12334201620100100

ANNUAL STATEMENT

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

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Ami Lee Cole # Robert Milton Hager # Thomas Mitchell Standring

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

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

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

Subscribed and sworn to before me
This _____ day of _____ 2017

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

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	117,200,211		117,200,211	160,926,394
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
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 $.....0 encumbrances)			0	
5. Cash ($.....14,380,811, Schedule E-Part 1), cash equivalents ($.....82,979,273, Schedule E-Part 2) and short-term investments ($.....210,067,289, Schedule DA)	307,427,373		307,427,373	205,105,915
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	424,627,584	0	424,627,584	366,032,309
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	750,376		750,376	1,000,072
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	30,034,526		30,034,526	30,941,685
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($.....217,190) and contracts subject to redetermination ($.....5,508,089)	5,725,279		5,725,279	1,033,315
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,338,619		1,338,619	2,215,517
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	11,432,437		11,432,437	8,892,434
18.1 Current federal and foreign income tax recoverable and interest thereon	2,219,626		2,219,626	7,055,225
18.2 Net deferred tax asset	6,608,913	1,109,588	5,499,325	4,652,813
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)	4,188,989	4,188,989	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 ($.....25,570,769) and other amounts receivable	35,478,685	9,907,916	25,570,769	18,605,415
25. Aggregate write-ins for other-than-invested assets	358,258	358,258	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	522,763,292	15,564,751	507,198,541	440,428,785
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTAL (Lines 26 and 27)	522,763,292	15,564,751	507,198,541	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 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaids, deposits, and other assets	358,258	358,258	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 through 2503 plus 2598) (Line 25 above)	358,258	358,258	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	160,772,450	223,095	160,995,545	163,330,316
2.	Accrued medical incentive pool and bonus amounts	741,471		741,471	2,321,082
3.	Unpaid claims adjustment expenses	2,497,004	4,002	2,501,006	2,544,483
4.	Aggregate health policy reserves, including the liability of $.....877,611 for medical loss ratio rebate per the Public Health Service Act	15,916,682		15,916,682	13,539,790
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserves			0	
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance	2,924,553		2,924,553	3,082,213
9.	General expenses due or accrued	39,988,301		39,988,301	39,746,041
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))			0	
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 $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	961,995		961,995	2,743,032
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)			0	
20.	Reinsurance in unauthorized and certified ($.....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 $.....48,284,382 current)	48,284,382	0	48,284,382	22,462,466
24.	Total liabilities (Lines 1 to 23)	272,086,838	227,097	272,313,935	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	151,994,606	72,469,041
32.	Less treasury stock at cost:				
	32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	234,884,606	190,659,041
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	507,198,541	440,428,785

DETAILS OF WRITE-INS

2301.	Amounts due to government agencies	48,284,382		48,284,382	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 through 2303 plus 2398) (Line 23 above)	48,284,382	0	48,284,382	22,462,466
2501.	2016 health insurer fee accrual estimate	XXX	XXX		35,300,000
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	35,300,000
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member months	XXX	4,041,660	4,073,792
2.	Net premium income (including $.....0 non-health premium income)	XXX	2,200,843,584	2,284,071,917
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(2,376,892)	(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
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	2,198,466,692	2,270,786,246
Hospital and Medical:				
9.	Hospital/medical benefits		1,203,695,783	1,200,723,703
10.	Other professional services		48,465,990	43,116,399
11.	Outside referrals	2,719,851	65,829,865	87,230,705
12.	Emergency room and out-of-area		105,892,923	93,298,840
13.	Prescription drugs		289,715,033	267,796,008
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		2,199,958	3,565,022
16.	Subtotal (Lines 9 to 15)	2,719,851	1,715,799,552	1,695,730,677
Less:				
17.	Net reinsurance recoveries		2,162,435	2,405,319
18.	Total hospital and medical (Lines 16 minus 17)	2,719,851	1,713,637,117	1,693,325,358
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....61,610,125 cost containment expenses		66,588,117	58,904,765
21.	General administrative expenses		330,722,026	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)	2,719,851	2,110,947,260	2,086,684,155
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	87,519,432	184,102,091
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		2,788,256	2,156,025
26.	Net realized capital gains or (losses) less capital gains tax of $.....85,903		159,534	37,691
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	2,947,790	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	(1,795,223)	(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	88,671,999	185,526,985
31.	Federal and foreign income taxes incurred	XXX	42,812,695	75,492,924
32.	Net income (loss) (Lines 30 minus 31)	XXX	45,859,304	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
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.	Fines and penalties		(1,795,223)	(768,822)
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	(1,795,223)	(768,822)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	190,659,041	182,652,646
34. Net income or (loss) from Line 32	45,859,304	110,034,061
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (losses) less capital gains tax of $.....18,379	34,130	(31,046)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	880,748	1,590,037
39. Change in nonadmitted assets	(2,548,617)	(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
48. Net change in capital and surplus (Lines 34 to 47)	44,225,565	8,006,395
49. Capital and surplus end of reporting period (Line 33 plus 48)	234,884,606	190,659,041

DETAILS OF WRITE-INS

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

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	2,197,363,371	2,240,539,555
2.	Net investment income	4,370,860	3,919,924
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	2,201,734,231	2,244,459,479
5.	Benefit and loss related payments	1,726,663,235	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	376,080,059	388,369,012
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $.....85,903 tax on capital gains (losses)	38,062,999	85,961,000
10.	Total (Lines 5 through 9)	2,140,806,293	2,195,582,727
11.	Net cash from operations (Line 4 minus Line 10)	60,927,938	48,876,752
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	114,187,523	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)	114,187,552	66,325,318
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	71,496,332	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)	71,496,332	105,702,854
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	42,691,220	(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)	(1,297,700)	1,993,637
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,297,700)	(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 Lines 15 and 17)	102,321,457	(88,507,147)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	205,105,915	293,613,062
	19.2 End of year (Line 18 plus Line 19.1)	307,427,372	205,105,915

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

20.0001		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	2,200,843,584	41,881,016					217,687,533	1,941,275,035		
2. Change in unearned premium reserves and reserve for rate credit	(2,376,892)	(1,498,297)					(253,831)	(624,764)		
3. Fee-for-service (net of $.....0 medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	2,198,466,692	40,382,719	0	0	0	0	217,433,702	1,940,650,271	0	0
8. Hospital/medical benefits	1,203,695,783	18,363,507					125,901,881	1,059,430,395		XXX
9. Other professional services	48,465,990	25,321					2,974,514	45,466,155		XXX
10. Outside referrals	65,829,865	2,565,668					18,712,923	44,551,274		XXX
11. Emergency room and out-of-area	105,892,923	1,971,339					17,183,194	86,738,390		XXX
12. Prescription drugs	289,715,033	6,809,146					25,286,692	257,619,195		XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	2,199,958	600					68,466	2,130,892		XXX
15. Subtotal (Lines 8 to 14)	1,715,799,552	29,735,581	0	0	0	0	190,127,670	1,495,936,301	0	XXX
16. Net reinsurance recoveries	2,162,435	1,390,048					113,872	658,515		XXX
17. Total hospital and medical (Lines 15 minus 16)	1,713,637,117	28,345,533	0	0	0	0	190,013,798	1,495,277,786	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....61,610,125 cost containment expenses	66,588,117	1,157,441					7,197,556	58,233,120		
20. General administrative expenses	330,722,026	5,931,868					14,573,592	310,216,566		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,110,947,260	35,434,842	0	0	0	0	211,784,946	1,863,727,472	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	87,519,432	4,947,877	0	0	0	0	5,648,756	76,922,799	0	0
DETAILS OF WRITE-INS										
0501.	0									XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	42,130,169		249,153	41,881,016
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare	217,778,529		90,996	217,687,533
7. Title XIX - Medicaid	1,943,677,724		2,402,689	1,941,275,035
8. Other health				0
9. Health subtotal (Lines 1 through 8)	2,203,586,422	0	2,742,838	2,200,843,584
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	2,203,586,422	0	2,742,838	2,200,843,584

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	1,725,962,854	27,377,445					195,311,048	1,503,274,361		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	3,079,188	782,627					113,872	2,182,689		
1.4 Net	1,722,883,666	26,594,818	0	0	0	0	195,197,176	1,501,091,672	0	0
2. Paid medical incentive pools and bonuses	3,779,569	600					68,466	3,710,503		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	160,995,545	3,891,468					26,272,077	130,832,000		
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	160,995,545	3,891,468	0	0	0	0	26,272,077	130,832,000	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	741,471							741,471		
6. Net healthcare receivables (a)	9,988,634	438,873					692,473	8,857,288		
7. Amounts recoverable from reinsurers December 31, current year	1,338,619	1,325,746						12,873		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	163,370,171	1,095,059					30,831,448	131,443,664		
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	39,855	39,855								
8.4 Net	163,330,316	1,055,204	0	0	0	0	30,831,448	131,443,664	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	2,321,082							2,321,082		
11. Amounts recoverable from reinsurers December 31, prior year	2,215,517	678,470						1,537,047		
12. Incurred benefits:										
12.1 Direct	1,713,599,594	29,734,981	0	0	0	0	190,059,204	1,493,805,409	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	2,162,435	1,390,048	0	0	0	0	113,872	658,515	0	0
12.4 Net	1,711,437,159	28,344,933	0	0	0	0	189,945,332	1,493,146,894	0	0
13. Incurred medical incentive pools and bonuses	2,199,958	600	0	0	0	0	68,466	2,130,892	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	21,561,160	598,810					3,543,023	17,419,327		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	21,561,160	598,810	0	0	0	0	3,543,023	17,419,327	0	0
2. Incurred but unreported:										
2.1 Direct	139,434,385	3,292,658					22,729,054	113,412,673		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	139,434,385	3,292,658	0	0	0	0	22,729,054	113,412,673	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	160,995,545	3,891,468	0	0	0	0	26,272,077	130,832,000	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	160,995,545	3,891,468	0	0	0	0	26,272,077	130,832,000	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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)	432,631	25,514,911	6,021	3,885,447	438,652	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	18,032,052	177,165,124	179,907	26,092,170	18,211,959	30,796,543
7. Title XIX - Medicaid	110,375,519	1,392,240,327	649,040	130,182,960	111,024,559	131,478,568
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	128,840,202	1,594,920,362	834,968	160,160,577	129,675,170	163,330,316
10. Healthcare receivables (a)	3,004,062	31,381,432		1,093,191	3,004,062	25,490,051
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	2,321,082	1,458,487	86,212	655,259	2,407,294	2,321,082
13. Totals (Lines 9 - 10 + 11 + 12)	128,157,222	1,564,997,417	921,180	159,722,645	129,078,402	140,161,347

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	73,021	73,021	73,021	73,021	73,021
2. 2012	901,401	967,247	967,247	967,247	967,247
3. 2013	XXX	886,873	970,739	970,739	970,739
4. 2014	XXX	XXX	1,204,731	1,339,824	1,339,824
5. 2015	XXX	XXX	XXX	1,583,733	1,712,574
6. 2016	XXX	XXX	XXX	XXX	1,594,920

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	73,021	73,021	73,021	73,021	73,021
2. 2012	979,240	968,013	968,013	968,013	968,013
3. 2013	XXX	990,572	971,227	971,227	971,227
4. 2014	XXX	XXX	1,389,343	1,339,560	1,339,560
5. 2015	XXX	XXX	XXX	1,747,326	1,713,495
6. 2016	XXX	XXX	XXX	XXX	1,755,736

12.GT

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012	1,223,166	967,247	26,567	2.7	993,814	81.2			993,814	81.2
2. 2013	1,244,168	970,739	27,693	2.9	998,432	80.2			998,432	80.2
3. 2014	1,781,828	1,339,824	47,084	3.5	1,386,908	77.8			1,386,908	77.8
4. 2015	2,273,509	1,712,574	58,905	3.4	1,771,479	77.9	921	19	1,772,419	78.0
5. 2016	2,201,210	1,594,920	66,588	4.2	1,661,508	75.5	160,816	2,481	1,824,805	82.9

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX	575	759	759
5. 2015	XXX	XXX	XXX	6,292	6,725
6. 2016	XXX	XXX	XXX	XXX	25,515

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX	862	759	759
5. 2015	XXX	XXX	XXX	7,347	6,731
6. 2016	XXX	XXX	XXX	XXX	29,401

12.HM

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012				0.0	0	0.0			0	0.0
2. 2013				0.0	0	0.0			0	0.0
3. 2014	862	759	26	3.4	785	91.0			785	91.0
4. 2015	10,416	6,725	308	4.6	7,033	67.5	6		7,039	67.6
5. 2016	40,632	25,515	1,157	4.5	26,672	65.6	3,886	62	30,620	75.4

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	244	244	244	244	244
2. 2012	2,440	3,044	3,044	3,044	3,044
3. 2013	XXX	4,011	4,966	4,966	4,966
4. 2014	XXX	XXX	25,707	33,025	33,025
5. 2015	XXX	XXX	XXX	182,904	200,936
6. 2016	XXX	XXX	XXX	XXX	177,165

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	244	244	244	244	244
2. 2012	3,046	3,044	3,044	3,044	3,044
3. 2013	XXX	5,018	4,972	4,972	4,972
4. 2014	XXX	XXX	30,223	32,989	32,989
5. 2015	XXX	XXX	XXX	213,736	201,116
6. 2016	XXX	XXX	XXX	XXX	203,257

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012	2,954	3,044	53	1.7	3,097	104.8			3,097	104.8
2. 2013	5,392	4,966	125	2.5	5,091	94.4			5,091	94.4
3. 2014	30,390	33,025	261	0.8	33,286	109.5			33,286	109.5
4. 2015	200,259	200,936	1,451	0.7	202,387	101.1	180	3	202,570	101.2
5. 2016	217,525	177,165	7,198	4.1	184,363	84.8	26,092	425	210,880	96.9

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	72,777	72,777	72,777	72,777	72,777
2. 2012	898,961	964,203	964,203	964,203	964,203
3. 2013	XXX	882,862	965,773	965,773	965,773
4. 2014	XXX	XXX	1,178,449	1,306,040	1,306,040
5. 2015	XXX	XXX	XXX	1,394,537	1,504,913
6. 2016	XXX	XXX	XXX	XXX	1,392,240

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	72,777	72,777	72,777	72,777	72,777
2. 2012	976,194	964,969	964,969	964,969	964,969
3. 2013	XXX	985,554	966,255	966,255	966,255
4. 2014	XXX	XXX	1,358,258	1,305,812	1,305,812
5. 2015	XXX	XXX	XXX	1,526,243	1,505,648
6. 2016	XXX	XXX	XXX	XXX	1,523,078

12.XI

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012	1,220,212	964,203	26,514	2.7	990,717	81.2			990,717	81.2
2. 2013	1,238,776	965,773	27,568	2.9	993,341	80.2			993,341	80.2
3. 2014	1,750,575	1,306,040	46,797	3.6	1,352,837	77.3			1,352,837	77.3
4. 2015	2,062,834	1,504,913	57,146	3.8	1,562,059	75.7	735	16	1,562,810	75.8
5. 2016	1,943,053	1,392,240	58,233	4.2	1,450,473	74.6	130,838	1,994	1,583,305	81.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - OTHER

NONE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

12.OT

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 +	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012				0	0	0.0			0	0.0
2. 2013				0.0	0	0.0			0	0.0
3. 2014				0.0	0	0.0			0	0.0
4. 2015				0.0	0	0.0			0	0.0
5. 2016				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $.....0) for investment income	15,916,682	1,748,144					2,436,732	11,731,806	
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	15,916,682	1,748,144	0	0	0	0	2,436,732	11,731,806	0
7. Reinsurance ceded	0								
8. Totals (net) (Page 3, Line 4)	15,916,682	1,748,144	0	0	0	0	2,436,732	11,731,806	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

0501.	0								
0502.	0								
0503.	0								
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.	0								
1102.	0								
1103.	0								
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($.....0 for occupancy of own building)			4,674,938		4,674,938
2. Salaries, wages and other benefits	48,113,627	1,855,723	58,358,433		108,327,783
3. Commissions (less $.....0 ceded plus $.....0 assumed)			1,519,112		1,519,112
4. Legal fees and expenses			1,489,474		1,489,474
5. Certifications and accreditation fees			1,583		1,583
6. Auditing, actuarial and other consulting services	871,048	96,189	15,025,544		15,992,781
7. Traveling expenses	946,250	3,531	1,288,227		2,238,008
8. Marketing and advertising	126,401		2,738,138		2,864,539
9. Postage, express and telephone	217,809	609	3,940,021		4,158,439
10. Printing and office supplies	55,787	4,749	3,847,596		3,908,132
11. Occupancy, depreciation and amortization			11,384,275		11,384,275
12. Equipment			309,139		309,139
13. Cost or depreciation of EDP equipment and software	311,084	122	9,006,161		9,317,367
14. Outsourced services including EDP, claims, and other services	7,605,565	2,895,432	8,176,035		18,677,032
15. Boards, bureaus and association fees	10,937		283,000		293,937
16. Insurance, except on real estate	69,364		503,244		572,608
17. Collection and bank service charges			208,535		208,535
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes			682,502		682,502
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			159,768,104		159,768,104
23.3 Regulatory authority licenses and fees	20,624		35,676,214		35,696,838
23.4 Payroll taxes	3,261,629	121,637	3,646,325		7,029,591
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere				52,579	52,579
25. Aggregate write-ins for expenses	0	0	8,195,426	0	8,195,426
26. Total expenses incurred (Lines 1 to 25)	61,610,125	4,977,992	330,722,026	52,579	(a) 397,362,722
27. Less expenses unpaid December 31, current year		2,501,006	39,988,301		42,489,307
28. Add expenses unpaid December 31, prior year		2,544,483	39,746,041		42,290,524
29. Amounts receivable relating to uninsured plans, prior year			8,892,434		8,892,434
30. Amounts receivable relating to uninsured plans, current year			11,432,437		11,432,437
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	61,610,125	5,021,469	333,019,769	52,579	399,703,942

DETAILS OF WRITE-INS

2501. Charitable contributions			14,808		14,808
2502. Borrowing costs			7,947,919		7,947,919
2503. Other administrative expenses			232,699		232,699
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	8,195,426	0	8,195,426

(a) Includes management fees of $.....121,758,667 to affiliates and $.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 2,052	2,057
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 2,055,591	1,873,735
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 1,032,887	965,043
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	3,090,530	2,840,835
11.	Investment expenses		(g) 52,579
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		52,579
17.	Net investment income (Line 10 minus Line 16)		2,788,256

DETAILS OF WRITE-INS

0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	
1501.				
1502.				
1503.				
1598.	Summary of remaining write-ins for Line 15 from overflow page			0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)			0

(a) Includes $.....123,168 accrual of discount less $.....1,456,077 amortization of premium and less $.....336,942 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....368,356 accrual of discount less $.....45,544 amortization of premium and less $.....8,022 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....52,579 investment expenses and $.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	245,408		245,408	52,508	
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks of affiliates			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	29		29		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	245,437	0	245,437	52,508	0

DETAILS OF WRITE-INS

0901.				0		
0902.				0		
0903.				0		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection		6,862	6,862
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
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			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	1,109,588	1,093,731	(15,857)
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	4,188,989	4,937,209	748,220
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable	9,907,916	6,884,636	(3,023,280)
25. Aggregate write-ins for other-than-invested assets	358,258	93,696	(264,562)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	15,564,751	13,016,134	(2,548,617)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	15,564,751	13,016,134	(2,548,617)

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
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaids, deposits, and other assets	358,258	93,696	(264,562)
2502.			0
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	358,258	93,696	(264,562)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of 1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1. Health maintenance organizations	327,022	336,232	340,842	338,901	332,102	4,041,660
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	327,022	336,232	340,842	338,901	332,102	4,041,660

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

Molina Healthcare of Ohio, Inc. (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.

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) Molina Healthcare of Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$ 45,859,304	$ 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)	XXX	XXX	XXX	$ 45,859,304	$ 110,034,061
SURPLUS					
(5) Molina Healthcare of Ohio, Inc. state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 234,884,606	$ 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)	XXX	XXX	XXX	$ 234,884,606	$ 190,659,041

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with the NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses in the period. Actual results could differ from those estimates.

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: 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 1.5% 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:

(1) Short-term investments consist primarily of money market funds and investments in corporate debt securities with maturity dates of less than one year from the date of issuance. Realized capital gains and losses are determined using the specific-identification method.

(2) Investments in bonds: Bonds not backed by other loans are principally stated at amortized cost using the scientific method. Changes in admitted asset carrying amounts of bonds are credited or charged directly to unassigned surplus.

(3) Investments in common stock: None.

(4) Investments in preferred stock: None.

(5) Investments in mortgage loans: None.

(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.

(7) Investments in subsidiaries, controlled or affiliated companies: None.

(8) Investments in joint ventures, partnerships and limited liability companies: None.

(9) Investments in derivatives: None.

(10) Premium deficiency calculation: The Plan anticipates investment income as a factor in the premium deficiency calculation, in accordance with Statement of Statutory Accounting Principles ("SSAP") No. 54, *Individual and Group Accident and Health Contracts.*

(11) Claims unpaid and claims adjustment expenses: Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

(12) Capitalization policy: No change from prior period.

(13) Pharmacy rebate receivables: Amounts receivable for pharmacy rebates are estimated based upon billed amounts to pharmaceutical companies, utilization data, historical collection trends and the Plan's judgment regarding the ability to collect specific amounts. Income from pharmacy rebates is reported as a reduction of hospital and medical expense in the statement of revenue and expenses. The Plan admits estimated pharmacy rebate receivables relating to the three months immediately preceding the reporting date in accordance with SSAP No. 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans*.

D. Going Concern

Not applicable.

Note 2 – Accounting Changes and Corrections of Errors

There were no accounting changes or corrections of errors during the year ended December 31, 2016.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans: None.

B. Debt Restructuring: None.

C. Reverse Mortgages: None.

D. Loan-Backed Securities: As of December 31, 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	$ 40,000
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than12 Months	$
		2.	12 Months or Longer	$ 960,000

(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 December 31, 2016.

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

F. Real Estate: None.

G. Investments in Low-Income Housing Trade Credits (LIHTC): None.

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Additional Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending arrangements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	410,206	411,229	(1,023)	-	410,206	0.078	0.081
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	$ 410,206	$ 411,229	$ (1,023)	$ -	$ 410,206	$ 0.078	$ 0.081

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate): None.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate): None.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements: None.

I. Working Capital Finance Investments: None.

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

K. Structured Notes: None.

L. 5* Securities: None.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

The Plan had no investment income that was excluded in 2016 or 2015. All of the Plan's investments and the income derived from such investments meet the criteria for admitted receivables.

Note 8 – Derivative Instruments

None.

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	$ 6,608,913	$	$ 6,608,913	$ 5,728,166	$ 18,378	$ 5,746,544	$ 880,747	$ (18,378)	$ 862,369
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	6,608,913		6,608,913	5,728,166	18,378	5,746,544	880,747	(18,378)	862,369
d. Deferred tax assets nonadmitted	1,109,588		1,109,588	1,075,353	18,378	1,093,731	34,235	(18,378)	15,857
e. Subtotal net admitted deferred tax	5,499,325		5,499,325	4,652,813		4,652,813	846,512		846,512

NOTES TO FINANCIAL STATEMENTS

asset (1c-1d)									
f. Deferred tax liabilities									
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	$ 5,499,325	$	$ 5,499,325	$ 4,652,813	$	$ 4,652,813	$ 846,512	$	$ 846,512

2. Admission Calculation Components

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	$ 5,399,136	$	$ 5,399,136	$ 4,546,642	$	$ 4,546,642	$ 852,494	$	$ 852,494
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:	100,189		100,189	106,171		106,171	(5,982)		(5,982)
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	100,189		100,189	106,171		106,171	(5,982)		(5,982)
Adjusted gross deferred tax assets allowed per limitation threshold						27,900,934			(27,900,934)
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c)	$ 5,499,325	$	$ 5,499,325	$ 4,652,813	$	$ 4,652,813	$ 846,512	$	$ 846,512

3. Other Admissibility Criteria

		2016	2015
a.	Ratio percentage used to determine recovery period and threshold limitation amount	373.000%	307.000%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	$ 229,385,281	$ 186,006,228

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/2016		12/31/2015		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	$ 6,608,913	$	$ 5,728,166	$ 18,378	$ 880,747	$ (18,378)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net Admitted	$ 5,499,325	$	$ 4,652,813	$	$ 846,512	$

NOTES TO FINANCIAL STATEMENTS

Adjusted Gross DTAs amount from Note 9A1(e)						
4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Does the company's tax planning strategies include the use of reinsurance? No.

B. Deferred Tax Liabilities Not Recognized: None.

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2016	2 2015	3 (Col 1-2) Change
a. Federal	$ 42,846,042	$ 75,626,527	$ (32,780,485)
b. Foreign			
c. Subtotal	$ 42,846,042	$ 75,626,527	$ (32,780,485)
d. Federal income tax on net capital gains	85,903	20,296	65,607
e. Utilization of capital loss carry-forwards			
f. Other	(33,347)	(133,603)	100,256
g. Federal and Foreign income taxes incurred	$ 42,898,598	$ 75,513,220	$ (32,614,622)

2. Deferred Tax Assets

	1 2016	2 2015	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	$ 444,891	$ 479,356	$ (34,465)
2. Unearned premium reserve	204,719	216,962	(12,243)
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets	774,908	874,473	(99,565)
8. Compensation and benefits accrual	389,904	329,967	59,937
9. Pension accrual			
10. Receivables - nonadmitted	4,141,521	3,300,670	840,851
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)	652,970	526,738	126,232
99. Subtotal	$ 6,608,913	$ 5,728,166	$ 880,747
b. Statutory valuation allowance adjustment			
c. Nonadmitted	1,109,588	1,075,353	34,235
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	$ 5,499,325	$ 4,652,813	$ 846,512
e. Capital:			
1. Investments	$	$ 18,378	$ (18,378)
2. Net capital loss carry-forward			
3. Real estate			
4. Other (including items <5% of total capital tax assets)			
99. Subtotal	$	$ 18,378	$ (18,378)
f. Statutory valuation allowance adjustment			
g. Nonadmitted		18,378	(18,378)
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	$ 5,499,325	$ 4,652,813	$ 846,512

3. Deferred Tax Liabilities

	1 2016	2 2015	3 (Col 1–2) Change
a. Ordinary:			
1. Investments	$	$	$
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax liabilities)			
99. Subtotal	$	$	$
b. Capital:			
1. Investments	$	$	$
2. Real estate			

NOTES TO FINANCIAL STATEMENTS

3. Other (including items <5% of total capital tax liabilities)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)	$	$	$

4.	Net Deferred Tax Assets (2i – 3c)	$ 5,499,325	$ 4,652,813	$ 846,512

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in deferred income taxes in the surplus section of the Annual Statement):

	12/31/2016	12/31/2015	Change
Total deferred tax assets	$ 6,608,913	$ 5,746,544	$ 862,369
Total deferred tax liabilities	-	-	-
Net deferred tax asset (liability)	$ 6,608,913	$ 5,746,544	$ 862,369
Tax effect of unrealized (gains)/losses			18,378
Change in net deferred income tax assets - increase (decrease)			$ 880,747

The Plan is subject to taxation in the United States and the state of Ohio. The Plan is currently under exam by the Internal Revenue Service for tax year 2011. With few exceptions, the Plan is no longer subject to U.S. federal, state, or local tax examination for the tax years before 2011.

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for federal and foreign taxes incurred is different from that which would be obtained by applying the statutory federal tax rate to income before taxes. The significant items causing this difference are as follows:

	Tax Effect	Effective Tax Rate (%)
Taxes on income at federal statutory tax rate	$ 31,065,266	35.00%
Changes in nonadmitted assets	(886,466)	-1.00%
Health insurance providers fee	11,826,822	13.34%
Other	12,229	0.01%
Totals	$ 42,017,851	47.35%
Federal and foreign income taxes incurred	$ 42,812,695	48.24%
Realized capital gains (losses) tax	85,903	0.10%
Change in net deferred income taxes	(880,747)	-0.99%
Total statutory income taxes	$ 42,017,851	47.35%

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2016, the Plan did not have any unused operating loss carryforwards available to offset against future taxable income.

The following is income tax expense for 2016 and 2015 that is available for recoupment in the event of future net losses:

Year	Amount
2016	$ 42,931,945
2015	$ 75,625,178

The Plan did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

(1) The Plan's federal income tax return is consolidated with the following entities:

A to Z In-Home Tutoring LLC
AmericanWork, Inc.
Camelot Care Centers, Inc.
Children's Behavioral Health, Inc.
Choices Group, Inc.
College Community Services
Dockside Services, Inc.
Family Preservation Services of Florida, Inc.
Family Preservation Services of North Carolina, Inc.
Family Preservation Services of Washington, D.C., Inc.
Family Preservation Services of West Virginia, Inc.
Family Preservation Services, Inc.
Integrated Care Alliance, LLC (f/k/a Synergy Partners, LLC)
Maple Star Nevada, Inc.
Maple Star Oregon, Inc.
Molina Clinical Services, LLC
Molina Dental & Vision Services, LLC
Molina Health Plan Management, Inc.
Molina Healthcare Data Center, Inc.
Molina Healthcare of Arizona, Inc.
Molina Healthcare of California
Molina Healthcare of California Partner Plan, Inc.
Molina Healthcare of Florida, Inc.
Molina Healthcare of Georgia, Inc.
Molina Healthcare of Illinois, Inc.

Molina Healthcare of Iowa, Inc.
Molina Healthcare of Louisiana, Inc.
Molina Healthcare of Maryland, Inc.
Molina Healthcare of Michigan, Inc.
Molina Healthcare of Mississippi, Inc.
Molina Healthcare of Nevada, Inc.
Molina Healthcare of New Mexico, Inc.
Molina Healthcare of New York, Inc. (f/k/a Today's Options of New York, Inc.)
Molina Healthcare of North Carolina, Inc.
Molina Healthcare of Ohio, Inc.
Molina Healthcare of Oklahoma, Inc.
Molina Healthcare of Pennsylvania, Inc.
Molina Healthcare of Puerto Rico, Inc.
Molina Healthcare of South Carolina, LLC
Molina Healthcare of Texas Insurance Company
Molina Healthcare of Texas, Inc.
Molina Healthcare of Utah, Inc.
Molina Healthcare of Virginia, Inc.
Molina Healthcare of Washington, Inc.
Molina Healthcare of Wisconsin, Inc.
Molina Healthcare, Inc.
Molina Holdings Corporation (f/k/a Molina Healthcare of New York, Inc.)
Molina Hospital Management, Inc
Molina Information Systems, LLC
Molina Medical Management, Inc.
Molina Pathways of Ohio, LLC
Molina Pathways of Texas, Inc.
Molina Pathways, LLC
Molina Personal Care of South Carolina, Inc.
Molina Personal Care of Texas, Inc.
Pathways Community Corrections, Inc.
Pathways Community Services LLC
Pathways Community Services LLC
Pathways Community Support of Texas, Inc.
Pathways Health and Community Support of Florida, Inc.
Pathways Health and Community Support, LLC
Pathways Human Services, LLC
Pathways of Alabama, Inc.
Pathways of Arizona, Inc.
Pathways of Delaware, Inc.
Pathways of Idaho LLC
Pathways of Maine, Inc.
Pathways of Massachusetts LLC
Pathways of Oklahoma, Inc.
Pathways of Washington, Inc.
Raystown Developmental Services, Inc.
Rio Grande Management Company, L.L.C.
The RedCo Group, Inc.
Transitional Family Services, Inc.
W.D. Management, L.L.C.

(2) Molina and its subsidiaries, including the Plan, file a consolidated federal income tax return. Under a written intercompany tax-sharing agreement with Molina, approved by the Plan's board of directors, the combined federal income tax is allocated to each entity which is a party to the consolidation. Molina collects from, or refunds to, the subsidiaries the amount of taxes or benefits determined as if each entity filed separate tax returns. Under the tax-sharing agreement, the Plan has an enforceable right to recoup federal income taxes paid in prior years in the event of future net losses or to recoup net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany balances are settled within 90 days of filing the consolidated federal income tax return.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Plan does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

A. The Plan is a wholly owned subsidiary of Molina. Molina and its subsidiaries provide quality managed care to people receiving government assistance. Molina offers healthcare services for persons served by Medicaid, Medicare, and the Marketplace, and products to assist government agencies in their administration of the Medicaid program. Molina has wholly owned operating subsidiaries in various states as indicated in Schedule Y, Parts 1 and 1A.

The Plan subleases office space from Molina who is a master lessee under an arrangement with a third party that commenced in 2013. Rental expense for this sublease amounted to $1,833,577 and $1,525,702 during the twelve months ended December 31, 2016 and 2015, respectively. Minimum future lease commitments for this lease are included in the operating table in Note 15.

B. - C. The Plan neither paid dividends to, nor received contributions from Molina during the year ended December 31, 2016.

The Plan has an agreement with Molina whereby Molina provides certain management services to the Plan. Expenses incurred relating to this agreement amounted to $121.8 million and $124.9 million for the years ended December 31, 2016 and 2015, respectively.

D. As of December 31, 2016, amounts due to Molina and affiliates totaled $961,995. Intercompany receivables and payables are generally settled on a monthly basis.

E. The Plan is not a guarantor and does not participate in any undertakings.

NOTES TO FINANCIAL STATEMENTS

F. The Plan has a services agreement with Molina, as described in Note 10.C. above.

G. As indicated in Note 10.A. above, the Plan is a wholly owned subsidiary of Molina. The entities under common ownership of Molina are indicated in Schedule Y, Parts 1 and 1A.

H. Amount deducted from the value of an upstream intermediate entity or ultimate parent owned: None.

I. Investment in subsidiary, controlled or affiliated ("SCA") entity that exceeds 10% of the admitted assets of the insurer: None.

J. Investment in impaired SCA entities: None.

K. Investment in foreign subsidiary: None.

L. Investment in downstream noninsurance holding company: None.

M. All SCA Investments: None.

N. Investment in Insurance SCAs: None.

Note 11 – Debt

None.

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

A.-D. Defined Benefit Plan: Not applicable.

E. Defined Contribution Plans: See Note 12.G. below.

F. Multiemployer Plans: None.

G. Consolidated/Holding Company Plans: The Plan's employees participate in a defined contribution 401(k) plan sponsored by Molina that covers substantially all full-time salaried and clerical employees. Eligible employees are allowed to contribute up to the maximum allowed by law. The Plan matches up to the first 4% of compensation contributed by the employees. The Plan has no legal obligation to provide benefits under the plan. The Plan's expense recognized in connection with the 401(k) plan was $1,649,895 and $1,504,165 for the years ended December 31, 2016 and 2015, respectively.

H. Postemployment Benefits and Compensated Absences: No postemployment benefits and no unrecorded amounts for compensated absences.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None.

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

(1) The Plan has 1,500 shares of $1 par value common stock authorized, 1,500 shares issued and outstanding.

(2) Preferred stock: None.

(3) Dividend restrictions: The payment of dividends by the Plan to Molina is limited and can only be made from earned profits unless prior approval is received from the Department. The amount of dividend that may be paid by insurance companies without prior approval of the Ohio Insurance Commissioner is also subject to restrictions relating to statutory surplus and net income. At December 31, 2016 and 2015, no dividends were paid without the Department's approval. A dividend/distribution cannot decrease unassigned funds below zero.

(4) Dividends paid by the Plan to Molina during 2016 were as follows: None.

(5) Subject to the limitations of (3) above, no restrictions have been placed on the portion of the Plan's profits that may be paid as ordinary dividends to Molina.

(6) Restrictions placed on unassigned funds (surplus): None.

(7) Advances to surplus not repaid: None.

(8) Stock held for special purposes: None.

(9) Changes in balances 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 December 31, 2016.

(10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: $0.

(11) Surplus debentures or similar obligations: None.

(12) The impact of any restatement due to prior quasi-reorganizations: None.

(13) The effective dates of all quasi-reorganizations in the prior 10 years are: None.

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

(1) Total SSAP No. 97, *Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88*, and SSAP No. 48, *Joint Ventures, Partnerships and Limited Liability Companies* contingent liabilities: None.

(2), (3) Detail of other contingent commitments: None; the Plan is not a guarantor.

B. Assessments: None.

C. Gain Contingencies: None.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits: None.

E. Joint and Several Liabilities: None.

F. All Other Contingencies: From time to time, the Plan may be involved in legal actions in the normal course of business, some of which involve a demand for both compensatory and punitive damages not covered by insurance. Currently, there are no pending or threatened actions which, to the knowledge and in the opinion of management and the Plan's counsel, would have a material adverse effect on the Plan's financial position, results of operations or cash flow.

Note 15 – Leases

A. Lessee Operating Lease

(1) The Plan leases office facilities and equipment under noncancelable long-term operating leases. Some of the leases contain escalation clauses and renewal options. Rental expense relating to these leases totaled $1,833,577 and $1,920,237 for the years ended December 31, 2016 and 2015, respectively.

(2)

a. At January 1, 2017 the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2017	$ 1,537,210
2.	2018	$ 1,551,747
3.	2019	$ 1,335,917
4.	2020	$ 1,321,921
5.	2021	$ 1,353,875
6.	Thereafter	$ 29,203,489
7.	Total	$ 36,304,159

(3) Sale-leaseback transactions: None.

B. Revenue, Net Income or Assets with Respect to Leases: None.

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

The Plan has no financial instruments with off-balance-sheet risk.

Financial instruments that potentially subject the Plan to concentrations of credit risk consist primarily of cash, cash equivalents, short-term investments, bonds, and receivables. The Plan invests a substantial portion of its short-term investments in the Blackrock Liquidity Federal Institutional Money Market Fund amounting to $130.0 million and the Financial Square Government Money Market Fund amounting to $80.0 million. The objective of these funds is to maximize current income to the extent consistent with the preservation of capital and maintenance of liquidity. The Plan's investments and a portion of its cash equivalents are managed by professional portfolio managers operating under documented investment guidelines. Concentrations of credit risk with respect to receivables is limited because the Plan's primary payors are the state of Ohio and CMS.

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

A. Transfers of Receivables Reported as Sales: None.

B. Transfer and Servicing of Financial Assets: None.

C. Wash Sales: None.

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

A. ASO Plans: None.

B. ASC Plans: None.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract: The Medicare Part D program is a partially insured plan. The Plan recorded amounts receivable relating to uninsured plans of $11.4 million and $8.9 million at December 31, 2016 and 2015, respectively, for cost reimbursements under the Medicare Part D program.

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: None.

(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 value hierarchy, a description of the valuation techniques follow: None.

(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

NOTES TO FINANCIAL STATEMENTS

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 all financial instruments as of December 31, 2016 and 2015 is presented in the table below:

2016:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Auction rate securities	$ 960,000	$ 1,000,000	$ -	$ -	$ 960,000	$ -
Certificates of deposit	2,867,000	2,867,000	-	2,867,000	-	-
Corporate debt securities	156,177,309	156,440,854	-	156,177,309	-	-
Government-sponsored enterprise securities	12,885,800	13,000,000	12,885,800	-	-	-
Money market funds	210,067,289	210,067,289	210,067,289	-	-	-
Municipal securities	26,307,224	26,461,424	-	26,307,224	-	-
U.S. Treasury notes	410,209	410,206	410,209	-	-	-
Total bonds and short-term investments	$ 409,674,831	$ 410,246,773	$ 223,363,298	$ 185,351,533	$ 960,000	$ -

2015:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Auction rate securities	$ 950,000	$ 1,000,000	$ -	$ -	$ 950,000	$ -
Certificates of deposit	6,750,492	6,762,654	-	6,750,492	-	-
Corporate debt securities	122,720,260	123,076,486	-	122,720,260	-	-
Government-sponsored enterprise securities	24,864,400	25,009,883	24,864,400	-	-	-
Money market funds	58,855,641	58,855,641	58,855,641	-	-	-
Municipal securities	43,052,798	43,123,929	-	43,052,798	-	-
U.S. Treasury notes	409,537	411,229	409,537	-	-	-
Total bonds and short-term investments	$ 257,603,128	$ 258,239,822	$ 84,129,578	$ 172,523,550	$ 950,000	$ -

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

Note 21 – Other Items

A. Unusual or Infrequent Items: None.

B. Troubled Debt Restructuring Debtors: None.

C. Other Disclosures and Unusual Items:

The state of Ohio is participating in CMS's dual eligible demonstration to integrate Medicare and Medicaid services for dual eligible individuals. The Plan refers to the demonstration as its Medicare-Medicaid Plan ("MMP") implementation. Results for the Medicare component of the MMP have been reported under the Medicare category, and results for the Medicaid component of the MMP have been reported under the Medicaid category. Ending membership and member months for MMP enrollees have been reported under the Medicare category.

In 2015, the Ohio Department of Medicaid ("ODM") implemented a Hepatitis C risk pool arrangement to address concerns regarding new high-cost treatments for Hepatitis C. Under this risk pool arrangement ODM will redistribute funds among managed care plans in the state based on their actual Hepatitis C costs. This risk pool will be used to account for any managed care plans getting a disproportionate share of members using Hepatitis C drugs by giving plans that experience adverse selection or relatively adverse claims experience a greater proportion of the risk pool funds. As of December 31, 2016, the Company accrued a payable to ODM amounting to approximately $7.1 million for Hepatitis C risk pool funds received in excess of medical expenses incurred.

D. Business Interruption Insurance Recoveries: None.

E. State Transferable and Non-Transferable Tax Credits: None.

F. Subprime Mortgage Related Risk Exposure: None.

G. Retained Assets: None.

H. Insurance-Linked Securities (ILS) Contracts: None.

Note 22 – Events Subsequent

Prior to the 2017 calendar year, the Plan is subject to an annual health insurer fee under section 9010 of the Federal Affordable Care Act ("ACA"). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. 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 December 31, 2016.

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? Yes [X] No [ ]

B.	ACA fee assessment payable for the upcoming year	$ -	$ 35,300,000
C	ACA fee assessment paid	33,790,919	29,219,573
D.	Premium written subject to ACA 9010 assessment	-	2,237,135,705

NOTES TO FINANCIAL STATEMENTS

E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)	234,884,606	
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	234,884,606	
G.	Authorized control level (Five-Year Historical Line 15)	$ 61,463,139	

H. Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)? Yes [ ] No [X]

With the exception of the subsequent event disclosed above, there were no recognized or unrecognized events occurring subsequent to the close of the books that would have a material effect on the Plan's financial condition. Subsequent events were considered through February 27, 2017, for the statutory statement available to be issued on February 27, 2017.

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? No.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? No.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? No.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. $0.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? No.

B. Uncollectible Reinsurance: None.

C. Commutation of Ceded Reinsurance: None.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. - C. Based on member encounter data that the Plan submits to CMS, Medicare premiums are subject to retroactive increase or decrease based upon member medical conditions for up to two years after the original year of service. The Plan estimates the amount of Medicare revenue that will ultimately be realized for the periods presented based on its knowledge of its members' health care utilization patterns and CMS practices. Based on the Plan's knowledge of member health care utilization patterns and expenses, the Plan recorded a net receivable of $2.6 million and a net payable of $1.6 million as of December 31, 2016 and 2015, respectively, related to its contracts with CMS. The Plan had net premiums written of $217.7 million and $202.2 million for its Medicare business for the years ended December 31, 2016 and 2015, representing 9.9% and 8.9% of total net premiums written in 2016 and 2015, respectively.

The Plan began serving members through the Marketplace in January 2014. Under the risk sharing provisions of the ACA, Marketplace premiums are subject to redetermination through the risk adjustment program in which the risk scores of enrollees are used to determine the final premium amount. In addition, Marketplace premiums are subject to retrospective rating through the risk corridor program in which the Plan and the Federal government share in loss experience above or below a specified range. The Plan estimates accrued retrospective premium adjustments for its Marketplace business through a mathematical approach with inputs that may include premiums, claims costs, administrative expenses, reinsurance recoveries, and risk adjustment transfer payments. The Plan recorded a net payable of $1.1 million and a net receivable of $0.3 million as of December 31, 2016 and 2015, respectively, related to its Marketplace business. The Plan had net premiums written of $41.9 million and $10.6 million for its Marketplace business for the years ended December 31, 2016 and 2015, representing 1.9% and 0.5% of the total net premiums written in 2016 and 2015, 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 $11.7 million and $11.1 million as of December 31, 2016 and 2015, respectively, relating to its contract with the state of Ohio. The Plan had net premiums written relating to Medicaid expansion of $470.0 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.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					

NOTES TO FINANCIAL STATEMENTS

(1)	Medical loss ratio rebates incurred	$	$	$	$	$
(2)	Medical loss ratio rebates paid					
(3)	Medical loss ratio rebates unpaid					
(4)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5)	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6)	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	
Current Reporting Year-to-Date						
(7)	Medical loss ratio rebates incurred	$ 877,611	$	$	$	$ 877,611
(8)	Medical loss ratio rebates paid					
(9)	Medical loss ratio rebates unpaid	877,611				877,611
(10)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11)	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12)	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	877,611

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 [X] No [ ]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

			AMOUNT
a.	Permanent ACA Risk Adjustment Program		
	Assets		
	1.	Premium adjustments receivable due to ACA Risk Adjustment	$ 650,299
	Liabilities		
	2.	Risk adjustment user fees payable for ACA Risk Adjustment	17,255
	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	1,744,268
	5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	$ (17,248)
b.	Transitional ACA Reinsurance Program		
	Assets		
	1.	Amounts recoverable for claims paid due to ACA Reinsurance	$ 1,325,746
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	
	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	49,356
	5.	Ceded reinsurance premiums payable due to ACA Reinsurance	197,425
	6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	$
	Operations (Revenue & Expenses)		
	7.	Ceded reinsurance premiums due to ACA Reinsurance	$ (197,424)
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	1,390,048
	9.	ACA Reinsurance contributions – not reported as ceded premium	$ (49,357)
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	870,533
	Operations (Revenue & Expenses)		
	3.	Effect of ACA Risk Corridors on net premium income (paid/received)	(508,730)
	4.	Effect of ACA Risk Corridors on change in reserves for rate credits	$ (620,686)

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments				Unsettled Balances as of the Reporting Date
						Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
		1	2	3	4	5	6	7	8		9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1. Premium adjustments receivable	$ 516,430	$	$ 1,610,326	$	$ (1,093,896)	$	$ 1,093,896	$	A	$	$
	2. Premium adjustments (payable)									B		
	3. Subtotal ACA Permanent Risk Adjustment Program	$ 516,430	$	$ 1,610,326	$	$ (1,093,896)	$	$ 1,093,896	$		$	$
b.	Transitional ACA Reinsurance Program											
	1. Amounts recoverable for claims paid	$ 678,470	$	$ 782,627	$	$ (104,157)	$	$ 200,627	$	C	$ 96,470	$
	2. Amounts recoverable for claims unpaid (contra liability)	39,855				39,855		(39,855)		D		
	3. Amounts receivable relating to uninsured plans									E		

NOTES TO FINANCIAL STATEMENTS

	4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums		(21,285)		(21,285)					F		
	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	$ (85,140)	$ (64,302)	$	$ 160,772	$		$ 96,470	$
c.	Temporary ACA Risk Corridors Program												
	1.	Accrued retrospective premium	$	$	$	$	$	$	$	$	I	$	$
	2.	Reserve for rate credits or policy experience rating refunds		(249,847)		(508,730)		258,883		(258,883)	J		
	3.	Subtotal ACA Risk Corridors Program		(249,847)		(508,730)		258,883		(258,883)			
d.	Total for ACA Risk Sharing Provisions		$ 1,234,755	$ (334,987)	$ 2,392,953	$ (593,870)	$ (1,158,198)	$ 258,883	$ 1,254,668	$ (258,883)		$ 96,470	$

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.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

			Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
							Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
			1	2	3	4	5	6	7	8		9	10
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	2014												
	1.	Accrued retrospective premium	$	$	$	$	$	$	$	$	A	$	$
	2.	Reserve for rate credits for policy experience rating refunds									B		
b.	2015												
	1.	Accrued retrospective premium	$	$	$	$	$	$	$	$	C	$	$
	2.	Reserve for rate credits for policy experience rating refunds		(249,847)		(508,730)		258,883		(258,883)	D		
c.	2016												
	1.	Accrued retrospective premium	$	$	$	$	$	$	$	$	E	$	$
	2.	Reserve for rate credits or policy experience rating refunds									F		
d.	Total for Risk Corridors		$	$ (249,847)	$	$ (508,730)	$	$ 258,883	$	$ (258,883)		$	$

Explanations of Adjustments

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

(5) ACA Risk Corridors Receivable as of Reporting Date: The Plan had no ACA risk corridor receivable for periods from 2014 to 2016.

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:

	Year ended 12/31/2016	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	1,733,036,430	1,746,387,859
Prior years	(19,399,313)	(53,062,501)
Net incurred claims during the current year	1,713,637,117	1,693,325,358
Deduct paid claims, net of reinsurance:		
Current year	1,583,527,345	1,586,159,494
Prior years	143,135,890	135,093,221
Net paid claims during the current year	1,726,663,235	1,721,252,715
Change in claims adjustment expenses	(43,477)	(261,611)
Change in health care receivables	9,988,634	7,296,420
Change in amounts due from reinsurers	(876,898)	1,182,238
Unpaid claims liabilities, accrued medical incentives, and claims adjustment		

NOTES TO FINANCIAL STATEMENTS

expenses, end of period	$ 164,238,022	$ 168,195,881

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

Not Applicable for Health Entities.

Note 28 – Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2016	$ 6,571,634	$ -	$ -	$ -	$ -
09/30/2016	6,591,795	-	-	-	-
06/30/2016	13,163,429	-	-	6,063,028	-
03/31/2016	5,484,572	-	-	5,924,496	-
12/31/2015	5,258,217	-	-	3,279,283	1,176,089
09/30/2015	4,933,737	-	-	4,035,394	768,880
06/30/2015	4,136,678	-	-	3,789,637	597,924
03/31/2015	3,497,590	-	-	3,140,350	1,049,994
12/31/2014	1,673,881	-	-	1,267,267	566,994
09/30/2014	1,612,649	-	-	1,152,040	638,339
06/30/2014	1,138,224	-	-	899,982	80,065
03/31/2014	812,506	-	-	732,123	80,345

B. Risk Sharing Receivables: None.

Note 29 – Participating Policies

None.

Note 30 – Premium Deficiency Reserves

1.	Liability carried for premium deficiency reserve:	$0
2.	Date of most recent evaluation of this liability:	December 31, 2016
3.	Was anticipated investment income utilized in the calculation?	Yes [X] No [ ]

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 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, 1A and 2. Yes [X] No [ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State regulating? Ohio

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

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

3.2 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

3.3 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

3.4 By what department or departments?
Ohio Department of Insurance

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

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

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

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

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

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

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

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

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP, 725 S Figueroa Street, Los Angeles, CA 90017-5418

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [X] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain:
The Company is a direct wholly owned subsidiary of Molina Healthcare, Inc. ("Molina") Molina is a publicly traded company and is subject to compliance with the Sarbanes-Oxley Act. An Audit Committee is maintained at the Corporate level (Molina).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Brian F. Goebel, FSA, MAAA, Chief Actuary, 200 Oceangate, Suite 100, Long Beach, CA 90802 , Employee of the reporting entity.

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $ 0

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

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

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

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

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

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

(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers $ 0

20.12 To stockholders not officers $ 0

20.13 Trustees, supreme or grand (Fraternal only) $ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers $ 0

20.22 To stockholders not officers $ 0

20.23 Trustees, supreme or grand (Fraternal only) $ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others $

21.22 Borrowed from others $

21.23 Leased from others $

21.24 Other $

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [X] No [ ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment $ (1,610,326)

22.22 Amount paid as expenses $ 1,481,609

22.23 Other amounts paid $

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01 Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $

24.06 If answer to 24.04 is no, report amount of collateral for other programs $

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	$ 0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	$ 0
24.103	Total payable for securities lending reported on the liability page:	$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	$ 0
25.22	Subject to reverse repurchase agreements	$ 0
25.23	Subject to dollar repurchase agreements	$ 0
25.24	Subject to reverse dollar repurchase agreements	$ 0
25.25	Placed under option agreements	$ 0
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	$ 0
25.27	FHLB Capital Stock	$ 0
25.28	On deposit with states	$ 410,206
25.29	On deposit with other regulatory bodies	$ 0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	$ 0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	$ 0
25.32	Other	$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		$

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: $

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

28.01 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's Address
US Bank	60 Livingston Ave, St. Paul, MN 55107
Morgan Stanley	2000 Westchester Ave, Purchase, NY 10577

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

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

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

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["…that have access to the investment accounts", "… handle securities"].

1 Name of Firm or Individual	2 Affiliation
Morgan Stanley	U

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
149777	Morgan Stanley		SEC	NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	410,246,773	409,674,831	(571,942)
30.2	Preferred Stocks	0	0	0
30.3	Totals	410,246,773	409,674,831	(571,942)

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are provided by third party vendor, Clearwater Analytics, who uses unit prices published by the Securities Valuation Office of the NAIC (SVO) when available. For securities not priced by the SVO Clearwater Analytics receives pricing from S&P Capital IQ Pricing. Securities with short maturities and infrequent secondary market trades such as Commercial Paper and Certificates of Deposit, Clearwater will calculate prices by accreting the purchase price to face value at maturity.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 10,800

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Ohio Insurance Institute	$ 10,000

34.1 Amount of payments for legal expenses, if any? $ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ 195,079

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Ohio Department of Medicaid	$ 83,000
NAIC	51,045

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes [ ] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	$	0
	1.31 Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	$	0
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned	$	0
	1.62 Total incurred claims	$	0
	1.63 Number of covered lives	$	0
	All years prior to most current three years:		
	1.64 Total premium earned	$	0
	1.65 Total incurred claims	$	0
	1.66 Number of covered lives	$	0
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned	$	0
	1.72 Total incurred claims	$	0
	1.73 Number of covered lives	$	0
	All years prior to most current three years:		
	1.74 Total premium earned	$	0
	1.75 Total incurred claims	$	0
	1.76 Number of covered lives	$	0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 2,200,843,584	$ 2,284,071,917
2.2	Premium Denominator	$ 2,200,843,584	$ 2,284,071,917
2.3	Premium Ratio (2.1/2.2)	$ 100.000	$ 100.000
2.4	Reserve Numerator	$ 177,653,698	$ 179,191,188
2.5	Reserve Denominator	$ 177,653,698	$ 179,191,188
2.6	Reserve Ratio (2.4/2.5)	$ 100.000	$ 100.000

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ ] No [X]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ] No [X]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X] No [ ]
5.2	If no, explain:	

5.3	Maximum retained risk (see instructions)		
	5.31 Comprehensive Medical	$	1,167,500
	5.32 Medical Only	$	0
	5.33 Medicare Supplement	$	0
	5.34 Dental and Vision	$	0
	5.35 Other Limited Benefit Plan	$	0
	5.36 Other	$	0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
The Company is insured under an annual HMO excess risk reinsurance agreement effective 1/1/16-12/31/16 with RGA Reinsurance Company. Subscribers are also protected against the Company's insolvency through provider agreements, evidence of coverage, and/or member

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

handbooks.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1	Number of providers at start of reporting year	37,528
8.2	Number of providers at end of reporting year	39,637

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21	Business with rate guarantees with rate guarantees between 15-36 months	$ 0
9.22	Business with rate guarantees over 36 months	$ 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21	Maximum amount payable bonuses	$ 0
10.22	Amount actually paid for year bonuses	$ 3,779,569
10.23	Maximum amount payable withholds	$ 0
10.24	Amount actually paid for year withholds	$ 0

11.1 Is the reporting entity organized as:

11.12	A Medical Group/Staff Model,	Yes [ ] No [X]
11.13	An Individual Practice Association (IPA), or,	Yes [ ] No [X]
11.14	A Mixed Model (combination of above)?	Yes [X] No [ ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus.
Ohio

11.4 If yes, show the amount required. $ 122,926,278

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation
200% of RBC Authorized Control Level. $61,463,139 x 2 = $122,926,278.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
All Counties

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $ 0

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. $ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		$	$	$	$

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1	Direct Premium Written	$ 0
15.2	Total Incurred Claims	$ 0
15.3	Number of Covered Lives	0

***Ordinary Life Insurance Includes**
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	507,198,541	440,428,785	464,139,951	267,332,677	199,909,148
2. Total liabilities (Page 3, Line 24)	272,313,935	249,769,744	281,487,305	138,434,029	103,545,367
3. Statutory minimum capital and surplus requirement	122,926,278	120,982,498	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	234,884,606	190,659,041	182,652,646	128,898,648	96,363,781
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	2,198,466,692	2,270,786,246	1,781,827,630	1,248,239,172	1,216,300,778
6. Total medical and hospital expenses (Line 18)	1,713,637,117	1,693,325,358	1,351,464,312	957,507,530	977,617,841
7. Claims adjustment expenses (Line 20)	66,588,117	58,904,765	47,083,942	27,693,465	26,567,685
8. Total administrative expenses (Line 21)	330,722,026	334,454,032	285,253,605	210,797,025	183,414,369
9. Net underwriting gain (loss) (Line 24)	87,519,432	184,102,091	98,025,771	52,316,716	28,617,883
10. Net investment gain (loss) (Line 27)	2,947,790	2,193,716	1,109,281	834,278	937,038
11. Total other income (Lines 28 plus 29)	(1,795,223)	(768,822)	(3,890,299)	(541,716)	
12. Net income or (loss) (Line 32)	45,859,304	110,034,061	55,873,718	34,003,852	18,762,516
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	60,927,938	48,876,752	194,625,334	70,812,368	9,002,367
Risk-Based Capital Analysis					
14. Total adjusted capital	234,884,606	190,659,041	182,652,646	128,898,648	96,363,781
15. Authorized control level risk-based capital	61,463,139	60,491,249	45,179,102	33,071,341	33,884,116
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	332,102	327,022	346,662	255,164	244,335
17. Total member months (Column 6, Line 7)	4,041,660	4,073,792	3,649,981	3,006,782	3,064,506
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	77.9	74.6	75.8	77.0	80.2
20. Cost containment expenses	2.8	2.3	2.4	2.0	1.8
21. Other claims adjustment expenses	0.2	0.3	0.3	0.3	0.4
22. Total underwriting deductions (Line 23)	96.0	91.9	94.5	96.1	97.4
23. Total underwriting gain (loss) (Line 24)	4.0	8.1	5.5	4.2	2.3
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	129,078,402	134,829,789	61,890,811	49,107,451	72,535,606
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	140,161,347	166,906,467	82,001,666	60,465,074	57,490,004
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	L							0	
35. North Dakota ND	N							0	
36. Ohio OH	L	42,130,169	217,778,123	1,943,678,130				2,203,586,422	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	42,130,169	217,778,123	1,943,678,130	0	0	0	2,203,586,422	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 2	42,130,169	217,778,123	1,943,678,130	0	0	0	2,203,586,422	0
DETAILS OF WRITE-INS									
58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998)		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.

Explanation of basis of allocation by states, premiums by state, etc.

All premiums written within the state of Ohio.

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

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

PART 1 – ORGANIZATIONAL CHART

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	DE	81-2824030	Molina Clinical Services, LLC
I-00000	AZ	30-0876771	Molina Healthcare of Arizona, Inc.
|-00000	CA	33-0342719	Molina Healthcare of California
|-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
|-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
|-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
|-14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	IA	47-3920055	Molina Healthcare of Iowa, Inc.
I-00000	LA	81-4229476	Molina Healthcare of Louisiana, 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.
|-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
|-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
I-00000	OK	81-0864563	Molina Healthcare of Oklahoma, Inc.
I-00000	PA	81-0855820	Molina Healthcare of Pennsylvania, Inc.
I-15600	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
|-15329	SC	46-2992125	Molina Healthcare of South Carolina, LLC
|-10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
|-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
|-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
|-15133	VA	26-1769086	Molina Healthcare of Virginia, Inc.
|-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
|-12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	NY	47-3797019	Molina Health Plan Management, Inc.
I-00000	NY	27-1603200	Molina Healthcare of New York, Inc.
I-00000	NY	47-3580625	Molina Holdings Corporation
|-00000	CA	46-2821516	Molina Hospital Management, Inc.
|-00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
|-00000	CA	37-1652282	Molina Medical Management, Inc.
|-00000	CA	47-1446940	Easy Care MSO, LLC
|-00000	DE	45-2854547	Molina Pathways, LLC
|-00000	DE	81-1863393	Molina Dental and Vision Services, LLC

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

PART 1 – ORGANIZATIONAL CHART

|-00000	OH	47-4937011	Molina Pathways of Ohio, LLC
|-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
|-00000	TX	47-2308753	Molina Personal Care of Texas, Inc.
|-00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.
|-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	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	MI	38-3611499	Integrated Care Alliance, LLC
I-00000	CA	46-5098489	Molina Youth Academy

2016 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK