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ANNUAL STATEMENT

For the Year Ended December 31, 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 or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	3000 Corporate Exchange Drive….. Columbus ..... OH ..... US …. 43231 *(Street and Number) (City or Town, State, Country and Zip Code)*	888-562-5442 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Donna Marie Sickler *(Name)* donna.sickler@molinahealthcare.com *(E-Mail Address)*	888-562-5442-216406 *(Area Code) (Telephone Number) (Extension)* 614-899-2376 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. 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 _____ 2016

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 _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	6,079	1,144	1,709	6,862	6,862	8,932
0499999. Premiums due and unpaid from Medicaid entities	22,534,451	3,573,577	3,733,084	1,091,641		30,932,753
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	22,540,530	3,574,721	3,734,793	1,098,503	6,862	30,941,685

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS Caremark Corporation	1,744,680	1,676,399	1,837,138	6,813,304	6,813,304	5,258,217
0199999. Total Pharmaceutical Rebate Receivables	1,744,680	1,676,399	1,837,138	6,813,304	6,813,304	5,258,217
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually				71,332	71,332	0
0299999. Total Claim Overpayment Receivables	0	0	0	71,332	71,332	0
Capitation Arrangement Receivables						
PFK	13,347,198					13,347,198
0499999. Total Capital Arrangement Receivables	13,347,198	0	0	0	0	13,347,198
0799999. Gross Health Care Receivables	15,091,878	1,676,399	1,837,138	6,884,636	6,884,636	18,605,415

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	3,696,883	8,014,573	69,546	12,001,975	3,766,429	3,537,891
2. Claim overpayment receivables	867,783	146,720	12,889	58,443	880,672	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables	9,656,630	115,587,049		13,347,198	9,656,630	14,527,016
5. Risk sharing receivables					0	
6. Other health care receivables					0	128,723
7. Totals (Lines 1 through 6)	14,221,296	123,748,342	82,435	25,407,616	14,303,731	18,193,630

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - 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	15,303,592					15,303,592
0199999. Individually listed claims unpaid	15,303,592	0	0	0	0	15,303,592
0399999. Aggregate accounts not individually listed - covered	4,676,188	1,883,041				6,559,229
0499999. Subtotals	19,979,780	1,883,041	0	0	0	21,862,821
0599999. Unreported claim and other claim reserves						141,507,350
0799999. Total claims unpaid						163,370,171
0899999. Accrued medical incentive pool and bonus amounts						2,321,082

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molina Healthcare, Inc.	Misc Charges	2,743,032	2,743,032	
0199999. Individually listed payables		2,743,032	2,743,032	0
0399999. Total gross payables		2,743,032	2,743,032	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	272,533,713	15.8	439,815	134.5		272,533,713
3. All other providers	32,995,168	1.9	327,022	100.0		32,995,168
4. Total capitation payments	305,528,881	17.8	766,837	234.5	0	305,528,881
Other Payments:						
5. Fee-for-service	154,590,413	9.0	XXX	XXX		154,590,413
6. Contractual fee payments	1,261,072,706	73.3	XXX	XXX		1,261,072,706
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,415,663,119	82.2	XXX	XXX	0	1,415,663,119
13. Total (Line 4 plus Line 12)	1,721,192,000	100.0	XXX	XXX	0	1,721,192,000

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
	March Vision	6,568,997	547,416		
	PFK & HNCC	265,964,716	22,163,726		
9999999. Totals		272,533,713	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,101,661		677,880	1,423,781	1,423,781	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	4,450,608		937,180	3,513,428	3,513,428	0
6. Total	6,552,269	0	1,615,060	4,937,209	4,937,209	0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of Ohio, Inc. 2. Columbus, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....1531 NAIC Company Code.....12334

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	343,817	2,312						11,078	330,427	
5. Current year	327,022	2,156						10,446	314,420	
6. Current year member months	4,073,792	25,499						134,394	3,913,899	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,638,767	9,248						132,193	1,497,326	
8. Non-physician	4,737,105	12,022						361,704	4,363,379	
9. Totals	6,375,872	21,270	0	0	0	0	0	493,897	5,860,705	0
10. Hospital patient days incurred	1,614,427	861						173,548	1,440,018	
11. Number of inpatient admissions	111,204	146						15,068	95,990	
12. Health premiums written (b)	2,286,794,333	10,665,862						202,187,616	2,073,940,855	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,273,508,663	10,416,015						200,258,834	2,062,833,814	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,721,192,000	7,137,056						190,174,947	1,523,879,997	
18. Amount incurred for provision of health care services	1,695,730,675	7,865,259						208,310,490	1,479,554,926	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....202,187,616

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of Ohio, Inc. 2. Columbus, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR (Location)

NAIC Group Code.....1531 NAIC Company Code.....12334

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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	343,817	2,312						11,078	330,427	
5. Current year	327,022	2,156						10,446	314,420	
6. Current year member months	4,073,792	25,499						134,394	3,913,899	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,638,767	9,248						132,193	1,497,326	
8. Non-physician	4,737,105	12,022						361,704	4,363,379	
9. Totals	6,375,872	21,270	0	0	0	0	0	493,897	5,860,705	0
10. Hospital patient days incurred	1,614,427	861						173,548	1,440,018	
11. Number of inpatient admissions	111,204	146						15,068	95,990	
12. Health premiums written (b)	2,286,794,333	10,665,862						202,187,616	2,073,940,855	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,273,508,663	10,416,015						200,258,834	2,062,833,814	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,721,192,000	7,137,056						190,174,947	1,523,879,997	
18. Amount incurred for provision of health care services	1,695,730,675	7,865,259						208,310,490	1,479,554,926	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....202,187,616

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572	43-1235868	01/01/2015	RGA Reinsurance Company	MO	1,537,047	
00000	AA-9990032	01/01/2015	U.S. Department of Health and Human Services	DC	678,470	39,855
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				2,215,517	39,855
2199999.	Total - Accident and Health Non-Affiliates				2,215,517	39,855
2299999.	Total - Accident and Health				2,215,517	39,855
2399999.	Total U.S.				2,215,517	39,855
9999999.	Total				2,215,517	39,855

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93572	43-1235868	.01/01/2015	RGA Reinsurance Company	MO	SSL/A/I	CMM	12,180						
93572	43-1235868	.01/01/2015	RGA Reinsurance Company	MO	SSL/A/I	MR	2,146						
93572	43-1235868	.01/01/2015	RGA Reinsurance Company	MO	SSL/A/I	MC	2,644,235						
00000	AA-9990032	.01/01/2015	U.S. Department of Health and Human Services	DC	OTH/A/I	CMM	63,855						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						2,722,416	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						2,722,416	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						2,722,416	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						2,722,416	0	0	0	0	0	0
6999999.	Total - U.S.						2,722,416	0	0	0	0	0	0
9999999.	Total						2,722,416	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

		1 2015	2 2014	3 2013	4 2012	5 2011
A.	**OPERATIONS ITEMS**					
1.	Premiums	76	7			
2.	Title XVIII - Medicare	2	3	3	2	5
3.	Title XIX - Medicaid	2,644	4,963	4,490	3,874	3,780
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses	2,216	274	1,236	855	
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with certified reinsurers					XXX
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Multiple beneficiary trust					XXX
18.	Funds deposited by and withheld from (F)					XXX
19.	Letters of credit (L)					XXX
20.	Trust agreements (T)					XXX
21.	Other (O)					XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	366,032,309		366,032,309
2.	Accident and health premiums due and unpaid (Line 15)	31,975,000		31,975,000
3.	Amounts recoverable from reinsurers (Line 16.1)	2,215,517	(2,215,517)	0
4.	Net credit for ceded reinsurance	XXX	2,255,372	2,255,372
5.	All other admitted assets (balance)	40,205,959		40,205,959
6.	Totals assets (Line 28)	440,428,785	39,855	440,468,640
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	163,330,316	39,855	163,370,171
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,321,082		2,321,082
9.	Premiums received in advance (Line 8)	3,082,213		3,082,213
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	81,036,133		81,036,133
15.	Total liabilities (Line 24)	249,769,744	39,855	249,809,599
16.	Total capital and surplus (Line 33)	190,659,041	XXX	190,659,041
17.	Total liabilities, capital and surplus (Line 34)	440,428,785	39,855	440,468,640
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	39,855		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	2,215,517		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,255,372		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	2,255,372		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

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	00000	81-0864563				Molina Healthcare of Oklahoma, Inc	OK	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc	PA	NIA	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	54.770	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	

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	47-2308753				Molina Personal Care of Texas, Inc	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc	
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	47-2525144				Pathways Health and Community Support LLC	DE	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	58-2478281				AmericanWork, Inc	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	61-1436598				A to Z In-Home Tutoring LLC	NV	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	36-3465604				Camelot Care Centers, Inc	IL	NIA	Pathways Community Corrections, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	20-2639439				Children's Behavioral Health, Inc	PA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	88-0469530				Choices Group, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	95-4864640				College Community Services	CA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	35-2085281				Dockside Services, Inc	IN	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	00-0000000				Family Builders, Inc	AZ	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	54-1620121				Family Preservation Services, Inc	VA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	65-0848685				Family Preservation Services of Florida, Inc	FL	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	86-0976674				Family Preservation Services of North Carolina, Inc	NC	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	20-0086731				Family Preservation Services of Washington, D.C., Inc	DC	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	86-1035573				Family Preservation Services of West Virginia, Inc	WV	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	88-0321776				Maple Star Nevada, Inc	NV	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	93-1263318				Maple Star Oregon, Inc	OR	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	62-1651095				Pathways Community Corrections, Inc	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	33-0797276				Pathways Community Services LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	23-2820336				Pathways Community Services LLC	PA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	74-2868929				Pathways Community Support of Texas, Inc	TX	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	20-0991181				Pathways Health and Community Support of Florida, Inc	FL	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	26-1742190				Pathways of Alabama, Inc	AL	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	86-0706547				Pathways of Arizona, Inc	AZ	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	59-3766748				Pathways of Delaware, Inc	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	46-5044433				Pathways of Idaho LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	86-0970832				Pathways of Maine, Inc	ME	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	47-1016377				Pathways of Massachusetts LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	74-2884198				Pathways of Oklahoma, Inc	OK	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	27-2837920				Pathways of Washington, Inc	WA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	25-1470445				Raystown Developmental Services, Inc	PA	NIA	The RedCo Group, Inc	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	86-1041182				Rio Grande Management Company, L.L.C	AZ	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	23-2181371				The RedCo Group, Inc	PA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	58-1923779				Transitional Family Services, Inc	GA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	
1531	Molina Healthcare, Inc	00000	43-1699690				W.D. Management, L.L.C	MO	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc	

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...	38-3611499..	.....	.....	.....	Synergy Partners, L.L.C.....	MI.....	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...	.....

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc	142,000,000	(781,374,020)			1,181,954,501				542,580,481	
00000	33-0342719	Molina Healthcare of California	(25,000,000)	11,263,068			1,355,763,231				1,342,026,299	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc					(1,656,332,233)				(1,656,332,233)	
00000	45-2634351	Molina Healthcare Data Center, Inc					4,392,243				4,392,243	
13128	26-0155137	Molina Healthcare of Florida, Inc		224,230,962			(78,614,196)				145,616,766	
15714	80-0800257	Molina Healthcare of Georgia, Inc		3,005,000							3,005,000	
14104	27-1823188	Molina Healthcare of Illinois, Inc		87,000,000			(28,913,120)				58,086,880	
52630	38-3341599	Molina Healthcare of Michigan, Inc		20,000,000			(112,951,413)				(92,951,413)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc		20,000,000			(89,848,601)				(69,848,601)	
12334	20-0750134	Molina Healthcare of Ohio, Inc	(100,000,000)				(213,478,198)				(313,478,198)	
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc		69,100,228			(20,791,094)				48,309,134	
15329	46-2992125	Molina Healthcare of South Carolina, LLC					(46,528,631)				(46,528,631)	
10757	20-1494502	Molina Healthcare of Texas, Inc		20,000,000			(143,772,080)	(1,649,152)			(125,421,232)	
13778	27-0522725	Molina Healthcare of Texas Insurance Company					(1,618,403)	1,649,152			30,749	
95502	33-0617992	Molina Healthcare of Utah, Inc					(26,527,965)				(26,527,965)	
00000	26-1769086	Molina Healthcare of Virginia, Inc					(374,895)				(374,895)	
96270	91-1284790	Molina Healthcare of Washington, Inc		76,100,000			(108,090,248)				(31,990,248)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc		5,000,000			(28,800,566)				(23,800,566)	
00000	46-2821516	Molina Hospital Management, Inc		5,000,000			4,752,133				9,752,133	
00000	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Soluti					(17,147,282)				(17,147,282)	
00000	37-1652282	Molina Medical Management, Inc	(17,000,000)	2,072,798			32,595,912				17,668,710	
00000	47-1446940	Easy Care MSO, LLC		927,202							927,202	
00000	45-2854547	Molina Pathways, LLC		1,000,000			(3,382,020)				(2,382,020)	
00000	47-2296708	Molina Pathways of Texas, Inc					2,000				2,000	
00000	47-2308753	Molina Personal Care of Texas, Inc					3,000				3,000	
00000	47-2525144	Pathways Health and Community Support LLC		234,674,762			(2,292,075)				232,382,687	
	38-3611499	Synergy Partners, L.L.C		2,000,000							2,000,000	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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.

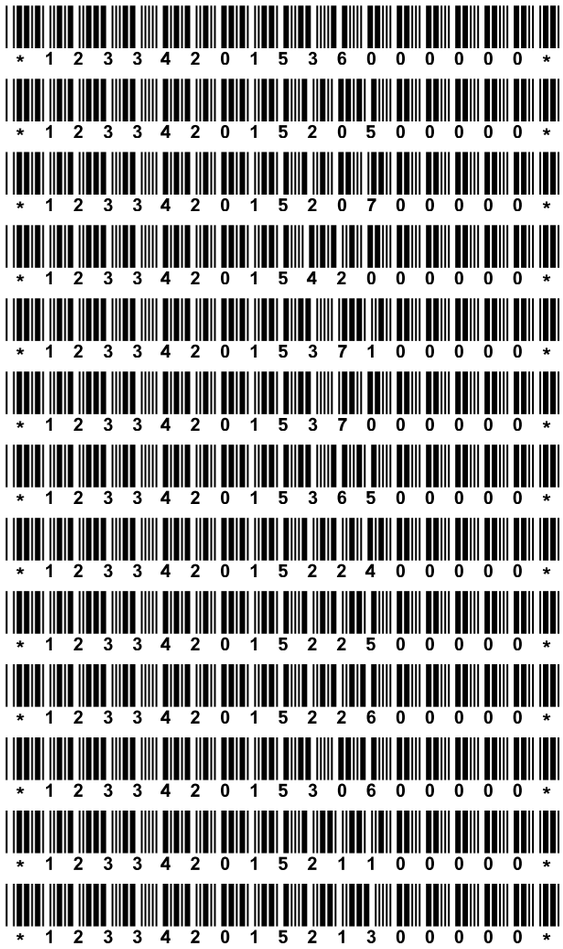
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	SEE EXPLANATION
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11. This line of business is not written by the company.
12. This line of business is not written by the company.
13. This line of business is not written by the company.
14. Not applicable.
15. Not applicable.
16. Not applicable.
17. This line of business is not written by the company.
18. Not applicable.
19. Not applicable.
20. Not applicable.
21. This line of business is not written by the company.
22. This line of business is not written by the company.
23. This line of business is not written by the company.
24.
25.
26.

BAR CODE:



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