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HEALTH QUARTERLY STATEMENT

As of June 30, 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 *(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) (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)*	614-899-2376 *(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 James Dwight Forshee MD Thomas Mitchell Standring #

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

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

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

Subscribed and sworn to before me

This day of

a. Is this an original filing? Yes [X] No [ ]

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
1. Bonds	80,298,163		80,298,163	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 $..........0 encumbrances)			0	
5. Cash ($.....28,116,673), cash equivalents ($.....69,515,390) and short-term investments ($.....106,544,676)	204,176,740		204,176,740	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)	284,474,903	0	284,474,903	223,000,248
13. Title plants less $..........0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	441,049		441,049	417,066
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	47,600,333	2,225	47,598,108	14,802,126
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $..........0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums	71,171		71,171	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	28,219		28,219	1,235,644
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	494,326		494,326	370,496
18.1 Current federal and foreign income tax recoverable and interest thereon			0	2,907,185
18.2 Net deferred tax asset	3,577,226	1,226,981	2,350,245	2,712,250
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($..........0)	5,789,865	5,789,865	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	739,042		739,042	
24. Health care ($.....16,415,153) and other amounts receivable	15,004,286	122,317	14,881,969	21,887,662
25. Aggregate write-ins for other than invested assets	85,259	85,259	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	358,305,679	7,226,647	351,079,032	267,332,677
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	358,305,679	7,226,647	351,079,032	267,332,677

DETAILS OF WRITE-INS

	1	2	3	4
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	85,259	85,259	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)	85,259	85,259	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
1. Claims unpaid (less $..........0 reinsurance ceded)	107,239,506	5,849	107,245,355	104,464,647
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	1,473,048	80	1,473,128	1,040,166
4. Aggregate health policy reserves, including the liability of $..........0 for medical loss ratio rebate per the Public Health Service Act	23,047		23,047	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	74,010		74,010	5,862
9. General expenses due or accrued	43,712,263		43,712,263	25,111,741
10.1 Current federal and foreign income tax payable and interest thereon (including $..........0 on realized gains (losses))	10,012,153		10,012,153	
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 $.....36,814,272 current)	36,814,272	0	36,814,272	7,421,012
24. Total liabilities (Lines 1 to 23)	199,348,299	5,929	199,354,228	138,434,029
25. Aggregate write-ins for special surplus funds	XXX	XXX	12,900,000	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	55,934,804	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	151,724,804	128,898,648
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	351,079,032	267,332,677

DETAILS OF WRITE-INS

	1	2	3	4
2301. Amounts Due to State	36,814,272		36,814,272	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)	36,814,272	0	36,814,272	7,421,012
2501. 2015 health insurer fee accrual estimate	XXX	XXX	12,900,000	
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	12,900,000	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 1 Uncovered	Current Year To Date 2 Total	Prior Year To Date 3 Total	Prior Year Ended December 31 4 Total
1. Member months	XXX	1,621,361	1,448,291	3,006,782
2. Net premium income (including $..........0 non-health premium income)	XXX	713,875,662	592,650,270	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	5,102,135	2,691,886	4,071,437
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	718,977,797	595,342,156	1,248,239,172
Hospital and Medical:				
9. Hospital/medical benefits		373,029,657	270,830,963	672,212,663
10. Other professional services		16,021,605	50,849,093	30,431,573
11. Outside referrals	28,502	14,566,857		25,198,786
12. Emergency room and out-of-area		28,086,650	37,018,885	54,938,828
13. Prescription drugs		90,831,122	87,277,305	177,190,648
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		38,949	470,371	721,595
16. Subtotal (Lines 9 to 15)	28,502	522,574,840	446,446,617	960,694,093
Less:				
17. Net reinsurance recoveries		56,185	1,120,777	3,186,563
18. Total hospital and medical (Lines 16 minus 17)	28,502	522,518,655	445,325,840	957,507,530
19. Non-health claims (net)				
20. Claims adjustment expenses, including $.....16,184,187 cost containment expenses		17,812,294	14,193,753	27,693,465
21. General administrative expenses		129,652,713	95,580,126	210,797,025
22. Increase in reserves for life and accident and health contracts (including $..........0 increase in reserves for life only)		15,611	(10,618)	(75,564)
23. Total underwriting deductions (Lines 18 through 22)	28,502	669,999,273	555,089,101	1,195,922,456
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	48,978,524	40,253,055	52,316,716
25. Net investment income earned		422,735	395,494	811,658
26. Net realized capital gains (losses) less capital gains tax of $.....20,467		38,011	13,541	22,620
27. Net investment gains or (losses) (Lines 25 plus 26)	0	460,746	409,035	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	(2,852,837)	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	46,586,433	40,662,090	52,609,278
31. Federal and foreign income taxes incurred	XXX	23,225,872	14,447,027	18,605,426
32. Net income (loss) (Lines 30 minus 31)	XXX	23,360,561	26,215,063	34,003,852

DETAILS OF WRITE-INS

	1	2	3	4
0601. Performance revenue	XXX	5,102,135	2,691,886	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	5,102,135	2,691,886	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				
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	0	0
2901. Fines and Penalties		(2,852,837)		(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	(2,852,837)	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	23,360,561	26,215,063	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 $.....4,816	8,944	20,000	43,253
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(38,424)	(1,140,136)	665,711
39. Change in nonadmitted assets	(504,925)	726,869	(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)	22,826,156	25,821,796	32,534,866
49. Capital and surplus end of reporting period (Line 33 plus 48)	151,724,804	122,185,578	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	681,074,432	600,408,823	1,253,738,658
2.	Net investment income	861,508	709,549	1,659,667
3.	Miscellaneous income	5,102,135	2,691,886	4,071,437
4.	Total (Lines 1 through 3)	687,038,075	603,810,258	1,259,469,762
5.	Benefit and loss related payments	511,071,811	462,811,637	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	102,014,930	116,755,704	229,842,434
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....20,467 tax on capital gains (losses)	10,327,001	10,132,000	22,463,001
10.	Total (Lines 5 through 9)	623,413,742	589,699,341	1,188,657,394
11.	Net cash from operations (Line 4 minus Line 10)	63,624,333	14,110,917	70,812,368
	CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	19,369,677	13,299,028	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)	19,369,677	13,299,028	22,764,698
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	34,473,066	25,280,525	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)	34,473,066	25,280,525	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)	(15,103,389)	(11,981,497)	(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)	(1,759,159)	(1,180,652)	(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)	(1,759,159)	(1,180,652)	(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)	46,761,785	948,769	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)	204,176,740	111,078,224	157,414,955

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

20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical) 2 Individual	3 Group	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
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	301,516	182						1,374	299,960	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,621,361	657						4,387	1,616,317	
Total Member Ambulatory Encounters for Period:										
7. Physician	606,055	224						3,560	602,271	
8. Non-Physician	1,113,789	260						5,518	1,108,011	
9. Total	1,719,844	484	0	0	0	0	0	9,078	1,710,282	0
10. Hospital Patient Days Incurred	87,414	16						1,234	86,164	
11. Number of Inpatient Admissions	17,368	6						166	17,196	
12. Health Premiums Written (a)	715,892,169	426,884						6,607,859	708,857,426	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	715,892,169	426,884						6,607,859	708,857,426	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	512,335,426	250,863						6,228,114	505,856,449	
18. Amount Incurred for Provision of Health Care Services	522,574,840	407,394						6,922,873	515,244,573	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....6,607,859.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark Corporation	9,174,980					9,174,980
0199999. Individually Listed Claims Unpaid	9,174,980	0	0	0	0	9,174,980
0399999. Aggregate Accounts Not Individually Listed-Covered	3,602,025	1,945,963	2,611,407	1,865,526		10,024,921
0499999. Subtotals	12,777,005	1,945,963	2,611,407	1,865,526	0	19,199,901
0599999. Unreported Claims and Other Claim Reserves						88,045,454
0799999. Total Claims Unpaid						107,245,355

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)		222,644		156,532	0	
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare	753,748	5,467,482	42,298	1,785,018	796,046	1,006,755
7. Title XIX - Medicaid	84,238,731	443,952,828	4,750,607	100,510,900	88,989,338	103,457,891
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	84,992,479	449,642,954	4,792,905	102,452,450	89,785,384	104,464,646
10. Healthcare receivables (a)	22,395,142		67,839	14,936,432	22,462,981	22,462,980
11. Other non-health					0	
12. Medical incentive pools and bonus amounts		38,949			0	
13. Totals (Lines 9-10+11+12)	62,597,337	449,681,903	4,725,066	87,516,018	67,322,403	82,001,666

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

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Ohio, Inc. (the "Company") for the fiscal year ended December 31, 2013. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2013 annual statement or audited financial statements have been omitted.

1. **Summary of Significant Accounting Policies**
   A. Accounting Practices

The financial statements of 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' *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.

	State of Domicile	June 30, 2014	December 31, 2013
NET INCOME			
(1) Company state basis (Page Q04, Line 32, Columns 2 & 4)	OH	23,360,561	34,003,852
(2) State Prescribed Practices that increase/decrease NAIC SAP			
None	OH		
(3) State Permitted Practices that increase/decrease NAIC SAP			
None	OH		
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	23,360,561	34,003,852
SURPLUS	OH		
(5) Company state basis (Page Q03, line 33, Columns 3 & 4)	OH	151,724,804	128,898,648
(6) State Prescribed Practices that increase/decrease NAIC SAP			
None	OH		
(7) State Permitted Practices that increase/decrease NAIC SAP			
None	OH		
(8) NAIC SAP (5 – 6 – 7 = 8)		151,724,804	128,898,648

C. Accounting Policy

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

Medical Cost Floors (Minimum) and Medical Cost Corridors: Sanctions may be levied by the state if certain minimum amounts are not spent on defined medical care costs. These sanctions include the requirements to file a corrective action plan as well as an enrollment freeze. Further, for certain premiums, amounts may be returned to the state if certain minimum amounts are not spent on defined medical care costs.

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 guidance was subsequently moved by the NAIC to SSAP No. 106, *Affordable Care Act Assessments*. 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 $18.2 million to Page Q03, Liabilities, Capital and Surplus, line 9, 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 50% 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 estimate.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

Not applicable.

5. Investments

A. –C. No significant change.

D. Loan-Backed Securities:

As of June 30, 2014, the Company's long-term investments include auction rate securities that are collateralized by student loan portfolios guaranteed by the U.S. government.

(1) Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

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

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss:

A. The aggregate amount of unrealized losses:
   1. Less than 12 Months $0
   2. 12 Months or Longer $63,000
B. The aggregate related fair value of securities with unrealized losses:
   1. Less than 12 Months $0
   2. 12 Months or Longer $5,032,000

(5) Because the decline in the market value of the auction rate securities was not due to the credit quality of the issuers, and because the Company does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Company does not consider the auction rate securities to be other-than-temporarily impaired at June 30, 2014.

E. Repurchase Agreements and/or Securities Lending Transactions:

(3)b.: Not applicable.

F. Real Estate: None.

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
None.

7. Investment Income
No significant change.

8. Derivative Instruments
None.

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 six months ended June 30, 2014 amounted to $776,090. Minimum future lease commitments for this lease amount to $1.1 million in 2014 and 2015, and $1.2 million in 2016, 2017 and 2018.

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. None.

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: Not applicable.

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 June 30, 2014 were as follows: None

(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 50% its estimated 2015 ACA fee to special surplus funds in accordance with the SSAP No. 106 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.

B.(4)b. Not applicable.

C. There were no wash sales during the period ended June 30, 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 Company 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	$106,344,378			$106,344,378
Municipal Securities		$200,298		$200,298
Total assets at fair value	$106,344,378	$200,298	$	$106,544,676
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) For fair value measurements categorized within Level 2 and Level 3 of the fair value hierarchy, a description of the valuation technique(s) follow:

Level 2: 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. In addition to Bonds (see below), 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.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	$80,282,186	$80,298,163	$410,964	$74,839,222	$5,032,000	$ 0

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. 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 state of Ohio's Marketplaces 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.

The state of Ohio is participating in CMS's dual eligible demonstration to integrate Medicare and Medicaid services for dual eligible individuals. The Company refers to the demonstration as its Medicare-Medicaid Plan (MMP) implementation. The Company's MMP was effective June 1, 2014. In accordance with the NAIC instructions, the Company reported the results for MMP under the Medicare line of business.

D. –G. No significant change.

H. Offsetting and Netting of Assets and Liabilities: None

I. Joint and Several Liabilities: None

J. Risk Sharing Provisions of the Affordable Care Act:

As disclosed in Note 21 C. above, the Company is participating in the Marketplaces and wrote health insurance premium subject to the Affordable Care Act risk sharing provisions.

(1) Permanent Risk Adjustment Program

	Amount
Assets	
a. Premium adjustments receivable	$ 0
Liabilities	
b. Risk adjustment user fees payable	$ 53
c. Premium adjustments payable	$ 0
Operations (Revenue & Expense)	
d. Premium for accident and health contracts (written/collected)	$ 0
e. Risk adjustment user fees (incurred/paid)	$ 53

(2) Transitional Reinsurance Program

Assets	
a. Amounts recoverable for claims paid	$ 0
b. Amounts recoverable for claims unpaid	$ 28,219
c. Amounts receivable relating to uninsured plans	$ 0
Liabilities	
d. Contributions payable-not reported as ceded premium	$ 0
e. Ceded reinsurance premiums payable	$ 3,449
f. Liability for amounts held under uninsured plans	$ 0
Operations (Revenue & Expense)	
g. Ceded reinsurance premiums	$ 3,449
h. Reinsurance recoveries	$ 28,219
i. Contributions-not reported as ceded premium	$ 0

(3) Temporary Risk Corridors Program

Assets	
a. Accrued retrospective premium	$ 71,171
Liabilities	
b. Reserve for rate credits or policy experience rating refunds	$ 0
Operations (Revenue & Expense)	
c. Net premium income (paid/received)	$ 71,171
d. Change in reserves for rate credits	$ 0

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

22. Events Subsequent

Subsequent events were considered through August 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 though the Marketplaces in January 2014. The Company estimates accrued retrospective premium adjustments for its Marketplace business through a mathematical approach with inputs that may include premiums, claims 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 for the period ended June 30, 2014 that are subject to retrospective rating features was $0.4 million, which represented 0.06% of the total net premiums written.

There is no significant change to report for the Medicare retrospectively rated contracts and contracts subject to redetermination disclosed in the Company's 2013 annual statement.

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

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:

	6/30/2014	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	538,585,557	969,961,535
Prior years	(16,066,902)	(12,454,005)
Net incurred claims during the current year	522,518,655	957,507,530
Deduct paid claims, net of reinsurance:		
Current year	426,079,331	870,506,183
Prior years	84,992,480	65,845,776
Net paid claims during the current year	511,071,811	936,351,959
Current year change in claims adjustment expenses	432,962	490
Current year change in health care receivables	(7,458,711)	4,959,118
Current year change in amounts due from reinsurers	(1,207,425)	381,022
Unpaid claims liabilities, and claims adjustment expenses, end of year	$ 108,718,483	$ 105,504,813

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements
No significant change.

28. Health Care Receivables
No significant change.

29. Participating Policies
No significant change.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	$ 0
2. Date of the most recent evaluation of this liability	6/30/2014
3. Was anticipated investment income utilized in the calculation?	Yes [X] No [ ]

31. Anticipated Salvage and Subrogation
No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

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

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

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

3.1 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 Arizona, Inc. was dissolved effective July 11, 2014.

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

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5\. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [X] No [ ] N/A [ ]
If yes, attach an explanation.
A new health insurance providers fee payment consent and agreement between the Company and the Parent became effective, and was filed with the Ohio Department of Insurance in the second quarter of 2014.

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. ....12/31/2012............

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). ....5/7/2014................

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 [ ] No [ ] N/A [X]

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

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]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

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

PART 1 - FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $................................739,042

PART 1 - INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
    16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $................................0
    16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $................................0
    16.3 Total payable for securities lending 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 [X] No [ ]

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

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

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
149777	Morgan Stanley Smith Barney	555 California St, 35th Floor, San Francisco, CA 94104

PART 1 - INVESTMENT

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent		75.5 %
	1.2 A&H cost containment percent		2.3 %
	1.3 A&H expense percent excluding cost containment expenses		18.4 %
2.1	Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 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 Reinsuer Rating
A&H Non-Affiliates								
93572.......	43-1235868..........	01/01/2014	RGA Reinsurance Company..	MO............	SSL/A/G......	Authorized........	....	....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
State, Etc.	Active Status	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	426,884	6,607,859	708,857,426				715,892,169	
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	426,884	6,607,859	708,857,426	0	0	0	715,892,169	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	426,884	6,607,859	708,857,426	0	0	0	715,892,169	0

DETAILS OF WRITE-INS

58001.							0	
58002.							0	
58003.							0	
58998. Summary of remaining write-ins for line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domicilied 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.
I-00000	GA	80-0800257	Molina Healthcare of Georgia, Inc.
I-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
I-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.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
I-00000	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
I-00000	CA	46-5098489	Molina Youth Academy

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	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	NIA	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	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.	

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:

* 1 2 3 3 4 2 0 1 4 3 6 5 0 0 0 0 2 *

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	34,473,066	41,749,313
3. Accrual of discount	3,406	16,093
4. Unrealized valuation increase (decrease)	13,759	66,544
5. Total gain (loss) on disposals	58,478	34,802
6. Deduct consideration for bonds and stocks disposed of	19,369,677	22,764,698
7. Deduct amortization of premium	466,162	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)	80,298,163	65,585,293
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	80,298,163	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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	151,229,638	857,745,119	827,497,004	(217,629)	151,229,638	181,260,125		162,218,937
2. NAIC 2 (a)	68,764,097	415,976,804	412,618,000	22,024	68,764,097	72,144,926		42,970,856
3. NAIC 3 (a)	1,955,000			(10,000)	1,955,000	1,945,000		1,940,000
4. NAIC 4 (a)	1,008,310			(130)	1,008,310	1,008,180		1,004,710
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	222,957,045	1,273,721,923	1,240,115,004	(205,735)	222,957,045	256,358,230	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	222,957,045	1,273,721,923	1,240,115,004	(205,735)	222,957,045	256,358,230	0	208,134,503

(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	106,544,676	XXX	106,544,676	2,635	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	1,643,220,560	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	1,620,490,067	3,172,337,402
7. Deduct amortization of premium	1,076	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)	106,544,676	83,815,260
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	106,544,676	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	847,663,736	1,791,138,498
3. Accrual of discount	58,703	104,253
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(0)	(0)
6. Deduct consideration received on disposals	836,941,000	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)	69,515,390	58,733,951
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	69,515,390	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. Special Revenue and Special Assessment									
645918 6M 0	NJ ECON DEV--QQ-TXBL		05/20/2014	Morgan Stanley		3,003,450	3,000,000	849	1FE
3199999. Total Bonds - U.S. Special Revenue and Special Assessment						3,003,450	3,000,000	849	XXX
Bonds - Industrial and Miscellaneous									
05565Q BT 4	BP CAPITAL MARKETS PLC	R	06/23/2014	Morgan Stanley		957,172	925,000	3,177	1FE
06051G EW 5	BANK OF AMERICA CORP		05/27/2014	Morgan Stanley		1,016,030	1,000,000	2,426	1FE
064159 DZ 6	BANK OF NOVA SCOTIA	I	04/10/2014	Morgan Stanley		2,000,000	2,000,000	1,244	1FE
172967 ET 4	CITIGROUP INC		04/22/2014	Morgan Stanley		2,086,520	2,000,000	7,098	1FE
172967 GW 5	CITIGROUP INC		06/20/2014	Morgan Stanley		865,752	853,000	6,042	1FE
36962G Y4 0	GENERAL ELEC CAP CORP		06/23/2014	Morgan Stanley		552,150	500,000	4,927	1FE
458140 AL 4	INTEL CORP		06/24/2014	Morgan Stanley		2,001,340	2,000,000	900	1FE
61746B DN 3	MORGAN STANLEY		04/21/2014	Morgan Stanley		4,037,680	4,000,000		1FE
65557H AB 8	NORDEA BANK AB	R	06/18/2014	Morgan Stanley		2,104,620	2,000,000	16,146	1FE
931142 DF 7	WAL-MART STORES INC		06/24/2014	Morgan Stanley		3,952,040	4,000,000	9,500	1FE
3899999. Total Bonds - Industrial and Miscellaneous						19,573,304	19,278,000	51,461	XXX
8399997. Total Bonds - Part 3						22,576,754	22,278,000	52,309	XXX
8399999. Total Bonds						22,576,754	22,278,000	52,309	XXX
9999999. Total Bonds, Preferred and Common Stocks						22,576,754	XXX	52,309	XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value 11	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. States, Territories and Possessions																					
13063B FQ 0	CA ST-TXBL		04/02/2014	Morgan Stanley		1,435,692	1,285,000	1,443,985	275,022		(9,972)		(9,972)		1,423,444		12,248	12,248	44,333	03/01/2017	1FE
13063B FT 4	CA ST-TXBL		04/02/2014	Morgan Stanley		1,258,565	1,100,000	1,260,017			(7,582)		(7,582)		1,252,435		6,130	6,130	39,270	03/01/2018	1FE
1799999. Total Bonds - U.S. States, Territories and Possessions						2,694,257	2,385,000	2,704,002	275,022	0	(17,554)	0	(17,554)	0	2,675,879	0	18,378	18,378	83,603	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
613741 BS 5	MONTGOMERY ECON-B-TXB		06/01/2014	Maturity		1,600,000	1,600,000	1,600,912	1,600,151		(151)		(151)		1,600,000			0	9,864	06/01/2014	1FE
3199999. Total Bonds - U.S. Special Revenue and Special Assessment						1,600,000	1,600,000	1,600,912	1,600,151	0	(151)	0	(151)	0	1,600,000	0	0	0	9,864	XXX	XXX
Bonds - Industrial and Miscellaneous																					
0258M0 DE 6	AMERICAN EXPRESS CREDIT		04/10/2014	Morgan Stanley		2,029,440	2,000,000	2,041,260	2,025,150		(4,950)		(4,950)		2,020,200		9,240	9,240	11,958	06/12/2015	1FE
172967 DE 8	CITIGROUP INC		04/22/2014	Morgan Stanley		2,143,900	2,000,000	2,180,600	2,149,958		(23,129)		(23,129)		2,126,829		17,071	17,071	84,800	01/07/2016	1FE
61746B DC 7	MORGAN STANLEY		04/21/2014	Morgan Stanley		3,992,080	4,000,000	3,974,800	3,975,589		2,702		2,702		3,978,291		13,789	13,789	14,436	10/18/2016	1FE
3899999. Total Bonds - Industrial and Miscellaneous						8,165,420	8,000,000	8,196,660	8,150,697	0	(25,377)	0	(25,377)	0	8,125,320	0	40,100	40,100	111,195	XXX	XXX
8399997. Total Bonds - Part 4						12,459,677	11,985,000	12,501,574	10,025,871	0	(43,082)	0	(43,082)	0	12,401,199	0	58,478	58,478	204,661	XXX	XXX
8399999. Total Bonds						12,459,677	11,985,000	12,501,574	10,025,871	0	(43,082)	0	(43,082)	0	12,401,199	0	58,478	58,478	204,661	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks						12,459,677	XXX	12,501,574	10,025,871	0	(43,082)	0	(43,082)	0	12,401,199	0	58,478	58,478	204,661	XXX	XXX

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

Sch. DB-Pt A-Sn 1
NONE

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

Sch. DB-Pt A-Sn 1-Footnote B
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt B-Sn 1-Footnote A
NONE

Sch. DB-Pt B-Sn 1-Footnote 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

Statement as of June 30, 2014 of the **Molina Healthcare of Ohio, Inc.**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
			Rate	Amount of Interest	Amount of Interest Accrued	6	7	8	
Depository		Code	of Interest	Received During Current Quarter	at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
Morgan Stanley	San Francisco. CA 94104					321		453	XXX
JP Morgan Chase	Columbus, Ohio					20,357,814	9,736,498	43,185,423	XXX
JP Morgan Chase	Columbus, Ohio					182,282	1,812,055	1,812,055	XXX
JP Morgan Chase	Columbus, Ohio					(38,248)	(21,715)	(13,762)	XXX
US Bank	St. Paul, MN					(9,912,331)	(11,727,926)	(16,619,989)	XXX
US Bank	St. Paul, MN					(83,478)	(102,082)	(125,841)	XXX
US Bank	St. Paul, MN					(7,173,037)	(582,699)	(280,481)	XXX
Morgan Stanley	San Francisco. CA 94104								XXX
JP Morgan Chase	Columbus , Ohio					214,188	297,965	158,815	XXX
0199998. Deposits in 0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories		XXX	XXX				2,000,000		XXX
0199999. Total Open Depositories		XXX	XXX	0	0	3,547,511	1,412,096	28,116,673	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	3,547,511	1,412,096	28,116,673	XXX
0599999. Total Cash		XXX	XXX	0	0	3,547,511	1,412,096	28,116,673	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							
Pentair Finance S.A.		06/26/2014		07/25/2014	1,799,664		70
Enbridge Energy Partners, L.P.		06/23/2014		07/03/2014	1,229,985		60
V.F. Corporation		06/26/2014		08/18/2014	2,389,235		80
ENI Finance USA Inc.		06/19/2014		07/03/2014	2,999,968		190
Nissan Motor Acceptance Corporation		06/26/2014		08/11/2014	1,499,607		48
Duke Energy Corporation		06/23/2014		07/03/2014	2,100,975		98
B.A.T. International Finance P.L.C.		06/24/2014		07/15/2014	2,999,720		140
Monsanto Company		06/26/2014		07/17/2014	2,999,680		100
Dexia Delaware LLC		06/18/2014		07/09/2014	2,999,813		303
Edison International		06/23/2014		07/03/2014	2,999,962		153
The Kroger Co.		06/26/2014		07/24/2014	2,999,559		96
Reed Elsevier Inc.		06/25/2014		07/07/2014	2,999,900		100
Westar Energy, Inc.		06/25/2014		07/09/2014	2,899,845		116
SPECTRA ENERGY PARTNERS LP		06/23/2014		07/09/2014	2,999,847		153
Bemis Company, Inc.		06/26/2014		07/25/2014	2,599,567		90
The Valspar Corporation		06/23/2014		07/09/2014	2,999,847		153
South Carolina Fuel Company, Inc.		06/24/2014		07/15/2014	2,999,743		128
Snap-on Incorporated		06/30/2014		07/07/2014	4,999,817		31
Marriott International, Inc.		06/24/2014		07/16/2014	2,999,712		134
Coca-Cola Refreshments USA, Inc.		06/24/2014		07/15/2014	2,999,802		99
Bacardi Corporation		06/23/2014		07/09/2014	2,999,860		140
Virginia Electric and Power Company		06/26/2014		08/04/2014	999,811		28
American Electric Power Company, Inc.		06/25/2014		07/08/2014	1,999,914		73
Commonwealth Edison Company		06/24/2014		07/03/2014	2,999,960		140
AutoZone, Inc.		06/24/2014		07/15/2014	2,999,755		123
CBS Corporation		06/26/2014		07/14/2014	1,999,841		61
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					69,515,390	0	2,908
3899999. Total - Industrial and Miscellaneous (Unaffiliated)					69,515,390	0	2,908
Total Bonds							
7799999. Subtotals - Issuer Obligations					69,515,390	0	2,908
8399999. Subtotals - Bonds					69,515,390	0	2,908
8699999. Total - Cash Equivalents					69,515,390	0	2,908