12334201620100102

HEALTH QUARTERLY STATEMENT

As of June 30, 2016

of the Condition and Affairs of the

Molina Healthcare of Ohio, Inc.

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

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

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

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

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

OFFICERS

Name	Title	Name	Title
1. Ami Lee Cole	President	2. Donna Marie Sickler	Treasurer/VP Finance & Analytics
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Amy Schultz Clubbs James Dwight Forshee MD Thomas Mitchell Standring

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

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

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

Subscribed and sworn to before me
This _____ day of _____

a. Is this an original filing? Yes [X] No [ ]
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds	137,662,324		137,662,324	160,926,394
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 $.....0 encumbrances)			0	
5. Cash ($.....38,659,441), cash equivalents ($.....68,376,830) and short-term investments ($.....103,572,845)	210,609,116		210,609,116	205,105,915
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)	348,271,440	0	348,271,440	366,032,309
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	812,066		812,066	1,000,072
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	83,012,807		83,012,807	30,941,685
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) and contracts subject to redetermination ($.....7,509,451)	7,509,451		7,509,451	1,033,315
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	767,916		767,916	2,215,517
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	16,092,093		16,092,093	8,892,434
18.1 Current federal and foreign income tax recoverable and interest thereon			0	7,055,225
18.2 Net deferred tax asset	8,764,003	1,092,273	7,671,730	4,652,813
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)	4,563,099	4,563,099	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care ($.....20,996,870) and other amounts receivable	36,610,421	15,613,551	20,996,870	18,605,415
25. Aggregate write-ins for other than invested assets	772,825	772,825	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	507,176,121	22,041,748	485,134,373	440,428,785
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	507,176,121	22,041,748	485,134,373	440,428,785

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. Prepaids, deposits, and other assets	772,825	772,825	0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	772,825	772,825	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....1,237,511 reinsurance ceded)	166,384,335	189,529	166,573,864	163,330,316
2.	Accrued medical incentive pool and bonus amounts	1,070,267		1,070,267	2,321,082
3.	Unpaid claims adjustment expenses	2,582,366	3,361	2,585,727	2,544,483
4.	Aggregate health policy reserves, including the liability of $.....1,180,743 for medical loss ratio rebate per the Public Health Service Act	17,199,565		17,199,565	13,539,790
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserve			0	
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance	3,456,022		3,456,022	3,082,213
9.	General expenses due or accrued	63,025,846		63,025,846	39,746,041
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	10,528,382		10,528,382	
10.2	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable			0	
12.	Amounts withheld or retained for the account of others			0	321
13.	Remittances and items not allocated			0	
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	8,640,001		8,640,001	2,743,032
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....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 $.....18,007,063 current)	18,007,063	0	18,007,063	22,462,466
24.	Total liabilities (Lines 1 to 23)	290,893,847	192,890	291,086,737	249,769,744
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	35,300,000
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	111,157,636	72,469,041
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	194,047,636	190,659,041
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	485,134,373	440,428,785

DETAILS OF WRITE-INS

2301.	Amounts due to government agencies	18,007,063		18,007,063	22,462,466
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)	18,007,063	0	18,007,063	22,462,466
2501.	2016 health insurer fee accrual estimate	XXX	XXX		35,300,000
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	35,300,000
3001.					
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member months	XXX	2,017,656	2,051,356	4,073,792
2.	Net premium income (including $.....0 non-health premium income)	XXX	1,117,560,439	1,173,621,337	2,284,071,917
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(3,659,775)	(9,885,386)	(13,285,671)
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	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0	0
8.	Total revenues (Lines 2 to 7)	XXX	1,113,900,664	1,163,735,951	2,270,786,246
Hospital and Medical:					
9.	Hospital/medical benefits		616,588,920	587,147,285	1,200,723,703
10.	Other professional services		22,102,061	20,346,616	43,116,399
11.	Outside referrals	1,121,168	36,981,709	47,664,929	87,230,705
12.	Emergency room and out-of-area		51,931,780	44,341,784	93,298,840
13.	Prescription drugs		141,266,770	131,055,536	267,796,008
14.	Aggregate write-ins for other hospital and medical	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		658,381	982,284	3,565,022
16.	Subtotal (Lines 9 to 15)	1,121,168	869,529,621	831,538,434	1,695,730,677
Less:					
17.	Net reinsurance recoveries		1,963,265	513,806	2,405,319
18.	Total hospital and medical (Lines 16 minus 17)	1,121,168	867,566,356	831,024,628	1,693,325,358
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....28,401,523 cost containment expenses		31,424,375	29,740,798	58,904,765
21.	General administrative expenses		183,239,517	182,200,263	334,454,032
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)	1,121,168	1,082,230,248	1,042,965,689	2,086,684,155
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	31,670,416	120,770,262	184,102,091
25.	Net investment income earned		1,378,723	1,014,089	2,156,025
26.	Net realized capital gains (losses) less capital gains tax of $.....19,840		36,846	10,956	37,691
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	1,415,569	1,025,045	2,193,716
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	(809,366)	(983,091)	(768,822)
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	32,276,619	120,812,216	185,526,985
31.	Federal and foreign income taxes incurred	XXX	22,926,767	54,249,350	75,492,924
32.	Net income (loss) (Lines 30 minus 31)	XXX	9,349,852	66,562,866	110,034,061

DETAILS OF WRITE-INS

0601.	XXX				
0602.	XXX				
0603.	XXX				
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0	0	0
0701.	XXX				
0702.	XXX				
0703.	XXX				
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	0	0
1401.					
1402.					
1403.					
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0	0	0
2901. Fines and penalties		(809,366)	(983,091)	(768,822)	
2902.					
2903.					
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	(809,366)	(983,091)	(768,822)	

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	190,659,041	182,652,646	182,652,646
34. Net income or (loss) from Line 32	9,349,852	66,562,866	110,034,061
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....16,415	30,483	2,290	(31,046)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	3,033,874	769,122	1,590,037
39. Change in nonadmitted assets	(9,025,614)	(2,715,513)	(3,586,657)
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			(100,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	3,388,595	64,618,765	8,006,395
49. Capital and surplus end of reporting period (Line 33 plus 48)	194,047,636	247,271,411	190,659,041

DETAILS OF WRITE-INS

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

CASH FLOW

		1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	1,059,393,853	1,129,245,819	2,240,539,555
2.	Net investment income	2,344,709	1,518,629	3,919,924
3.	Miscellaneous income			
4.	Total (Lines 1 through 3)	1,061,738,562	1,130,764,448	2,244,459,479
5.	Benefit and loss related payments	875,246,392	854,363,981	1,721,252,715
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	203,807,271	198,281,589	388,369,012
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....19,840 tax on capital gains (losses)	5,363,000	56,281,000	85,961,000
10.	Total (Lines 5 through 9)	1,084,416,663	1,108,926,570	2,195,582,727
11.	Net cash from operations (Line 4 minus Line 10)	(22,678,101)	21,837,878	48,876,752
	CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	55,138,729	22,304,962	66,322,168
	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	29		3,150
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	55,138,758	22,304,962	66,325,318
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	32,549,085	55,680,065	105,702,854
	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)	32,549,085	55,680,065	105,702,854
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)	22,589,673	(33,375,104)	(39,377,536)
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			100,000,000
	16.6 Other cash provided (applied)	5,591,629	(163,842)	1,993,637
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	5,591,629	(163,842)	(98,006,363)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	5,503,201	(11,701,067)	(88,507,147)
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	205,105,915	293,613,062	293,613,062
	19.2 End of period (Line 18 plus Line 19.1)	210,609,116	281,911,995	205,105,915

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

20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year	327,022	2,156						10,446	314,420	
2. First Quarter	336,232	10,900						10,627	314,705	
3. Second Quarter	340,842	10,303						10,688	319,851	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,017,656	57,345						63,329	1,896,982	
Total Member Ambulatory Encounters for Period:										
7. Physician	828,222	17,379						67,310	743,533	
8. Non-Physician	2,222,417	22,318						154,738	2,045,361	
9. Total	3,050,639	39,697	0	0	0	0	0	222,048	2,788,894	0
10. Hospital Patient Days Incurred	774,145	1,782						73,380	698,983	
11. Number of Inpatient Admissions	52,308	309						6,699	45,300	
12. Health Premiums Written (a)	1,118,915,373	23,562,034						102,941,709	992,411,630	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,115,255,598	19,395,829						103,331,069	992,528,700	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	874,050,406	11,819,381						99,682,758	762,548,267	
18. Amount Incurred for Provision of Health Care Services	869,529,621	14,825,985						95,280,994	759,422,642	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....102,941,709.

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	16,342,442					16,342,442
0199999. Individually Listed Claims Unpaid	16,342,442	0	0	0	0	16,342,442
0399999. Aggregate Accounts Not Individually Listed-Covered	4,439,669					4,439,669
0499999. Subtotals	20,782,111	0	0	0	0	20,782,111
0599999. Unreported Claims and Other Claim Reserves						147,029,264
0799999. Total Claims Unpaid						167,811,375
0899999. Accrued Medical Incentive Pool and Bonus Amounts						1,070,267

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	1,357,647	10,261,564	184,374	2,923,920	1,542,021	1,055,205
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare	25,737,350	73,831,536	3,023,641	25,802,323	28,760,991	30,796,543
7. Title XIX - Medicaid	119,714,556	642,382,144	7,638,506	127,001,100	127,353,062	131,478,568
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	146,809,553	726,475,244	10,846,521	155,727,343	157,656,074	163,330,316
10. Healthcare receivables (a)		35,110,421			0	25,490,051
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	1,909,196			1,070,267	1,909,196	2,321,082
13. Totals (Lines 9-10+11+12)	148,718,749	691,364,823	10,846,521	156,797,610	159,565,270	140,161,347

(a) Excludes $.....1,500,000 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Ohio, Inc. (the "Plan") for the fiscal year ended December 31, 2015. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2015 annual statement or audited financial statements have been omitted.

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. ("Molina"). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the "Department").

The Department 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" or the "Manual") 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 Plan's statutory basis financial statements for the periods presented.

	State of Domicile	Current Period	Prior Year
NET INCOME			
(1) Molina Healthcare of Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	OH	$ 9,349,852	$ 110,034,061
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	$ 9,349,852	$ 110,034,061
SURPLUS			
(5) Molina Healthcare of Ohio, Inc. state basis (Page 3, line 33, Columns 3 & 4)	OH	$ 194,047,636	$ 190,659,041
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	$ 194,047,636	$ 190,659,041

C. Accounting Policy

Revenue Recognition: The Plan 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 Plan 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 received 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 Plan may receive additional premiums if amounts spent on medical care costs exceed a defined maximum threshold.

The Plan 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 Plan's contract with the state, incremental revenue of up to 1.25% of total premium is earned if certain performance measures are met. These performance measures are generally linked to various quality-of-care measures dictated by the state.

Recognition of Medical Care Costs: Medical care costs include primarily fee-for-services expenses. Nearly all hospital services and the majority of the Plan's primary care and physician specialist services are paid on a fee-for-service basis. Under fee-for-service arrangements, the Plan 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 Plan through the reporting date, as well as estimated liabilities for medical care costs incurred but not paid by the Plan as of the reporting date. Refer to Note 25 for further information.

In addition, the Plan 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 Plan'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.

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

None.

NOTES TO FINANCIAL STATEMENTS

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A – C. No significant changes.

D. Loan-Backed Securities:

As of June 30, 2016, the Plan'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 other-than-temporary impairment ("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	$	50,000
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	$	
		2.	12 Months or Longer	$	950,000

(5) Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at June 30, 2016.

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

I. Working Capital Finance Investments: None.

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

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant changes.

Note 8 – Derivative Instruments

None.

Note 9 – Income Taxes

No significant changes.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. No significant change.

B – C. The Plan neither paid dividends to, nor received contributions from Molina during the period ended June 30, 2016.

The Plan 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 amounted to $762,851 during the six months ended June 30, 2016 and 2015.

D – N. No significant changes.

Note 11 – Debt

A. None.

B. FHLB (Federal Home Loan Bank) Agreements: Not applicable.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A.(4). Defined Benefit Plan Net Periodic Benefit Cost: Not applicable.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

(1)–(3). No significant changes.

(4). The Dividends paid by the Plan to Molina during the period ended June 30, 2016 were as follows: None.

(5)–(8). No significant changes.

NOTES TO FINANCIAL STATEMENTS

(9). Changes in the balance of special surplus funds: The special surplus balance at December 31, 2015 represented the Plan's estimated health insurer fee for 2016. Due to the moratorium on the health insurer fee for the 2017 calendar year, the Plan did not reclassify amounts to special surplus at June 30, 2016.

(10)–(13). No significant changes.

Note 14 – Liabilities, Contingencies and Assessments

No significant changes.

Note 15 – Leases

No significant changes.

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfer of Receivables Reported as Sales: None.

B. Transfer and Servicing of Financial Assets: None.

C. Wash Sales: None.

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

No significant changes.

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

Not applicable.

Note 20 – Fair Value Measurements

A.

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

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Certificates of deposit	$ -	$ 244,919	$ -	$ 244,919
Municipal securities	-	1,089,644	-	1,089,644
Total	$ -	$ 1,334,563	$ -	$ 1,334,563

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

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

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

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

(5) Derivative assets and liabilities: None.

B. In addition to bonds and short-term investments (see below), the Plan'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 Plan 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. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of cash equivalents, short-term investments, and bonds as of June 30, 2016 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Auction rate securities	$ 950,000	$ 1,000,000	$ -	$	$ 950,000	$ -
Certificates of deposit	6,007,972	6,007,120	-	6,007,972	-	-
Corporate debt securities	143,895,673	143,851,335	-	143,895,673	-	-
Government-sponsored enterprise securities	14,002,300	14,006,157	14,002,300	-	-	-
Money market funds	96,272,639	96,272,639	96,272,639	-	-	-
Municipal securities	48,445,605	48,064,025	-	48,445,605	-	-
U.S. Treasury notes	410,882	410,723	410,882	-	-	-
Total bonds and short-term investments	$ 309,985,071	$ 309,611,999	$ 110,685,821	$ 198,349,250	$ 950,000	$ -

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

Note 21 – Other Items

No significant changes.

NOTES TO FINANCIAL STATEMENTS

NOTE 22 – Events Subsequent

Subsequent events were considered through August 11, 2016, the date of the statutory reporting statements were available to be issued.

Note 23 – Reinsurance

No significant changes.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A – C. As described in Note 24 in the Notes to Financial Statements included in the Plan's 2015 Annual Statement, certain components of the Plan'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 Plan recorded a net receivable of $2.1 million and a net payable of $1.6 million as of June 30, 2016 and December 31, 2015, respectively, relating to its contracts with CMS. The Plan had net premiums written relating to Medicare of $102.9 million and $104.9 million for the periods ended June 30, 2016 and 2015, respectively, representing 9.2% and 8.9% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of $0.8 million and a net receivable of $0.3 million as of June 30, 2016 and December 31, 2015, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of $23.4 million and $5.2 million for the periods ended June 30, 2016 and 2015, respectively, representing 2.1% and 0.4% of the total net premiums written, respectively.

In 2014, the state of Ohio expanded the Medicaid program to include certain adults not previously eligible for Medicaid. This program is referred to as Adult Extension. Under the Plan's contract with the Ohio Department of Medicaid, it is required to expend a minimum of 85% of premium revenue of allowed medical expenses. This requirement is imposed for the two incurred periods from January through December 2014 and January through December 2015. The Plan estimates accrued retrospective premium adjustments for the Adult Extension program in accordance with such contractual requirements. The Plan recorded a net payable of $11.0 million and $11.1 million as of June 30, 2016 and December 31, 2015, respectively, relating to its contract with the state of Ohio. The Plan had net premiums written relating to Medicaid expansion of $470.7 million and $209.4 million for the periods ended December 31, 2015 and 2014, respectively, representing 20.6% and 11.7% of the total net premiums written in 2015 and 2014, respectively.

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

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act:

The Plan accrued $1,180,743 and $0 at June 30, 2016 and December 31, 2015, respectively, relating to medical loss ratio rebates.

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 period:

			Amount
a.	Permanent ACA Risk Adjustment Program		
	Assets		
	1.	Premium adjustments receivable due to ACA Risk Adjustment	$ 3,579,213
	Liabilities		
	2.	Risk adjustment user fees payable for ACA Risk Adjustment	10,665
	3.	Premium adjustments payable due to ACA Risk Adjustment	-
	Operations (Revenue & Expenses)		
	4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	3,062,782
	5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	$ (8,630)
b.	Transitional ACA Reinsurance Program		
	Assets		
	1.	Amounts recoverable for claims paid due to ACA Reinsurance	$ 515,919
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	1,237,511
	3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
	Liabilities		
	4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	47,188
	5.	Ceded reinsurance premiums payable due to ACA Reinsurance	103,614
	6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	$ -
	Operations (Revenue & Expenses)		
	7.	Ceded reinsurance premiums due to ACA Reinsurance	$ (103,613)
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	1,397,826
	9.	ACA Reinsurance contributions – not reported as ceded premium	$ (25,904)
c.	Temporary ACA Risk Corridors Program		
	Assets		
	1.	Accrued retrospective premium due to ACA Risk Corridors	$ -
	Liabilities		
	2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	3,235,309
	Operations (Revenue & Expenses)		
	3.	Effect of ACA Risk Corridors on net premium income (paid/received)	-
	4.	Effect of ACA Risk Corridors on change in reserves for rate credits	$ (2,985,462)

NOTES TO FINANCIAL STATEMENTS

(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 Period on Business Written Before December 31 of the Prior Year		Differences		Adjustments				Unsettled Balances as of the Reporting Date
							Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
			1	2	3	4	5	6	7	8	9	10	11
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program												
	1.	Premium adjustments receivable	$ 516,430	$	$	$	$ 516,430	$	$ 1,093,897	$	A	$ 1,610,327	$
	2.	Premium adjustments (payable)									B		
	3.	Subtotal ACA Permanent Risk Adjustment Program	$ 516,430	$	$	$	$ 516,430	$	$ 1,093,897	$		$ 1,610,327	$
b.	Transitional ACA Reinsurance Program												
	1.	Amounts recoverable for claims paid	$ 678,470	$	$ 362,721	$	$ 315,749	$	$ 200,170	$	C	$ 515,919	$
	2.	Amounts recoverable for claims unpaid (contra liability)	39,855				39,855		(39,855)		D		
	3.	Amounts receivable relating to uninsured plans									E		
	4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums		21,285				21,285			F		21,285
	5.	Ceded reinsurance premiums payable		63,855		63,855					G		
	6.	Liability for amounts held under uninsured plans									H		
	7.	Subtotal ACA Transitional Reinsurance Program	$ 718,325	$ 85,140	$ 362,721	$ 63,855	$ 355,604	$ 21,285	$ 160,315	$		$ 515,919	$ 21,285
c.	Temporary ACA Risk Corridors Program												
	1.	Accrued retrospective premium	$	$	$	$	$	$	$	$	I	$	$
	2.	Reserve for rate credits or policy experience rating refunds		249,847				249,847		422,484	J		672,331
	3.	Subtotal ACA Risk Corridors Program		249,847				249,847		422,484			672,331
d.	Total for ACA Risk Sharing Provisions		$ 1,234,755	$ 334,987	$ 362,721	$ 63,855	$ 872,034	$ 271,132	$ 1,254,212	$ 422,484		$ 2,126,246	$ 693,616

Explanations of Adjustments

A. Adjusted to reflect the final settlement amount communicated by CMS in June 2016.

C. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in June 2016.

D. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in June 2016.

J. Adjusted as a result of additional months of development and for final settlements related to risk adjustment and reinsurance.

NOTES TO FINANCIAL STATEMENTS

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The change in prior year estimated claims reserves represents favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known regarding incurred reported claims. Claims unpaid activity during the periods indicated is summarized below:

	Six months ended 6/30/2016	Year ended 12/31/2015
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	$ 168,195,881	$ 187,906,191
Add provision for claims, net of reinsurance:		
Current year	879,617,355	1,746,387,859
Prior years	(12,050,999)	(53,062,501)
Net incurred claims during the current year	867,566,356	1,693,325,358
Deduct paid claims, net of reinsurance:		
Current year	728,436,840	1,586,159,494
Prior years	146,809,552	135,093,221
Net paid claims during the current year	875,246,392	1,721,252,715
Change in claims adjustment expenses	41,244	(261,611)
Change in health care receivables	11,120,370	7,296,420
Change in amounts due from reinsurers	(1,447,601)	1,182,238
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	$ 170,229,858	$ 168,195,881

Note 26 – Intercompany Pooling Arrangements

No significant changes.

Note 27 –Structured Settlements

Not Applicable for Health Entities.

Note 28 – Health Care Receivables

No significant changes.

Note 29 – Participating Policies

No significant changes.

Note 30 – Premium Deficiency Reserves

(1)	Liability carried for premium deficiency reserve:	$ 0
(2)	Date of most recent evaluation of this liability:	06/30/2016
(3)	Was anticipated investment income utilized in the calculation?	Yes

Note 31 – Anticipated Salvage and Subrogation

No significant changes.

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 Clinical Services, LLC and Pathways Human Services, LLC have been added to the organization chart. Pathways of Alabama, Inc. has been removed from the organization chart and Synergy Partners, LLC name was changed to Integrated Care Alliance, 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

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. 12/31/2015

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 Departments? Yes [ ] No [ ] N/A [X]

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

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated 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).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

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

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

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
149777	Morgan Stanley Smith Barney	2000 Westchester Ave., Purchase NY 10577

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis 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		80.4 %
	1.2 A&H cost containment percent		2.5 %
	1.3 A&H expense percent excluding cost containment expenses		16.7 %
2.1	Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsuer Rating
A&H Non-Affiliates								
93572.....	43-1235868.....	01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	Authorized.....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	L	23,562,034	102,941,709	992,411,630				1,118,915,373	
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	XX	0	0	0	0	0	0	0	0
59. Subtotal	XX	23,562,034	102,941,709	992,411,630	0	0	0	1,118,915,373	0
60. Reporting entity contributions for Employee Benefit Plans	XX							0	
61. Total (Direct Business)	(a) 1	23,562,034	102,941,709	992,411,630	0	0	0	1,118,915,373	0
DETAILS OF WRITE-INS									
58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0

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

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

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

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

PART 1 – ORGANIZATIONAL CHART

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	DE	81-2824030	Molina Clinical Services, LLC
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-00000	OK	81-0864563	Molina Healthcare of Oklahoma, Inc.
I-00000	PA	81-0855820	Molina Healthcare of Pennsylvania, 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.
|-15133	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	DE	81-1863393	Molina Dental and Vision Services, 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.

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

PART 1 – ORGANIZATIONAL CHART

|-00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.
|-00000	DE	47-2525144	Pathways Health and Community Support LLC
|-00000	DE	58-2478281	AmericanWork, Inc.
|-00000	NV	61-1436598	A to Z In-Home Tutoring LLC
|-00000	PA	20-2639439	Children's Behavioral Health, Inc.
|-00000	DE	88-0469530	Choices Group, Inc.
|-00000	CA	95-4864640	College Community Services
|-00000	IN	35-2085281	Dockside Services, Inc.
|-00000	AZ	00-0000000	Family Builders, Inc.
|-00000	VA	54-1620121	Family Preservation Services, Inc.
|-00000	FL	65-0848685	Family Preservation Services of Florida, Inc.
|-00000	NC	86-0976674	Family Preservation Services of North Carolina, Inc.
|-00000	DC	20-0086731	Family Preservation Services of Washington, D.C., Inc.
|-00000	WV	86-1035573	Family Preservation Services of West Virginia, Inc.
|-00000	NV	88-0321776	Maple Star Nevada, Inc.
|-00000	OR	93-1263318	Maple Star Oregon, Inc.
|-00000	DE	62-1651095	Pathways Community Corrections, Inc.
|-00000	IL	36-3465604	Camelot Care Centers, Inc.
|-00000	DE	33-0797276	Pathways Community Services LLC
|-00000	PA	23-2820336	Pathways Community Services LLC
|-00000	TX	74-2868929	Pathways Community Support of Texas, Inc.
|-00000	AZ	86-0706547	Pathways of Arizona, Inc.
|-00000	DE	59-3766748	Pathways of Delaware, Inc.
|-00000	DE	81-2396831	Pathways Human Services, LLC
|-00000	DE	46-5044433	Pathways of Idaho LLC
|-00000	ME	86-0970832	Pathways of Maine, Inc.
|-00000	DE	47-1016377	Pathways of Massachusetts LLC
|-00000	OK	74-2884198	Pathways of Oklahoma, Inc.
|-00000	WA	27-2837920	Pathways of Washington, Inc.
|-00000	PA	23-2181371	The RedCo Group, Inc.
|-00000	PA	25-1470445	Raystown Developmental Services, Inc.
|-00000	GA	58-1923779	Transitional Family Services, Inc.
|-00000	MO	43-1699690	W.D. Management, L.L.C.
|-00000	MI	38-3611499	Integrated Care Alliance, LLC
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 Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domi-ciliary 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)	*
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.....	81-2824030..	.....	.....	.....	Molina Clinical Services, LLC	DE.....	NIA.....	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....	15133.....	26-1769086..	.....	.....	.....	Molina Healthcare of Virginia, Inc.	VA.....	IA.....	Molina Healthcare, Inc.	Ownership.....	....100.000	Molina Healthcare, Inc....	.....
1531...	Molina Healthcare, Inc....	96270.....	91-1284790..	.....	.....	.....	Molina Healthcare of Washington, Inc.	WA.....	IA.....	Molina Healthcare, Inc.	Ownership.....	....100.000	Molina Healthcare, Inc....	.....
1531...	Molina Healthcare, Inc....	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.....	81-1863393..	.....	.....	.....	Molina Dental and Vision Services, LLC	DE.....	NIA.....	Molina Pathways, LLC	Ownership.....	....100.000	Molina Healthcare, Inc....	.....

Q16

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 Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domi-ciliary 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.....	47-4937011..	.....	.....	.....	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...	.....
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.....	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.....	81-2396831..	.....	.....	.....	Pathways Human Services, LLC.....	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.....	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...	.....

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 Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domi-ciliary 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.....	43-1699690..	.....	.....	.....	W.D. Management, L.L.C.....	MO.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc...	.....
1531..	Molina Healthcare, Inc...	00000.....	38-3611499..	.....	.....	.....	Integrated Care Alliance, LLC.....	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...	.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

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

Bar Code:

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	160,926,394	123,513,062
2.	Cost of bonds and stocks acquired	32,549,084	105,702,854
3.	Accrual of discount	56,294	22,549
4.	Unrealized valuation increase (decrease)	46,897	(47,763)
5.	Total gain (loss) on disposals	56,657	54,837
6.	Deduct consideration for bonds and stocks disposed of	55,138,729	66,322,168
7.	Deduct amortization of premium	834,274	1,996,976
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)	137,662,324	160,926,394
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	137,662,324	160,926,394

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	215,171,010	1,263,341,518	1,264,376,960	762,401	215,171,010	214,897,969		184,672,476
2. NAIC 2 (a)	95,960,001	349,424,344	350,984,000	(1,020,878)	95,960,001	93,379,467		72,046,658
3. NAIC 3 (a)		9,999,764	10,000,000	236		0		1,055,531
4. NAIC 4 (a)	1,080,302			9,342	1,080,302	1,089,644		220,903
5. NAIC 5 (a)						0		
6. NAIC 6 (a)	244,919				244,919	244,919		244,255
7. Total Bonds	312,456,232	1,622,765,627	1,625,360,960	(248,899)	312,456,232	309,611,999	0	258,239,823
PREFERRED STOCK								
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	312,456,232	1,622,765,627	1,625,360,960	(248,899)	312,456,232	309,611,999	0	258,239,823

(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	103,572,845	XXX	103,578,909	39,491	1,950

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	67,316,286	118,588,820
2.	Cost of short-term investments acquired	2,449,719,493	5,077,910,149
3.	Accrual of discount		13,600
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		3,151
6.	Deduct consideration received on disposals	2,413,419,120	5,128,669,662
7.	Deduct amortization of premium	43,814	529,772
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)	103,572,845	67,316,286
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	103,572,845	67,316,286

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	29,997,142	101,700,392
2. Cost of cash equivalents acquired	697,590,135	1,771,829,442
3. Accrual of discount	159,356	265,948
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	29	(0)
6. Deduct consideration received on disposals	659,368,901	1,843,793,000
7. Deduct amortization of premium	930	5,640
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)	68,376,830	29,997,142
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	68,376,830	29,997,142

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. States, Territories and Possessions									
13063B FU 1	CALIFORNIA ST ECONOMIC RECOVERY		05/24/2016	Morgan Stanley		4,902,160	4,340,000	64,280	1FE
20772G 4X 3	CONNECTICUT ST		06/23/2016	Morgan Stanley		3,552,210	3,000,000	11,700	1FE
70914P LZ 3	PENNSYLVANIA ST		06/20/2016	Morgan Stanley		3,348,900	3,000,000	48,533	1FE
1799999. Total Bonds - U.S. States, Territories and Possessions						11,803,270	10,340,000	124,514	XXX
Bonds - U.S. Special Revenue and Special Assessment									
3130A7 QF 5	FEDERAL HOME LOAN BANKS		04/05/2016	Morgan Stanley		3,000,000	3,000,000		1
3199999. Total Bonds - U.S. Special Revenue and Special Assessment						3,000,000	3,000,000	0	XXX
Bonds - Industrial and Miscellaneous									
06051G FV 6	BANK OF AMERICA CORP		05/11/2016	Morgan Stanley		1,564,149	1,544,000	2,377	2FE
172967 KT 7	CITIGROUP INC		06/14/2016	Morgan Stanley		2,008,400	2,000,000	705	2FE
20099A MA 2	COMENITY BANK		05/04/2016	Morgan Stanley		200,000	200,000		
949748 5E 3	Wells Fargo Bank, National Association		05/04/2016	Morgan Stanley		245,000	245,000		1FE
3899999. Total Bonds - Industrial and Miscellaneous						4,017,549	3,989,000	3,083	XXX
8399997. Total Bonds - Part 3						18,820,819	17,329,000	127,596	XXX
8399999. Total Bonds						18,820,819	17,329,000	127,596	XXX
9999999. Total Bonds, Preferred and Common Stocks						18,820,819	XXX	127,596	XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. States, Territories and Possessions																					
13063A 5D 2	CALIFORNIA ST		04/01/2016.	Maturity		330,000	330,000	370,663	333,771		(3,771)		(3,771)		330,000			0	9,818	04/01/2016.	1FE
882723 TW 9	TEXAS ST		05/10/2016.	Morgan Stanley		525,000	525,000	526,575	525,421		(421)		(421)		525,000			0	8,460	08/01/2023.	1FE
1799999. Total Bonds - U.S. States, Territories and Possessions						855,000	855,000	897,238	859,192	0	(4,192)	0	(4,192)	0	855,000	0	0	0	18,277	XXX	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																					
64966G TX 0	NEW YORK N Y		06/23/2016.	Morgan Stanley		3,162,300	3,000,000	3,566,100	3,211,647		(58,757)		(58,757)		3,152,890		9,410	9,410	117,703	10/01/2017.	1FE
730436 M3 3	POCONO MTN PA SCH DIST		06/15/2016.	Maturity		500,000	500,000	503,990	501,095		(1,095)		(1,095)		500,000			0	3,213	06/15/2016.	1FE
2499999. Total Bonds - U.S. Political Subdivisions of States, Territories and Possessions						3,662,300	3,500,000	4,070,090	3,712,742	0	(59,852)	0	(59,852)	0	3,652,890	0	9,410	9,410	120,915	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
20281P CX 8	COMMONWEALTH FING AUTH PA REV		06/01/2016.	Maturity		200,000	200,000	207,684	202,875		(2,875)		(2,875)		200,000			0	4,530	06/01/2016.	1FE
3130A6 G5 0	FEDERAL HOME LOAN BANKS		06/30/2016.	Redemption		6,000,000	6,000,000	6,000,000	6,000,000				0		6,000,000			0	45,000	09/30/2020.	1
3133EE WB 2	FEDERAL FARM CREDIT BANKS FUNDING CORP		04/01/2016.	Redemption		5,000,000	5,000,000	5,023,500	5,009,883		(9,883)		(9,883)		5,000,000			0	38,500	04/01/2019.	1
491189 FQ 4	KENTUCKY ASSET / LIABILITY COMMN GEN FD		04/01/2016.	Maturity		2,000,000	2,000,000	2,012,340	2,001,065		(1,065)		(1,065)		2,000,000			0	10,280	04/01/2016.	1FE
762236 DT 1	RHODE ISLAND ST ECONOMIC DEV CORP REV		05/15/2016.	Maturity		2,500,000	2,500,000	2,687,850	2,546,454		(46,454)		(46,454)		2,500,000			0	72,500	05/15/2016.	1FE
3199999. Total Bonds - U.S. Special Revenue and Special Assessment						15,700,000	15,700,000	15,931,374	15,760,278	0	(60,278)	0	(60,278)	0	15,700,000	0	0	0	170,810	XXX	XXX
Bonds - Industrial and Miscellaneous																					
12480L DK 0	CBC National Bank		05/27/2016.	Maturity		245,000	245,000	245,000	245,000				0		245,000			0	408	05/27/2016.	1
24422E RF 8	JOHN DEERE CAPITAL CORP		04/15/2016.	Morgan Stanley		761,676	758,000	776,495	763,996		(2,564)		(2,564)		761,432		244	244	8,375	09/15/2016.	1FE
25156P AP 8	DEUTSCHE TELEKOM INTERNATIONAL FINANCE B.	R	04/11/2016.	Maturity		5,000,000	5,000,000	5,133,900	5,031,109		(31,109)		(31,109)		5,000,000			0	78,125	04/11/2016.	2FE
25468P CE 4	WALT DISNEY CO		04/07/2016.	Morgan Stanley		688,457	674,000	745,390	697,143		(9,179)		(9,179)		687,964		493	493	21,800	09/15/2016.	1FE
32050J AA 8	First Heritage Bank		04/29/2016.	Maturity		245,000	245,000	245,000	245,000				0		245,000			0	284	04/29/2016.	1
36962G Y4 0	GENERAL ELECTRIC CAPITAL CORPORATION		04/05/2016.	Morgan Stanley		1,281,575	1,250,000	1,376,513	1,295,110		(15,055)		(15,055)		1,280,054		1,521	1,521	31,354	10/20/2016.	1FE
36966R Y4 2	GENERAL ELECTRIC CAPITAL CORPORATION		05/16/2016.	Maturity		2,412,000	2,412,000	2,524,399	2,451,152		(39,152)		(39,152)		2,412,000			0	60,300	05/15/2016.	1FE
48121C JN 7	JPMORGAN CHASE BANK NA		06/13/2016.	Maturity		500,000	500,000	546,520	511,028		(11,028)		(11,028)		500,000			0	14,688	06/13/2016.	1FE
60688M LV 4	Mizuho Bank (usa)	R	04/29/2016.	Maturity		245,000	245,000	245,000	245,000				0		245,000			0	983	04/29/2016.	1FE
61747Y DD 4	MORGAN STANLEY		04/29/2016.	Maturity		500,000	500,000	517,080	504,471		(4,471)		(4,471)		500,000			0	9,500	04/29/2016.	1FE
69506Y CQ 0	Pacific Western Bank		04/22/2016.	Maturity		245,000	245,000	245,000	245,000				0		245,000			0	983	04/22/2016.	1
90520E AC 5	UNION BANK NA	R	06/06/2016.	Maturity		530,000	530,000	551,025	535,210		(5,210)		(5,210)		530,000			0	7,950	06/06/2016.	1FE
931142 DF 7	WAL-MART STORES INC		06/15/2016.	Morgan Stanley		4,017,240	4,000,000	3,952,040	3,970,894		5,899		5,899		3,976,793		40,447	40,447	31,125	04/11/2018.	1FE
3899999. Total Bonds - Industrial and Miscellaneous						16,670,949	16,604,000	17,103,362	16,740,113	0	(111,869)	0	(111,869)	0	16,628,244	0	42,705	42,705	265,874	XXX	XXX
8399997. Total Bonds - Part 4						36,888,249	36,659,000	38,002,064	37,072,325	0	(236,191)	0	(236,191)	0	36,836,134	0	52,115	52,115	575,876	XXX	XXX
8399999. Total Bonds						36,888,249	36,659,000	38,002,064	37,072,325	0	(236,191)	0	(236,191)	0	36,836,134	0	52,115	52,115	575,876	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks						36,888,249	XXX	38,002,064	37,072,325	0	(236,191)	0	(236,191)	0	36,836,134	0	52,115	52,115	575,876	XXX	XXX

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

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

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

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
US Bank	St. Paul, MN					(718,361)	(640,531)	(607,050)	XXX
JP Morgan Chase	Columbus, Ohio					71,766,252	61,747,077	51,869,780	XXX
JP Morgan Chase	Columbus, Ohio					19,163,226	1,163,226	1,455,314	XXX
JP Morgan Chase	Columbus , Ohio					7,636,837	9,013,542	10,386,312	XXX
JP Morgan Chase	Columbus, Ohio					(5,628)	(22,952)	(8,971)	XXX
US Bank	St. Paul, MN					(26,714,182)	(26,587,814)	(24,261,686)	XXX
PFM Funds	Harrisburg, PA							(1,536)	XXX
US Bank	St. Paul, MN					(74,794)	(64,519)	(172,722)	XXX
Salomon Smith Barney	San Francisco, CA					1,360			XXX
0199998. Deposits in 0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories		XXX	XXX			245,000	(0)	(0)	XXX
0199999. Total Open Depositories		XXX	XXX	0	0	71,299,710	44,608,029	38,659,441	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	71,299,710	44,608,029	38,659,441	XXX
0599999. Total Cash		XXX	XXX	0	0	71,299,710	44,608,029	38,659,441	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
Bonds - U.S. Political Subidivions (Direct and Guaranteed) - Issuer Obligations							
NEW YORK N Y		05/12/2016	1.000	08/01/2016	1,500,587	6,250	(928)
1899999. U.S. Political Subdivisions (Direct and Guaranteed) - Issuer Obligations					1,500,587	6,250	(928)
2499999. Total - U.S. Political Subdivisions (Direct and Guaranteed)					1,500,587	6,250	(928)
Bonds - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivision - Issuer Obligations							
FEDERAL NATIONAL MORTGAGE ASSOCIATION		06/29/2016	0.375	07/05/2016	1,000,008	1,833	(2)
2599999. U.S. Special Revenue & Special Assessment Obligations - Issuer Obligations					1,000,008	1,833	(2)
3199999. Total - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations					1,000,008	1,833	(2)
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							
Deutsche Telekom AG		06/20/2016		07/15/2016	4,998,386		1,268
South Carolina Electric & Gas Company		06/21/2016		07/08/2016	4,999,319		972
Carnival Corporation		06/21/2016		07/15/2016	586,840		114
Rockwell Collins, Inc.		06/20/2016		07/06/2016	4,999,556		978
United Healthcare Corporation		06/20/2016		07/06/2016	7,499,344		1,444
American Electric Power Company, Inc.		06/21/2016		07/15/2016	1,799,475		375
Suncor Energy Inc.		06/21/2016		07/12/2016	4,998,778		1,111
Nissan Motor Acceptance Corporation		06/21/2016		07/08/2016	4,999,319		972
Starwood Hotels & Resorts Worldwide, Inc.		06/27/2016		07/01/2016	6,000,000		467
Edison International		06/21/2016		07/11/2016	4,999,125		875
CBS Corporation		06/20/2016		07/14/2016	4,998,772		1,039
Hitachi Capital America Corp.		06/20/2016		07/15/2016	2,499,106		703
Spectra Energy Capital, LLC		06/28/2016		07/06/2016	4,999,479		313
Tyco International Finance S.A.		06/22/2016		07/08/2016	4,999,271		937
NorthWestern Corporation		06/22/2016		07/12/2016	2,499,465		438
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					65,876,235	0	12,005
3899999. Total - Industrial and Miscellaneous (Unaffiliated)					65,876,235	0	12,005
Total Bonds							
7799999. Subtotals - Issuer Obligations					68,376,830	8,083	11,075
8399999. Subtotals - Bonds					68,376,830	8,083	11,075
8699999. Total - Cash Equivalents					68,376,830	8,083	11,075