



# ANNUAL STATEMENT

For the Year Ended December 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 (Street and Number) (City or Town, State, Country and Zip Code)	888-562-5442 (Area Code) (Telephone Number)
Mail Address	3000 Corporate Exchange Drive..... Columbus .... OH .... US .... 43231 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	3000 Corporate Exchange Drive..... Columbus .... OH .... US .... 43231 (Street and Number) (City or Town, State, Country and Zip Code)	888-562-5442 (Area Code) (Telephone Number)
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Donna Marie Sickler (Name) donna.sickler@molinahealthcare.com (E-Mail Address)	888-562-5442-216406 (Area Code) (Telephone Number) (Extension) 614-899-2376 (Fax Number)

## OFFICERS

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

## OTHER

## DIRECTORS OR TRUSTEES

Amy Schultz Clubbs	James Dwight Forshee MD	Thomas Mitchell Standing #
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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	(Signature) Donna Marie Sickler	(Signature) Jeffrey Don Barlow
1. (Printed Name) President	2. (Printed Name) Treasurer/VP Finance & Analytics	3. (Printed Name) Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No [ ]
This _____ day of _____	b. If no	1. State the amendment number 2. Date filed 3. Number of pages attached
2015		

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	123,513,062		123,513,062	65,585,293
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....73,323,850, Schedule E-Part 1), cash equivalents (\$.....101,700,392, Schedule E-Part 2) and short-term investments (\$.....118,588,820, Schedule DA).....	293,613,062		293,613,062	157,414,955
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	417,126,124	0	417,126,124	223,000,248
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	789,542		789,542	417,066
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	24,507,625	9,390	24,498,235	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.....	1,033,279	759,110	274,169	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.....	1,852,953		1,852,953	370,496
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	2,907,185
18.2 Net deferred tax asset.....	4,139,790	979,279	3,160,511	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).....	5,662,214	5,662,214	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....16,267,008) and other amounts receivable.....	18,271,198	1,933,134	16,338,064	21,887,662
25. Aggregate write-ins for other than invested assets.....	186,702	.86,349	100,353	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	473,569,427	9,429,476	464,139,951	267,332,677
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	473,569,427	9,429,476	464,139,951	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.....	.86,349	.86,349	0	
2502. Accrued premium adjustment receivable.....	100,353		100,353	
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).....	186,702	.86,349	100,353	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	185,094,966	5,131	185,100,097	104,464,647
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	2,806,003	91	2,806,094	1,040,166
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	254,119		254,119	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.....	248,925		248,925	5,862
9. General expenses due or accrued.....	39,685,543		39,685,543	25,111,741
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....	3,392,555		3,392,555	
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.....	1,553,455		1,553,455	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 and \$.....0 certified 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 \$....48,446,517 current).....	48,446,517	0	48,446,517	7,421,012
24. Total liabilities (Lines 1 to 23).....	281,482,083	5,222	281,487,305	138,434,029
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	29,500,000	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	70,262,646	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	182,652,646	128,898,648
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	464,139,951	267,332,677

**DETAILS OF WRITE-INS**

2301. Amounts due to state and other agencies.....	48,446,517		48,446,517	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).....	48,446,517	0	48,446,517	7,421,012
2501. 2015 health insurer fee accrual estimate.....	XXX	XXX	29,500,000	
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
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	29,500,000	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	3,649,981	3,006,782
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	1,782,074,313	1,244,167,735
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	(246,683)	.....
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.....	0	4,071,437
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	1,781,827,630	1,248,239,172
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		953,885,695	672,212,663
10. Other professional services.....		38,101,186	30,431,573
11. Outside referrals.....	44,093	75,003,964	25,198,786
12. Emergency room and out-of-area.....		73,513,409	54,938,828
13. Prescription drugs.....		211,737,224	177,190,648
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		363,088	721,595
16. Subtotal (Lines 9 to 15).....	44,093	1,352,604,566	960,694,093
<b>Less:</b>			
17. Net reinsurance recoveries.....		1,140,254	3,186,563
18. Total hospital and medical (Lines 16 minus 17).....	44,093	1,351,464,312	957,507,530
19. Non-health claims (net).....		.....	.....
20. Claims adjustment expenses, including \$....42,171,499 cost containment expenses.....		47,083,942	27,693,465
21. General administrative expenses.....		285,253,605	210,797,025
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....			(75,564)
23. Total underwriting deductions (Lines 18 through 22).....	44,093	1,683,801,859	1,195,922,456
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	98,025,771	52,316,716
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,065,258	811,658
26. Net realized capital gains or (losses) less capital gains tax of \$....23,705.....		44,023	22,620
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	1,109,281	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	(3,890,299)	(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.....	95,244,753	52,609,278
31. Federal and foreign income taxes incurred.....	XXX.....	39,371,035	18,605,426
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	55,873,718	34,003,852

**DETAILS OF WRITE-INS**

0601. Performance revenue.....	XXX.....	.....	4,071,437
0602. ....	XXX.....	.....	.....
0603. ....	XXX.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0	4,071,437
0701. ....	XXX.....	.....	.....
0702. ....	XXX.....	.....	.....
0703. ....	XXX.....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	0	0
1401. Transportation Costs.....		.....	.....
1402. ....		.....	.....
1403. ....		.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
2901. Fines and Penalties.....		(3,890,299)	(541,716)
2902. ....		.....	.....
2903. ....		.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	(3,890,299)	(541,716)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	128,898,648	96,363,782
34. Net income or (loss) from Line 32.....	55,873,718	34,003,852
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$....24,049.....	44,661	43,253
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	543,373	665,711
39. Change in nonadmitted assets.....	(2,707,754)	(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
48. Net change in capital and surplus (Lines 34 to 47).....	53,753,998	32,534,866
49. Capital and surplus end of reporting period (Line 33 plus 48).....	182,652,646	128,898,648

**DETAILS OF WRITE-INS**

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

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	1,806,535,582	1,253,738,658
2. Net investment income.....	1,810,673	1,659,667
3. Miscellaneous income.....		4,071,437
4. Total (Lines 1 through 3).....	1,808,346,255	1,259,469,762
5. Benefit and loss related payments.....	1,266,357,147	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.....	314,268,774	229,842,434
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$....23,705 tax on capital gains (losses).....	33,095,000	22,463,000
10. Total (Lines 5 through 9).....	1,613,720,921	1,188,657,393
11. Net cash from operations (Line 4 minus Line 10).....	194,625,334	70,812,368
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	25,275,670	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)	(0)
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	25,275,670	22,764,698
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	84,184,893	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).....	84,184,893	41,749,313
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(58,909,223)	(18,984,615)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
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).....	481,995	(4,542,253)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	481,995	(4,542,253)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	136,198,107	47,285,500
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	157,414,955	110,129,456
19.2 End of year (Line 18 plus Line 19.1).....	293,613,062	157,414,955

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

20.0001 .....		
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income.....	1,782,074,313	862,388					30,636,657	1,750,575,268		
2. Change in unearned premium reserves and reserve for rate credit.....	(246,683)						(246,683)			
3. Fee-for-service (net of \$.....0 medical expenses).....	0								XXX	
4. Risk revenue.....	0								XXX	
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6).....	1,781,827,630	862,388	0	0	0	0	30,389,974	1,750,575,268	0	0
8. Hospital/medical benefits.....	953,885,695	384,831					14,729,567	938,771,297		XXX
9. Other professional services.....	38,101,186	447					380,167	37,720,572		XXX
10. Outside referrals.....	75,003,964	44,919					2,437,258	72,521,787		XXX
11. Emergency room and out-of-area.....	73,513,409	41,475					1,636,342	71,835,592		XXX
12. Prescription drugs.....	211,737,224	427,188					9,044,173	202,265,863		XXX
13. Aggregate write-ins for other hospital and medical.....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	363,088						7,245	355,843		XXX
15. Subtotal (Lines 8 to 14).....	1,352,604,566	898,860	0	0	0	0	28,234,752	1,323,470,954	0	XXX
16. Net reinsurance recoveries.....	1,140,254	37,216					91,427	1,011,611		XXX
17. Total hospital and medical (Lines 15 minus 16).....	1,351,464,312	861,644	0	0	0	0	28,143,325	1,322,459,343	0	XXX
18. Non-health claims (net).....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$....42,171,499 cost containment expenses.....	47,083,942	25,926					261,402	46,796,614		
20. General administrative expenses.....	285,253,605	139,116					4,903,939	280,210,550		
21. Increase in reserves for accident and health contracts.....	0									XXX
22. Increase in reserve for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....	1,683,801,859	1,026,686	0	0	0	0	33,308,666	1,649,466,507	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	98,025,771	(164,298)	0	0	0	0	(2,918,692)	101,108,761	0	0

## DETAILS OF WRITE-INS

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	869,479		7,091	862,388
2. Medicare supplement.....				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal employees health benefits plan.....				0
6. Title XVIII - Medicare.....	30,639,886		3,229	30,636,657
7. Title XIX - Medicaid.....	1,755,537,871		4,962,603	1,750,575,268
8. Other health.....				0
9. Health subtotal (Lines 1 through 8).....	1,787,047,235	0	4,972,923	1,782,074,313
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	1,787,047,235	0	4,972,923	1,782,074,313

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	1,267,336,682	612,101					26,753,327	1,239,971,254		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	1,342,619						91,427	1,251,192		
1.4 Net	1,265,994,063	612,101	0	0	0	0	26,661,900	1,238,720,062	0	0
2. Paid medical incentive pools and bonuses	363,088						7,245	355,843		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	185,100,097	286,759					4,522,241	180,291,097		
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	185,100,097	286,759	0	0	0	0	4,522,241	180,291,097	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	(4,269,346)						2,041,305	(6,310,651)		
7. Amounts recoverable from reinsurers December 31, current year	1,033,279	37,216						996,063		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	104,464,647						1,006,756	103,457,891		
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	104,464,647	0	0	0	0	0	1,006,756	103,457,891	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	1,235,644							1,235,644		
12. Incurred benefits:										
12.1 Direct	1,352,241,478	898,860	0	0	0	0	28,227,507	1,323,115,111	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	1,140,254	37,216	0	0	0	0	91,427	1,011,611	0	0
12.4 Net	1,351,101,224	861,644	0	0	0	0	28,136,080	1,322,103,500	0	0
13. Incurred medical incentive pools and bonuses	363,088	0	0	0	0	0	7,245	355,843	0	0

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	27,704,888	26,793					579,562	27,098,533		
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	27,704,888	26,793	0	0	0	0	579,562	27,098,533	0	0
2. Incurred but unreported:										
2.1 Direct.....	157,395,209	259,966					3,942,679	153,192,564		
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	157,395,209	259,966	0	0	0	0	3,942,679	153,192,564	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	185,100,097	286,759	0	0	0	0	4,522,241	180,291,097	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	185,100,097	286,759	0	0	0	0	4,522,241	180,291,097	0	0

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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).....		574,885		286,758	0	
2. Medicare supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal employees health benefits plan.....					0	
6. Title XVIII - Medicare.....	954,986	25,706,914	5,741	4,516,500	960,727	1,006,755
7. Title XIX - Medicaid.....	82,911,033	1,178,448,977	482,031	179,809,067	83,393,064	103,457,891
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	83,866,019	1,204,730,776	487,772	184,612,325	84,353,791	104,464,646
10. Healthcare receivables (a).....	22,400,368		62,612	18,131,018	22,462,980	22,462,980
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....		363,088			0	
13. Totals (Lines 9 - 10 + 11 + 12).....	61,465,651	1,205,093,864	425,160	166,481,307	61,890,811	82,001,666

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

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	34,324	34,324	34,324	34,324	34,324
2. 2010.....	695,885	740,657	740,657	740,657	740,657
3. 2011.....	XXX	724,266	797,287	797,287	797,287
4. 2012.....	XXX	XXX	901,401	967,247	967,247
5. 2013.....	XXX	XXX	XXX	886,873	970,739
6. 2014.....	XXX	XXX	XXX	XXX	1,204,731

**SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	34,324	34,324	34,324	34,324	34,324
2. 2010.....	756,774	741,008	741,008	741,008	741,008
3. 2011.....	XXX	797,400	797,416	797,416	797,416
4. 2012.....	XXX	XXX	979,240	968,013	799,214
5. 2013.....	XXX	XXX	XXX	990,572	971,227
6. 2014.....	XXX	XXX	XXX	XXX	1,389,343

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....	857,948	740,657	21,434	2.9	762,091	88.8			762,091	88.8
2. 2011.....	1,000,455	797,287	24,034	3.0	821,321	82.1			821,321	82.1
3. 2012.....	1,223,166	967,247	26,567	2.7	993,814	81.2			993,814	81.2
4. 2013.....	1,244,168	970,739	27,693	2.9	998,432	80.2	488		998,920	80.3
5. 2014.....	1,781,828	1,204,731	47,084	3.9	1,251,815	70.3	184,612	2,806	1,439,233	80.8

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**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....					
2. 2010.....					
3. 2011.....	XXX.....				
4. 2012.....	XXX.....	XXX.....			
5. 2013.....	XXX.....	XXX.....	XXX.....		
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	575

**SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....					
2. 2010.....					
3. 2011.....	XXX.....				
4. 2012.....	XXX.....	XXX.....			
5. 2013.....	XXX.....	XXX.....	XXX.....		
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	862

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**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....				0.0	0	0.0			0	0.0
2. 2011.....				0.0	0	0.0			0	0.0
3. 2012.....				0.0	0	0.0			0	0.0
4. 2013.....				0.0	0	0.0			0	0.0
5. 2014.....	862	575	26	4.5	601	69.7	287	4	892	103.4

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare Supp.**  
**NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare Supp.**  
**NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare Supp.**  
**NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Dental**  
**NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Dental**  
**NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Dental**  
**NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Vision**  
**NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Vision**  
**NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Vision**  
**NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Fed Emp Health**  
**NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Fed Emp Health**  
**NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Fed Emp Health**  
**NONE**

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	17	17	17	.17	.17
2. 2010.....	233	292	292	.292	.292
3. 2011.....	XXX.....	1,002	1,246	.1,246	.1,246
4. 2012.....	XXX.....	XXX.....	2,440	.3,044	.3,044
5. 2013.....	XXX.....	XXX.....	XXX.....	.4,011	.4,966
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	.25,707

**SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	17	17	17	.17	.17
2. 2010.....	347	292	292	.292	.292
3. 2011.....	XXX.....	1,302	1,246	.1,246	.1,246
4. 2012.....	XXX.....	XXX.....	3,046	.3,044	.3,044
5. 2013.....	XXX.....	XXX.....	XXX.....	.5,018	.4,972
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	.30,223

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2010.....	584	292	.....	0.0	292	50.0	.....	.....	292	50.0
2. 2011.....	1,847	1,246	.....	0.0	1,246	67.5	.....	.....	1,246	67.5
3. 2012.....	2,954	3,044	53	1.7	3,097	104.8	.....	.....	3,097	104.8
4. 2013.....	5,392	4,966	125	2.5	5,091	94.4	.6	.....	5,097	94.5
5. 2014.....	30,390	25,707	261	1.0	25,968	85.4	4,516	.69	30,553	100.5

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	34,307	34,307	34,307	34,307	34,307
2. 2010.....	695,652	740,365	740,365	740,365	740,365
3. 2011.....	XXX.....	723,264	796,041	796,041	796,041
4. 2012.....	XXX.....	XXX.....	898,961	964,203	964,203
5. 2013.....	XXX.....	XXX.....	XXX.....	882,862	965,773
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	1,178,449

**SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	34,307	34,307	34,307	34,307	34,307
2. 2010.....	756,427	740,716	740,716	740,716	740,716
3. 2011.....	XXX.....	796,098	796,170	796,170	796,170
4. 2012.....	XXX.....	XXX.....	976,194	964,969	796,170
5. 2013.....	XXX.....	XXX.....	XXX.....	985,554	966,255
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	1,358,258

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....	857,364	740,365	21,434	2.9	761,799	88.9			761,799	88.9
2. 2011.....	998,608	796,041	24,034	3.0	820,075	82.1			820,075	82.1
3. 2012.....	1,220,212	964,203	26,514	2.7	990,717	81.2			990,717	81.2
4. 2013.....	1,238,776	965,773	27,568	2.9	993,341	80.2	482		993,823	80.2
5. 2014.....	1,750,575	1,178,449	46,797	4.0	1,225,246	70.0	179,809	2,733	1,407,788	80.4

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - OTHER**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....					
2. 2010.....					
3. 2011.....	XXX.....				
4. 2012.....	XXX.....	XXX.....			
5. 2013.....	XXX.....	XXX.....	XXX.....		
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

**SECTION B - INCURRED HEALTH CLAIMS - OTHER**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....					
2. 2010.....					
3. 2011.....	XXX.....				
4. 2012.....	XXX.....	XXX.....			
5. 2013.....	XXX.....	XXX.....	XXX.....		
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....				0.0	0.0	0.0			0	0.0
2. 2011.....				0.0	0.0	0.0			0	0.0
3. 2012.....				0.0	0.0	0.0			0	0.0
4. 2013.....				0.0	0.0	0.0			0	0.0
5. 2014.....				0.0	0.0	0.0			0	0.0

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**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves.....	0								
2. Additional policy reserves (a).....	0								
3. Reserve for future contingent benefits.....	0								
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income.....	254,119						254,119		
5. Aggregate write-ins for other policy reserves.....	0	0	0	0	0	0	0	0	0
6. Totals (gross).....	254,119	0	0	0	0	0	254,119	0	0
7. Reinsurance ceded.....	0								
8. Totals (net) (Page 3, Line 4).....	254,119	0	0	0	0	0	254,119	0	0
9. Present value of amounts not yet due on claims.....	0								
10. Reserve for future contingent benefits.....	0								
11. Aggregate write-ins for other claim reserves.....	0	0	0	0	0	0	0	0	0
12. Totals (gross).....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded.....	0								
14. Totals (net) (Page 3, Line 7).....	0	0	0	0	0	0	0	0	0

**DETAILS OF WRITE-INS**

0501.....	0								
0502.....	0								
0503.....	0								
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0	0	0	0	0	0	0
1101.....	0								
1102.....	0								
1103.....	0								
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0	0	0	0	0	0

(a) Includes \$.....0 premium deficiency reserve.

**Molina Healthcare of Ohio, Inc.**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....			5,858,111		5,858,111
2. Salaries, wages and other benefits.....	33,006,809	1,446,533	54,486,649		88,939,991
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....					0
4. Legal fees and expenses.....			1,479,999		1,479,999
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....	468,577	619,134	10,078,913		11,166,624
7. Traveling expenses.....	669,600	4,867	1,763,806		2,438,273
8. Marketing and advertising.....	85,143		2,879,441		2,964,584
9. Postage, express and telephone.....	109,743	1,471	2,878,986		2,990,200
10. Printing and office supplies.....	30,178	4,075	5,950,512		5,984,765
11. Occupancy, depreciation and amortization.....			6,030,023		6,030,023
12. Equipment.....	7,470		1,162,337		1,169,807
13. Cost or depreciation of EDP equipment and software.....	23,203	23,090	14,255,852		14,302,145
14. Outsourced services including EDP, claims, and other services.....	1,173,905	2,700,987	8,381,342		12,256,234
15. Boards, bureaus and association fees.....	10,200		115,175		125,375
16. Insurance, except on real estate.....	340		606,772		607,112
17. Collection and bank service charges.....			80,789	40,295	121,084
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....			891,026		891,026
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....			145,507,823		145,507,823
23.3 Regulatory authority licenses and fees.....	21,596		542,190		563,786
23.4 Payroll taxes.....	2,275,376	85,570	3,393,866		5,754,812
23.5 Other (excluding federal income and real estate taxes).....			18,386,169		18,386,169
24. Investment expenses not included elsewhere.....				53,669	53,669
25. Aggregate write-ins for expenses.....	4,289,359	26,716	523,824	0	4,839,899
26. Total expenses incurred (Lines 1 to 25).....	42,171,499	4,912,443	285,253,605	93,964	(a)...332,431,511
27. Less expenses unpaid December 31, current year.....		2,806,094	39,685,543		42,491,637
28. Add expenses unpaid December 31, prior year.....		1,040,166	25,111,741		26,151,907
29. Amounts receivable relating to uninsured plans, prior year.....			370,496		370,496
30. Amounts receivable relating to uninsured plans, current year.....			1,852,953		1,852,953
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	42,171,499	3,146,515	272,162,260	93,964	317,574,238

**DETAILS OF WRITE-INS**

2501. Contributions - Political.....			38,484		38,484
2502. Contributions - Charitable.....	1,000		351,078		352,078
2503. Continuing Education & User Training.....	76,541	226	141,685		218,452
2598. Summary of remaining write-ins for Line 25 from overflow page.....	4,211,818	26,490	(7,423)	0	4,230,885
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	4,289,359	26,716	523,824	0	4,839,899

(a) Includes management fees of \$....113,187,214 to affiliates and \$.....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a) .....	.....812
1.1 Bonds exempt from U.S. tax.....	(a) .....	.....
1.2 Other bonds (unaffiliated).....	(a) .....	.....903,488
1.3 Bonds of affiliates.....	(a) .....	.....
2.1 Preferred stocks (unaffiliated).....	(b) .....	.....
2.11 Preferred stocks of affiliates.....	(b) .....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c) .....	.....
4. Real estate.....	(d) .....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e) .....	.....254,922
7. Derivative instruments.....	(f) .....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....788,422	.....1,159,222
11. Investment expenses.....	(g) .....	.....93,964
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g) .....	.....
13. Interest expense.....	(h) .....	.....
14. Depreciation on real estate and other invested assets.....	(i) .....	.....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....93,964
17. Net investment income (Line 10 minus Line 16).....	.....	.....1,065,258

**DETAILS OF WRITE-INS**

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

(a) Includes \$....10,032 accrual of discount less \$....1,127,923 amortization of premium and less \$....508,104 paid for accrued interest on purchases.  
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.  
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.  
 (e) Includes \$....164,189 accrual of discount less \$....48,675 amortization of premium and less \$....53,932 paid for accrued interest on purchases.  
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.  
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.  
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.  
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....	.....	.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....67,728	.....	.....67,728	.....68,710	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....(0)	.....	.....(0)	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....67,728	.....0	.....67,728	.....68,710	.....0

**DETAILS OF WRITE-INS**

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

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			0
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			0
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	9,390		(9,390)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	759,110		(759,110)
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....	979,279	908,216	(71,063)
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.....	5,662,214	5,128,267	(533,947)
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....	1,933,134	624,319	(1,308,815)
25. Aggregate write-ins for other than invested assets.....	86,349	60,920	(25,429)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	9,429,476	6,721,722	(2,707,754)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	9,429,476	6,721,722	(2,707,754)

**DETAILS OF WRITE-INS**

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepayments and Other Receivables.....	86,349	60,920	(25,429)
2502.....			0
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	86,349	60,920	(25,429)

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	255,164	259,755	301,516	336,669	346,662	3,649,981
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	255,164	259,755	301,516	336,669	346,662	3,649,981

**DETAILS OF WRITE-INS**

0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

## NOTES TO FINANCIAL STATEMENTS

### NOTE 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 ("ODI").

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)	
State Law or Regulation	Description
§§ 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	2014	2013
<b>NET INCOME</b>			
(1) Molina Healthcare of Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	OH	55,873,718	34,003,852
(2) State Prescribed Practices that increase/(decrease) NAIC SAP			
(3) State Permitted Practices that increase/(decrease) NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	55,873,718	34,003,852
<b>SURPLUS</b>			
(5) Molina Healthcare of Ohio, Inc. state basis (Page 3, line 33, Columns 3 & 4)	OH	182,652,646	128,898,648
(6) State Prescribed Practices that increase/(decrease) NAIC SAP			
(7) State Permitted Practices that increase/(decrease) NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	182,652,646	128,898,648

#### B. Use of Estimates in the Preparation of the Financial Statement

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

#### C. Accounting Policy

**Revenue Recognition:** The Company arranges for the provision of health care services to Medicaid and Medicare recipients under contracts with the state of Ohio, and the Centers for Medicare and Medicaid Services ("CMS"). The Company also serves members through the Health Insurance Marketplace (Marketplace), which is discussed further in Note 21 C. below. Premium revenue is recognized in the month that members are entitled to receive health care services, and is fixed in advance of the periods covered. Generally, premium revenue is not subject to significant accounting estimates except as described below and in Note 24.

**Medical Cost Floors, Medical Cost Corridors, Profit Sharing, Profit Ceiling:** 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, or the Company may receive additional premiums if amounts spent on medical care costs exceed a defined maximum threshold.

The Company may be required to return a portion of Medicare and Marketplace premiums if certain minimum amounts are not spent on defined medical care costs in accordance with requirements established by the Federal government.

**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.

**Recognition of Medical Care Costs:** Medical care costs include primarily fee-for-services expenses. Nearly all hospital services and the majority of the Company's primary care and physician specialist services are paid on a fee-for-service basis. Under fee-for-service arrangements, the Company retains the financial responsibility for medical care provided and incurs costs based on actual utilization of services. Such expenses are recorded in the period in which the related services are dispensed. Medical care costs include amounts that have been paid by the Company through the reporting date, as well as estimated liabilities for medical care costs incurred but not paid by the Company as of the reporting date. Refer to Note 25 for further information.

**NOTES TO FINANCIAL STATEMENTS**

In addition, the Company applies the following accounting policies:

- (1) Short-term investments consist primarily of money market funds and investments in corporate debt securities with maturity dates of less than one year from the date of issuance. Realized capital gains and losses are determined using the specific-identification method.
- (2) Investments in bonds: Bonds not backed by other loans are principally stated at amortized cost using the scientific method. Changes in admitted asset carrying amounts of bonds are credited or charged directly to unassigned surplus.
- (3) Investments in common stock: None
- (4) Investments in preferred stock: None
- (5) Investments in mortgage loans: None
- (6) Investments in loan-backed securities:
 

Loan-backed securities designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) are stated at amortized cost. The Company's investments in loan-back securities consist of auction rate securities, all of which are collateralized by student loan portfolios guaranteed by the U.S. government. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.
- (7) Investments in subsidiaries, controlled or affiliated companies: None
- (8) Investments in joint ventures, partnerships and limited liability companies: None
- (9) Investments in derivatives: None
- (10) Premium deficiency calculation: The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, *Individual and Group Accident and Health Contracts*.
- (11) Claims unpaid and claims adjustment expenses: Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) Capitalization policy: The capitalization threshold for tangible assets was increased from \$500 to \$5,000 effective January 1, 2014.
- (13) Pharmacy rebate receivables: Amounts receivable for pharmacy rebates are estimated based upon billed amounts to pharmaceutical companies, utilization data, historical collection trends and the Company's judgment regarding the ability to collect specific amounts. Income from pharmacy rebates is reported as a reduction of hospital and medical expense in the statement of revenue and expenses. Upon reevaluation of the pharmacy benefit management contract, the Company has determined that it will admit estimated pharmacy rebate receivables relating to the three months immediately preceding the reporting date in accordance with SSAP No. 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans*.

**NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

In 2014, the Company adopted SSAP No. 106, *Affordable Care Act Assessments*. The Affordable Care Act ("ACA") imposes an annual fee on health insurers for each calendar year beginning on or after January 1, 2014, and is discussed further in Note 22 below. SSAP No. 106 requires insurers to recognize the annual fee for the current calendar year in full on January 1. The guidance also requires an insurer to reclassify from unassigned surplus to special surplus an amount equal to its estimated fee for the following calendar year. This reclassification is recognized ratably throughout the current calendar year. Finally, SSAP No. 106 requires certain disclosures relating to the annual fee, including certain effects on risk based capital. The Company adopted SSAP No. 106 effective January 1, 2014, and has included the expense for the 2014 annual fee in Page 4, Statement of Revenue and Expenses, line 21, General administrative expenses.

In 2014, the Company adopted SSAP No. 107, *Accounting for the Risk-Sharing Provisions of the Affordable Care Act*. The ACA established three risk sharing programs for health insurance issuers offering commercial health insurance. These programs are known as risk adjustment, reinsurance, and risk corridors. SSAP No. 107 defines the accounting treatment for each of the programs and requires extensive disclosures, which the Company has included in Note 24 below.

As described in Note 1 above, the Company may earn a quality incentive premium if certain performance measures are met. The Company previously reported this revenue as a write-in on Line 0601 of the Statement of Revenue and Expenses. The Company has determined that this amount is more appropriately presented as net premium income. Therefore, effective December 31, 2014, the Company is reporting its quality incentive premium on Line 2 of the Statement of Revenue and Expenses. The update is reflected in the current period amounts reported, and no restatement has been made for the prior periods presented. There is no impact on total revenues, net income, surplus, total assets or total liabilities relating to this change.

**NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL**

None

**NOTE 4 – DISCONTINUED OPERATIONS**

None

**NOTES TO FINANCIAL STATEMENTS****NOTE 5 – INVESTMENTS**

A. Mortgage Loans, including Mezzanine Real Estate Loans: None

B. Debt Restructuring: None

C. Reverse Mortgages: None

D. Loan-Backed Securities: As of December 31, 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) Recognized OTTI securities: 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 (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months		
		2.	12 Months or Longer		78,000
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months		
		2.	12 Months or Longer		2,522,000

(5) Because the decline in the market values 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 December 31, 2014.

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

F. Real Estate: None

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

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Additional Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown					0.000	0.000
b. Collateral held under security lending arrangements					0.000	0.000
c. Subject to repurchase agreements					0.000	0.000
d. Subject to reverse repurchase agreements					0.000	0.000
e. Subject to dollar repurchase agreements					0.000	0.000
f. Subject to dollar reverse repurchase agreements					0.000	0.000
g. Placed under option contracts					0.000	0.000
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock					0.000	0.000
i. FHLB capital stock					0.000	0.000
j. On deposit with states	410,209	410,123	86	410,209	0.087	0.088
k. On deposit with other regulatory bodies					0.000	0.000
l. Pledged as collateral to FHLB (including assets backing funding agreements)					0.000	0.000
m. Pledged as collateral not captured in other categories					0.000	0.000
n. Other restricted assets					0.000	0.000
o. Total Restricted Assets	410,209	410,123	86	410,209	0.087	0.088

(a) Subset of column 1  
 (b) Subset of column 3

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate): None

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate): None

I. Working Capital Finance Investments: None

J. Offsetting and Netting of Assets and Liabilities: None

K. Structured Notes: None

**NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES**

None.

**NOTES TO FINANCIAL STATEMENTS****NOTE 7 – INVESTMENT INCOME**

The Company had no investment income that was excluded in 2014 or 2013. All of the Company's investments and the income derived from such investments meet the criteria for admitted receivables.

**NOTE 8 – DERIVATIVE INSTRUMENTS**

None.

**NOTE 9 – INCOME TAXES**A. **Deferred Tax Assets/(Liabilities)**1. **Components of Net Deferred Tax Asset/(Liability)**

	2014			2013			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	4,138,129	1,661	4,139,790	3,756,784	25,710	3,782,494	381,345	(24,049)	357,296
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	4,138,129	1,661	4,139,790	3,756,784	25,710	3,782,494	381,345	(24,049)	357,296
d. Deferred tax assets nonadmitted	977,618	1,661	979,279	882,506	25,710	908,216	95,112	(24,049)	71,063
e. Subtotal net admitted deferred tax asset (1c-1d)	3,160,511		3,160,511	2,874,278		2,874,278	286,233		286,233
f. Deferred tax liabilities				162,028		162,028	(162,028)		(162,028)
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	3,160,511		3,160,511	2,712,250		2,712,250	448,261		448,261

2. **Admission Calculation Components**

	2014			2013			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	3,034,013		3,034,013	2,583,804		2,583,804	450,209		450,209
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:	126,498		126,498	128,447		128,447	(1,949)		(1,949)
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	126,498		126,498	128,447		128,447	(1,949)		(1,949)
Adjusted gross deferred tax assets allowed per limitation threshold			26,923,820			18,927,960			7,995,860
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities				162,028		162,028	(162,028)		(162,028)
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	3,160,511		3,160,511	2,874,278		2,874,278	286,233		286,233

3. **Other Admissibility Criteria**

		2014	2013
a. Ratio percentage used to determine recovery period and threshold limitation amount		397,000	390,000
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above		179,492,135	126,186,398

4. **Impact of Tax Planning Strategies**(a) **Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.**

	12/31/14		12/31/13		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	4,138,129	1,661	3,756,784	25,710	381,345	(24,049)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000	0.000	0.000	0.000	0.000	0.000
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	3,160,511		2,874,278		286,233	
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000	0.000	0.000	0.000	0.000	0.000

(b) Does the company's tax planning strategies include the use of reinsurance? NOB. **Deferred Tax Liabilities Not Recognized: None**

**NOTES TO FINANCIAL STATEMENTS**

## C. Current and Deferred Income Taxes

## 1. Current Income Tax

	1 2014	2 2013	3 (Col 1-2) Change
a. Federal	39,473,422	18,601,128	20,872,294
b. Foreign			
c. Subtotal	39,473,422	18,601,128	20,872,294
d. Federal income tax on net capital gains	23,705	12,180	11,525
e. Utilization of capital loss carry-forwards			
f. Other	(102,387)	4,298	(106,685)
g. Federal and Foreign income taxes incurred	39,394,740	18,617,606	20,777,134

## 2. Deferred Tax Assets

	1 2014	2 2013	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	596,332	437,522	158,810
2. Unearned premium reserve	45,536	410	45,126
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets	990,847	1,055,946	(65,099)
8. Compensation and benefits accrual	315,911	193,379	122,532
9. Pension accrual			
10. Receivables - nonadmitted	1,802,522	1,689,086	113,436
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)	386,981	380,441	6,540
99. Subtotal	4,138,129	3,756,784	381,345
b. Statutory valuation allowance adjustment			
c. Nonadmitted	977,618	882,506	95,112
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	3,160,511	2,874,278	286,233
e. Capital:			
1. Investments	1,661	25,710	(24,049)
2. Net capital loss carry-forward			
3. Real estate			
4. Other (including items <5% of total capital tax assets)			
99. Subtotal	1,661	25,710	(24,049)
f. Statutory valuation allowance adjustment			
g. Nonadmitted	1,661	25,710	(24,049)
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	3,160,511	2,874,278	286,233

## 3. Deferred Tax Liabilities

	1 2014	2 2013	3 (Col 1-2) Change
a. Ordinary:			
1. Investments			
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax assets)		162,028	(162,028)
99. Subtotal		162,028	(162,028)
b. Capital:			
1. Investments			
2. Real estate			
3. Other (including items <5% of total capital tax assets)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)		162,028	(162,028)

4. Net Deferred Tax Assets (2i – 3c)	3,160,511	2,712,250	448,261
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The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Deferred Income Taxes in the surplus section of the Annual Statement):

	12/31/2014	12/31/2013	Change
Total deferred tax assets	4,139,790	3,782,494	357,296
Total deferred tax liabilities	-	(162,028)	162,028
Net deferred tax asset (liability)	4,139,790	3,620,466	519,324
Tax effect of unrealized (gains)/losses		-	24,049
Change in net deferred income tax assets - increase (decrease)			543,373

## NOTES TO FINANCIAL STATEMENTS

The Company is subject to taxation in the United States. The Company is currently under exam by the Internal Revenue Service for tax year 2011. With few exceptions, the Company is no longer subject to U.S. federal tax examination for the tax years before 2011.

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

	Amount	Tax Effect	Effective Tax Rate
Taxes on income at federal statutory tax rate	95,268,458	33,343,960	35.00%
Changes in nonadmitted assets	(2,636,692)	(922,842)	-0.97%
Health insurance providers fee	18,264,000	6,392,400	6.71%
Meals and entertainment	15,739	5,509	0.01%
Lobbying expenses	59,778	20,922	0.02%
Nondeductible fines & penalties	43,100	15,085	0.02%
Other, including Prior Year True-up	(10,474)	(3,666)	-0.01%
Reported tax expense	111,003,909	38,851,368	40.78%
 Federal and foreign income taxes incurred		39,371,035	41.33%
Federal income tax on net capital gains		23,705	0.02%
Change in net deferred income taxes		(543,373)	-0.57%
Total statutory income taxes		38,851,368	40.78%

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2014, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.

The following is income tax expense for 2014 and 2013 that is available for recoupment in the event of future net losses:

Year	Amount
2014	39,497,127
2013	18,533,725

The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

The Company's federal income tax return is consolidated with the following entities:

Molina Healthcare, Inc.  
Molina Healthcare of Arizona, Inc.  
Molina Healthcare of California  
Molina Healthcare of California Partner Plan  
Molina Healthcare of Florida, Inc.  
Molina Healthcare of Georgia, Inc.  
Molina Healthcare of Illinois, Inc.  
Molina Healthcare of Maryland, Inc.  
Molina Healthcare of Michigan, Inc  
Molina Healthcare of Mississippi, Inc.  
Molina Healthcare of Missouri, Inc.  
Molina Healthcare of New Mexico, Inc.  
Molina Healthcare of North Carolina, Inc.  
Molina Healthcare of Ohio, Inc.  
Molina Healthcare of South Carolina, Inc.  
Molina Healthcare of Texas, Inc.  
Molina Healthcare of Texas Insurance Company  
Molina Healthcare of Utah, Inc.  
Molina Healthcare of Washington, Inc.  
Molina Healthcare of Wisconsin, Inc.  
Molina Healthcare of Virginia, Inc.  
Molina Healthcare Data Center, Inc.  
Molina Hospital Management, Inc. (f/k/a American Family Care Hospital Management, Inc.)  
Molina Information Systems, LLC  
Molina Medical Management, Inc. (f/k/a American Family Care, Inc.)  
Molina Pathways, LLC  
Molina Pathways of Texas, Inc.  
Molina Personal Care of Texas, Inc.  
Molina Personal Care of South Carolina, Inc.

2. Molina Healthcare, Inc. (the "Parent") and its subsidiaries, including the Company, file a consolidated federal income tax return. Under a written intercompany tax-sharing agreement with the Parent, approved by the Company's board of directors, the combined federal income tax is allocated to each entity which is a party to the consolidation. The Parent collects from, or refunds to, the subsidiaries the amount of taxes or benefits determined as if each entity filed separate tax returns. Under the tax-sharing agreement, the Company has an enforceable right to recoup federal income taxes paid in prior years in the event of future net losses or to recoup net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany balances are settled annually within 90 days of filing the consolidated federal income tax return.

G. Federal or Foreign Federal Income Tax Loss Contingencies

## **NOTES TO FINANCIAL STATEMENTS**

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

### **NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES**

- A. The Company is a wholly owned subsidiary of the Parent. The Parent is a multi-state managed care organization that arranges for the delivery of health care services to persons eligible for Medicaid, Medicare, and other government-sponsored health care programs for low-income families and individuals. The Parent also assists state agencies in their administration of the Medicaid program. The Parent has wholly owned operating subsidiaries in various states as indicated in Note 9 above.
- B., C. The Company neither paid dividends to, nor received contributions from the Parent during the year ended December 31, 2014.

The Company has an agreement with the Parent whereby the Parent provides certain management services to the Company. Expenses incurred relating to this agreement amounted to \$113.2 and \$103.0 million for the years ended December 31, 2014 and 2013, respectively.

The Company subleases office space from the Parent who is a master lessee under an arrangement with a third party that commenced in 2013. Rental expense for this sublease during the twelve months ended December 31, 2014 amounted to \$1,525,702. Minimum future lease commitments for this lease are included in the operating lease table in Note 15.

- D. As of December 31, 2014, amounts due to the Parent and affiliates totaled \$1,553,455, and there were no amounts due from the Parent and affiliates. Intercompany receivables and payables are generally settled on a monthly basis.
- E. The Company is not a guarantor and does not participate in any undertakings.
- F. The Company has a services agreement with the Parent, as described in 10.C. above.
- G. As indicated in 10.A. above, the Company is a wholly owned subsidiary of the Parent. The entities under common ownership of the Parent are indicated in Note 9.F. above.
- H. Amount deducted from the value of an upstream intermediate entity or ultimate parent owned: None
- I. Investment in subsidiary, controlled or affiliated (SCA) entity that exceeds 10% of the admitted assets of the insurer: None
- J. Investment in SCA: None
- K. Investment in foreign subsidiary: None
- L. Investment in downstream noninsurance holding company: None

### **NOTE 11 – DEBT**

None.

### **NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**

- A.-D. Defined Benefit Plan: None
- E. Defined Contribution Plans: See 12.G. below.
- F. Multiemployer Plans: None
- G. Consolidated/Holding Company Plans: The Company's employees participate in a defined contribution 401(k) plan sponsored by the Parent that covers substantially all full-time salaried and clerical employees. Eligible employees are allowed to contribute up to the maximum allowed by law. The Company matches up to the first 4% of compensation contributed by the employees. The Company has no legal obligation to provide benefits under the plan. The Company's expense recognized in connection with the 401(k) plan was \$1,025,320 and \$597,709 for the years ended December 31, 2014 and 2013, respectively.
- H. Postemployment Benefits and Compensated Absences: No postemployment benefits and no unrecorded amounts for compensated absences.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None

### **NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

- (1) The Company has 1,500 shares of \$1 par value common stock authorized, 1,500 shares issued and outstanding.
- (2) Preferred stock: None
- (3) Dividend restrictions: The payment of dividends by the Company to the Parent is limited and can only be made from earned profits unless prior approval is received from the ODI. The amount of dividend that may be paid by insurance companies without prior approval of the Ohio Insurance

**NOTES TO FINANCIAL STATEMENTS**

Commissioner is also subject to restrictions relating to statutory surplus and net income. At December 31, 2014 and 2013, no dividends were paid without ODI approval. A dividend/distribution cannot decrease unassigned funds below zero.

(4) Dividends paid by the Company to the Parent during 2014 were as follows:

None

(5) Subject to the limitations of (3) above, no restrictions have been placed on the portion of the Company's profits that may be paid as ordinary dividends to the Parent.

(6) Restrictions placed on unassigned funds (surplus): None

(7) Advances to surplus not repaid: None

(8) Stock held for special purposes: None

(9) Changes in balances of special surplus funds from the prior period: As disclosed in Note 2, the Company reclassified an amount equal to its estimated 2015 ACA fee to special surplus funds in accordance with the SSAP No. 106 requirements.

(10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: (\$4,745)

(11) The reporting entity issued the following surplus debentures or similar obligations: None

(12) The impact of any restatement due to prior quasi-reorganizations is as follows: None

(13) The effective dates of all quasi-reorganizations in the prior 10 years are: None

**NOTE 14 – CONTINGENCIES**

## A. Contingent Commitments

(1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: None

(2), (3) Detail of other contingent commitments: None; the Company is not a guarantor.

## B. Assessments

The state of Ohio requires the remittance of premium taxes based on a percentage of premiums. Until September 30, 2009, such premium taxes were established as a fixed rate across all Medicaid managed care products and services statewide. This particular tax applied only to Medicaid health insuring corporations (HIC). Effective October 1, 2009, the state of Ohio repealed the Medicaid premium tax and replaced it by subjecting Medicaid plans to an existing 1% HIC tax plus state and county level sales and use taxes. The new combined effective tax rate is approximately 8.17% compared to the prior flat rate of 5.5%. Capitation premium rates were adjusted by the state of Ohio on October 1, 2009 to accommodate this increase in the effective rate. Premium tax expense amounted to \$145.5 million and \$100.4 million for the years ended December 31, 2014, and 2013, respectively.

## C. Gain Contingencies: None.

## D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits: None.

E. All Other Contingencies: From time to time, the Company may be involved in legal actions in the normal course of business, some of which involve a demand for both compensatory and punitive damages not covered by insurance. Currently, there are no pending or threatened actions which, to the knowledge and in the opinion of management and the Company's counsel, would have a material adverse effect on the Company's financial position, results of operations or cash flow.

**NOTE 15 – LEASES**

## A. Lessee Operating Lease

(1) The Company leases office facilities and equipment under noncancelable long-term operating leases including the sublease from the Parent discussed in Note 10. Some of the leases contain escalation clauses and renewal options. Rental expense relating to these leases totaled \$1,781,673 and \$1,294,261 for the years ended December 31, 2014 and 2013, respectively.

(2)

At January 1, 2015 the minimum aggregate rental commitments are as follows: a		
	Year Ending December 31	Operating Leases
1.	2015	1,367,589
2.	2016	1,406,143
3.	2017	1,446,364

**NOTES TO FINANCIAL STATEMENTS**

4.	2018	1,464,206
5.	2019	1,251,351
6.	Total	6,935,652

(3) Sale-leaseback transactions: None.

B. Revenue, Net Income or Assets with Respect to Leases: None.

**NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK**

The Company has no financial instruments with off-balance-sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of cash, cash equivalents, short-term investments, and bonds. The Company invests a substantial portion of its cash in the Western Asset Institutional Government Reserves Fund whose objective is to maximize current income to the extent consistent with the preservation of capital and maintenance of liquidity. The Fund invests exclusively in short-term U.S. Government obligations and related repurchase agreements. This Western Asset Fund investment totaled \$93.8 million as of December 31, 2014. The Company's investments and a portion of its cash equivalents are managed by professional portfolio managers operating under documented investment guidelines. Concentrations of credit risk with respect to receivables is limited because the Company's primary payors are the state of Ohio and CMS.

**NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**

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

**NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS**

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

**NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS**

None.

**NOTE 20 – FAIR VALUE MEASUREMENTS**

A.

(1) Fair Value Measurements at Reporting Date: 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.

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Money market funds	108,301,923			108,301,923
Municipal securities		8,786,244		8,786,244
Unaffiliate domestic securities		1,500,861		1,500,861
Total	108,301,923	10,287,105		118,589,028

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Total				

(2) Fair Value Measurements in (Level 3) of the 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

**NOTES TO FINANCIAL STATEMENTS**

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	123,180,399	123,513,062	19,654,990	101,003,409	2,522,000	
Total	123,180,399	123,513,062	19,654,990	101,003,409	2,522,000	

D. Not Practicable to Estimate Fair Value: Not applicable.

**21. OTHER ITEMS**

A. Extraordinary Items: None.

B. Troubled Debt Restructuring Debtors: None.

C. Other Disclosures and Unusual Items

As disclosed in Note 2 and Note 22, 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 Company, the cost of the annual fee 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.

The Marketplace became available for consumers to access coverage beginning January 1, 2014. In some instances, the Marketplace allows individuals to purchase health insurance that is federally subsidized. The Company is participating in the state of Ohio's Marketplace primarily to serve members who have lost Medicaid eligibility. In accordance with the NAIC instructions, the Company reported the results for the Marketplace 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. Results for the Medicare component of the MMP have been reported under the Medicare line of business, and results for the Medicaid component of the MMP have been reported under the Medicaid line of business. Ending membership and member months for MMP enrollees have been reported under the Medicare line of business.

D. Business Interruption Insurance Recoveries: None.

E. State Transferable and Non-Transferable Tax Credits: None.

F. Subprime Mortgage Related Risk Exposure: None.

G. Retained Assets: None.

**NOTE 22 – EVENTS SUBSEQUENT**

On January 1, 2015, the Company will be subject to an annual fee under section 9010 of the ACA. This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2015 to be \$29.5 million. This amount is reflected in special surplus. This assessment is expected to impact risk based capital ("RBC") by (16.2%). Reporting the ACA assessment as of December 31, 2014 would not have triggered an RBC action level. Amounts reported in rows A.-C. below are rounded.

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	29,500,000	18,264,000
B. ACA fee assessment paid	18,264,000	
C. Premium written subject to ACA 9010 assessment	1,554,000,000	1,240,930,000
D. Total adjusted capital before surplus adjustment	182,652,646	
E. Authorized control level before surplus adjustment	45,179,102	
F. Total adjusted capital after surplus adjustment	153,152,646	
G. Authorized control level after surplus adjustment	45,231,733	
H. Would reporting the ACA assessment as of December 31, 2014 have triggered an RBC action level (YES/NO)?		NO

With the exception of the subsequent event disclosed above, there were no recognized or unrecognized events occurring subsequent to the close of the books that would have a material effect on the Company's financial condition. Subsequent events were considered through February 25, 2015, for the statutory statement available to be issued on February 25, 2015.

**NOTES TO FINANCIAL STATEMENTS****NOTE 23 – REINSURANCE**

## A. Ceded Reinsurance Report

## Section1 – General Interrogatories

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? No

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? No

## Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? No

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No

## Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? No

## B. Uncollectible Reinsurance: None.

## C. Commutation of Ceded Reinsurance: None.

## D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None.

**NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION**

A-C. Based on member encounter data that the Company submits to CMS, Medicare premiums are subject to retroactive adjustment for both member risk scores and member pharmacy cost experience for up to two years after the original year of service. This adjustment takes into account the acuity of each member's medical needs relative to what was anticipated when premiums were originally set for that member. In the event that a member requires less acute medical care than was anticipated by the original premium amount, CMS may recover premium from the Company. In the event that a member requires more acute medical care than was anticipated by the original premium amount, CMS may pay the Company additional retroactive premium. These amounts are recognized as premiums under contracts subject to redetermination. A similar retroactive reconciliation is undertaken by CMS for Medicare members' pharmacy utilization. The actual benefit costs are compared to a target amount, and the Company and CMS share in amounts above or below a specified range. This is recognized as a retrospective rating provision. The Company estimates the amount of Medicare revenue that will ultimately be realized for the periods presented based on its knowledge of its members' health care utilization patterns and CMS practices. Based on the Company's knowledge of member health care utilization patterns and expenses, the Company recorded a net receivable of approximately \$1.7 million and \$0.5 million as of December 31, 2014 and December 31, 2013, related to its contracts with CMS. The Company had net premiums written of \$30.6 million and \$5.4 million for its Medicare business for the years ending December 31, 2014 and 2013, representing 1.7% and 0.4% of total net premiums written in 2014 and 2013, respectively.

The Company began serving members through the Marketplace in January 2014. Under the risk sharing provisions of the ACA, Marketplace premiums are subject to redetermination through the risk adjustment program in which the risk scores of enrollees are used to determine the final premium amount. In addition, Marketplace premiums are subject to retrospective rating through the risk corridor program in which the Company and the Federal government share in loss experience above or below a specified range. 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 had net premiums written of \$0.9 million for its Marketplace business for the year ended December 31, 2014, representing 0.05% of the total net premiums written in 2014.

The Company records accrued retrospective premium as an adjustment to earned premium.

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

## E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? Yes

**NOTES TO FINANCIAL STATEMENTS**

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

		AMOUNT
a. Permanent ACA Risk Adjustment Program		
Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment	100,353
Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	124
3.	Premium adjustments payable due to ACA Risk Adjustment	
Operations (Revenue & Expenses)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	100,353
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	124
b. Transitional ACA Reinsurance Program		
Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance	13,416
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance	23,800
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expenses)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	6,399
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	37,216
9.	ACA Reinsurance contributions – not reported as ceded premium	1,280
c. Temporary ACA Risk Corridors Program		
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	
Liabilities		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expenses)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	Differences		Adjustments		Unsettled Balances as of the Reporting Date				
			Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)			
	1	2	3	4	5	6	7	8	9	10	11
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program								A		
1.	Premium adjustments receivable										
2.	Premium adjustments (payable)								B		
3.	Subtotal ACA Permanent Risk Adjustment Program										
b.	Transitional ACA Reinsurance Program								C		
1.	Amounts recoverable for claims paid										
2.	Amounts recoverable for claims unpaid (contra liability)								D		
3.	Amounts receivable relating to uninsured plans								E		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums								F		
5.	Ceded reinsurance premiums payable								G		
6.	Liability for amounts held under uninsured plans								H		
7.	Subtotal ACA Transitional Reinsurance Program										
c.	Temporary ACA Risk Corridors Program								I		
1.	Accrued retrospective premium										
2.	Reserve for rate credits or policy experience rating refunds								J		
3.	Subtotal ACA Risk Corridors Program								K		
d.	Total for ACA Risk Sharing Provisions										

## Explanations of Adjustments

A.  
B.  
C.  
D.  
E.  
F.  
G.  
H.

**NOTES TO FINANCIAL STATEMENTS**I.  
J.**NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS 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 during the periods indicated is summarized below:

	Year ended 12/31/2014	Year ended 12/31/2013
Unpaid claims liabilities, and claims adjustment expenses, beginning of period	\$ 105,504,813	\$ 79,008,612
Add provision for claims, net of reinsurance:		
Current year	1,372,651,463	969,961,535
Prior years	(21,187,151)	(12,454,005)
Net incurred claims during the current year	<u>1,351,464,312</u>	<u>957,507,530</u>
Deduct paid claims, net of reinsurance:		
Current year	1,182,491,126	870,506,183
Prior years	83,866,021	65,845,776
Net paid claims during the current year	<u>1,266,357,147</u>	<u>936,351,959</u>
Current year change in claims adjustment expenses	1,765,928	490
Current year change in health care receivables	(4,269,350)	4,959,118
Current year change in amounts due from reinsurers	<u>(202,365)</u>	<u>381,022</u>
Unpaid claims liabilities, and claims adjustment expenses, end of period	<u>\$ 187,906,191</u>	<u>\$ 105,504,813</u>

**NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS**

None.

**NOTE 27 – STRUCTURED SETTLEMENTS**

None.

**NOTE 28 – HEALTH CARE RECEIVABLES**

## A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2014	1,673,881				
09/30/2014	1,612,649				
06/30/2014	1,138,224			899,982	
03/31/2014	812,506			732,123	67,136
12/31/2013	739,185			712,564	92,001
09/30/2013	652,919			413,840	255,830
06/30/2013	709,886			451,601	318,329
03/31/2013	676,721			139,851	519,656
12/31/2012	810,971			345,915	462,054
09/30/2012	852,807			399,554	462,426
06/30/2012	781,290				852,741
03/31/2012	828,274			262,721	589,950

## B. Risk Sharing Receivables

None.

**NOTE 29 – PARTICIPATING POLICIES**

None.

**NOTE 30 – PREMIUM DEFICIENCY RESERVES:**

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## NOTES TO FINANCIAL STATEMENTS

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1. Liability carried for premium deficiency reserve: \$0
2. Date of most recent evaluation of this liability: December 31, 2014
3. Was anticipated investment income utilized in the calculation? YES

### NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION

None.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES - GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [ X ]  No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  Yes [ X ]  No [ ]  N/A [ ]

1.3 State regulating? Ohio

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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012  
3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2012  
3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/07/2014  
3.4 By what department or departments?  
Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?  Yes [ ]  No [ ]  N/A [ X ]  
3.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [ ]  No [ ]  N/A [ X ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  Yes [ ]  No [ X ]  
4.12 renewals?  Yes [ ]  No [ X ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  Yes [ ]  No [ X ]  
4.22 renewals?  Yes [ ]  No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [ X ]  
5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile
---------------------	--------------------	------------------------

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ]  No [ X ]  
6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?  Yes [ ]  No [ X ]  
7.2 If yes,  
7.21 State the percentage of foreign control .....%  
7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
------------------	---------------------

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  Yes [ ]  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 response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the 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. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Ernst & Young LLP, 725 S Figueroa Street, Los Angeles, CA 90017-5418

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  Yes [ ]  No [ X ]  
10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?  Yes [ ]  No [ X ]  
10.4 If the response to 10.3 is yes, provide information related to this exemption:

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES - GENERAL**

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ X ] N/A [ ]

10.6 If the answer to 10.5 is no or n/a, please explain.

The Company is a direct wholly owned subsidiary of Molina Healthcare, Inc. (MHI) MHI is a publicly traded company and is subject to compliance with the Sarbanes-Oxley Act.  
An Audit Committee is maintained at the Corporate level (MHI).

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Brian F. Goebel, FSA, MAAA, Chief Actuary, 200 Oceangate, Suite 100, Long Beach, CA 90802, employee of the reporting entity.

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation.

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

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]

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

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

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

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

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

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

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]

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

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

**PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS**

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

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

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

**PART 1 - COMMON INTERROGATORIES - FINANCIAL**

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

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

20.11 To directors or other officers \$.....0

20.12 To stockholders not officers \$.....0

20.13 Trustees, supreme or grand (Fraternal only) \$.....0

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

20.21 To directors or other officers \$.....0

20.22 To stockholders not officers \$.....0

20.23 Trustees, supreme or grand (Fraternal only) \$.....0

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

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

21.21 Rented from others \$.....0

21.22 Borrowed from others \$.....0

21.23 Leased from others \$.....0

21.24 Other \$.....0

**PART 1 - COMMON INTERROGATORIES - FINANCIAL**

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

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

22.22 Amount paid as expenses

22.23 Other amounts paid

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

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

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?  Yes [X]  No [ ]

24.02 If no, give full and complete information relating thereto.

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

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

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

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

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

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

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.103 Total payable for securities lending reported on the liability page.

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)  Yes [X]  No [ ]

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

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Placed under option agreements

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

25.27 FHLB Capital Stock

25.28 On deposit with states

25.29 On deposit with other regulatory bodies

25.30 Pledged as collateral - excluding collateral pledged to an FHLB

25.31 Pledged as collateral to FHLB - including assets backing funding agreements

25.32 Other

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

If no, attach a description with this statement.

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

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

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

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

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

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the

name, location and a complete explanation:

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

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

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

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

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

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

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [X]

29.2 If yes, complete the following schedule:

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

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

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

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	343,802,274	343,469,819	(332,455)
30.2 Preferred stocks.....			0
30.3 Totals.....	343,802,274	343,469,819	(332,455)

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

Fair values are provided by third party vendor, Clearwater Analytics, who uses unit prices published by the Securities Valuation Office of the NAIC (SVO) when available. For securities not priced by the SVO Clearwater Analytics receives pricing from S&P Capital IQ Pricing

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [ ] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X] No [ ]

32.2 If no, list exceptions:

\_\_\_\_\_

**PART 1 - COMMON INTERROGATORIES - OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....8,625

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

1	2
Name	Amount Paid
Ohio Hospital Association	6,000

34.1 Amount of payments for legal expenses, if any?

\$.....2,000

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

1	2
Name	Amount Paid
Carpenter Lipps & Leland LLP	2,000

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

\$.....332,744

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

1	2
Name	Amount Paid
Ohio Department of Insurance	243,735

**GENERAL INTERROGATORIES****PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ]	No [ X ]																
1.2	If yes, indicate premium earned on U.S. business only	\$.....0																	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	.....																	
1.31	Reason for excluding	.....																	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	.....																	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$.....0																	
1.6	Individual policies:	.....																	
	Most current three years:	.....																	
1.61	Total premium earned	.....																	
1.62	Total incurred claims	.....																	
1.63	Number of covered lives	.....																	
	All years prior to most current three years:	.....																	
1.64	Total premium earned	.....																	
1.65	Total incurred claims	.....																	
1.66	Number of covered lives	.....																	
1.7	Group policies:	.....																	
	Most current three years:	.....																	
1.71	Total premium earned	.....																	
1.72	Total incurred claims	.....																	
1.73	Number of covered lives	.....																	
	All years prior to most current three years:	.....																	
1.74	Total premium earned	.....																	
1.75	Total incurred claims	.....																	
1.76	Number of covered lives	.....																	
2.	Health test:	<table border="1" style="display: inline-table; vertical-align: middle;"> <thead> <tr> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> </tr> <tr> <th style="text-align: center;">Current Year</th> <th style="text-align: center;">Prior Year</th> </tr> </thead> <tbody> <tr> <td>2.1 Premium Numerator.....</td> <td>.....1,244,167,735</td> </tr> <tr> <td>2.2 Premium Denominator.....</td> <td>.....1,244,167,735</td> </tr> <tr> <td>2.3 Premium Ratio (2.1/2.2).....</td> <td>.....100.0</td> </tr> <tr> <td>2.4 Reserve Numerator.....</td> <td>.....104,472,083</td> </tr> <tr> <td>2.5 Reserve Denominator.....</td> <td>.....104,472,083</td> </tr> <tr> <td>2.6 Reserve Ratio (2.4/2.5).....</td> <td>.....100.0</td> </tr> </tbody> </table>		1	2	Current Year	Prior Year	2.1 Premium Numerator.....	.....1,244,167,735	2.2 Premium Denominator.....	.....1,244,167,735	2.3 Premium Ratio (2.1/2.2).....	.....100.0	2.4 Reserve Numerator.....	.....104,472,083	2.5 Reserve Denominator.....	.....104,472,083	2.6 Reserve Ratio (2.4/2.5).....	.....100.0
1	2																		
Current Year	Prior Year																		
2.1 Premium Numerator.....	.....1,244,167,735																		
2.2 Premium Denominator.....	.....1,244,167,735																		
2.3 Premium Ratio (2.1/2.2).....	.....100.0																		
2.4 Reserve Numerator.....	.....104,472,083																		
2.5 Reserve Denominator.....	.....104,472,083																		
2.6 Reserve Ratio (2.4/2.5).....	.....100.0																		
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits?	Yes [ ]	No [ X ]																
3.2	If yes, give particulars:	.....																	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [ X ]	No [ ]																
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ]	No [ X ]																
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ X ]	No [ ]																
5.2	If no, explain:	.....																	
5.3	Maximum retained risk (see instructions):	<table border="0" style="width: 100%;"> <tr> <td>5.31 Comprehensive medical</td> <td style="text-align: right;">\$.....1,000,000</td> </tr> <tr> <td>5.32 Medical only</td> <td style="text-align: right;">\$.....0</td> </tr> <tr> <td>5.33 Medicare supplement</td> <td style="text-align: right;">\$.....0</td> </tr> <tr> <td>5.34 Dental and vision</td> <td style="text-align: right;">\$.....0</td> </tr> <tr> <td>5.35 Other limited benefit plan</td> <td style="text-align: right;">\$.....0</td> </tr> <tr> <td>5.36 Other</td> <td style="text-align: right;">\$.....0</td> </tr> </table>		5.31 Comprehensive medical	\$.....1,000,000	5.32 Medical only	\$.....0	5.33 Medicare supplement	\$.....0	5.34 Dental and vision	\$.....0	5.35 Other limited benefit plan	\$.....0	5.36 Other	\$.....0				
5.31 Comprehensive medical	\$.....1,000,000																		
5.32 Medical only	\$.....0																		
5.33 Medicare supplement	\$.....0																		
5.34 Dental and vision	\$.....0																		
5.35 Other limited benefit plan	\$.....0																		
5.36 Other	\$.....0																		
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: <u>Provider contracts; reinsurance agreement; Evidence of Coverage and / or member handbooks.</u>	.....																	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [ X ]	No [ ]																
7.2	If no, give details:	.....																	
8.	Provide the following information regarding participating providers:	<table border="0" style="width: 100%;"> <tr> <td>8.1 Number of providers at start of reporting year</td> <td style="text-align: right;">.....21,623</td> </tr> <tr> <td>8.2 Number of providers at end of reporting year</td> <td style="text-align: right;">.....22,800</td> </tr> </table>		8.1 Number of providers at start of reporting year	.....21,623	8.2 Number of providers at end of reporting year	.....22,800												
8.1 Number of providers at start of reporting year	.....21,623																		
8.2 Number of providers at end of reporting year	.....22,800																		
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [ ]	No [ X ]																
9.2	If yes, direct premium earned:	<table border="0" style="width: 100%;"> <tr> <td>9.21 Business with rate guarantees between 15-36 months</td> <td style="text-align: right;">.....</td> </tr> <tr> <td>9.22 Business with rate guarantees over 36 months</td> <td style="text-align: right;">.....</td> </tr> </table>		9.21 Business with rate guarantees between 15-36 months	.....	9.22 Business with rate guarantees over 36 months	.....												
9.21 Business with rate guarantees between 15-36 months	.....																		
9.22 Business with rate guarantees over 36 months	.....																		
10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts?	Yes [ X ]	No [ ]																
10.2	If yes:	<table border="0" style="width: 100%;"> <tr> <td>10.21 Maximum amount payable bonuses</td> <td style="text-align: right;">\$.....0</td> </tr> <tr> <td>10.22 Amount actually paid for year bonuses</td> <td style="text-align: right;">\$.....363,087</td> </tr> <tr> <td>10.23 Maximum amount payable withhold</td> <td style="text-align: right;">\$.....0</td> </tr> <tr> <td>10.24 Amount actually paid for year withhold</td> <td style="text-align: right;">\$.....0</td> </tr> </table>		10.21 Maximum amount payable bonuses	\$.....0	10.22 Amount actually paid for year bonuses	\$.....363,087	10.23 Maximum amount payable withhold	\$.....0	10.24 Amount actually paid for year withhold	\$.....0								
10.21 Maximum amount payable bonuses	\$.....0																		
10.22 Amount actually paid for year bonuses	\$.....363,087																		
10.23 Maximum amount payable withhold	\$.....0																		
10.24 Amount actually paid for year withhold	\$.....0																		

**GENERAL INTERROGATORIES****PART 2 - HEALTH INTERROGATORIES**

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]  
 11.13 An Individual Practice Association (IPA), or Yes [ ] No [X]  
 11.14 A Mixed Model (combination of above)? Yes [ ] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such net worth. Ohio \$.....1,700,000

11.4 If yes, show the amount required. Yes [ ] No [X]

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation:

---

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
All Counties

13.1 Do you act as a custodian for health savings account? Yes [ ] No [X]  
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. ....

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]  
 13.4 If yes, please provide the balance of the funds administered as of the reporting date. ....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [X] N/A [ ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual Ordinary Life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct written premium..... \$.....0  
 15.2 Total incurred claims..... \$.....0  
 15.3 Number of covered lives..... 0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

**FIVE-YEAR HISTORICAL DATA**

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>Balance Sheet Items (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28).....	464,139,951	267,332,677	199,909,148	214,619,324	192,257,386
2. Total liabilities (Page 3, Line 24).....	281,487,305	138,434,029	103,545,367	98,853,400	93,318,750
3. Statutory surplus.....	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33).....	182,652,646	128,898,648	96,363,781	115,765,924	98,938,636
<b>Income Statement Items (Page 4)</b>					
5. Total revenues (Line 8).....	1,781,827,630	1,248,239,172	1,216,300,778	1,000,455,307	857,948,311
6. Total medical and hospital expenses (Line 18).....	1,351,464,312	957,507,530	977,617,841	763,732,026	664,431,433
7. Claims adjustment expenses (Line 20).....	47,083,942	27,693,465	26,567,685	22,781,732	21,588,156
8. Total administrative expenses (Line 21).....	285,253,605	210,797,025	183,414,369	145,466,426	121,828,258
9. Net underwriting gain (loss) (Line 24).....	98,025,771	52,316,716	28,617,883	68,475,123	50,100,464
10. Net investment gain (loss) (Line 27).....	1,109,281	834,278	937,038	1,192,396	938,941
11. Total other income (Lines 28 plus 29).....	(3,890,299)	(541,716)			
12. Net income or (loss) (Line 32).....	55,873,718	34,003,852	18,762,516	45,343,065	37,921,933
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11).....	194,625,334	70,812,368	9,002,367	49,290,544	(15,343,262)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	182,652,646	128,898,648	96,363,781	115,765,924	98,938,636
15. Authorized control level risk-based capital.....	45,179,102	33,071,341	33,884,116	21,230,415	22,885,880
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7).....	346,662	255,164	244,335	248,004	244,942
17. Total member months (Column 6, Line 7).....	3,649,981	3,006,782	3,064,506	2,966,124	2,816,880
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	75.8	77.0	80.2	76.5	76.7
20. Cost containment expenses.....	2.4	2.0	1.8	1.9	2.1
21. Other claims adjustment expenses.....	0.3	0.3	0.4	0.4	0.4
22. Total underwriting deductions (Line 23).....	94.5	96.1	97.4	93.3	93.3
23. Total underwriting gain (loss) (Line 24).....	5.5	4.2	2.3	6.9	5.8
<b>Unpaid Claims Analysis (U&amp;I Exhibit, Part 2B)</b>					
24. Total claims incurred for prior years (Line 13 Col. 5).....	61,890,811	49,107,451	72,535,606	31,751,456	18,597,155
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	82,001,666	60,465,074	57,490,004	47,641,229	26,516,451
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

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

Yes [ ] No [ ]

If no, please explain:

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

## Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employee Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	
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.	869,479	30,639,886	1,755,537,870				1,787,047,235	
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.	869,479	30,639,886	1,755,537,870	0	0	0	1,787,047,235	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX.							0	
61. Total (Direct Business).....	(a) ..1	869,479	30,639,886	1,755,537,870	0	0	0	1,787,047,235	0

## DETAILS OF WRITE-INS

58001.....								0	
58002.....								0	
58003.....								0	
58998. Summary of remaining write-ins for line 58.....	0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 + 58998).....	0	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.

## Explanation of basis of allocation by states, premiums by state, etc.

All premiums written within the state of Ohio.

(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**


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1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	AZ	00-0000000	Molina Healthcare of Arizona, Inc.
I-00000	CA	33-0342719	Molina Healthcare of California
I-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
I-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
I-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-00000	GA	80-0800257	Molina Healthcare of Georgia, Inc.
I-14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	MD	46-0598968	Molina Healthcare of Maryland, Inc.
I-52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
I-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
I-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
I-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
I-15600	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
I-15329	SC	46-2992125	Molina Healthcare of South Carolina, Inc.
I-10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
I-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
I-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
I-15133	VA	26-1769086	Molina Healthcare of Virginia, Inc.
I-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
I-12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	CA	46-2821516	Molina Hospital Management, Inc.
I-00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
I-00000	CA	37-1652282	Molina Medical Management, Inc.
I-00000	DE	45-2854547	Molina Pathways, LLC
I-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
I-00000	TX	47-2308753	Molina Personal Care, Inc.
I-00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.
I-00000	CA	46-5098489	Molina Youth Academy

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