



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 Standing

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

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

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals.....	458,571					458,571
0499999. Premiums due and unpaid from Medicaid entities.....	21,195,195	3,019,275	3,130,500	2,230,985		29,575,955
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	21,653,766	3,019,275	3,130,500	2,230,985	0	30,034,526

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
CVS Caremark Corporation.....	2,186,382	2,185,860	2,199,392	7,146,909	7,146,909	6,571,634
0199999. Total Pharmaceutical Rebate Receivables.....	2,186,382	2,185,860	2,199,392	7,146,909	7,146,909	6,571,634
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually.....	657,981	258,090	32,276	2,761,007	2,761,007	948,347
0299999. Total Claim Overpayment Receivables.....	657,981	258,090	32,276	2,761,007	2,761,007	948,347
Capitation Arrangement Receivables						
PFK.....	17,338,413					17,338,413
0499998. Capitation Arrangement Receivables Not Listed Individually.....	712,375					712,375
0499999. Total Capital Arrangement Receivables.....	18,050,788	0	0	0	0	18,050,788
0799999. Gross Health Care Receivables.....	20,895,151	2,443,950	2,231,668	9,907,916	9,907,916	25,570,769

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....	9,959,183	11,987,524	473,367	13,245,176	10,432,550	12,071,521
2. Claim overpayment receivables.....	271,405	376,552	2,530,695	1,178,659	2,802,100	71,332
3. Loans and advances to providers.....					0	
4. Capitation arrangement receivables.....	889,442	127,161,556		18,050,788	889,442	13,347,198
5. Risk sharing receivables.....					0	
6. Other health care receivables.....					0	
7. Totals (Lines 1 through 6).....	11,120,030	139,525,632	3,004,062	32,474,623	14,124,092	25,490,051

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
CVS Caremark Corporation.....	16,444,688					16,444,688
0199999. Individually listed claims unpaid.....	16,444,688	0	0	0	0	16,444,688
0399999. Aggregate accounts not individually listed - covered.....	3,382,836	1,733,636				5,116,472
0499999. Subtotals.....	19,827,524	1,733,636	0	0	0	21,561,160
0599999. Unreported claim and other claim reserves.....						139,434,385
0799999. Total claims unpaid.....						160,995,545
0899999. Accrued medical incentive pool and bonus amounts.....						741,471

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molina Healthcare, Inc.....	Misc Charges.....	961,995	961,995	
0199999. Individually listed payables.....		961,995	961,995	0
0399999. Total gross payables.....		961,995	961,995	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	228,375,690	13.2				228,375,690
2. Intermediaries.....	19,421,792	1.1	431,779	130.0		19,421,792
3. All other providers.....	21,598,291	1.3	332,102	100.0		21,598,291
4. Total capitation payments.....	269,395,773	15.6	763,881	230.0	0	269,395,773
Other Payments:						
5. Fee-for-service.....	90,744,129	5.3	XXX	XXX		90,744,129
6. Contractual fee payments.....	1,365,822,952	79.1	XXX	XXX		1,365,822,952
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	XXX	XXX		
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	0	0.0	XXX	XXX		
12. Total other payments.....	1,456,567,081	84.4	XXX	XXX	0	1,456,567,081
13. Total (Line 4 plus Line 12).....	1,725,962,854	100.0	XXX	XXX	0	1,725,962,854

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
.....	March Vision.....	6,456,327	538,027		
.....	Scion.....	1,553,182	129,432		
.....	Secure.....	11,412,283	951,024		
9999999. Totals.....		19,421,792	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....	2,101,661		978,403	1,123,258	1,123,258	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....	5,042,331		1,976,600	3,065,731	3,065,731	.0
6. Total.....	7,143,992	.0	2,955,003	4,188,989	4,188,989	.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	327,022	2,156						10,446	314,420	
2. First quarter.....	336,232	10,900						10,627	314,705	
3. Second quarter.....	340,842	10,303						10,688	319,851	
4. Third quarter.....	338,901	9,982						10,881	318,038	
5. Current year.....	332,102	9,283						11,922	310,897	
6. Current year member months.....	4,041,660	114,950						130,765	3,795,945	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	1,675,698	36,020						140,339	1,499,339	
8. Non-physician.....	4,760,003	48,974						366,352	4,344,677	
9. Totals.....	6,435,701	84,994	0	0	0	0	0	506,691	5,844,016	0
10. Hospital patient days incurred.....	1,793,252	4,479						156,091	1,632,682	
11. Number of inpatient admissions.....	116,334	766						14,359	101,209	
12. Health premiums written (b).....	2,203,586,422	42,130,169						217,778,123	1,943,678,130	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,201,209,530	40,631,872						217,524,292	1,943,053,366	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,725,962,854	27,377,445						195,311,048	1,503,274,361	
18. Amount incurred for provision of health care services.....	1,715,799,552	29,735,581						190,127,670	1,495,936,301	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....217,778,123



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR (Location)

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	0									
2. First quarter.....	0									
3. Second quarter.....	0									
4. Third quarter.....	0									
5. Current year.....	0									
6. Current year member months.....	0									
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	0									
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	0									
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	0									
18. Amount incurred for provision of health care services.....	0									

NONE

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

NAIC Group Code.....1531

NAIC Company Code.....12334

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	327,022	2,156						10,446	314,420	
2. First quarter.....	336,232	10,900						10,627	314,705	
3. Second quarter.....	340,842	10,303						10,688	319,851	
4. Third quarter.....	338,901	9,982						10,881	318,038	
5. Current year.....	332,102	9,283						11,922	310,897	
6. Current year member months.....	4,041,660	114,950						130,765	3,795,945	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	1,675,698	36,020						140,339	1,499,339	
8. Non-physician.....	4,760,003	48,974						366,352	4,344,677	
9. Totals.....	6,435,701	84,994	0	0	0	0	0	506,691	5,844,016	0
10. Hospital patient days incurred.....	1,793,252	4,479						156,091	1,632,682	
11. Number of inpatient admissions.....	116,334	766						14,359	101,209	
12. Health premiums written (b).....	2,203,586,422	42,130,169						217,778,123	1,943,678,130	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,201,209,530	40,631,872						217,524,292	1,943,053,366	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,725,962,854	27,377,445						195,311,048	1,503,274,361	
18. Amount incurred for provision of health care services.....	1,715,799,552	29,735,581						190,127,670	1,495,936,301	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....217,778,123

SCHEDULE S - PART 1 - SECTION 2

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

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

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572.....	43-1235868....	01/01/2016	RGA Reinsurance Company.....	MO.....	12,873	.....
00000.....	AA-9990032...	01/01/2016	U.S. Department of Health and Human Services.....	DC.....	1,325,746	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				1,338,619	0
2199999.	Total - Accident and Health Non-Affiliates.....				1,338,619	0
2299999.	Total - Accident and Health.....				1,338,619	0
2399999.	Total U.S.....				1,338,619	0
9999999.	Total.....				1,338,619	0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93572.....	43-1235868....	.01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	CMM.....	51,729	.....	.....	.....	.....	.....	.....
93572.....	43-1235868....	.01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	MR.....	90,996	.....	.....	.....	.....	.....	.....
93572.....	43-1235868....	.01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	MC.....	2,402,689	.....	.....	.....	.....	.....	.....
00000.....	AA-9990032....	.01/01/2016	U.S. Department of Health and Human Services.....	DC.....	OTH/A/I.....	CMM.....	197,424	.....	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						2,742,838	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						2,742,838	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						2,742,838	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						2,742,838	0	0	0	0	0	0
6999999.	Total - U.S.....						2,742,838	0	0	0	0	0	0
9999999.	Total.....						2,742,838	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....	249	76	7		
2. Title XVIII - Medicare.....	91	2	3	3	2
3. Title XIX - Medicaid.....	2,403	2,644	4,963	4,490	3,874
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	1,339	2,216	274	1,236	855
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	424,627,584		424,627,584
2. Accident and health premiums due and unpaid (Line 15).....	35,759,805		35,759,805
3. Amounts recoverable from reinsurers (Line 16.1).....	1,338,619	(1,338,619)	0
4. Net credit for ceded reinsurance.....	XXX	1,338,619	1,338,619
5. All other admitted assets (balance).....	45,472,533		45,472,533
6. Totals assets (Line 28).....	507,198,541	0	507,198,541
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	160,995,545		160,995,545
8. Accrued medical incentive pool and bonus payments (Line 2).....	741,471		741,471
9. Premiums received in advance (Line 8).....	2,924,553		2,924,553
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	107,652,366		107,652,366
15. Total liabilities (Line 24).....	272,313,935	0	272,313,935
16. Total capital and surplus (Line 33).....	234,884,606	XXX	234,884,606
17. Total liabilities, capital and surplus (Line 34).....	507,198,541	0	507,198,541
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	1,338,619		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	1,338,619		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	1,338,619		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
1531...	Molina Healthcare, Inc.....	00000...	13-4204626..		1179929	New York Stock Exchange	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	81-2824030..				Molina Clinical Services, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	30-0876771..				Molina Healthcare of Arizona, Inc.....	AZ.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	33-0342719..				Molina Healthcare of California.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	20-2714545..				Molina Healthcare of California Partner Plan, Inc.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	45-2634351..				Molina Healthcare Data Center, Inc.....	NM.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	13128...	26-0155137..				Molina Healthcare of Florida, Inc.....	FL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	15714...	80-0800257..				Molina Healthcare of Georgia, Inc.....	GA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	14104...	27-1823188..				Molina Healthcare of Illinois, Inc.....	IL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	47-3920055..				Molina Healthcare of Iowa, Inc.....	IA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	81-4229476..				Molina Healthcare of Louisiana, Inc.....	LA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	46-0598968..				Molina Healthcare of Maryland, Inc.....	MD.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	52630...	38-3341599..				Molina Healthcare of Michigan, Inc.....	MI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	26-4390042..				Molina Healthcare of Mississippi, Inc.....	MS.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	20-3567602..				Molina Healthcare of Nevada, Inc.....	NV.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	95739...	85-0408506..				Molina Healthcare of New Mexico, Inc.....	NM.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	46-4148278..				Molina Healthcare of North Carolina, Inc.....	NC.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	12334...	20-0750134..				Molina Healthcare of Ohio, Inc.....	OH.....	RE.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	81-0864563..				Molina Healthcare of Oklahoma, Inc.....	OK.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	81-0855820..				Molina Healthcare of Pennsylvania, Inc.....	PA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	15600...	66-0817946..				Molina Healthcare of Puerto Rico, Inc.....	PR.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	15329...	46-2992125..				Molina Healthcare of South Carolina, LLC.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	10757...	20-1494502..				Molina Healthcare of Texas, Inc.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	13778...	27-0522725..				Molina Healthcare of Texas Insurance Company.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	95502...	33-0617992..				Molina Healthcare of Utah, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	15133...	26-1769086..				Molina Healthcare of Virginia, Inc.....	VA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	96270...	91-1284790..				Molina Healthcare of Washington, Inc.....	WA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	12007...	20-0813104..				Molina Healthcare of Wisconsin, Inc.....	WI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	47-3797019..				Molina Health Plan Management, Inc.....	NY.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	27-1603200..				Molina Healthcare of New York, Inc.....	NY.....	IA.....	Molina Health Plan Management, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	47-3580625..				Molina Holdings Corporation.....	NY.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	46-2821516..				Molina Hospital Management, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	27-1510177..				Molina Information Systems, LLC (dba Molina Medicaid Solutions).....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	
1531...	Molina Healthcare, Inc.....	00000...	37-1652282..				Molina Medical Management, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
1531...	Molina Healthcare, Inc.....	00000...	47-1446940..	.....	.....	.....	Easy Care MSO, LLC.....	CA.....	NIA.....	Molina Medical Management, Inc.....	Ownership.....	...54.770	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	45-2854547..	.....	.....	.....	Molina Pathways, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	81-1863393..	.....	.....	.....	Molina Dental and Vision Services, LLC.....	DE.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	47-4937011..	.....	.....	.....	Molina Pathways of Ohio, LLC.....	OH.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	47-2296708	.....	.....	.....	Molina Pathways of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	47-2308753	.....	.....	.....	Molina Personal Care of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	47-2373467	.....	.....	.....	Molina Personal Care of South Carolina, Inc.....	SC.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	47-2525144..	.....	.....	.....	Pathways Health and Community Support LLC.....	DE.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	58-2478281..	.....	.....	.....	AmericanWork, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	61-1436598..	.....	.....	.....	A to Z In-Home Tutoring LLC.....	NV.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	36-3465604..	.....	.....	.....	Camelot Care Centers, Inc.....	IL.....	NIA.....	Pathways Community Corrections, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	20-2639439..	.....	.....	.....	Children's Behavioral Health, Inc.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	88-0469530..	.....	.....	.....	Choices Group, Inc.	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	95-4864640..	.....	.....	.....	College Community Services.....	CA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	35-2085281..	.....	.....	.....	Dockside Services, Inc.....	IN.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	54-1620121..	.....	.....	.....	Family Preservation Services, Inc.....	VA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	65-0848685..	.....	.....	.....	Family Preservation Services of Florida, Inc.....	FL.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	86-0976674..	.....	.....	.....	Family Preservation Services of North Carolina, Inc.....	NC.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	20-0086731..	.....	.....	.....	Family Preservation Services of Washington, D.C., Inc.....	DC.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	86-1035573..	.....	.....	.....	Family Preservation Services of West Virginia, Inc.....	WV.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	88-0321776..	.....	.....	.....	Maple Star Nevada, Inc.....	NV.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	93-1263318..	.....	.....	.....	Maple Star Oregon, Inc.....	OR.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	62-1651095..	.....	.....	.....	Pathways Community Corrections, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	33-0797276..	.....	.....	.....	Pathways Community Services LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	23-2820336..	.....	.....	.....	Pathways Community Services LLC.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	74-2868929..	.....	.....	.....	Pathways Community Support of Texas, Inc.....	TX.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	86-0706547..	.....	.....	.....	Pathways of Arizona, Inc.....	AZ.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	59-3766748..	.....	.....	.....	Pathways of Delaware, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	81-2396831..	.....	.....	.....	Pathways Human Services, LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	46-5044433..	.....	.....	.....	Pathways of Idaho LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	86-0970832..	.....	.....	.....	Pathways of Maine, Inc.....	ME.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	47-1016377..	.....	.....	.....	Pathways of Massachusetts LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	74-2884198..	.....	.....	.....	Pathways of Oklahoma, Inc.....	OK.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	27-2837920..	.....	.....	.....	Pathways of Washington, Inc.....	WA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	25-1470445..	.....	.....	.....	Raystown Developmental Services, Inc.....	PA.....	NIA.....	The RedCo Group, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....
1531...	Molina Healthcare, Inc.....	00000...	23-2181371..	.....	.....	.....	The RedCo Group, Inc.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
1531...	Molina Healthcare, Inc.....	00000...	58-1923779..	.....	.....	.....	Transitional Family Services, Inc.....	GA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	.....
1531...	Molina Healthcare, Inc.....	00000...	38-3611499..	.....	.....	.....	Integrated Care Alliance, LLC.....	MI.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	.....
1531...	Molina Healthcare, Inc.....	00000...	46-5098489..	.....	.....	.....	Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	N....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	13-4204626.....	Molina Healthcare, Inc.....	105,341,636	(447,632,658)	.....	.....	.....1,224,341,756	.....	.....	.....	.....882,050,734	.....
00000.....	33-0342719.....	Molina Healthcare of California.....	(50,000,000)	.....	.....	.....	.....1,455,611,878	.....	.....	.....	.....1,405,611,878	.....
00000.....	20-2714545.....	Molina Healthcare of California Partner Plan, Inc.....	.....	.....	.....	.....	.....(1,665,572,841)	.....	.....	.....	.....(1,665,572,841)	.....
00000.....	45-2634351.....	Molina Healthcare Data Center, Inc.....	.....	.....(1,000,000)	.....	.....	.....5,461,987	.....	.....	.....	.....4,461,987	.....
13128.....	26-0155137.....	Molina Healthcare of Florida, Inc.....	.....	.....110,000,000	.....	.....	.....(101,011,421)	.....	.....	.....	.....8,988,579	.....
15714.....	80-0800257.....	Molina Healthcare of Georgia, Inc.....	.....	.....	.....	.....	.....1,000	.....	.....	.....	.....1,000	.....
14104.....	27-1823188.....	Molina Healthcare of Illinois, Inc.....	.....	.....24,500,000	.....	.....	.....(46,728,868)	.....	.....	.....	.....(22,228,868)	.....
52630.....	38-3341599.....	Molina Healthcare of Michigan, Inc.....	.....	.....	.....	.....	.....(131,409,323)	.....	.....	.....	.....(131,409,323)	.....
95739.....	85-0408506.....	Molina Healthcare of New Mexico, Inc.....	.....	.....36,500,000	.....	.....	.....(107,447,206)	.....	.....	.....	.....(70,947,206)	.....
12334.....	20-0750134.....	Molina Healthcare of Ohio, Inc.....	.....	.....	.....	.....	.....(162,827,243)	.....	.....	.....	.....(162,827,243)	.....
15600.....	66-0817946.....	Molina Healthcare of Puerto Rico, Inc.....	.....	.....51,000,000	.....	.....	.....(17,339,293)	.....	.....	.....	.....33,660,707	.....
15329.....	46-2992125.....	Molina Healthcare of South Carolina, LLC.....	(50,000,000)	.....	.....	.....	.....(30,143,254)	.....	.....	.....	.....(80,143,254)	.....
10757.....	20-1494502.....	Molina Healthcare of Texas, Inc.....	(5,341,636)	15,000,000	.....	.....	.....(204,566,208)	(1,420,794)	.....	.....	.....(196,328,638)	.....
13778.....	27-0522725.....	Molina Healthcare of Texas Insurance Company.....	.....	.....3,000,000	.....	.....	.....(756,560)	1,420,794	.....	.....	.....3,664,234	.....
95502.....	33-0617992.....	Molina Healthcare of Utah, Inc.....	.....	.....25,500,000	.....	.....	.....(26,696,147)	.....	.....	.....	.....(1,196,147)	.....
00000.....	26-1769086.....	Molina Healthcare of Virginia, Inc.....	.....	.....4,000,000	.....	.....	.....(167,432)	.....	.....	.....	.....3,832,568	.....
96270.....	91-1284790.....	Molina Healthcare of Washington, Inc.....	.....	.....35,000,000	.....	.....	.....(184,150,797)	.....	.....	.....	.....(149,150,797)	.....
12007.....	20-0813104.....	Molina Healthcare of Wisconsin, Inc.....	.....	.....51,500,000	.....	.....	.....(15,882,416)	.....	.....	.....	.....35,617,584	.....
00000.....	46-2821516.....	Molina Hospital Management, Inc.....	.....	.....3,700,000	.....	.....	.....5,692,766	.....	.....	.....	.....9,392,766	.....
00000.....	27-1510177.....	Molina Information Systems, LLC (dba Molina Medicaid Solutions).....	.....	.....	.....	.....	.....(2,636,929)	.....	.....	.....	.....(2,636,929)	.....
00000.....	27-1603200.....	Molina Healthcare of New York, Inc.....	.....	.....45,844,234	.....	.....	.....465,000	.....	.....	.....	.....46,309,234	.....
00000.....	20-3567602.....	Molina Healthcare of Nevada, Inc.....	.....	.....5,000	.....	.....	.....	.....	.....	.....	.....5,000	.....
00000.....	81-4229476.....	Molina Healthcare of Louisiana, Inc.....	.....	.....3,000,000	.....	.....	.....	.....	.....	.....	.....3,000,000	.....
00000.....	81-0855820.....	Molina Healthcare of Pennsylvania, Inc.....	.....	.....20,010,000	.....	.....	.....	.....	.....	.....	.....20,010,000	.....
00000.....	81-2824030.....	Molina Clinical Services, LLC.....	.....	.....1,000	.....	.....	.....	.....	.....	.....	.....1,000	.....
00000.....	37-1652282.....	Molina Medical Management, Inc.....	.....	.....12,757,000	.....	.....	.....(1,755,038)	.....	.....	.....	.....11,001,962	.....
00000.....	46-0598968.....	Molina Healthcare of Maryland, Inc.....	.....	.....	.....	.....	.....(1,000)	.....	.....	.....	.....(1,000)	.....
00000.....	47-1446940.....	Easy Care MSO, LLC.....	.....	.....243,000	.....	.....	.....	.....	.....	.....	.....243,000	.....
00000.....	45-2854547.....	Molina Pathways, LLC.....	.....	.....2,284,224	.....	.....	.....2,417,338	.....	.....	.....	.....4,701,562	.....
00000.....	47-2296708.....	Molina Pathways of Texas, Inc.....	.....	.....100	.....	.....	.....1,330,043	.....	.....	.....	.....1,330,143	.....
00000.....	47-2308753.....	Molina Personal Care of Texas, Inc.....	.....	.....100	.....	.....	.....1,000	.....	.....	.....	.....1,100	.....
00000.....	47-2525144.....	Pathways Health and Community Support LLC.....	.....	.....4,788,000	.....	.....	.....3,837,208	.....	.....	.....	.....8,625,208	.....
00000.....	38-3611499.....	Synergy Partners, L.L.C.....	.....	.....	.....	.....	.....(68,000)	.....	.....	.....	.....(68,000)	.....
9999999.....	Control Totals.....	.....	.....0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

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