



HEALTH QUARTERLY STATEMENT

As of September 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)
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(Area Code) (Telephone Number) (Extension)
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(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

Ami Lee Cole #

James Dwight Forshee MD

Thomas Mitchell Standing

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

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

(Signature)	(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?
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [X] No []

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	132,800,417		132,800,417	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 (\$.....106,448,662), cash equivalents (\$.....45,342,949) and short-term investments (\$.....79,068,304).....	230,859,915		230,859,915	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).....	363,660,332	0	363,660,332	366,032,309
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	621,424		621,424	1,000,072
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	86,837,861		86,837,861	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 (\$.....4,012,805).....	4,012,805		4,012,805	1,033,315
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	646,164		646,164	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.....	23,142,425		23,142,425	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.....	9,296,194	1,098,266	8,197,928	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).....	4,376,043	4,376,043	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 (\$.....22,777,639) and other amounts receivable.....	36,234,218	13,456,579	22,777,639	18,605,415
25. Aggregate write-ins for other than invested assets.....	438,980	438,980	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	529,266,446	19,369,868	509,896,578	440,428,785
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	529,266,446	19,369,868	509,896,578	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.....	438,980	438,980	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).....	438,980	438,980	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....931,926 reinsurance ceded).....	168,889,948	183,833	169,073,781	163,330,316
2. Accrued medical incentive pool and bonus amounts.....	828,050		828,050	2,321,082
3. Unpaid claims adjustment expenses.....	2,561,245	3,334	2,564,579	2,544,483
4. Aggregate health policy reserves, including the liability of \$....1,105,367 for medical loss ratio rebate per the Public Health Service Act.....	20,002,033		20,002,033	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.....	23,289,588		23,289,588	3,082,213
9. General expenses due or accrued.....	37,543,075		37,543,075	39,746,041
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	16,094,564		16,094,564	
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.....	2,858,954		2,858,954	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 \$....16,160,164 current).....	16,160,164	.0	16,160,164	22,462,466
24. Total liabilities (Lines 1 to 23).....	288,227,621	187,167	288,414,788	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	138,591,790	72,469,041
32. Less treasury stock, at cost: 32.1 .....0.000 shares common (value included in Line 26 \$.....0)..... 32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX XXX	XXX XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	221,481,790	190,659,041
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	509,896,578	440,428,785

DETAILS OF WRITE-INS

2301. Amounts due to government agencies.....	16,160,164		16,160,164	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).....	16,160,164	.0	16,160,164	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	3,037,105	3,074,986	4,073,792
2. Net premium income (including \$.....0 non-health premium income).....	XXX	1,668,462,306	1,729,870,296	2,284,071,917
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(6,462,243)	(9,823,337)	(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	1,662,000,063	1,720,046,959	2,270,786,246
Hospital and Medical:				
9. Hospital/medical benefits.....		905,281,624	892,545,636	1,200,723,703
10. Other professional services.....		33,475,108	31,080,380	43,116,399
11. Outside referrals.....	1,709,272	52,006,959	68,383,842	87,230,705
12. Emergency room and out-of-area.....		79,090,809	68,634,385	93,298,840
13. Prescription drugs.....		213,071,304	199,442,601	267,796,008
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,502,237	1,328,135	3,565,022
16. Subtotal (Lines 9 to 15).....	1,709,272	1,284,428,041	1,261,414,979	1,695,730,677
Less:				
17. Net reinsurance recoveries.....		2,207,831	668,360	2,405,319
18. Total hospital and medical (Lines 16 minus 17).....	1,709,272	1,282,220,210	1,260,746,619	1,693,325,358
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....44,310,502 cost containment expenses.....		48,898,348	44,301,095	58,904,765
21. General administrative expenses.....		259,393,583	257,212,513	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).....	1,709,272	1,590,512,141	1,562,260,227	2,086,684,155
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	71,487,922	157,786,732	184,102,091
25. Net investment income earned.....		2,081,904	1,562,586	2,156,025
26. Net realized capital gains (losses) less capital gains tax of \$.....81,946.....		152,187	15,857	37,691
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	2,234,091	1,578,443	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	(1,844,656)	(916,320)	(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	71,877,357	158,448,855	185,526,985
31. Federal and foreign income taxes incurred.....	XXX	38,300,843	66,085,988	75,492,924
32. Net income (loss) (Lines 30 minus 31).....	XXX	33,576,514	92,362,867	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
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	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
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. Fines and penalties.....		(1,844,656)	(916,320)	(768,822)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	(1,844,656)	(916,320)	(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.....	33,576,514	92,362,867	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 \$.....(17,612).....	32,707	(35,045)	(31,046)
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	3,567,262	1,597,093	1,590,037
39. Change in nonadmitted assets.....	(6,353,734)	(3,619,722)	(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).....	30,822,749	90,305,193	8,006,395
49. Capital and surplus end of reporting period (Line 33 plus 48).....	221,481,790	272,957,839	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.....	1,629,800,878	1,666,901,275	2,240,539,555
2. Net investment income.....	3,535,190	2,524,572	3,919,924
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	1,633,336,068	1,669,425,847	2,244,459,479
5. Benefit and loss related payments.....	1,287,144,591	1,281,325,909	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.....	332,871,750	310,220,584	388,369,012
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.81,946 tax on capital gains (losses).....	15,233,000	70,141,000	85,961,000
10. Total (Lines 5 through 9).....	1,635,249,341	1,661,687,493	2,195,582,727
11. Net cash from operations (Line 4 minus Line 10).....	(1,913,273)	7,738,354	48,876,752
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	88,753,537	40,306,532	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).....	88,753,566	40,306,532	66,325,318
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	61,417,776	92,665,203	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).....	61,417,776	92,665,203	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).....	27,335,790	(52,358,671)	(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).....	331,483	(2,951,229)	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).....	331,483	(2,951,229)	(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).....	25,754,000	(47,571,546)	(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).....	230,859,915	246,041,516	205,105,915

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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.....	338,901	9,982						10,881	318,038	
5. Current Year.....	0									
6. Current Year Member Months.....	3,037,105	87,291						95,724	2,854,090	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	1,260,877	27,299						101,897	1,131,681	
8. Non-Physician.....	3,520,299	36,807						254,168	3,229,324	
9. Total.....	4,781,176	64,106	0	0	0	0	0	356,065	4,361,005	0
10. Hospital Patient Days Incurred.....	1,237,659	3,181						115,282	1,119,196	
11. Number of Inpatient Admissions.....	82,902	536						10,507	71,859	
12. Health Premiums Written (a).....	1,670,518,708	32,329,947						165,821,880	1,472,366,881	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,664,056,465	28,848,920						163,543,628	1,471,663,917	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	1,285,534,435	18,511,404						145,266,781	1,121,756,250	
18. Amount Incurred for Provision of Health Care Services.....	1,284,428,041	21,279,535						139,959,136	1,123,189,370	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.165,821,880.

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
CVS Caremark Corporation.....	17,076,964					17,076,964
0199999. Individually Listed Claims Unpaid.....	17,076,964	0	0	0	0	17,076,964
0399999. Aggregate Accounts Not Individually Listed-Covered.....	5,272,879	1,751,870	1,754,068	1,807,904		10,586,721
0499999. Subtotals.....	22,349,843	1,751,870	1,754,068	1,807,904	0	27,663,685
0599999. Unreported Claims and Other Claim Reserves.....						142,342,022
0799999. Total Claims Unpaid.....						170,005,707
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						828,050

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).....	449,045	17,324,911	30,638	3,194,264	479,683	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.....	18,344,941	126,807,968	1,808,651	25,286,614	20,153,592	30,796,543
7. Title XIX - Medicaid.....	98,582,262	1,022,709,548	3,054,557	135,699,057	101,636,819	131,478,568
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	117,376,248	1,166,842,427	4,893,846	164,179,935	122,270,094	163,330,316
10. Healthcare receivables (a).....	2,594,869	31,027,903		1,111,446	2,594,869	25,490,051
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	2,321,082	674,187		828,050	2,321,082	2,321,082
13. Totals (Lines 9-10+11+12).....	117,102,461	1,136,488,711	4,893,846	163,896,539	121,996,307	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

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	\$ 33,576,514	\$ 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	\$ 33,576,514	\$ 110,034,061
SURPLUS			
(5) Molina Healthcare of Ohio, Inc. state basis (Page 3, line 33, Columns 3 & 4)	OH	\$ 221,481,790	\$ 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	\$ 221,481,790	\$ 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 September 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	\$	60,000
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$	
		2.	12 Months or Longer	\$	940,000

(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 September 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 September 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 \$1,144,276 during the nine months ended September 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 September 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 September 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	\$ -	\$ 245,000	\$ -	\$ 245,000
Municipal securities	-	1,086,866	-	1,086,866
Total	\$ -	\$ 1,331,866	\$ -	\$ 1,331,866

- (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 techniques 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 September 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	\$ 940,000	\$ 1,000,000	\$ -	\$ -	\$ 940,000	\$ -
Certificates of deposit	5,517,052	5,517,052	-	5,517,052	-	-
Corporate debt securities	125,872,644	125,753,662	-	125,872,644	-	-
Government-sponsored enterprise securities	17,981,500	18,000,000	17,981,500	-	-	-
Money Market Funds	72,568,304	72,568,304	72,568,304	-	-	-
Municipal securities	34,123,937	33,962,185	-	34,123,937	-	-
U.S. Treasury notes	410,595	410,467	410,595	-	-	-
Total bonds and short-term investments	\$ 257,414,032	\$ 257,211,670	\$ 90,960,399	\$ 165,513,633	\$ 940,000	\$ -

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 November 10, 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 payable of \$1.4 million and \$1.6 million as of September 30, 2016 and December 31, 2015, respectively, relating to its contracts with CMS. The Plan had net premiums written relating to Medicare of \$165.8 million and \$156.8 million for the periods ended September 30, 2016 and 2015, respectively, representing 9.9% and 9.1% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of \$2.8 million and a net receivable of \$0.3 million as of September 30, 2016 and December 31, 2015, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of \$32.1 million and \$7.9 million for the periods ended September 30, 2016 and 2015, respectively, representing 1.9% and 0.5% 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 \$11.8 million and \$11.1 million as of September 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 \$1,105,367 and \$0 at September 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:

a.	Permanent ACA Risk Adjustment Program	Amount
	Assets	
1.	Premium adjustments receivable due to ACA Risk Adjustment	\$ 956,021
	Liabilities	
2.	Risk adjustment user fees payable for ACA Risk Adjustment	13,106
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	1,300,228
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (13,099)
b.	Transitional ACA Reinsurance Program	
	Assets	
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$ 633,291
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	931,926
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	60,603
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	157,273
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
	Operations (Revenue & Expenses)	
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$ (157,273)
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	1,629,519
9.	ACA Reinsurance contributions – not reported as ceded premium	\$ (39,319)
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	2,625,507
	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	\$ (2,375,660)

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:

				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	\$	\$ 860,638	\$	\$ (344,208)	\$	\$ 1,093,896	\$	A	\$ 749,688	\$	
	2. Premium adjustments (payable)									B			
	3. Subtotal ACA Permanent Risk Adjustment Program	\$ 516,430	\$	\$ 860,638	\$	\$ (344,208)	\$	\$ 1,093,896	\$		\$ 749,688	\$	
b.	Transitional ACA Reinsurance Program												
	1. Amounts recoverable for claims paid	\$ 678,470	\$	\$ 782,627	\$	\$ (104,157)	\$	\$ 200,380	\$	C	\$ 96,223	\$	
	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	\$ 782,627	\$ 63,855	\$ (64,302)	\$ 21,285	\$ 160,525	\$		\$ 96,223	\$ 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		258,357	J		508,204	
	3. Subtotal ACA Risk Corridors Program		249,847				249,847		258,357			508,204	
d.	Total for ACA Risk Sharing Provisions	\$ 1,234,755	\$ 334,987	\$ 1,643,265	\$ 63,855	\$ (408,510)	\$ 271,132	\$ 1,254,421	\$ 258,357		\$ 845,911	\$ 529,489	

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:

	Nine months ended 9/30/2016	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	1,297,097,843	1,746,387,859
Prior years	(14,877,633)	(53,062,501)
Net incurred claims during the current year	1,282,220,210	1,693,325,358
Deduct paid claims, net of reinsurance:		
Current year	1,143,006,678	1,586,159,494
Prior years	144,137,913	135,093,221
Net paid claims during the current year	1,287,144,591	1,721,252,715
Change in claims adjustment expenses	20,096	(261,611)
Change in health care receivables	10,744,167	7,296,420
Change in amounts due from reinsurers	(1,569,353)	1,182,238
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 172,466,410	\$ 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:	09/30/2016
(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 [☒]

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 [☒]

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 [☒] No [☐]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☒] No [☐]

3.3

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

Molina Healthcare of Nevada, Inc. and Today's Options of New York, Inc. have been added to the organization chart.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐] No [☒]

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	2	3
Name of Entity	NAIC Company Code	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 [☒] 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.

12/31/2015

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).

11/08/2016

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 [☒]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☐] No [☐] N/A [☒]

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 [☒]

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 [☒]

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 [☒]

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

(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.

Yes [☒] No [☐]

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 [☒]

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 [☒]

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 ☒

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 ☒

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 ☒

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 ☒

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 ☒ 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 ☒

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 ☒ No ☐

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		79.8 %
1.2	A&H cost containment percent		2.7 %
1.3	A&H expense percent excluding cost containment expenses		15.9 %
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
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A&H Non-Affiliates

93572.....	43-1235868.....	01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	Authorized.....		
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	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.....	32,329,947	165,821,880	1,472,366,881				1,670,518,708	
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.....	32,329,947	165,821,880	1,472,366,881	0	0	0	1,670,518,708	0
60.	Reporting entity contributions for Employee Benefit Plans.....	XX.....							0	
61.	Total (Direct Business).....	(a)...1.....	32,329,947	165,821,880	1,472,366,881	0	0	0	1,670,518,708	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

Q15

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.
I-00000	CA	33-0342719	Molina Healthcare of California
I-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
I-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
I-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
I-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.
I-00000	NV	20-3567602	Molina Healthcare of Nevada, Inc.
I-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.
I-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.
I-15329	SC	46-2992125	Molina Healthcare of South Carolina, LLC
I-10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
I-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
I-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
I-15133	VA	26-1769086	Molina Healthcare of Virginia, Inc.
I-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
I-12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	NY	47-3797019	Molina Health Plan Management, Inc.
I-00000	NY	27-1603200	Today's Options of New York, Inc.
I-00000	CA	46-2821516	Molina Hospital Management, Inc.
I-00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
I-00000	CA	37-1652282	Molina Medical Management, Inc.
I-00000	CA	47-1446940	Easy Care MSO, LLC
I-00000	DE	45-2854547	Molina Pathways, LLC
I-00000	DE	81-1863393	Molina Dental and Vision Services, LLC
I-00000	OH	47-4937011	Molina Pathways of Ohio, LLC

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

PART 1 – ORGANIZATIONAL CHART

Q15.1

-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
-00000	TX	47-2308753	Molina Personal Care of Texas, Inc.
-00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.
-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
-00000	CA	46-5098489	Molina Youth Academy

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
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.....	00000.....	20-3567602..	.....	.....	.....	Molina Healthcare of Nevada, Inc.....	NV.....	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.....	27-1603200..	.....	.....	.....	Today's Options of New York, Inc.....	NY.....	NIA.....	Molina Health Plan Management, 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.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1531.....	Molina Healthcare, Inc.....	00000.....	81-1863393..	.....	.....	.....	Molina Dental and Vision Services, LLC.....	DE.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....
1531.....	Molina Healthcare, Inc.....	00000.....	47-4937011..	.....	.....	.....	Molina Pathways of Ohio, LLC.....	OH.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....
1531.....	Molina Healthcare, Inc.....	00000.....	47-2296708	.....	.....	.....	Molina Pathways of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....
1531.....	Molina Healthcare, Inc.....	00000.....	47-2308753	.....	.....	.....	Molina Personal Care of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....
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 Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1531.....	Molina Healthcare, Inc.....	00000.....	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?	<u>SEE EXPLANATION</u>

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	2
	Year to Date	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	2
	Year to Date	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	2
	Year to Date	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	2
	Year to Date	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.....	61,417,776	105,702,854
3. Accrual of discount.....	89,822	22,549
4. Unrealized valuation increase (decrease).....	50,318	(47,763)
5. Total gain (loss) on disposals.....	234,103	54,837
6. Deduct consideration for bonds and stocks disposed of.....	88,753,537	66,322,168
7. Deduct amortization of premium.....	1,164,459	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).....	132,800,417	160,926,394
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	132,800,417	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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	214,897,969	1,046,113,573	1,081,574,524	(208,079)	215,171,010	214,897,969	179,228,939	184,672,476
2. NAIC 2 (a).....	93,379,467	377,495,512	394,230,056	5,942	95,960,001	93,379,467	76,650,865	72,046,658
3. NAIC 3 (a).....		11,498,004	11,500,000	1,996			0	1,055,531
4. NAIC 4 (a).....	1,089,644			(2,778)	1,080,302	1,089,644	1,086,866	220,903
5. NAIC 5 (a).....							0	
6. NAIC 6 (a).....	244,919			81	244,919	244,919	245,000	244,255
7. Total Bonds.....	309,611,999	1,435,107,089	1,487,304,580	(202,838)	312,456,232	309,611,999	257,211,670	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.....	309,611,999	1,435,107,089	1,487,304,580	(202,838)	312,456,232	309,611,999	257,211,670	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.....	79,068,304	XXX.....	79,068,304	17,305	.....

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.....	3,461,964,654	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.....	3,450,168,616	5,128,669,662
7. Deduct amortization of premium.....	44,019	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).....	79,068,304	67,316,286
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	79,068,304	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.....	1,091,581,637	1,771,829,442
3. Accrual of discount.....	251,567	265,948
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	29	(0)
6. Deduct consideration received on disposals.....	1,076,485,901	1,843,793,000
7. Deduct amortization of premium.....	1,525	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).....	45,342,949	29,997,142
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	45,342,949	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	2		3	4	5		6	7	8	9	10
CUSIP Identification	Description		Foreign	Date Acquired	Name of Vendor		Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment											
3134GA HG 2	FEDERAL HOME LOAN MORTGAGE CORP.....		.....	08/23/2016....	Morgan Stanley.....		.....	.....5,000,000	5,000,000	.....	1.....
3136G3 YD 1	FEDERAL NATIONAL MORTGAGE ASSOCIATION.....		.....	07/06/2016....	Morgan Stanley.....		.....	.....5,000,000	5,000,000	.....	1.....
79765R SQ 3	SAN FRANCISCO CALIF CITY & CNTY PUB UTIL.....		.....	08/01/2016....	Morgan Stanley.....		.....	.....269,589	260,000	2,754	1FE.....
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....							.....	.....10,269,589	10,260,000	2,754	XXX
Bonds - Industrial and Miscellaneous											
143658 AY 8	CARNIVAL CORP.....		.....	09/20/2016....	Morgan Stanley.....		.....	.....2,016,620	2,000,000	10,208	1FE.....
48127H AA 7	JPMORGAN CHASE & CO.....		.....	09/13/2016....	Morgan Stanley.....		.....	.....5,081,850	5,000,000	44,000	1FE.....
61747W AL 3	MORGAN STANLEY.....		.....	09/19/2016....	Morgan Stanley.....		.....	.....4,589,080	4,000,000	33,000	1FE.....
78012K RK 5	ROYAL BANK OF CANADA.....		I.....	08/23/2016....	Morgan Stanley.....		.....	.....4,904,572	4,892,000	5,504	1FE.....
89153U AE 1	TOTAL CAPITAL CANADA LTD.....		R.....	09/20/2016....	Morgan Stanley.....		.....	.....2,006,980	2,000,000	5,478	1FE.....
3899999. Total Bonds - Industrial and Miscellaneous.....							.....	.....18,599,102	17,892,000	98,190	XXX
8399997. Total Bonds - Part 3.....							.....	.....28,868,691	28,152,000	100,943	XXX
8399999. Total Bonds.....							.....	.....28,868,691	28,152,000	100,943	XXX
9999999. Total Bonds, Preferred and Common Stocks.....							.....	.....28,868,691	XXX	100,943	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			F o r e i g n	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																							
13063B	FU	1	CALIFORNIA ST ECONOMIC RECOVERY.....	08/16/2016	Morgan Stanley.....		4,881,198	4,340,000	4,902,160	.....	.....	.....	.....(45,094)	.....	.....(45,094)	.....	.....4,857,066	.....	.....24,132	24,132	125,571	03/01/2019....	1FE.....
1799999. Total Bonds - U.S. States, Territories and Possessions.....							4,881,198	4,340,000	4,902,160	0	0	(45,094)	0	(45,094)	0	4,857,066	0	24,132	24,132	125,571	XXX	XXX	
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																							
661334	DQ	2	NORTH ORANGE CNTY CALIF CMNTY COLLEGE DI.....	08/01/2016	Maturity.....		175,000	175,000	175,618	175,207	.....	.....	.....(207)	.....	.....(207)	.....	.....175,000	.....	.....	.....0	1,687	08/01/2016....	1FE.....
2499999. Total Bonds - U.S. Political Subdivisions of States, Territories and Possessions.....							175,000	175,000	175,618	175,207	0	(207)	0	(207)	0	175,000	0	0	0	1,687	XXX	XXX	
Bonds - U.S. Special Revenue and Special Assessment																							
29270C	XY	6	ENERGY NORTHWEST WASH ELEC REV.....	07/01/2016	Maturity.....		1,000,000	1,000,000	1,014,910	1,005,449	.....	.....	.....(5,449)	.....	.....(5,449)	.....	.....1,000,000	.....	.....	.....0	17,440	07/01/2016....	1FE.....
3136G2	XP	7	FEDERAL NATIONAL MORTGAGE ASSOCIATION.....	08/26/2016	Redemption.....		5,000,000	5,000,000	5,016,500	.....	.....	.....	.....(16,500)	.....	.....(16,500)	.....	.....5,000,000	.....	.....	.....0	37,500	11/26/2019....	1.....
34074G	DF	8	FLORIDA HURRICANE CATASTROPHE FD FIN COR.....	07/01/2016	Maturity.....		750,000	750,000	754,920	750,813	.....	.....	.....(813)	.....	.....(813)	.....	.....750,000	.....	.....	.....0	9,735	07/01/2016....	1FE.....
442435	4Y	6	HOUSTON TEX UTIL SYS REV.....	08/16/2016	Morgan Stanley.....		2,156,600	2,000,000	2,111,840	2,100,895	.....	.....	.....(9,344)	.....	.....(9,344)	.....	.....2,091,551	.....	.....65,049	65,049	49,137	05/15/2022....	1FE.....
875301	EX	7	TAMPA-HILLSBOROUGH CNTY FLA EXPWY AUTH R.....	07/01/2016	Maturity.....		275,000	275,000	276,603	275,710	.....	.....	.....(710)	.....	.....(710)	.....	.....275,000	.....	.....	.....0	4,373	07/01/2016....	1FE.....
914026	NM	7	UNIVERSITY ALA GEN REV.....	07/01/2016	Maturity.....		470,000	470,000	490,285	475,623	.....	.....	.....(5,623)	.....	.....(5,623)	.....	.....470,000	.....	.....	.....0	14,100	07/01/2016....	1FE.....
91412G	TC	9	UNIVERSITY CALIF REVS.....	08/16/2016	Morgan Stanley.....		2,145,000	2,000,000	2,111,680	2,098,765	.....	.....	.....(11,012)	.....	.....(11,012)	.....	.....2,087,753	.....	.....57,247	57,247	49,305	05/15/2021....	1FE.....
928075	FL	9	VIRGINIA PORT AUTH COMWLTH PORT FD REV.....	07/01/2016	Maturity.....		300,000	300,000	303,450	301,351	.....	.....	.....(1,351)	.....	.....(1,351)	.....	.....300,000	.....	.....	.....0	4,662	07/01/2016....	1FE.....
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....							12,096,600	11,795,000	12,080,188	7,008,607	0	(50,803)	0	(50,803)	0	11,974,304	0	122,296	122,296	186,252	XXX	XXX	
Bonds - Industrial and Miscellaneous																							
0258M0	DL	0	AMERICAN EXPRESS CREDIT CORP.....	09/14/2016	Morgan Stanley.....		3,008,250	3,000,000	2,992,710	2,993,346	.....	.....	.....1,470	.....	.....1,470	.....	.....2,994,816	.....	.....13,434	13,434	26,298	03/18/2019....	1FE.....
06251A	J2	7	Bank Hapoalim B.M.....	07/29/2016	Maturity.....		245,000	245,000	245,000	245,000	.....	.....	.....	.....	.....0	.....	.....245,000	.....	.....	.....0	1,351	07/29/2016....	2FE.....
06739F	GF	2	BARCLAYS BANK PLC.....	09/22/2016	Maturity.....		536,000	536,000	591,744	551,687	.....	.....	.....(15,687)	.....	.....(15,687)	.....	.....536,000	.....	.....	.....0	26,800	09/22/2016....	1FE.....
073296	BT	1	BBCN Bank.....	07/29/2016	Maturity.....		245,000	245,000	245,000	245,000	.....	.....	.....	.....	.....0	.....	.....245,000	.....	.....	.....0	715	07/29/2016....	1.....
14040H	AX	3	CAPITAL ONE FINANCIAL CORP.....	07/15/2016	Maturity.....		2,000,000	2,000,000	2,100,140	2,021,172	.....	.....	.....(21,172)	.....	.....(21,172)	.....	.....2,000,000	.....	.....	.....0	63,000	07/15/2016....	2FE.....
172967	GW	5	CITIGROUP INC.....	07/25/2016	Maturity.....		853,000	853,000	865,752	856,485	.....	.....	.....(3,485)	.....	.....(3,485)	.....	.....853,000	.....	.....	.....0	14,501	07/25/2016....	2FE.....
46625H	KB	5	JPMORGAN CHASE & CO.....	09/13/2016	Morgan Stanley.....		5,054,600	5,000,000	5,028,650	5,028,573	.....	.....	.....(4,990)	.....	.....(4,990)	.....	.....5,023,583	.....	.....31,017	31,017	68,908	01/23/2020....	1FE.....
49446R	AH	2	KIMCO REALTY CORP.....	08/26/2016	Redemption.....		500,000	500,000	554,655	529,302	.....	.....	.....(14,245)	.....	.....(14,245)	.....	.....515,056	.....	.....(15,056)	(15,056)	40,304	05/01/2017....	2FE.....
61746B	DN	3	MORGAN STANLEY.....	09/19/2016	Morgan Stanley.....		4,020,160	4,000,000	4,037,680	4,024,288	.....	.....	.....(5,752)	.....	.....(5,752)	.....	.....4,018,536	.....	.....1,624	1,624	51,981	01/24/2019....	1FE.....
3899999. Total Bonds - Industrial and Miscellaneous.....							16,462,010	16,379,000	16,661,331	16,494,852	0	(63,861)	0	(63,861)	0	16,430,992	0	31,018	31,018	293,858	XXX	XXX	
8399997. Total Bonds - Part 4.....							33,614,808	32,689,000	33,819,298	23,678,666	0	(159,965)	0	(159,965)	0	33,437,362	0	177,446	177,446	607,367	XXX	XXX	
8399999. Total Bonds.....							33,614,808	32,689,000	33,819,298	23,678,666	0	(159,965)	0	(159,965)	0	33,437,362	0	177,446	177,446	607,367	XXX	XXX	
9999999. Total Bonds, Preferred and Common Stocks.....							33,614,808	XXX	33,819,298	23,678,666	0	(159,965)	0	(159,965)	0	33,437,362	0	177,446	177,446	607,367	XXX	XXX	

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

QE05

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.....					(555,913)	(632,616)	(670,148)	XXX
US Bank..... St. Paul, MN.....						28,258,771	78,748,227	XXX
JP Morgan Chase..... Columbus, Ohio.....					68,117,085	11,440,199	21,542,569	XXX
JP Morgan Chase..... Columbus, Ohio.....					1,116,605	571,689	21,439,104	XXX
JP Morgan Chase..... Columbus , Ohio.....					11,692,449	13,096,104	14,425,836	XXX
JP Morgan Chase..... Columbus, Ohio.....					(18,002)	(2,595)	(11,393)	XXX
US Bank..... St. Paul, MN.....					(23,591,146)	(19,748,040)	(28,999,892)	XXX
PFM Funds..... Harrisburg, PA.....					(1,536)	(1,536)		XXX
US Bank..... St. Paul, MN.....					(61,447)	(51,596)	(46,590)	XXX
Salomon Smith Barney..... San Francisco, CA.....					(20,470)	393	18,854	XXX
0199998. Deposits in.....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX			(4,496,500)		2,095	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	52,181,125	32,930,773	106,448,662	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	52,181,125	32,930,773	106,448,662	XXX
0599999. Total Cash.....	XXX	XXX	0	0	52,181,125	32,930,773	106,448,662	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							
B.A.T. International Finance P.L.C.....		09/21/2016.....		10/12/2016.....	4,998,808		1,083
NBCUniversal Enterprise, Inc.....		09/21/2016.....		10/17/2016.....	4,998,511		.931
RELX Inc.....		09/21/2016.....		10/07/2016.....	4,999,417		.972
Agrium U.S. Inc.....		09/21/2016.....		10/12/2016.....	4,998,778		1,111
United Technologies Corporation.....		09/21/2016.....		10/17/2016.....	5,349,288		1,070
Tyco International Holding SARL.....		09/22/2016.....		10/07/2016.....	4,999,375		.938
United Healthcare Corporation.....		09/19/2016.....		10/05/2016.....	4,999,650		1,050
WEC Energy Group Inc.....		09/19/2016.....		10/05/2016.....	4,999,567		1,300
Spectra Energy Partners, LP.....		09/19/2016.....		10/05/2016.....	4,999,556		1,333
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.....					45,342,949	.0	9,788
3899999. Total - Industrial and Miscellaneous (Unaffiliated).....					45,342,949	.0	9,788
Total Bonds							
7799999. Subtotals - Issuer Obligations.....					45,342,949	.0	9,788
8399999. Subtotals - Bonds.....					45,342,949	.0	9,788
8699999. Total - Cash Equivalents.....					45,342,949	.0	9,788