12334201520100102

HEALTH QUARTERLY STATEMENT

As of June 30, 2015

of the Condition and Affairs of the

Molina Healthcare of Ohio, Inc.

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

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

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

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

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

OFFICERS

Name	Title	Name	Title
1. Ami Lee Cole #	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 Standring

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

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

(Signature)	(Signature)	(Signature)
Ami Lee Cole	Donna Marie Sickler	Jeffrey Don Barlow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer/VP Finance & Analytics	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____

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

b. If no: 1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds	155,975,854		155,975,854	123,513,062
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....37,670,851), cash equivalents ($.....57,769,320) and short-term investments ($.....186,471,825)	281,911,996		281,911,996	293,613,062
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	437,887,850	0	437,887,850	417,126,124
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	1,217,693		1,217,693	789,542
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	75,407,050		75,407,050	24,498,235
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	221,199		221,199	274,169
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	9,499,771		9,499,771	1,852,953
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	4,907,679	999,852	3,907,827	3,160,511
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)	5,296,817	5,296,817	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 ($.....16,201,359) and other amounts receivable	21,768,668	5,497,023	16,271,645	16,338,064
25. Aggregate write-ins for other than invested assets	665,983	351,298	314,685	100,353
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	556,872,710	12,144,990	544,727,720	464,139,951
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	556,872,710	12,144,990	544,727,720	464,139,951

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. Accrued premium adjustment receivable	314,685		314,685	100,353
2502. Prepaids and other receivables	351,298	351,298	0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	665,983	351,298	314,685	100,353

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....132,863 reinsurance ceded)	163,681,152	52,323	163,733,475	185,100,097
2.	Accrued medical incentive pool and bonus amounts	716,382		716,382	
3.	Unpaid claims adjustment expenses	2,650,828	944	2,651,772	2,806,094
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act	10,139,506		10,139,506	254,119
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserve			0	
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance	756,882		756,882	248,925
9.	General expenses due or accrued	56,318,951		56,318,951	39,685,543
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	1,366,805		1,366,805	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 $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	1,499,774		1,499,774	1,553,455
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and certified $.....0 reinsurers)			0	
20.	Reinsurance in unauthorized and certified ($.....0) companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans			0	
23.	Aggregate write-ins for other liabilities (including $.....60,272,762 current)	60,272,762	0	60,272,762	48,446,517
24.	Total liabilities (Lines 1 to 23)	297,403,042	53,267	297,456,309	281,487,305
25.	Aggregate write-ins for special surplus funds	XXX	XXX	14,600,000	29,500,000
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	149,781,411	70,262,646
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	247,271,411	182,652,646
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	544,727,720	464,139,951

DETAILS OF WRITE-INS

2301.	Amounts due to state and other agencies	60,272,762		60,272,762	48,446,517
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)	60,272,762	0	60,272,762	48,446,517
2501.	2015 health insurer fee accrual estimate	XXX	XXX		29,500,000
2502.	2016 health insurer fee accrual estimate	XXX	XXX	14,600,000	
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	14,600,000	29,500,000
3001.					
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member months	XXX	2,051,356	1,621,361	3,649,981
2.	Net premium income (including $.....0 non-health premium income)	XXX	1,173,621,337	713,875,662	1,782,074,313
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(9,885,386)		(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	5,102,135	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0	0
8.	Total revenues (Lines 2 to 7)	XXX	1,163,735,951	718,977,797	1,781,827,630
Hospital and Medical:					
9.	Hospital/medical benefits		587,147,285	373,029,657	953,885,695
10.	Other professional services		20,346,616	16,021,605	38,101,186
11.	Outside referrals	295,965	47,664,929	14,566,857	75,003,964
12.	Emergency room and out-of-area		44,341,784	28,086,650	73,513,409
13.	Prescription drugs		131,055,536	90,831,122	211,737,224
14.	Aggregate write-ins for other hospital and medical	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		982,284	38,949	363,088
16.	Subtotal (Lines 9 to 15)	295,965	831,538,434	522,574,840	1,352,604,566
Less:					
17.	Net reinsurance recoveries		513,806	56,185	1,140,254
18.	Total hospital and medical (Lines 16 minus 17)	295,965	831,024,628	522,518,655	1,351,464,312
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....26,381,474 cost containment expenses		29,740,798	17,812,294	47,083,942
21.	General administrative expenses		182,200,263	129,652,713	285,253,605
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)			15,611	
23.	Total underwriting deductions (Lines 18 through 22)	295,965	1,042,965,689	669,999,273	1,683,801,859
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	120,770,262	48,978,524	98,025,771
25.	Net investment income earned		1,014,089	422,735	1,065,258
26.	Net realized capital gains (losses) less capital gains tax of $.....5,900		10,956	38,011	44,023
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	1,025,045	460,746	1,109,281
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	(983,091)	(2,852,837)	(3,890,299)
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	120,812,216	46,586,433	95,244,753
31.	Federal and foreign income taxes incurred	XXX	54,249,350	23,225,872	39,371,035
32.	Net income (loss) (Lines 30 minus 31)	XXX	66,562,866	23,360,561	55,873,718

DETAILS OF WRITE-INS

0601.	Performance revenue	XXX		5,102,135	
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	5,102,135	0
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.	Fines and Penalties		(983,091)	(2,852,837)	(3,890,299)
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	(983,091)	(2,852,837)	(3,890,299)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	182,652,646	128,898,648	128,898,648
34. Net income or (loss) from Line 32	66,562,866	23,360,561	55,873,718
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....1,233	2,290	8,944	44,661
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	769,122	(38,424)	543,373
39. Change in nonadmitted assets	(2,715,513)	(504,925)	(2,707,754)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	64,618,765	22,826,156	53,753,998
49. Capital and surplus end of reporting period (Line 33 plus 48)	247,271,411	151,724,804	182,652,646

DETAILS OF WRITE-INS

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

CASH FLOW

		1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	1,129,245,819	681,074,432	1,806,535,582
2.	Net investment income	1,518,629	861,508	1,810,673
3.	Miscellaneous income		5,102,135	
4.	Total (Lines 1 through 3)	1,130,764,448	687,038,075	1,808,346,255
5.	Benefit and loss related payments	854,363,981	511,071,811	1,266,357,147
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	198,281,589	102,014,930	314,268,774
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....5,900 tax on capital gains (losses)	56,281,000	10,327,001	33,095,000
10.	Total (Lines 5 through 9)	1,108,926,570	623,413,742	1,613,720,921
11.	Net cash from operations (Line 4 minus Line 10)	21,837,878	63,624,333	194,625,334
	CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	22,304,962	19,369,677	25,275,670
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			(0)
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	22,304,962	19,369,677	25,275,670
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	55,680,065	34,473,066	84,184,893
	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)	55,680,065	34,473,066	84,184,893
14.	Net increase or (decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(33,375,104)	(15,103,389)	(58,909,223)
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	(163,842)	(1,759,159)	481,995
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(163,842)	(1,759,159)	481,995
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(11,701,067)	46,761,785	136,198,107
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	293,613,062	157,414,955	157,414,955
	19.2 End of period (Line 18 plus Line 19.1)	281,911,995	204,176,740	293,613,062

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

20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at End of:										
1. Prior Year	346,662	147						2,880	343,635	
2. First Quarter	350,177	2,394						11,934	335,849	
3. Second Quarter	332,519	2,546						11,153	318,820	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,051,356	12,779						70,090	1,968,487	
Total Member Ambulatory Encounters for Period:										
7. Physician	822,842	4,263						67,014	751,565	
8. Non-Physician	2,285,847	5,069						184,356	2,096,422	
9. Total	3,108,689	9,332	0	0	0	0	0	251,370	2,847,987	0
10. Hospital Patient Days Incurred	789,987	266						91,694	698,027	
11. Number of Inpatient Admissions	54,357	54						7,501	46,802	
12. Health Premiums Written (a)	1,175,008,019	5,245,323						104,916,467	1,064,846,229	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,165,122,632	5,157,421						104,730,298	1,055,234,913	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	855,423,961	2,815,895						89,699,339	762,908,727	
18. Amount Incurred for Provision of Health Care Services	831,538,434	3,647,773						110,828,905	717,061,756	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....104,916,467.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark Corporation	14,973,301					14,973,301
0199999. Individually Listed Claims Unpaid	14,973,301	0	0	0	0	14,973,301
0399999. Aggregate Accounts Not Individually Listed-Covered	1,755,194					1,755,194
0499999. Subtotals	16,728,495	0	0	0	0	16,728,495
0599999. Unreported Claims and Other Claim Reserves						147,137,843
0799999. Total Claims Unpaid						163,866,338
0899999. Accrued Medical Incentive Pool and Bonus Amounts						716,382

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	215,805	2,317,897	2,447	1,250,147	218,252	286,758
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare	5,772,933	83,917,307	396,067	30,916,627	6,169,000	4,522,241
7. Title XIX - Medicaid	127,323,449	652,337,369	797,846	130,370,342	128,121,295	180,291,098
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	133,312,187	738,572,573	1,196,360	162,537,116	134,508,547	185,100,097
10. Healthcare receivables (a)	16,974,605		1,219,026	20,475,798	18,193,631	18,193,631
11. Other non-health					0	
12. Medical incentive pools and bonus amounts		265,902		716,382	0	
13. Totals (Lines 9-10+11+12)	116,337,582	738,838,475	(22,666)	142,777,700	116,314,916	166,906,466

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

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Ohio, Inc. (the "Company") for the fiscal year ended December 31, 2014. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2014 annual statement or audited financial statements have been omitted.

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance ("ODI").

The ODI recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio insurance law. The National Association of Insurance Commissioners' *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Ohio.

The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically,

Citation adopting the Manual: Administrative Rule 3901-3-18(E)		
SSAP or Appendices	**State Law or Regulation**	**Description**
A-001	§§ 3907.14 to 3907.141 (Life): §§ 3925.05 to 3925.09; § 3925.20 (Non-Life)	Provides limitations on investments that are outside the scope of the Manual

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

	State of Domicile	June 30, 2015	December 31, 2014
NET INCOME			
(1) Company state basis (Page Q04, Line 32, Columns 2 & 4)	OH	$ 66,562,866	$ 55,873,718
(2) State Prescribed Practices that increase/(decrease) NAIC SAP			
None	OH	–	–
(3) State Permitted Practices that increase/(decrease) NAIC SAP			
None	OH	–	–
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	$ 66,562,866	$ 55,873,718
SURPLUS			
(5) Company state basis (Page Q03, Line 33, Columns 3 & 4)	OH	$ 247,271,411	$ 182,652,646
(6) State Prescribed Practices that increase/(decrease) NAIC SAP			
None	OH	–	–
(7) State Permitted Practices that increase/(decrease) NAIC SAP			
None	OH	–	–
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	$ 247,271,411	$ 182,652,646

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"). 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. Premiums collected in advance are deferred. Generally, premium revenue is not subject to significant accounting estimates except as described below and in Note 24.

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

In addition, the Company applies the following accounting policies:

(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-backed 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.

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

Not applicable.

5. Investments

A. – C. No significant change.

D. Loan-Backed Securities:

As of June 30, 2015, the Company's long-term investments include auction rate securities.

(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	30,000
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than12 Months	$ –
		2.	12 Months or Longer	970,000

(5) Because the decline in the market value of the loan-backed 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 loan-backed securities to be other-than-temporarily impaired at June 30, 2015.

E. Repurchase Agreements and/or Securities Lending Transactions:
(3)b.: Not applicable.

F. Real Estate: None.

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

H. Restricted Assets: No significant change.

I. Working Capital Finance Investments: None.

J. Offsetting and Netting of Assets and Liabilities: None.

K. Structured Notes: None.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

No significant change.

8. Derivative Instruments

None.

9. Income Taxes

No significant change.

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

A. No significant change.

B. – C. The Company neither paid dividends to, nor received contributions from Molina Healthcare, Inc. (the "Parent") during the period ended June 30, 2015.

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 six months ended June 30, 2015 amounted to $762,851.

D. – L. No significant change.

11. Debt

A. None.
B. FHLB (Federal Home Loan Bank) Agreements: Not applicable.

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

A.(4) The amount of net periodic benefit cost recognized: Not applicable.

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

(1) – (3) No significant change.

(4) Dividends paid by the Company to the Parent during the period ended June 30, 2015 were as follows: None

(5) – (8) No significant change.

(9) Changes in balances of special surplus funds from the prior period: The Company reclassified an amount equal to 50% of its estimated 2016 Health Insurer fee to special surplus funds in accordance with the Statement of Statutory Accounting Principles ("SSAP") No. 106 requirements.

(10) – (13) No significant change.

14. Contingencies

No significant change.

15. Leases

No significant change.

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

No significant change.

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

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

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

No significant change.

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

No significant change.

20. Fair Value Measurements

A.

(1) Assets Measured at Fair Value on a Recurring Basis: The Company's assets measured at fair value on a recurring basis are listed in the table below. The Company receives monthly statements from investment brokers that provide market pricing. There were no transfers between Level 1 and Level 2 of the fair value hierarchy.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Money Market Funds	$ 144,512,641	$ –	$ –	$ 144,512,641
Municipal Securities	18,351,340	–	–	18,351,340
Unaffiliated Domestic and Foreign Securities	9,251,401	14,356,443	–	23,607,844
Total assets at fair value	$ 172,115,382	$ 14,356,443	$ –	$ 186,471,825
b. Liabilities at fair value				
None	$ –	$ –	$ –	$ –

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

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

(4) For fair value measurements categorized within Level 2 and Level 3 of the fair value hierarchy, a description of the valuation technique(s) follow:

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

(5) Derivative assets and liabilities: None

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

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	$ 155,516,633	$ 155,975,854	$ 20,390,699	$ 134,155,934	$ 970,000	$ –

D. Not Practicable to Estimate: Not applicable.

21. Other Items

A. – B. No significant change.

C. Other Disclosures and Unusual Items:

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 category, and results for the Medicaid component of the MMP have been reported under the Medicaid category. Ending membership and member months for MMP enrollees have been reported under the Medicare category.

D. – G. No significant change.

22. Events Subsequent

Subsequent events were considered through August 12, 2015, the date the statutory reporting statements were available to be issued.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. – C. As described in Note 24 in the Notes to Financial Statements included in the Company's 2014 Annual Statement, certain components of the Company's revenue are subject to retrospective rating and/or redetermination. Significant provisions include the following:

- Medicare premiums are subject to retrospective rating and redetermination. The Company recorded a net receivable of $9.4 million as of June 30, 2015, relating to its contracts with CMS. The Company had net premiums written relating to Medicare of $104.9 million for the period ended June 30, 2015, representing 8.9% of total net premiums written.
- Marketplace premiums are subject to retrospective rating and redetermination. The Company recorded a net receivable of $226,783 as of June 30, 2015, relating to Marketplace. The Company had net premiums written relating to Marketplace of $5.2 million for the period ended June 30, 2015, representing 0.4% of the total net premiums written.
- Certain Medicaid premiums are subject to retrospective rating. The Company recorded a net payable of $9.6 million as of June 30, 2015, relating to its contract with the state of Ohio. The Company had net premiums written relating to Medicaid expansion of $213.7 million for the period ended June 30, 2015, representing 18.2% of the total net premiums written.

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: No significant change.

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.

(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	$ 314,685

	Liabilities		
	2.	Risk adjustment user fees payable for ACA Risk Adjustment	1,146
	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	214,332
	5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	1,022
b.	Transitional ACA Reinsurance Program		
	Assets		
	1.	Amounts recoverable for claims paid due to ACA Reinsurance	186,547
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	132,863
	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	11,663
	5.	Ceded reinsurance premiums payable due to ACA Reinsurance	34,990
	6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	–
	Operations (Revenue & Expenses)		
	7.	Ceded reinsurance premiums due to ACA Reinsurance	34,990
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	282,194
	9.	ACA Reinsurance contributions – not reported as ceded premium	11,663
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	87,902
	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	87,902

(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												
	1.	Premium adjustments receivable	100,353	–	–	–	100,353	–	80,296	–	A	180,649	–
	2.	Premium adjustments (payable)	–	–	–	–	–	–	–	–	B	–	–
	3.	Subtotal ACA Permanent Risk Adjustment Program	100,353	–	–	–	100,353	–	80,296	–		180,649	–
b.	Transitional ACA Reinsurance Program												
	1.	Amounts recoverable for claims paid	13,416	–	–	–	13,416	–	6,823	–	C	20,239	–
	2.	Amounts recoverable for claims unpaid (contra liability)	23,800	–	–	–	23,800	–	(23,800)	–	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	37,216	–	–	–	37,216	–	(16,977)	–		20,239	–
c.	Temporary ACA Risk Corridors Program												
	1.	Accrued retrospective premium	–	–	–	–	–	–	–	12,676	I	–	12,676
	2.	Reserve for rate credits or policy experience rating refunds	–	–	–	–	–	–	–	–	J	–	–
	3.	Subtotal ACA Risk Corridors Program	–	–	–	–	–	–	–	12,676		–	12,676
d.	Total for ACA Risk Sharing Provisions		137,569	–	–	–	137,569	–	63,319	12,676		200,888	12,676

Explanations of Adjustments
A. Adjusted to reflect the final settlement amount communicated by CMS in June 2015.
C. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in June 2015.
D. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in June 2015.
I. Adjusted as a result of additional months of development and for final settlements related to risk adjustment and reinsurance.

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:

	Six months ended 6/30/2015	Year ended 12/31/2014
Unpaid claims liabilities and claims adjustment expenses, beginning of period	$ 187,906,191	$ 105,504,813
Add provision for claims, net of reinsurance:		
Current year	884,503,008	1,372,651,463
Prior years	(53,478,380)	(21,187,151)
Net incurred claims during the current year	831,024,628	1,351,464,312
Deduct paid claims, net of reinsurance:		
Current year	721,051,795	1,182,491,126

Prior years	133,312,186	83,866,021
Net paid claims during the current year	854,363,981	1,266,357,147
Change in claims adjustment expenses	(154,322)	1,765,928
Change in health care receivables	3,501,193	(4,269,350)
Change in amounts due from reinsurers	(812,080)	(202,365)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	$ 167,101,629	$ 187,906,191

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves:	$0
2. Date of the most recent evaluation of this liability:	June 30, 2015
3. Was anticipated investment income utilized in the calculation?	Yes

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change:

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

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

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

Molina Healthcare of Iowa, Inc., BW MHM Holdings, LLC, and Easy Care MSO, LLC have been added to the organizational chart.

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

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

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

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

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2012

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/07/2014

6.4 By what department or departments?

Ohio Department of Insurance

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

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

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

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

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

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

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

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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

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

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

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

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

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.3 Total payable for securities lending reported on the liability page: $ 0

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

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

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

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

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

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

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

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

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

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

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent		73.1 %
	1.2 A&H cost containment percent		2.2 %
	1.3 A&H expense percent excluding cost containment expenses		15.8 %
2.1	Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsuer Rating
A&H Non-Affiliates								
93572.....	43-1235868.....	01/01/2015	RGA Reinsurance Company.....	MO.....	SSL/A/G.....	Authorized.....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	L	5,245,323	104,916,467	1,064,846,229				1,175,008,019	
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	5,245,323	104,916,467	1,064,846,229	0	0	0	1,175,008,019	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	5,245,323	104,916,467	1,064,846,229	0	0	0	1,175,008,019	0

DETAILS OF WRITE-INS

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

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

PART 1 – ORGANIZATIONAL CHART

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	AZ	30-0876771	Molina Healthcare of Arizona, Inc.
|-00000	CA	33-0342719	Molina Healthcare of California
|-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
|-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
|-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
|-14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	IA	47-3920055	Molina Healthcare of Iowa, 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.
|-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
I-00000	NY	47-3580625	Molina Healthcare of New York, Inc.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
|-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
I-15600	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
|-15329	SC	46-2992125	Molina Healthcare of South Carolina, Inc.
|-10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
|-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
|-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
|-00000	VA	26-1769086	Molina Healthcare of Virginia, Inc.
|-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
|-12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	NY	47-3797019	Molina Health Plan Management, Inc.
|-00000	CA	46-2821516	Molina Hospital Management, Inc.
|-00000	CA	47-4380540	BW MHM Holdings, LLC
|-00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
|-00000	CA	37-1652282	Molina Medical Management, Inc.
|-00000	CA	47-1446940	Easy Care MSO, LLC
|-00000	DE	45-2854547	Molina Pathways, LLC
|-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
|-00000	TX	47-2308753	Molina Personal Care of Texas, Inc.
|-00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.
I-00000	CA	46-5098489	Molina Youth Academy

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
1531	Molina Healthcare, Inc	00000	13-4204626		0001179929	New York Stock Exchange	Molina Healthcare, Inc	DE	UDP	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	30-0876771				Molina Healthcare of Arizona, Inc	AZ	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	20-2714545				Molina Healthcare of California Partner Plan, Inc	CA	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	45-2634351				Molina Healthcare Data Center, Inc	NM	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	13128	26-0155137				Molina Healthcare of Florida, Inc	FL	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	15714	80-0800257				Molina Healthcare of Georgia, Inc	GA	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	14104	27-1823188				Molina Healthcare of Illinois, Inc	IL	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	47-3920055				Molina Healthcare of Iowa, Inc	IA	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	46-0598968				Molina Healthcare of Maryland, Inc	MD	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	52630	38-3341599				Molina Healthcare of Michigan, Inc	MI	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	26-4390042				Molina Healthcare of Mississippi, Inc	MS	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	95739	85-0408506				Molina Healthcare of New Mexico, Inc	NM	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	47-3580625				Molina Healthcare of New York, Inc	NY	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	46-4148278				Molina Healthcare of North Carolina, Inc	NC	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	12334	20-0750134				Molina Healthcare of Ohio, Inc	OH	RE	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc	PR	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	15329	46-2992125				Molina Healthcare of South Carolina, Inc	SC	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	10757	20-1494502				Molina Healthcare of Texas, Inc	TX	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	13778	27-0522725				Molina Healthcare of Texas Insurance Company	TX	IA	Molina Healthcare of Texas, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	95502	33-0617992				Molina Healthcare of Utah, Inc	UT	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	26-1769086				Molina Healthcare of Virginia, Inc	VA	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	96270	91-1284790				Molina Healthcare of Washington, Inc	WA	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	12007	20-0813104				Molina Healthcare of Wisconsin, Inc	WI	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	47-3797019				Molina Health Plan Management, Inc	NY	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	46-2821516				Molina Hospital Management, Inc	CA	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	47-4380540				BW MHM Holdings, LLC	DE	NIA	Molina Healthcare, Inc	Ownership	20.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	27-1510177				Molina Information Systems, LLC (dba Molina Medicaid Solutions)	CA	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	37-1652282				Molina Medical Management, Inc	CA	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	47-1446940				Easy Care MSO, LLC	CA	NIA	Molina Healthcare, Inc	Ownership	50.230	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	47-2296708				Molina Pathways of Texas, Inc	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	47-2308753				Molina Personal Care of Texas, Inc	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc	

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
1531.....	Molina Healthcare, Inc.....	00000.....	47-2373467 ...	.....	.....	.....	Molina Personal Care of South Carolina, Inc.....	SC.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....
1531.....	Molina Healthcare, Inc.....	00000.....	46-5098489....	.....	.....	.....	Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....

Q16.1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

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

Bar Code:

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	123,513,062	65,585,293
2.	Cost of bonds and stocks acquired	55,680,065	84,184,893
3.	Accrual of discount	10,816	10,032
4.	Unrealized valuation increase (decrease)	3,524	68,710
5.	Total gain (loss) on disposals	15,130	67,728
6.	Deduct consideration for bonds and stocks disposed of	22,304,962	25,275,670
7.	Deduct amortization of premium	941,782	1,127,923
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	155,975,854	123,513,062
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	155,975,854	123,513,062

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	301,168,604	1,340,511,740	1,331,947,552	(2,494,774)	301,168,604	307,238,018		249,634,196
2. NAIC 2 (a)	128,687,755	481,423,341	520,507,438	1,908,453	128,687,755	91,512,112		93,165,378
3. NAIC 3 (a)	1,003,240			(2,370)	1,003,240	1,000,870		1,002,700
4. NAIC 4 (a)	221,000				221,000	221,000		
5. NAIC 5 (a)								
6. NAIC 6 (a)		245,000				245,000		
7. Total Bonds	431,080,599	1,822,180,081	1,852,454,990	(588,690)	431,080,599	400,217,000	0	343,802,274
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	431,080,599	1,822,180,081	1,852,454,990	(588,690)	431,080,599	400,217,000	0	343,802,274

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

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	186,471,825	XXX	186,690,012	233,439	203,390

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	118,588,820	83,815,259
2. Cost of short-term investments acquired	2,549,686,095	3,734,355,316
3. Accrual of discount	11,737	705
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	1,726	
6. Deduct consideration received on disposals	2,481,568,285	3,699,540,287
7. Deduct amortization of premium	248,268	42,173
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	186,471,825	118,588,820
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	186,471,825	118,588,820

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	101,700,392	58,733,951
2. Cost of cash equivalents acquired	987,379,716	1,596,501,459
3. Accrual of discount	163,593	163,169
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(0)	(0)
6. Deduct consideration received on disposals	1,031,469,000	1,553,692,000
7. Deduct amortization of premium	5,381	6,187
8. Total foreign exchange change in book/ adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	57,769,320	101,700,392
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	57,769,320	101,700,392

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

SCHEDULE D - PART 3

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

1 Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
912828 C3 2	US TREASURY N/B		04/14/2015	CITIGROUP GLOBAL MARKETS INC		411,954	410,000	259	1
0599999. Total Bonds - U.S Government						411,954	410,000	259	XXX
Bonds - U.S. States, Territories and Possessions									
56052A YD 2	MAINE ST-A-TXBL		06/15/2015	Morgan Stanley		1,419,503	1,420,000		1FE
1799999. Total Bonds - U.S. States, Territories and Possessions						1,419,503	1,420,000	0	XXX
Bonds - U.S. Special Revenue and Special Assessment									
20281P CX 8	COMMONWEALTH PA-BABS		04/20/2015	Morgan Stanley		207,684	200,000	3,498	1FE
3130A5 MR 7	FEDERAL HOME LOAN BANK		06/08/2015	Morgan Stanley		4,000,000	4,000,000		1
34074G DG 6	FL HURRICANE-SER A		04/27/2015	Morgan Stanley		508,105	500,000	3,482	1FE
45528U DW 8	INDIANAPOLIS-TXBL-B		05/13/2015	Morgan Stanley		506,145	500,000	4,486	1FE
875301 EX 7	TAMPA ETC EXPWY-C-TXB		05/08/2015	Morgan Stanley		276,603	275,000	1,603	1FE
3199999. Total Bonds - U.S. Special Revenue and Special Assessment						5,498,537	5,475,000	13,070	XXX
Bonds - Industrial and Miscellaneous									
02006L QP 1	Ally Bank		05/01/2015	Morgan Stanley		245,000	245,000		
05567L 7E 1	BNP PARIBAS	R	06/19/2015	Morgan Stanley		4,075,880	4,000,000	26,389	1FE
05568P 2A 4	BMW Bank of North America	R	06/15/2015	Morgan Stanley		200,816	200,000	322	1FE
139800 CB 0	Capital Bank, National Association		04/20/2015	Morgan Stanley		245,000	245,000		1
140420 RQ 5	Capital One Bank		05/28/2015	Morgan Stanley		245,000	245,000		1FE
17401Q AA 9	CITIZENS BANK NA/RI	R	04/09/2015	Morgan Stanley		2,013,400	2,000,000	11,556	1FE
20451P LF 1	Compass Bank	R	05/29/2015	Morgan Stanley		245,000	245,000		
254672 KR 8	Discover Bank		04/01/2015	Morgan Stanley		245,000	245,000	79	1
32050J AA 8	First Heritage Bank		04/20/2015	Morgan Stanley		245,000	245,000		1
33583C QC 6	First Niagara Bank, National Association		05/20/2015	Morgan Stanley		245,000	245,000		2FE
33767A HX 2	First Federal Savings Bank of Puerto Ric		05/20/2015	Morgan Stanley		245,000	245,000		6FE
36966R Y4 2	GENERAL ELEC CAP CORP		04/20/2015	Morgan Stanley		2,524,399	2,412,000	52,260	1FE
38148J PZ 8	Goldman Sachs Bank USA		04/01/2015	Morgan Stanley		245,000	245,000		1
46625H GY 0	JPMORGAN CHASE & CO		04/09/2015	Morgan Stanley		2,243,320	2,000,000	29,667	1FE
560160 AU 7	The Mahopac National Bank		04/20/2015	Morgan Stanley		245,000	245,000		1
60688M LV 4	Mizuho Bank (usa)	R	04/23/2015	Morgan Stanley		245,000	245,000		1
61747Y DX 0	MORGAN STANLEY		05/27/2015	Morgan Stanley		3,058,380	3,000,000	3,661	1FE
69506Y CQ 0	Pacific Western Bank		04/20/2015	Morgan Stanley		245,000	245,000		2FE
85047A AF 0	SPRINGFIELD FIRST CMNTY BK MO		06/04/2015	Morgan Stanley		245,000	245,000		1
872278 LS 3	TCF National Bank		04/01/2015	Morgan Stanley		245,000	245,000		1
3899999. Total Bonds - Industrial and Miscellaneous						17,546,195	17,042,000	123,932	XXX
8399997. Total Bonds - Part 3						24,876,189	24,347,000	137,261	XXX
8399999. Total Bonds						24,876,189	24,347,000	137,261	XXX
9999999. Total Bonds, Preferred and Common Stocks						24,876,189	XXX	137,261	XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Desig-nation or Market Indicator (a)
Bonds - U.S. Government																					
912828 SP 6	US TREASURY N/B		04/15/2015	Maturity		410,000	410,000	410,913	410,209		(209)		(209)		410,000			0	769	04/15/2015	1
0599999. Total Bonds - U.S Government						410,000	410,000	410,913	410,209	0	(209)	0	(209)	0	410,000	0	0	0	769	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3136G1 BX 6	FANNIE MAE		04/30/2015	Redemption		4,250,000	4,250,000	4,250,000	4,250,000				0		4,250,000			0	23,375	01/30/2018	1
645918 6M 0	NJ ECON DEV--QQ-TXBL		06/15/2015	Maturity		3,000,000	3,000,000	3,003,450	3,001,477		(1,477)		(1,477)		3,000,000			0	8,985	06/15/2015	1FE
3199999. Total Bonds - U.S. Special Revenue and Special Assessment						7,250,000	7,250,000	7,253,450	7,251,477	0	(1,477)	0	(1,477)	0	7,250,000	0	0	0	32,360	XXX	XXX
Bonds - Industrial and Miscellaneous																					
02005Q W8 2	Ally Bank		05/01/2015	Maturity		200,000	200,000	199,900	199,983		17		17		200,000			0	595	05/01/2015	1
14912L 2Y 6	CATERPILLAR FINANCIAL SE		05/12/2015	Morgan Stanley		1,041,760	1,000,000	1,138,440	1,053,777		(16,379)		(16,379)		1,037,399		4,361	4,361	36,667	03/15/2016	1FE
24422E RC 5	JOHN DEERE CAPITAL CORP		05/12/2015	Morgan Stanley		2,035,380	2,000,000	2,089,360	2,042,081		(10,780)		(10,780)		2,031,301		4,079	4,079	19,750	06/07/2016	1FE
59217G AV 1	MET LIFE GLOB FUNDING I		05/12/2015	Morgan Stanley		1,131,876	1,130,000	1,148,193	1,134,710		(3,526)		(3,526)		1,131,184		692	692	7,257	06/29/2015	1FE
3899999. Total Bonds - Industrial and Miscellaneous						4,409,016	4,330,000	4,575,893	4,430,552	0	(30,667)	0	(30,667)	0	4,399,884	0	9,132	9,132	64,269	XXX	XXX
8399997. Total Bonds - Part 4						12,069,016	11,990,000	12,240,256	12,092,238	0	(32,354)	0	(32,354)	0	12,059,884	0	9,132	9,132	97,398	XXX	XXX
8399999. Total Bonds						12,069,016	11,990,000	12,240,256	12,092,238	0	(32,354)	0	(32,354)	0	12,059,884	0	9,132	9,132	97,398	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks						12,069,016	XXX	12,240,256	12,092,238	0	(32,354)	0	(32,354)	0	12,059,884	0	9,132	9,132	97,398	XXX	XXX

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

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt D-Sn 1
NONE

Sch. DB-Pt D-Sn 2
NONE

Sch. DL-Pt. 1
NONE

Sch. DL-Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
JP Morgan Chase	Columbus, Ohio					35,822,314	5,986,485	64,483,410	XXX
JP Morgan Chase	Columbus, Ohio					792,878	20,754,810	1,152,328	XXX
JP Morgan Chase	Columbus, Ohio					(15,321)	(38,344)	(5,098)	XXX
US Bank	St. Paul, MN					(21,793,537)	(22,820,821)	(33,959,234)	XXX
US Bank	St. Paul, MN					(154,204)	(188,631)	(194,869)	XXX
US Bank	St. Paul, MN					(671,396)	(515,126)	(696,519)	XXX
JP Morgan Chase	Columbus , Ohio					885,174	1,189,231	1,525,887	XXX
Northfield Bank	Staten Island, NY		0.349		523	250,000	250,000	250,000	XXX
Mountain Commerce Bank	Johnson City, TN		0.250	158	34	250,000	250,000	250,000	XXX
0199998. Deposits in 20 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories		XXX	XXX	864	1,998	6,735,065	4,684,917	4,864,946	XXX
0199999. Total Open Depositories		XXX	XXX	1,021	2,554	22,100,973	9,552,521	37,670,851	XXX
0399999. Total Cash on Deposit		XXX	XXX	1,021	2,554	22,100,973	9,552,521	37,670,851	XXX
0599999. Total Cash		XXX	XXX	1,021	2,554	22,100,973	9,552,521	37,670,851	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
Bonds - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivision - Issuer Obligations							
INDIANA UNIV-V2-TXBL		05/04/2015	0.685	08/01/2015	250,070	714	(130)
ENERGY NW ELEC-TXBL		05/07/2015	1.063	07/01/2015	525,000	2,790	(436)
2599999. U.S. Special Revenue & Special Assessment Obligations - Issuer Obligations					775,070	3,504	(566)
3199999. Total - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations					775,070	3,504	(566)
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							
Louisville Gas and Electric Company		06/22/2015		07/01/2015	4,000,000		380
Sumitomo Corporation of America		06/22/2015		07/13/2015	4,999,417		438
Atmos Energy Corporation		06/19/2015		07/06/2015	4,999,778		533
Nabors Industries, Inc.		06/22/2015		07/02/2015	4,999,935		588
Encana Corporation		06/18/2015		07/09/2015	4,499,470		861
AutoZone, Inc.		06/22/2015		07/16/2015	4,749,188		487
Coca-Cola Enterprises, Inc.		06/18/2015		07/09/2015	2,499,861		226
Deer Park Refining Limited Partnership		06/22/2015		07/17/2015	4,998,822		663
ONEOK Partners, L.P.		06/24/2015		07/14/2015	499,879		65
Hyundai Capital America		06/22/2015		07/13/2015	4,999,300		525
Southern California Edison Company		06/22/2015		07/13/2015	4,999,550		338
Canadian Pacific Railway Limited		06/22/2015		07/17/2015	2,749,474		296
V.F. Corporation		06/18/2015		07/09/2015	2,999,813		303
ENI Finance USA Inc.		06/18/2015		07/06/2015	4,999,764		614
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					56,994,251	0	6,315
3899999. Total - Industrial and Miscellaneous (Unaffiliated)					56,994,251	0	6,315
Total Bonds							
7799999. Subtotals - Issuer Obligations					57,769,320	3,504	5,749
8399999. Subtotals - Bonds					57,769,320	3,504	5,749
8699999. Total - Cash Equivalents					57,769,320	3,504	5,749