253,738,658
2. Net investment income.....	440,272	443,819	1,659,667
3. Miscellaneous income.....	(419,988)	1,051,769	4,071,437
4. Total (Lines 1 through 3).....	309,828,869	306,602,154	1,259,469,762
5. Benefit and loss related payments.....	259,905,575	230,249,442	936,351,959
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	35,696,778	53,045,303	229,842,434
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	1,735,999	3,650,000	22,463,001
10. Total (Lines 5 through 9).....	297,338,352	286,944,745	1,188,657,394
11. Net cash from operations (Line 4 minus Line 10).....	12,490,517	19,657,409	70,812,368
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	6,910,000	8,163,185	22,764,698
12.2 Stocks.....			
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.....			(0)
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	6,910,000	8,163,185	22,764,698
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	11,896,312	6,642,398	41,749,313
13.2 Stocks.....			
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).....	11,896,312	6,642,398	41,749,313
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(4,986,312)	1,520,787	(18,984,615)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(4,263,566)	(703,875)	(4,542,253)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(4,263,566)	(703,875)	(4,542,253)
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).....	3,240,638	20,474,322	47,285,500
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	157,414,955	110,129,456	110,129,456
19.2 End of period (Line 18 plus Line 19.1).....	160,655,593	130,603,777	157,414,955

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	255,164							507	254,657	
2. First Quarter.....	259,755	75						603	259,077	
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	771,720	164						1,681	769,875	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	280,399	36						1,455	278,908	
8. Non-Physician.....	486,651	35						2,003	484,613	
9. Total.....	767,050	71	0	0	0	0	0	3,458	763,521	0
10. Hospital Patient Days Incurred.....	37,536	1						448	37,087	
11. Number of Inpatient Admissions.....	8,146	1						68	8,077	
12. Health Premiums Written (a).....	348,830,222	122,591						1,959,323	346,748,308	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	348,830,222	122,591						1,959,323	346,748,308	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	261,037,861	11,473						2,165,429	258,860,959	
18. Amount Incurred for Provision of Health Care Services.....	243,253,149	80,520						2,015,676	241,156,953	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$....1,959,323.

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.....	7,209,983					7,209,983
0199999. Individually Listed Claims Unpaid.....	7,209,983	0	0	0	0	7,209,983
0399999. Aggregate Accounts Not Individually Listed-Covered.....	3,585,254	1,848,553	1,855,453	2,357,476		9,646,736
0499999. Subtotals.....	10,795,237	1,848,553	1,855,453	2,357,476	0	16,856,719
0599999. Unreported Claims and Other Claim Reserves.....						65,374,702
0799999. Total Claims Unpaid.....						82,231,421

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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical).....		3,979		69,047	0	
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....	613,834	1,551,595	202,603	743,735	816,437	1,006,755
7. Title XIX - Medicaid.....	79,289,197	201,894,736	13,444,876	67,771,159	92,734,073	103,457,891
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	79,903,031	203,450,310	13,647,479	68,583,942	93,550,510	104,464,646
10. Healthcare receivables (a).....	22,343,197		119,784	18,049,920	22,462,981	22,462,980
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....		155,238			0	
13. Totals (Lines 9-10+11+12).....	57,559,834	203,605,548	13,527,695	50,534,022	71,087,529	82,001,666

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(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. Specifically,

Citation adopting the Manual: Administrative Rule 3901-3-18(E)		
SSAP or Appendices	State Law or Regulation	Description
A-001	§§ 3907.14 to 3907.141 (Life); §§ 3925.05 to 3925.09; § 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.

C. Accounting Policy

Capitalization policy: The capitalization threshold for tangible assets was increased from \$500 to \$5,000 effective January 1, 2014.

Quality Incentive Premiums: Under the Company's contract with the state, incremental revenue of up to 1.25% of total premium is earned if certain performance measures are met. These performance measures are generally linked to various quality-of-care measures dictated by the state.

2. Accounting Changes and Corrections of Errors

In February 2014, the NAIC issued revisions to SSAP No. 35R, *Guaranty Fund and Other Assessments*. These revisions address accounting for the fees to be paid by health insurers to the federal government under the Affordable Care Act (ACA). The ACA imposes an annual fee, or excise tax, on health insurers for each calendar year beginning on or after January 1, 2014. The excise tax is imposed in 2014 based on a company's share of the industry's net premiums written during the preceding calendar year. The revised guidance specifies that the liability and expense for the excise tax should be recorded in full once the entity provides qualifying health insurance in the applicable calendar year in which the excise tax is payable (the "fee year"). Effective January 1, 2014, the Company recorded its estimate of the 2014 liability. The Company recorded \$17.8 million to Page Q03, Liabilities, Capital and Surplus, line 9,

NOTES TO FINANCIAL STATEMENTS

General expenses due or accrued, with an equal charge to Page Q04, Statement of Revenue and Expenses, line 21, General administrative expenses. The guidance also requires the Company to reclassify from unassigned surplus to special surplus an amount equal to its estimated fee for the next year. The Company reclassified an amount equal to 25% of the estimated 2015 liability from Page Q03, Liabilities, Capital and Surplus, line 31, Unassigned funds (surplus) to Page Q03, Liabilities, Capital and Surplus, line 2501, 2015 health insurer fee accrual.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

No significant change.

5. Investments

A. - C. No significant change.

D. Loan-Backed Securities:

[(1),(4),(5) As of March 31, 2014, \$5,105,000 of the Company's long-term investments consisted of auction rate securities. As of March 31, 2014, these securities had a fair value of \$5,010,500, for a total of \$94,500 in unrealized losses. These securities have been in a continuous loss position for more than 12 months.

(2),(3) Securities with a recognized other-than-temporary impairment: None

A. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$0
2. 12 Months or Longer	\$94,500

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

1. Less than 12 Months	\$0
2. 12 Months or Longer	\$5,010,500

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 March 31, 2014.

NOTES TO FINANCIAL STATEMENTS

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 March 31, 2014.

E. Repurchase Agreements and/or Securities Lending Transactions:

(3)b. Not applicable.

F. Real Estate: No significant change.

G. Investments in Low-Income Housing Tax Credits (LIHTC): None.

H. Restricted Assets: No significant change.

I. Working Capital Finance Investments:

(2) Not applicable.

(3) Not applicable.

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

No significant change.

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

A.- D.

The Company subleases office space from the Parent company ("Molina") who is a master lessee under an arrangement with a third party that commenced in 2013. Rental expense for this sublease during the three months ended March 31, 2014 amounted to \$388,045. Minimum future lease

NOTES TO FINANCIAL STATEMENTS

commitments for this lease amount to \$1.1 million in 2014 and 2015, and \$1.2 million in 2016, 2017 and 2018.

The Company did not pay dividends to Molina in the period ended March 31, 2014.

E. - L. No significant change.

I. Investment in subsidiary, controlled or affiliated (SCA) entity that exceeds 10% of the admitted assets of the insurer: None

11. Debt

A. No significant change.

B. FHLB (Federal Home Loan Bank) Agreements: Not applicable.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Post-retirement Benefit Plans

A.(4) The amount of net periodic benefit cost recognized: None.

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

(1) – (3) No significant change.

(4) Dividends paid by the Company to Molina during the period ended March 31, 2014 were as follows: No dividends were paid during the period ended March 31, 2014.

(5) – (8) No significant change.

(9) Changes in balances of special surplus funds from the prior period: As disclosed in Note 2, the Company reclassified an amount equal to 25% its estimated 2015 ACA fee to special surplus funds in accordance with the SSAP No. 35R requirements effective January 1, 2014.

14. Contingencies

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

B.(2)b. Not applicable.

B.(4)a. Not applicable.

NOTES TO FINANCIAL STATEMENTS

B.(4)b. Not applicable.

C. There were no wash sales during the period ended March 31, 2014.

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

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. There were no transfers between Level 1 and Level 2 of the fair value hierarchy.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a.Assets at fair value				
Money Market Funds	\$86,271,655			\$86,271,655
Municipal Securities		\$201,172		\$201,172
Unaffiliated Domestic Securities				
Total assets at fair value	\$86,271,655	\$201,172	\$	\$86,472,827
b.Liabilities at fair value				
None	\$ 0	\$ 0	\$ 0	\$ 0

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

- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.

- (4) Fair value measurements categorized within Level 2 and Level 3 of the fair value hierarchy: 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) Derivative assets and liabilities: None

B. See below.

C.

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$70,228,286	\$70,359,325	\$411,025	\$64,806,761	\$5,010,500	\$ 0

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 the instruments and their expected realization or payment.

D. Not applicable.

21. Other Items

A. - B. No significant change.

C. Other Disclosures and Unusual Items:

As disclosed in Note 2, the Company is subject to an annual fee under section 9010 of the ACA effective January 1, 2014. While characterized as a "fee" in the text of the ACA, the intent of Congress was to impose a broad-based health insurance industry excise tax, with the understanding that the tax could be passed on to consumers, most likely through higher commercial insurance premiums. However, because Medicaid is a government-funded program, Medicaid health plans have no alternative but to look to their respective state partners for payment to offset the impact of this tax. In Medicaid, capitation rates paid to managed care plans are required to be developed using principles of actuarial soundness. Actuarial soundness requires that the full costs of doing business, including the costs of both federal and state taxes, be considered and factored into the applicable payment to the health plan. Thus, for Medicaid managed care plans like Molina Healthcare, the excise tax should be included in the plans' capitated rates. As of March 31, 2014, the Company has a contractual commitment from the state of Ohio to reimburse the Company for the full economic impact of the excise tax. The Company recognized the reimbursement as net premium income in the accompanying Statement of Revenue and Expenses.

Health Insurance Marketplaces (Marketplaces) became available for consumers to access coverage beginning January 1, 2014. In some instances, Marketplaces allow individuals to purchase health insurance that is federally subsidized. The Company is participating in the Health Insurance Marketplace in Ohio primarily to serve members who have lost Medicaid eligibility. In accordance with the NAIC instructions, the Company reported the results for the Marketplaces under the Comprehensive (Hospital and Medical) line of business.

D. - G. No significant change.

H. Offsetting and Netting of Assets and Liabilities: None

22. Events Subsequent

NOTES TO FINANCIAL STATEMENTS

Subsequent events were considered through May 12, 2014, the date the statutory reporting statements were available to be issued.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. – C. The Company began serving members through the Health Insurance Marketplace in January 2014. The Company estimates accrued retrospective premium adjustments for its Marketplace business through a mathematical approach with inputs that may include premiums, claim costs, administrative expenses, reinsurance recoveries, and risk adjustment transfer payments. The Company records accrued retrospective premium as an adjustment to earned premium. The amount of net premiums written by the Company for its Marketplace business at March 31, 2014 that are subject to retrospective rating features was \$0.1 million, which represented 0.04% of the total net premiums written.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act: None

E. Risk Sharing Provisions of the Affordable Care Act

(1) Permanent Risk Adjustment Program

<u>Assets</u>	Amount
a. Premium adjustments receivable	\$ 0
<u>Liabilities</u>	
b. Risk adjustment user fees payable	\$ 13
c. Premium adjustments payable	\$ 0
<u>Operations (Revenue & Expense)</u>	
d. Premium for accident and health contracts (written/collected)	\$ 0
e. Risk adjustment user fees (incurred/paid)	\$ 13

(2) Transitional Reinsurance Program

<u>Assets</u>	
a. Amounts recoverable for claims paid	\$ 0
b. Amounts recoverable for claims unpaid	\$ 7,494
c. Amounts receivable relating to uninsured plans	\$ 0
<u>Liabilities</u>	
d. Claims unpaid-ceded	\$ 0
e. Contributions payable-not reported as ceded premium	\$ 0
f. Ceded reinsurance premiums payable	\$ 861
g. Liability for amounts held under uninsured plans	\$ 0
<u>Operations (Revenue & Expense)</u>	
h. Ceded reinsurance premiums	\$ 861
i. Reinsurance recoveries	\$ 7,494
j. Contributions-not reported as ceded premium	\$ 0

(3) Temporary Risk Corridors Program

NOTES TO FINANCIAL STATEMENTS

Assets

a. Accrued retrospective premium	\$	0
----------------------------------	----	---

Liabilities

b. Reserve for rate credits or policy experience rating refunds	\$	13,207
---	----	--------

Operations (Revenue & Expense)

c. Net premium income (paid/received)	\$	0
---------------------------------------	----	---

d. Change in reserves for rate credits	\$	13,207
--	----	--------

(4) Have there been any material re-estimations and/or impairments for the reporting period: No

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 the dates indicated is summarized below:

	3/31/2014	12/31/2013
Unpaid claims liabilities, and claims adjustment expenses, beginning of year	\$ 105,504,813	\$ 79,008,612
Add provision for claims, net of reinsurance:		
Current year	256,115,024	969,961,535
Prior years	(12,889,591)	(12,454,005)
Net incurred claims during the current year	243,225,433	957,507,530
Deduct paid claims, net of reinsurance:		
Current year	180,002,543	870,506,183
Prior years	79,903,032	65,845,776
Net paid claims during the current year	259,905,575	936,351,959
Current year change in claims adjustment expenses	29,170	490
Current year change in health care receivables	(4,293,278)	4,959,118
Current year change in amounts due from reinsurers	(1,259,805)	381,022
Unpaid claims liabilities, and claims adjustment expenses, end of year	\$ 83,300,757	\$ 105,504,813

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

NOTES TO FINANCIAL STATEMENTS

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	3/31/2014
3. Was anticipated investment income utilized in the calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Molina Healthcare of Puerto Rico, Inc. and Molina Youth Academy have been added to the organizational chart and Molina Healthcare of Missouri, Inc. has been removed.
- 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 [] No [X] N/A []
If yes, attach an explanation.

- 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).3/1/2013.....
- 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 [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

- 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 No

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....3,426,031

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

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

14.2 If yes, please complete the following:

	1		2	
	Prior Year-End		Current Quarter	
	Book/Adjusted Carrying Value		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

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 reported 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 No

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

1	2
Name of Custodian(s)	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	2	3
Name(s)	Location(s)	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

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2	3
Central Registration Depository	Name(s)	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 No

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	<u>71.9 %</u>
1.2 A&H cost containment percent	<u>2.0 %</u>
1.3 A&H expense percent excluding cost containment expenses	<u>21.0 %</u>

2.1 Do you act as a custodian for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]	<u>0</u>
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.			
2.3 Do you act as an administrator for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]	<u>0</u>
2.4 If yes, please provide the amount of funds administered as of the reporting date.			

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
A&H Non-Affiliates								
93572.....	43-1235868.....	01/01/2014	RGA Reinsurance Company.....	MO.....	SSL/AG.....	Authorized.....	.....	.....

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	122,591	1,959,323	346,748,308					348,830,222
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		122,591	1,959,323	346,748,308	.0	.0	.0	.0	348,830,222
60. Reporting entity contributions for Employee Benefit Plans.....XXX									.0
61. Total (Direct Business).....(a)	1	122,591	1,959,323	346,748,308	.0	.0	.0	.0	348,830,222

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.
|-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.
|-00000	AZ	26-1938644	Molina Healthcare of Arizona, Inc.
|-00000	GA	80-0800257	Molina Healthcare of Georgia, Inc.
|-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
|-00000	MD	46-0598968	Molina Healthcare of Maryland, Inc.
|-00000	CA	46-2821516	American Family Care Hospital Management, Inc.
|-15329	SC	46-2992125	Molina Healthcare of South Carolina, Inc.
|-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
|-00000	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
|-00000	CA	46-5098489	Molina Youth Academy

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
1531.....	Molina Healthcare, Inc.....	00000.....	13-4204626..		0001179929..	New York Stock Exchange	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	33-0342719..				Molina Healthcare of California.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	52630.....	38-3341599..				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 of Utah, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	96270.....	91-1284790..				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 of New Mexico, Inc.....	NM.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	10757.....	20-1494502..				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 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 of Ohio, Inc.....	OH.....	RE.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	20-2714545..				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 of Florida, Inc.....	FL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	15133.....	26-1769086..				Molina Healthcare of Virginia, Inc.....	VA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	27-1510177..				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 of Wisconsin, Inc.....	WI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	14104.....	27-1823188..				Molina Healthcare of Illinois, Inc.....	IL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	45-2854547..				Molina Pathways, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	45-2634351..				Molina Healthcare Data Center, Inc.....	NM.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	37-1652282..				American Family Care, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	26-1938644..				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 of Georgia, Inc.....	GA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	26-4390042..				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 of Maryland, Inc.....	MD.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	46-2821516..				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 of South Carolina, Inc.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	46-4148278..				Molina Healthcare of North Carolina, Inc.....	NC.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	66-0817946..				Molina Healthcare of Puerto Rico, Inc.....	PR.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	46-5098489..				Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	

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Asterisk Explanation

NONE

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.....	65,585,293	47,341,838
2. Cost of bonds and stocks acquired.....	11,896,312	41,749,313
3. Accrual of discount.....	2,708	16,093
4. Unrealized valuation increase (decrease).....	21,241	66,544
5. Total gain (loss) on disposals.....		34,802
6. Deduct consideration for bonds and stocks disposed of.....	6,910,000	22,764,698
7. Deduct amortization of premium.....	236,229	858,599
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).....	70,359,324	65,585,293
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	70,359,324	65,585,293

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	162,218,937	823,538,136	834,308,055	(219,380)	151,229,638			162,218,937
2. NAIC 2 (a).....	42,970,856	427,687,095	401,909,000	15,146	68,764,097			42,970,856
3. NAIC 3 (a).....	1,940,000			15,000	1,955,000			1,940,000
4. NAIC 4 (a).....	1,004,710			3,600	1,008,310			1,004,710
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds.....	208,134,503	1,251,225,231	1,236,217,055	(185,634)	222,957,045	0	0	208,134,503
PREFERRED STOCK								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	208,134,503	1,251,225,231	1,236,217,055	(185,634)	222,957,045	0	0	208,134,503

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(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.....	.....86,472,827	.....XXX.....	.....86,472,827	.....3,816	.....449

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.....	.....83,815,260	.....63,236,157
2. Cost of short-term investments acquired.....	.....811,641,824	.....3,192,987,777
3. Accrual of discount.....		.....8,348
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	.....808,984,055	.....3,172,337,402
7. Deduct amortization of premium.....	.....202	.....79,620
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).....	.....86,472,827	.....83,815,260
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	.....86,472,827	.....83,815,260

**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.....	58,733,951	54,126,200
2. Cost of cash equivalents acquired.....	427,687,095	1,791,138,498
3. Accrual of discount.....	26,848	104,253
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(0)	(0)
6. Deduct consideration received on disposals.....	420,323,000	1,786,635,000
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).....	66,124,894	58,733,951
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	66,124,894	58,733,951

**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. Government									
912828 SP 6	US TREASURY N/B		01/13/2014	JP Morgan Chase		410,913	410,000	384	1
0599999. Total Bonds - U.S. Government						410,913	410,000	384	XXX
Bonds - U.S. States, Territories and Possessions									
13063B FQ 0	CA ST-TXBL		01/21/2014	JP Morgan Chase		1,158,394	1,040,000	23,754	1FE
13063B FT 4	CA ST-TXBL		01/21/2014	JP Morgan Chase		1,260,017	1,100,000	25,998	1FE
1799999. Total Bonds - U.S. States, Territories and Possessions						2,418,411	2,140,000	49,752	XXX
Bonds - Industrial and Miscellaneous									
06739F GF 2	BARCLAYS BANK PLC	R	02/14/2014	JP Morgan Chase		591,744	536,000	11,018	1FE
084664 BY 6	BERKSHIRE HATHAWAY FIN		03/04/2014	JP Morgan Chase		1,167,545	1,146,000	1,401	1FE
46625H HX 1	JPMORGAN CHASE & CO		01/28/2014	JP Morgan Chase		4,208,320	4,000,000	57,500	1FE
89114Q AE 8	TORONTO-DOMINION BANK	I	02/14/2014	JP Morgan Chase		2,083,400	2,000,000	15,965	1FE
89236T AY 1	TOYOTA MOTOR CREDIT CORP	R	03/04/2014	JP Morgan Chase		1,015,980	1,000,000	7,389	1FE
3899999. Total Bonds - Industrial and Miscellaneous						9,066,989	8,682,000	93,273	XXX
8399997. Total Bonds - Part 3						11,896,312	11,232,000	143,409	XXX
8399999. Total Bonds						11,896,312	11,232,000	143,409	XXX
9999999. Total Bonds, Preferred and Common Stocks						11,896,312	11,232,000	143,409	XXX

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

QE04

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value At Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Desig- nation or Market Indicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U.S. Government																					
912828 PQ 7	US TREASURY N/B.....		01/15/2014	Maturity.....		.....410,000	.....410,000	.....413,507	.....410,123	.....	.....(123)	.....	.....(123)	.....	.....410,000	.....	.....	.....0	.....2,050	01/15/2014	1.....
0599999	Total Bonds - U.S. Government.....					.....410,000	.....410,000	.....413,507	.....410,123	.....0	.....(123)	.....0	.....(123)	.....0	.....410,000	.....0	.....0	.....0	.....2,050	.....XXX...	.....XXX...
Bonds - U.S. Special Revenue and Special Assessment																					
665444 HN 8	NTHRN PWR ELEC-B.....		01/01/2014	MSSB.....		.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....	.....	.....0	.....	.....58	01/01/2017	1FE.....
3199999	Total Bonds - U.S. Special Revenue and Special Assessment.....					.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....58	.....XXX...	.....XXX...
Bonds - Industrial and Miscellaneous																					
22546Q AG 2	CREDIT SUISSE NEW YORK.....	R..	01/14/2014	Maturity.....		.....2,000,000	.....2,000,000	.....1,978,100	.....1,999,594	.....	.....406	.....	.....406	.....	.....2,000,000	.....	.....	.....0	.....6,085	01/14/2014	1FE.....
22546Q AH 0	CREDIT SUISSE NEW YORK.....	R..	01/14/2014	Maturity.....		.....2,000,000	.....2,000,000	.....1,991,160	.....1,999,862	.....	.....138	.....	.....138	.....	.....2,000,000	.....	.....	.....0	.....22,000	01/14/2014	1FE.....
46623E JE 0	JPMORGAN CHASE & CO.....		01/24/2014	Maturity.....		.....2,500,000	.....2,500,000	.....2,510,650	.....2,500,281	.....	.....(281)	.....	.....(281)	.....	.....2,500,000	.....	.....	.....0	.....25,625	01/24/2014	1FE.....
3899999	Total Bonds - Industrial and Miscellaneous.....					.....6,500,000	.....6,500,000	.....6,479,910	.....6,499,738	.....0	.....262	.....0	.....262	.....0	.....6,500,000	.....0	.....0	.....0	.....53,710	.....XXX...	.....XXX...
8399997	Total Bonds - Part 3.....					.....6,910,000	.....6,910,000	.....6,893,417	.....6,909,861	.....0	.....139	.....0	.....139	.....0	.....6,910,000	.....0	.....0	.....0	.....55,818	.....XXX...	.....XXX...
8399999	Total Bonds.....					.....6,910,000	.....6,910,000	.....6,893,417	.....6,909,861	.....0	.....139	.....0	.....139	.....0	.....6,910,000	.....0	.....0	.....0	.....55,818	.....XXX...	.....XXX...
9999999	Total Bonds, Preferred and Common Stocks.....					.....6,910,000	.....XXX.....	.....6,893,417	.....6,909,861	.....0	.....139	.....0	.....139	.....0	.....6,910,000	.....0	.....0	.....0	.....55,818	.....XXX...	.....XXX...

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

QE05

**Sch. DB-Pt A-Sn 1
NONE**

**Sch. DB-Pt A-Sn 1-Footer A
NONE**

**Sch. DB-Pt A-Sn 1-Footer B
NONE**

**Sch. DB-Pt B-Sn 1
NONE**

**Sch. DB-Pt B-Sn 1-Footer A
NONE**

**Sch. DB-Pt B-Sn 1-Footer B
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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
JP Morgan Chase.....	Columbus, Ohio.....				25,969,916	38,814,255	23,654,911	XXX..
JP Morgan Chase.....	Columbus, Ohio.....				734,506	794,123	144,123	XXX..
JP Morgan Chase.....	Columbus, Ohio.....				(31,329)	(28,182)	(28,506)	XXX..
US Bank.....	St. Paul, MN.....				(13,680,470)	(14,593,275)	(15,463,079)	XXX..
US Bank.....	St. Paul, MN.....				(75,672)	(82,998)	(67,399)	XXX..
US Bank.....	St. Paul, MN.....				(1,137,855)	(756,683)	(306,614)	XXX..
Morgan Stanley.....	San Francisco, CA.....					322	2,242	XXX..
JP Morgan Chase.....	Columbus, Ohio.....				18,522	62,814	122,194	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	0	0	11,797,618	24,210,376	8,057,872	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	0	0	11,797,618	24,210,376	8,057,872	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	0	0	11,797,618	24,210,376	8,057,872	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							
National Grid USA Service Company, Inc.....		03/26/2014		04/01/2014	1,000,000		37
AGC Capital, Inc.....		03/17/2014		04/04/2014	1,999,967		167
Akzo Nobel N.V.....		03/25/2014		04/22/2014	2,499,577		141
STRYKER CORP.....		03/17/2014		04/16/2014	4,999,479		521
South Carolina Fuel Company, Inc.....		03/17/2014		04/10/2014	4,999,738		438
Marriott RHG Acquisition B.V.....		03/18/2014		04/03/2014	2,229,974		182
CBS Corporation.....		03/26/2014		04/01/2014	2,000,000		67
Time Warner Cable Inc.....		03/28/2014		05/06/2014	1,999,494		58
Cox Enterprises, Inc.....		03/25/2014		04/10/2014	1,999,885		89
Integrys Energy Group, Inc.....		03/18/2014		04/04/2014	2,999,945		257
SPECTRA ENERGY PARTNERS LP.....		03/17/2014		04/04/2014	2,999,943		288
Duke Energy Corporation.....		03/18/2014		04/03/2014	2,899,966		237
Pentair Finance S.A.....		03/17/2014		04/15/2014	2,999,673		350
Pentair Finance S.A.....		03/17/2014		04/10/2014	1,999,860		233
Agrium Inc.....		03/17/2014		04/04/2014	2,999,943		288
Commonwealth Edison Company.....		03/17/2014		04/16/2014	2,499,760		240
NextEra Energy Capital Holdings, Inc.....		03/19/2014		04/09/2014	2,999,853		238
Bemis Company, Inc.....		03/17/2014		04/15/2014	1,499,860		150
Cameron International Corporation.....		03/20/2014		04/10/2014	2,999,828		230
Time Warner Cable Inc.....		03/19/2014		04/10/2014	1,999,875		181
FMC Corporation.....		03/28/2014		04/29/2014	2,999,393		87
Centrica PLC.....		03/28/2014		05/06/2014	1,999,417		67
American Electric Power Company, Inc.....		03/17/2014		04/04/2014	2,499,952		240
Ameren Corporation.....		03/17/2014		04/16/2014	2,999,663		338
Albemarle Corporation.....		03/20/2014		04/10/2014	2,999,850		200
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.....					66,124,894	.0	5,324
3899999. Total - Industrial and Miscellaneous (Unaffiliated).....					66,124,894	.0	5,324
Total Bonds							
7799999. Subtotals - Issuer Obligations.....					66,124,894	.0	5,324
8399999. Subtotals - Bonds.....					66,124,894	.0	5,324
8699999. Total - Cash Equivalents.....					66,124,894	.0	5,324

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