



# HEALTH QUARTERLY STATEMENT

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

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

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

Internet Web Site Address www.molinahealthcare.com

Statutory Statement Contact Donna Marie Sickler 888-562-5442-216406  
(Name) (Area Code) (Telephone Number) (Extension)  
donna.sickler@molinahealthcare.com 614-899-2376  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. 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 Standing

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) Ami Lee Cole 1. (Printed Name) President (Title)	_____ (Signature) Donna Marie Sickler 2. (Printed Name) Treasurer/VP Finance & Analytics (Title)	_____ (Signature) Jeffrey Don Barlow 3. (Printed Name) Secretary (Title)
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Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_

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

b. If no:

1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

**ASSETS**

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	174,376,867		174,376,867	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 (\$.....57,867,152), cash equivalents (\$.....55,995,585) and short-term investments (\$.....132,178,779).....	246,041,516		246,041,516	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).....	420,418,383	0	420,418,383	417,126,124
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,292,904		1,292,904	789,542
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	75,756,711		75,756,711	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.....	386,631		386,631	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.....	12,207,831		12,207,831	1,852,953
18.1 Current federal and foreign income tax recoverable and interest thereon.....	653,918		653,918	
18.2 Net deferred tax asset.....	5,755,753	1,027,693	4,728,060	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).....	5,110,486	5,110,486	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	1,911,626		1,911,626	
24. Health care (\$.....16,214,896) and other amounts receivable.....	22,924,123	6,709,227	16,214,896	16,338,064
25. Aggregate write-ins for other than invested assets.....	512,340	201,793	310,547	100,353
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	546,930,706	13,049,199	533,881,507	464,139,951
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	546,930,706	13,049,199	533,881,507	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. Prepays and other receivables.....	201,793	201,793	0	
2502. Accrued premium adjustment receivable.....	310,547		310,547	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).....	512,340	201,793	310,547	100,353

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....136,034 reinsurance ceded).....	167,868,547	52,953	167,921,500	185,100,097
2. Accrued medical incentive pool and bonus amounts.....	683,151		683,151	
3. Unpaid claims adjustment expenses.....	2,643,681	967	2,644,648	2,806,094
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	10,077,456		10,077,456	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.....	556,092		556,092	248,925
9. General expenses due or accrued.....	32,431,030		32,431,030	39,685,543
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	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.....			0	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 \$....46,609,791 current).....	46,609,791	0	46,609,791	48,446,517
24. Total liabilities (Lines 1 to 23).....	260,869,748	53,920	260,923,668	281,487,305
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	26,500,000	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	163,567,839	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	272,957,839	182,652,646
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	533,881,507	464,139,951

**DETAILS OF WRITE-INS**

2301. Amounts due to state and other agencies.....	46,609,791		46,609,791	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).....	46,609,791	0	46,609,791	48,446,517
2501. 2015 health insurer fee accrual estimate.....	XXX	XXX		29,500,000
2502. 2016 health insurer fee accrual estimate.....	XXX	XXX	26,500,000	
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	26,500,000	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	3,074,986	2,615,331	3,649,981
2. Net premium income (including \$.....0 non-health premium income).....	XXX	1,729,870,296	1,224,330,055	1,782,074,313
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(9,823,337)		(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	6,417,176	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	1,720,046,959	1,230,747,231	1,781,827,630
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		892,545,636	649,331,296	953,885,695
10. Other professional services.....		31,080,380	26,997,148	38,101,186
11. Outside referrals.....	461,374	68,383,842	46,377,307	75,003,964
12. Emergency room and out-of-area.....		68,634,385	49,869,599	73,513,409
13. Prescription drugs.....		199,442,601	151,235,025	211,737,224
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,328,135	261,305	363,088
16. Subtotal (Lines 9 to 15).....	461,374	1,261,414,979	924,071,680	1,352,604,566
<b>Less:</b>				
17. Net reinsurance recoveries.....		668,360	490,895	1,140,254
18. Total hospital and medical (Lines 16 minus 17).....	461,374	1,260,746,619	923,580,785	1,351,464,312
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....39,762,879 cost containment expenses.....		44,301,095	31,156,895	47,083,942
21. General administrative expenses.....		257,212,513	205,017,474	285,253,605
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	461,374	1,562,260,227	1,159,755,154	1,683,801,859
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	157,786,732	70,992,077	98,025,771
25. Net investment income earned.....		1,562,586	679,567	1,065,258
26. Net realized capital gains (losses) less capital gains tax of \$.....8,539.....		15,857	45,005	44,023
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	1,578,443	724,572	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	(916,320)	(3,445,986)	(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	158,448,855	68,270,663	95,244,753
31. Federal and foreign income taxes incurred.....	XXX	66,085,988	29,992,153	39,371,035
32. Net income (loss) (Lines 30 minus 31).....	XXX	92,362,867	38,278,510	55,873,718

**DETAILS OF WRITE-INS**

0601. Performance revenue.....	XXX		6,417,176	
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	6,417,176	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.....		(916,320)	(3,445,986)	(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	(916,320)	(3,445,986)	(3,890,299)

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

<b>CAPITAL AND SURPLUS ACCOUNT</b>	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.....	92,362,867	38,278,510	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 \$..... 18,870.....	(35,045)	44,552	44,661
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	1,597,093	264,771	543,373
39. Change in nonadmitted assets.....	(3,619,722)	(1,465,188)	(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).....	90,305,193	37,122,645	53,753,998
49. Capital and surplus end of reporting period (Line 33 plus 48).....	272,957,839	166,021,293	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
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	1,666,901,275	1,212,423,209	1,806,535,582
2. Net investment income.....	2,524,572	1,206,180	1,810,673
3. Miscellaneous income.....		6,417,176	
4. Total (Lines 1 through 3).....	1,669,425,847	1,220,046,565	1,808,346,255
5. Benefit and loss related payments.....	1,281,325,909	863,722,159	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.....	310,220,584	227,007,480	314,268,774
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.8,539 tax on capital gains (losses).....	70,141,000	22,631,000	33,095,000
10. Total (Lines 5 through 9).....	1,661,687,493	1,113,360,639	1,613,720,921
11. Net cash from operations (Line 4 minus Line 10).....	7,738,354	106,685,926	194,625,334
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	40,306,532	24,705,670	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).....	40,306,532	24,705,670	25,275,670
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	92,665,203	64,567,923	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).....	92,665,203	64,567,923	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).....	(52,358,671)	(39,862,253)	(58,909,223)
<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).....	(2,951,229)	(493,863)	481,995
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(2,951,229)	(493,863)	481,995
<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).....	(47,571,546)	66,329,810	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).....	246,041,516	223,744,765	293,613,062

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

20.0001			
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at End of:</b>										
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.....	343,817	2,312						11,078	330,427	
5. Current Year.....	0									
6. Current Year Member Months.....	3,074,986	19,417						102,732	2,952,837	
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	1,232,946	6,749						103,815	1,122,382	
8. Non-Physician.....	3,538,560	8,207						278,987	3,251,366	
9. Total.....	4,771,506	14,956	0	0	0	0	0	382,802	4,373,748	0
10. Hospital Patient Days Incurred.....	1,184,538	490						131,929	1,052,119	
11. Number of Inpatient Admissions.....	82,212	94						11,216	70,902	
12. Health Premiums Written (a).....	1,731,929,560	7,947,133						156,829,794	1,567,152,633	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,722,106,223	7,887,857						156,788,823	1,557,429,543	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	1,281,995,934	4,758,602						139,661,846	1,137,575,486	
18. Amount Incurred for Provision of Health Care Services.....	1,261,414,979	6,336,451						160,823,437	1,094,255,091	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....156,829,794.

## 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
<b>Claims Unpaid (Reported)</b>						
CVS Caremark Corporation.....	15,239,007					15,239,007
0199999. Individually Listed Claims Unpaid.....	15,239,007	0	0	0	0	15,239,007
0399999. Aggregate Accounts Not Individually Listed-Covered.....	3,695,239	2,006,719	2,025,101	25,330	155,192	7,907,581
0499999. Subtotals.....	18,934,246	2,006,719	2,025,101	25,330	155,192	23,146,588
0599999. Unreported Claims and Other Claim Reserves.....						144,910,946
0799999. Total Claims Unpaid.....						168,057,534
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						683,151

## UNDERWRITING AND INVESTMENT EXHIBIT

### Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	293,975	3,960,416	40,744	1,998,413	334,719	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.....	5,973,699	133,739,030	145,063	32,666,537	6,118,762	4,522,241
7. Title XIX - Medicaid.....	128,711,721	1,026,291,092	327,482	132,743,261	129,039,203	180,291,098
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	134,979,395	1,163,990,538	513,289	167,408,211	135,492,684	185,100,097
10. Healthcare receivables (a).....	17,642,361		551,269	22,372,854	18,193,630	18,193,631
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....		644,984		683,151	0	
13. Totals (Lines 9-10+11+12).....	117,337,034	1,164,635,522	(37,980)	145,718,508	117,299,054	166,906,466

600

(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	September 30, 2015	December 31, 2014
<b>NET INCOME</b>			
(1) Company state basis (Page Q04, Line 32, Columns 2 & 4)	OH	\$ 92,362,867	\$ 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	\$ 92,362,867	\$ 55,873,718
<b>SURPLUS</b>			
(5) Company state basis (Page Q03, Line 33, Columns 3 & 4)	OH	\$ 272,957,839	\$ 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	\$ 272,957,839	\$ 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. 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 September 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		40,000
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$	–
		2.	12 Months or Longer		960,000

(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 September 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 September 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 nine months ended September 30, 2015 amounted to \$1,144,276.

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 September 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 75% 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. Assets Measured at Fair Value on a Recurring Basis:

(1) The following table provides information about the Company’s financial assets measured and reported at fair value using the hierarchy defined by SSAP No. 100, *Fair Value Measurements*, as of September 30, 2015:

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Total
Assets at fair value				
Bonds below investment grade:				
Certificates of deposit	\$ -	\$ 465,434	\$ -	\$ 465,434
Municipal securities	-	1,055,141	-	1,055,141
Total bonds below investment grade	\$ -	\$ 1,520,575	\$ -	\$ 1,520,575

(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 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 and short-term investments (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)
Corporate debt securities	\$ 118,172,543	\$ 118,261,027	\$ -	\$ 118,172,543	\$ -	\$ -
Government-sponsored enterprise securities	24,505,680	24,520,178	24,505,680	-	-	-
Money market funds	105,790,240	105,790,240	105,790,240	-	-	-
Municipal securities	49,833,375	49,809,634	-	49,833,375	-	-
U.S. Treasury notes	411,521	411,487	411,521	-	-	-
Auction rate securities	960,000	1,000,000	-	-	960,000	-
Certificates of deposit	6,758,503	6,763,080	-	6,758,503	-	-
<b>Total bonds and short term investments</b>	<b>\$ 306,431,862</b>	<b>\$ 306,555,646</b>	<b>\$ 130,707,441</b>	<b>\$ 174,764,421</b>	<b>\$ 960,000</b>	<b>\$ -</b>

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 November 10, 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 \$11.9 million as of September 30, 2015, relating to its contracts with CMS. The Company had net premiums written relating to Medicare of \$156.8 million for the period ended September 30, 2015, representing 9.1% of total net premiums written.
- Marketplace premiums are subject to retrospective rating and redetermination. The Company recorded a net receivable of \$251,271 as of September 30, 2015, relating to Marketplace. The Company had net premiums written relating to Marketplace of \$7.9 million for the period ended September 30, 2015, representing 0.5% of the total net premiums written.
- Certain Medicaid premiums are subject to retrospective rating. The Company recorded a net payable of \$9.7 million as of September 30, 2015, relating to its contract with the state of Ohio. The Company had net premiums written relating to Medicaid expansion of \$338.7 million for the period ended September 30, 2015, representing 19.6% 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:

a.		Permanent ACA Risk Adjustment Program	AMOUNT
<b>Assets</b>			
1.	Premium adjustments receivable due to ACA Risk Adjustment		\$ 310,547
<b>Liabilities</b>			
2.	Risk adjustment user fees payable for ACA Risk Adjustment		1,548
3.	Premium adjustments payable due to ACA Risk Adjustment		-
<b>Operations (Revenue &amp; Expenses)</b>			
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		331,646
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)		1,555
<b>b. Transitional ACA Reinsurance Program</b>			
<b>Assets</b>			
1.	Amounts recoverable for claims paid due to ACA Reinsurance		386,630
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		136,034
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		-
<b>Liabilities</b>			
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		17,754
5.	Ceded reinsurance premiums payable due to ACA Reinsurance		53,261
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		-
<b>Operations (Revenue &amp; Expenses)</b>			
7.	Ceded reinsurance premiums due to ACA Reinsurance		53,261
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		504,210
9.	ACA Reinsurance contributions – not reported as ceded premium		17,754
<b>c. Temporary ACA Risk Corridors Program</b>			
<b>Assets</b>			
1.	Accrued retrospective premium due to ACA Risk Corridors		-
<b>Liabilities</b>			
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		59,276
<b>Operations (Revenue &amp; Expenses)</b>			
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		59,276

- (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		
	1	2	3	4	Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	9	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program												
1 Premium adjustments receivable	\$ 100,353	\$ -	\$ 121,452	\$ -	\$ (21,099)	\$ -	\$ 80,296	\$ -	A	\$ 59,197	\$ -	
2 Premium adjustments (payable)	-	-	-	-	-	-	-	-	B	-	-	-
3 Subtotal ACA Permanent Risk Adjustment Program	100,353	-	121,452	-	(21,099)	-	80,296	-		59,197	-	-
b. Transitional ACA Reinsurance Program												
1 Amounts recoverable for claims paid	13,416	-	18,761	-	(5,345)	-	6,822	-	C	1,477	-	-
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	-	18,761	-	18,455	-	(16,978)	-		1,477	-	-
c. Temporary ACA Risk Corridors Program												
1 Accrued retrospective premium	-	-	-	-	-	-	-	59,276	I	-	59,276	-
2 Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	J	-	-	-
3 Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	59,276		-	59,276	-
d. Total for ACA Risk Sharing Provisions	\$ 137,569	\$ -	\$ 140,213	\$ -	\$ (2,644)	\$ -	\$ 63,318	\$ 59,276		\$ 60,674	\$ 59,276	

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:

	Nine months ended 9/30/2015	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	1,313,204,041	1,372,651,463
Prior years	(52,457,422)	(21,187,151)
Net incurred claims during the current year	<u>1,260,746,619</u>	<u>1,351,464,312</u>

Deduct paid claims, net of reinsurance:

Current year	1,146,346,514	1,182,491,126
Prior years	134,979,395	83,866,021
Net paid claims during the current year	<u>1,281,325,909</u>	<u>1,266,357,147</u>
Change in claims adjustment expenses	(161,446)	1,765,928
Change in health care receivables	4,730,492	(4,269,350)
Change in amounts due from reinsurers	<u>(646,648)</u>	<u>(202,365)</u>
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 171,249,299</u>	<u>\$ 187,906,191</u>

**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:          | September 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 Pathways of Ohio, LLC has been added to the organizational chart. BW MHM Holdings, LLC has been removed from the organizational chart and Molina Healthcare of South Carolina, Inc is now Molina Healthcare of South Carolina, LLC

- 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
	0	

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 [X] No [ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 1,911,626

**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	<u>75.2 %</u>
1.2 A&H cost containment percent	<u>2.3 %</u>
1.3 A&H expense percent excluding cost containment expenses	<u>15.1 %</u>

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

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>A&amp;H Non-Affiliates</b>								
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							9 Deposit-Type Contracts
		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	
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	7,947,133	156,829,794	1,567,152,633					1,731,929,560
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		7,947,133	156,829,794	1,567,152,633	0	0	0	0	1,731,929,560
60. Reporting entity contributions for Employee Benefit Plans.....XXX									0
61. Total (Direct Business).....(a)	1	7,947,133	156,829,794	1,567,152,633	0	0	0	0	1,731,929,560

**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, LLC
-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	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	OH	47-4937011	Molina Pathways of Ohio, 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
<b>Members</b>														
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, LLC.....	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..	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 Medical Management, 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..	47-4937011...				Molina Pathways of Ohio, LLC.....	OH.....	NIA.....	Molina Pathways, LLC.....	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.....	

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## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
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.....	.....

# 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**

**Molina Healthcare of Ohio, Inc.**  
**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

**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

**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

**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.....	92,665,203	84,184,893
3. Accrual of discount.....	16,462	10,032
4. Unrealized valuation increase (decrease).....	(53,915)	68,710
5. Total gain (loss) on disposals.....	22,670	67,728
6. Deduct consideration for bonds and stocks disposed of.....	40,306,532	25,275,670
7. Deduct amortization of premium.....	1,480,084	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).....	174,376,867	123,513,062
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	174,376,867	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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	307,238,018	1,336,696,956	1,371,976,480	(760,281)	301,168,604	307,238,018	271,198,213	249,634,196
2. NAIC 2 (a).....	91,512,112	441,488,313	442,153,536	(1,014,445)	128,687,755	91,512,112	89,832,443	93,165,378
3. NAIC 3 (a).....	1,000,870		1,000,000	1,054,271	1,003,240	1,000,870	1,055,141	1,002,700
4. NAIC 4 (a).....	221,000			(44)	221,000	221,000	220,956	
5. NAIC 5 (a).....							.0	
6. NAIC 6 (a).....	245,000			(522)		245,000	244,478	
7. Total Bonds.....	400,217,000	1,778,185,269	1,815,130,017	(721,022)	431,080,599	400,217,000	362,551,231	343,802,274
<b>PREFERRED STOCK</b>								
8. NAIC 1.....							.0	
9. NAIC 2.....							.0	
10. NAIC 3.....							.0	
11. NAIC 4.....							.0	
12. NAIC 5.....							.0	
13. NAIC 6.....							.0	
14. Total Preferred Stock.....	.0	.0	.0	.0	.0	.0	.0	.0
15. Total Bonds and Preferred Stock.....	400,217,000	1,778,185,269	1,815,130,017	(721,022)	431,080,599	400,217,000	362,551,231	343,802,274

QSI02

(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.....	132,178,779	XXX.....	132,376,216	188,007	134,570

## 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.....	3,837,619,137	3,734,355,316
3. Accrual of discount.....	13,379	705
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	1,725	
6. Deduct consideration received on disposals.....	3,823,609,765	3,699,540,287
7. Deduct amortization of premium.....	434,517	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).....	132,178,779	118,588,820
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	132,178,779	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.....	1,440,646,301	1,596,501,459
3. Accrual of discount.....	217,343	163,169
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(0)	(0)
6. Deduct consideration received on disposals.....	1,486,563,000	1,553,692,000
7. Deduct amortization of premium.....	5,451	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).....	55,995,585	101,700,392
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	55,995,585	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)
<b>Bonds - U.S. Special Revenue and Special Assessment</b>									
3130A6	GS 0 FEDERAL HOME LOAN BANK.....		..09/10/2015	Morgan Stanley 15.....		.....6,000,000	.....6,000,000		1.....
3133EE	WB 2 FEDERAL FARM CREDIT BANK.....		..08/27/2015	Morgan Stanley 15.....		.....5,023,500	.....5,000,000	.....31,442	1.....
3134G7	LZ 2 FREDDIE MAC.....		..07/15/2015	Morgan Stanley 15.....		.....5,000,000	.....5,000,000		1.....
64711N	QE 8 NM FIN AUTH-TXBL.....		..07/10/2015	Morgan Stanley 15.....		.....798,798	.....760,000	.....3,530	1FE.....
3199999	Total Bonds - U.S. Special Revenue and Special Assessment.....					.....16,822,298	.....16,760,000	.....34,971	XXX
<b>Bonds - Industrial and Miscellaneous</b>									
02587C	DM 9 American Express Bank, FSB.....		..07/10/2015	Morgan Stanley 15.....		.....245,000	.....245,000		1.....
0258M0	DL 0 AMERICAN EXPRESS CREDIT.....		..09/08/2015	Morgan Stanley 15.....		.....2,992,710	.....3,000,000	.....5,923	1FE.....
06251A	J2 7 Bank Hapoalim B.M.....	F	..07/21/2015	Morgan Stanley 15.....		.....245,000	.....245,000		2FE.....
06414Q	VZ 9 Bank of North Carolina.....		..07/21/2015	Morgan Stanley 15.....		.....245,000	.....245,000		1.....
06740K	JE 8 Barclays Bank Delaware.....	R	..09/10/2015	Morgan Stanley 15.....		.....245,000	.....245,000		1.....
073296	BT 1 BBCN Bank.....		..07/21/2015	Morgan Stanley 15.....		.....245,000	.....245,000		1.....
084664	BZ 3 BERKSHIRE HATHAWAY FIN.....		..09/16/2015	Morgan Stanley 15.....		.....5,167,850	.....5,000,000	.....62,833	1FE.....
172967	JW 2 CITIGROUP INC.....		..09/16/2015	Morgan Stanley 15.....		.....2,645,966	.....2,638,000	.....8,035	1FE.....
20364A	AU 9 Community Financial Services Bank.....		..08/13/2015	Morgan Stanley 15.....		.....217,000	.....217,000		1.....
225862	CE 9 CresCom Bank.....		..07/10/2015	Morgan Stanley 15.....		.....245,000	.....245,000		1.....
27113P	AH 4 East Boston Savings Bank.....		..08/13/2015	Morgan Stanley 15.....		.....245,000	.....245,000		1.....
55266C	MT 0 MB Financial Bank, N.A.....		..07/10/2015	Morgan Stanley 15.....		.....245,000	.....245,000		1.....
85916V	AU 9 Sterling Bank.....		..08/21/2015	Morgan Stanley 15.....		.....245,000	.....245,000		1.....
865622	BC 7 SUMITOMO MITSUI BANKING.....	R	..09/14/2015	Morgan Stanley 15.....		.....1,523,070	.....1,500,000	.....6,042	1FE.....
92343V	BM 5 VERIZON COMMUNICATIONS.....		..09/08/2015	Morgan Stanley 15.....		.....5,166,750	.....5,000,000	.....25,165	2FE.....
966594	AK 9 Whitney Bank.....		..08/06/2015	Morgan Stanley 15.....		.....245,000	.....245,000		2FE.....
3899999	Total Bonds - Industrial and Miscellaneous.....					.....20,163,346	.....19,805,000	.....107,998	XXX
8399997	Total Bonds - Part 3.....					.....36,985,644	.....36,565,000	.....142,969	XXX
8399999	Total Bonds.....					.....36,985,644	.....36,565,000	.....142,969	XXX
9999999	Total Bonds, Preferred and Common Stocks.....					.....36,985,644	XXX	.....142,969	XXX

QE04

(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	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Special Revenue and Special Assessment</b>																					
116475	XG 4		09/01/2015	BROWNSVILLE UTL-REF-B.....		100,000	100,000	104,452	102,882		(2,882)		(2,882)		100,000			0	4,964	09/01/2015	1FE....
3130A4	C6 7		09/12/2015	FEDERAL HOME LOAN BANK.....		6,000,000	6,000,000	6,000,000					0	6,000,000			0	0	30,000	03/12/2019	1.....
3133EA	ZK 7		09/01/2015	FEDERAL FARM CREDIT BANK.....		500,000	500,000	500,000	500,000				0	500,000			0	0	5,348	07/24/2017	1.....
3134G5	SD 8		09/24/2015	FREDDIE MAC.....		5,000,000	5,000,000	5,000,000	5,000,000				0	5,000,000			0	0	28,125	12/24/2018	1.....
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....						11,600,000	11,600,000	11,604,452	5,602,882	0	(2,882)	0	(2,882)	0	11,600,000	0	0	0	68,437	XXX	XXX
<b>Bonds - Industrial and Miscellaneous</b>																					
233851	AQ 7	R.	07/31/2015	DAIMLER FINANCE NA LLC.....		1,360,000	1,360,000	1,370,921	1,362,920		(2,920)		(2,920)		1,360,000			0	17,680	07/31/2015	1FE....
24702R	AL 5		09/10/2015	DELL INC.....		1,000,000	1,000,000	1,032,360	1,002,700	4,745	(7,445)		(2,700)		1,000,000			0	23,000	09/10/2015	3FE....
25459H	AY 1		09/14/2015	DIRECTV HOLDINGS/FING.....		3,042,076	3,000,000	3,075,630			(41,094)		(41,094)		3,034,536		7,540	7,540	108,792	03/01/2016	2FE....
36962G	4S 0		09/30/2015	GENERAL ELEC CAP CORP.....		1,000,000	1,000,000	1,000,000	1,000,000				0	1,000,000			0	0	6,904	09/30/2015	1FE....
3899999. Total Bonds - Industrial and Miscellaneous.....						6,402,076	6,360,000	6,478,911	3,365,620	4,745	(51,459)	0	(46,713)	0	6,394,536	0	7,540	7,540	156,375	XXX	XXX
8399997. Total Bonds - Part 4.....						18,002,076	17,960,000	18,083,363	8,968,502	4,745	(54,341)	0	(49,596)	0	17,994,536	0	7,540	7,540	224,813	XXX	XXX
8399999. Total Bonds.....						18,002,076	17,960,000	18,083,363	8,968,502	4,745	(54,341)	0	(49,596)	0	17,994,536	0	7,540	7,540	224,813	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks.....						18,002,076	XXX	18,083,363	8,968,502	4,745	(54,341)	0	(49,596)	0	17,994,536	0	7,540	7,540	224,813	XXX	XXX

QE05

(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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
JP Morgan Chase..... Columbus, Ohio.....					73,625,564	94,164,725	77,619,120	XXX
JP Morgan Chase..... Columbus, Ohio.....					22,883,422	1,883,422	1,820,161	XXX
JP Morgan Chase..... Columbus, Ohio.....					(23,827)	(4,777)	(20,728)	XXX
US Bank..... St. Paul, MN.....					(24,319,524)	(27,024,659)	(28,583,915)	XXX
US Bank..... St. Paul, MN.....					(142,647)	(181,386)	(98,500)	XXX
US Bank..... St. Paul, MN.....					(589,010)	(452,265)	(452,071)	XXX
JP Morgan Chase..... Columbus, Ohio.....					1,846,505	2,151,251	2,460,426	XXX
Salomon Smith Barney..... San Francisco, CA.....						34	1,002,659	XXX
0199998. Deposits in.....17 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX	369	1,204	7,760,697	7,745,790	4,120,000	XXX
0199999. Total Open Depositories.....	XXX	XXX	369	1,204	81,041,180	78,282,135	57,867,152	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	369	1,204	81,041,180	78,282,135	57,867,152	XXX
0599999. Total Cash.....	XXX	XXX	369	1,204	81,041,180	78,282,135	57,867,152	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
<b>Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations</b>							
AutoZone, Inc.....		09/18/2015		10/14/2015	4,999,278		722
Medtronic Global Holdings S.C.A.....		09/18/2015		10/05/2015	4,999,833		542
BAE SYSTEMS HOLDINGS INC.....		09/17/2015		10/02/2015	1,999,973		373
Southern Company Funding Corporation.....		09/18/2015		10/09/2015	4,999,611		632
South Carolina Fuel Company, Inc.....		09/18/2015		10/14/2015	4,999,332		668
UnitedHealth Group Incorporated.....		09/14/2015		10/05/2015	3,999,853		623
Stanley Black & Decker, Inc.....		09/16/2015		10/06/2015	4,999,771		687
Cigna Corporation.....		09/21/2015		10/05/2015	4,999,806		486
ENI Finance USA Inc.....		09/18/2015		10/09/2015	4,999,522		776
CenterPoint Energy, Inc.....		09/18/2015		10/14/2015	4,999,206		794
The Valspar Corporation.....		09/18/2015		10/09/2015	4,999,589		668
Orange and Rockland Utilities, Inc.....		09/18/2015		10/05/2015	4,999,811		472
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.....					55,995,585	0	7,445
3899999. Total - Industrial and Miscellaneous (Unaffiliated).....					55,995,585	0	7,445
<b>Total Bonds</b>							
7799999. Subtotals - Issuer Obligations.....					55,995,585	0	7,445
8399999. Subtotals - Bonds.....					55,995,585	0	7,445
8699999. Total - Cash Equivalents.....					55,995,585	0	7,445

QE13