



HEALTH QUARTERLY STATEMENT

As of March 31, 2017
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 888-562-5442
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3000 Corporate Exchange Drive..... Columbus OH US 43231
(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3000 Corporate Exchange Drive..... Columbus OH US 43231 888-562-5442
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.molinahealthcare.com

Statutory Statement Contact Donna Marie Sickler 888-562-5442-216406
(Name) (Area Code) (Telephone Number) (Extension)
donna.sickler@molinahealthcare.com 614-899-2376
(E-Mail Address) (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 1. (Printed Name) President (Title)	_____ (Signature) Donna Marie Sickler 2. (Printed Name) Treasurer/VP Finance & Analytics (Title)	_____ (Signature) Jeffrey Don Barlow 3. (Printed Name) Secretary (Title)
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Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	107,606,320		107,606,320	117,200,211
2. Stocks:				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....53,537,528), cash equivalents (\$.....112,584,500) and short-term investments (\$.....155,623,552).....	321,745,580		321,745,580	307,427,373
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets.....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	429,351,900	.0	429,351,900	424,627,584
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	611,966		611,966	750,376
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	32,795,032		32,795,032	30,034,526
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 (\$.....5,068,854).....	5,286,044		5,286,044	5,725,279
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,318,611		1,318,611	1,338,619
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.....	14,103,084		14,103,084	11,432,437
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	2,219,626
18.2 Net deferred tax asset.....	9,040,594	1,119,937	7,920,657	5,499,325
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).....	4,001,933	4,001,933	.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 (\$.....23,153,348) and other amounts receivable.....	34,691,114	11,537,766	23,153,348	25,570,769
25. Aggregate write-ins for other than invested assets.....	1,074,693	1,074,693	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	532,274,971	17,734,329	514,540,642	507,198,541
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	532,274,971	17,734,329	514,540,642	507,198,541

DETAILS OF WRITE-INS

1101.....			.0	
1102.....			.0	
1103.....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501. Prepaids, deposits, and other assets.....	1,074,693	1,074,693	.0	
2502.....			.0	
2503.....			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,074,693	1,074,693	.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).....	150,853,148	5,248,154	156,101,302	160,995,545
2. Accrued medical incentive pool and bonus amounts.....	863,138		863,138	741,471
3. Unpaid claims adjustment expenses.....	2,282,642	95,110	2,377,752	2,501,006
4. Aggregate health policy reserves, including the liability of \$.....1,188,239 for medical loss ratio rebate per the Public Health Service Act.....	10,610,845		10,610,845	15,916,682
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	27,260,001		27,260,001	2,924,553
9. General expenses due or accrued.....	44,346,402		44,346,402	39,988,301
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	6,713,917		6,713,917	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....			.0	
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.....	5,397,960		5,397,960	961,995
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....			.0	
23. Aggregate write-ins for other liabilities (including \$.....13,943,850 current).....	13,943,850	.0	13,943,850	48,284,382
24. Total liabilities (Lines 1 to 23).....	262,271,903	5,343,264	267,615,167	272,313,935
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	10,700,000	.0
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	153,335,475	151,994,606
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	246,925,475	234,884,606
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	514,540,642	507,198,541

DETAILS OF WRITE-INS

2301. Amounts due to government agencies.....	13,943,850		13,943,850	48,284,382
2302. ....			.0	
2303. ....			.0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	13,943,850	.0	13,943,850	48,284,382
2501. 2018 health insurer fee accrual estimate.....	XXX	XXX	10,700,000	
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	10,700,000	.0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	.0	.0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX	1,048,396	997,549	4,041,660
2. Net premium income (including \$.....0 non-health premium income).....	XXX	582,624,563	588,448,639	2,200,843,584
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	6,081,354	507,699	(2,376,892)
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	588,705,917	588,956,338	2,198,466,692
Hospital and Medical:				
9. Hospital/medical benefits.....		329,502,488	315,916,488	1,203,695,783
10. Other professional services.....		13,890,120	10,536,237	48,465,990
11. Outside referrals.....	18,607,130	17,181,726	20,952,767	65,829,865
12. Emergency room and out-of-area.....		28,380,955	24,477,364	105,892,923
13. Prescription drugs.....		76,439,660	70,862,512	289,715,033
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		219,506	209,265	2,199,958
16. Subtotal (Lines 9 to 15).....	18,607,130	465,614,455	442,954,633	1,715,799,552
Less:				
17. Net reinsurance recoveries.....		595,639	1,036,346	2,162,435
18. Total hospital and medical (Lines 16 minus 17).....	18,607,130	465,018,816	441,918,287	1,713,637,117
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....18,285,796 cost containment expenses.....		20,054,176	15,374,919	66,588,117
21. General administrative expenses.....		83,914,933	112,498,926	330,722,026
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).....	18,607,130	568,987,925	569,792,132	2,110,947,260
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	19,717,992	19,164,206	87,519,432
25. Net investment income earned.....		832,788	678,178	2,788,256
26. Net realized capital gains (losses) less capital gains tax of \$.....2,641.....		4,905	2,971	159,534
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	837,693	681,149	2,947,790
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	153,983	(582,155)	(1,795,223)
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	20,709,668	19,263,200	88,671,999
31. Federal and foreign income taxes incurred.....	XXX	8,930,902	19,301,836	42,812,695
32. Net income (loss) (Lines 30 minus 31).....	XXX	11,778,766	(38,636)	45,859,304

DETAILS OF WRITE-INS

0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. Fines and penalties.....		153,983	(582,155)	(1,795,223)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	153,983	(582,155)	(1,795,223)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	234,884,606	190,659,041	190,659,041
34. Net income or (loss) from Line 32.....	11,778,766	(38,636)	45,859,304
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....		20,498	34,130
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	2,431,681	548,421	880,748
39. Change in nonadmitted assets.....	(2,169,578)	(1,884,594)	(2,548,617)
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.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	12,040,869	(1,354,311)	44,225,565
49. Capital and surplus end of reporting period (Line 33 plus 48).....	246,925,475	189,304,730	234,884,606

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	571,419,619	531,521,581	2,197,363,371
2. Net investment income.....	1,227,399	1,204,119	4,370,860
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	572,647,018	532,725,700	2,201,734,231
5. Benefit and loss related payments.....	468,983,813	455,065,006	1,726,663,235
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	102,596,820	88,546,179	376,080,059
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....2,641 tax on capital gains (losses).....		11,797,000	38,062,999
10. Total (Lines 5 through 9).....	571,580,633	555,408,185	2,140,806,293
11. Net cash from operations (Line 4 minus Line 10).....	1,066,385	(22,682,485)	60,927,938
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	12,276,374	18,250,480	114,187,523
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	29
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	12,276,374	18,250,509	114,187,552
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	2,931,138	13,728,265	71,496,332
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).....	2,931,138	13,728,265	71,496,332
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	9,345,236	4,522,244	42,691,220
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.....			
16.6 Other cash provided (applied).....	3,906,586	(1,692,677)	(1,297,700)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	3,906,586	(1,692,677)	(1,297,700)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	14,318,207	(19,852,918)	102,321,458
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	307,427,373	205,105,915	205,105,915
19.2 End of period (Line 18 plus Line 19.1).....	321,745,580	185,252,997	307,427,373

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year.....	332,102	9,283						11,922	310,897	
2. First Quarter.....	351,057	23,073						12,782	315,202	
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	1,048,396	63,876						37,269	947,251	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	435,676	19,132						43,281	373,263	
8. Non-Physician.....	1,198,881	24,927						100,656	1,073,298	
9. Total.....	1,634,557	44,059	0	0	0	0	0	143,937	1,446,561	0
10. Hospital Patient Days Incurred.....	401,731	1,297						35,503	364,931	
11. Number of Inpatient Admissions.....	26,733	247						3,461	23,025	
12. Health Premiums Written (a).....	582,958,769	21,343,294						60,618,670	500,996,805	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	589,040,123	21,587,322						59,911,191	507,541,610	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	469,501,621	11,782,050						53,563,832	404,155,739	
18. Amount Incurred for Provision of Health Care Services.....	465,614,455	17,092,022						53,593,503	394,928,930	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$....60,618,670.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark Corporation.....	19,735,507					19,735,507
0199999. Individually Listed Claims Unpaid.....	19,735,507	0	0	0	0	19,735,507
0399999. Aggregate Accounts Not Individually Listed-Covered.....	5,161,956					5,161,956
0499999. Subtotals.....	24,897,463	0	0	0	0	24,897,463
0599999. Unreported Claims and Other Claim Reserves.....						131,203,839
0799999. Total Claims Unpaid.....						156,101,302
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						863,138

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical).....	1,542,570	10,146,381	1,965,637	7,520,969	3,508,207	3,891,468
2. Medicare Supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal Employees Health Benefits Plan.....					.0	
6. Title XVIII - Medicare.....	19,498,759	34,127,762	2,086,382	24,703,164	21,585,141	26,272,077
7. Title XIX - Medicaid.....	93,785,764	309,804,746	9,866,755	109,958,395	103,652,519	130,832,000
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	114,827,093	354,078,889	13,918,774	142,182,528	128,745,867	160,995,545
10. Healthcare receivables (a).....	10,109,080	23,307,327		1,274,707	10,109,080	35,478,685
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	97,839		691,320	171,818	789,159	741,471
13. Totals (Lines 9-10+11+12).....	104,815,852	330,771,562	14,610,094	141,079,639	119,425,946	126,258,331

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(a) Excludes \$.00 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Ohio, Inc. (the "Plan") for the fiscal year ended December 31, 2016. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2016 annual statement or audited financial statements have been omitted.

Note 1 – Summary of Significant Accounting Policies and Going Concern**A. Accounting Practices**

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

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio insurance law. The National Association of Insurance Commissioners' *Accounting Practices and Procedures Manual* ("NAIC SAP" or the "Manual") has been adopted as a component of prescribed or permitted practices by the state of Ohio.

The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically,

Citation adopting the Manual: Administrative Rule 3901-3-18(E)		
SSAP or Appendices	State Law or Regulation	Description
A-001	§§ 3907.14 to 3907.141 (Life); §§ 3925.05 to 3925.09; § 3925.20 (Non-Life)	Provides limitations on investments that are outside the scope of the Manual

Such prescribed accounting practices have no significant effect on the Plan's statutory basis financial statements for the periods presented.

	SSAP #	F/S Page	F/S Line #	2017 Period	2016
NET INCOME					
(1) Molina Healthcare of Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 11,778,766	\$ 45,859,304
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 11,778,766	\$ 45,859,304
SURPLUS					
(5) Molina Healthcare of Ohio, Inc. state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 246,925,475	\$ 234,884,606
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 246,925,475	\$ 234,884,606

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:

(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.

D. Going Concern

Not applicable.

NOTES TO FINANCIAL STATEMENTS**Note 2 – Accounting Changes and Corrections of Errors**

None.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A. – C. None.

D. Loan-Backed Securities:

As of March 31, 2017, 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	\$	30,000
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	
	2. 12 Months or Longer	\$	970,000

- (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 March 31, 2017.

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: No significant change.

I. Working Capital Finance Investments: None.

J. Offsetting and Netting of Assets and Liabilities

K. Structured Notes: None.

L. 5* Securities: None.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant change.

Note 8 – Derivative Instruments

None.

Note 9 – Income Taxes

No significant change.

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

A. No significant changes.

B. – C. The Plan neither paid dividends to, nor received contributions from Molina during the period ended March 31, 2017.

D. – N. No significant changes.

Note 11 – Debt

A. None.

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

NOTES TO FINANCIAL STATEMENTS

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: No significant change.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- H. Postemployment Benefits and Compensated Absences: No significant change.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT-04-17): None.

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

- (1) – (3) No significant changes.
- (4) Dividends paid by the Plan to Molina during the period ended March 31, 2017 were as follows: None.
- (5) – (8) No significant changes.
- (9) Changes in the balance of special surplus funds: The Plan reclassified an amount equal to 25% of its estimated 2018 health insurer fee to special surplus funds in accordance with Statement of Statutory Accounting Principles ("SSAP") No. 106, *Affordable Care Act Assessments*, requirements.
- (10) – (13) No significant changes.

Note 14 – Liabilities, Contingencies and Assessments

No significant change.

Note 15 – Leases

No significant change.

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

No significant change.

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

No significant change.

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
 - (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 follows:

Level 2: Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.
 - (5) Derivative assets and liabilities: None.
- B. In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

NOTES TO FINANCIAL STATEMENTS

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy cash equivalents, short-term investments, and bonds as of March 31, 2017 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Auction rate securities	\$ 970,000	\$ 1,000,000	\$ -	\$ -	\$ 970,000	\$ -
Certificates of deposit	1,152,000	1,152,000	-	1,152,000	-	-
Corporate debt securities	156,099,822	156,244,284	-	156,099,822	-	-
Government-sponsored enterprise securities	12,813,900	13,000,000	12,813,900	-	-	-
Money market funds	144,943,218	144,943,218	144,943,218	-	-	-
Municipal securities	36,028,379	36,064,130	-	36,028,379	-	-
U.S. Treasury notes	23,411,512	23,410,740	23,411,512	-	-	-
Total bonds and short-term investments	\$ 375,418,831	\$ 375,814,372	\$ 181,168,630	\$ 193,280,201	\$ 970,000	\$ -

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

Note 21 – Other Items

No significant change.

Note 22 – Events Subsequent

Subsequent events were considered through May 11, 2017, the date the statutory reporting statements were available to be issued.

Note 23 – Reinsurance

No significant change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. – C. As described in Note 24 in the Notes to Financial Statements included in the Plan's 2016 Annual Statement, certain components of the Plan's revenue are subject to retrospective rating and/or redetermination. Significant provisions include the following:

Medicare premiums are subject to retrospective rating and redetermination. The Plan recorded a net receivable of \$1.9 million and \$2.6 million as of March 31, 2017 and December 31, 2016, respectively, relating to its contacts with CMS. The Plan had net premiums written relating to Medicare of \$60.6 million and \$51.9 million for the periods ended March 31, 2017 and 2016, respectively, representing 10.4% and 8.8% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of \$2.1 million and \$1.1 million as of March 31, 2017 and December 31, 2016, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of \$21.3 million and \$11.5 million for the periods ended March 31, 2017 and 2016, respectively, representing 3.7% and 1.9% of the total net premiums written, respectively.

Medicaid Expansion premiums are subject to retrospective rating. The Plan recorded a net payable of \$5.2 million and \$11.7 million as of March 31, 2017 and December 31, 2016, respectively, relating to Medicaid Expansion. The Plan had net premiums written relating to Medicaid Expansion of \$131.7 million and \$122.2 million for the periods ended March 31, 2017 and 2016, respectively, representing 22.6% and 20.8% of the total net premiums written, respectively.

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

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

The Plan accrued \$1,188,239 and \$877,611 at March 31, 2017 and December 31, 2016, respectively, relating to medical loss ratio rebates.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [X] No []

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

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 216,456
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	26,836
3. Premium adjustments payable due to ACA Risk Adjustment	775,517
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(1,209,360)
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (9,581)

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 1,318,611
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	

NOTES TO FINANCIAL STATEMENTS

b. Transitional ACA Reinsurance Program		AMOUNT
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	
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operations (Revenue & Expenses)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	88,566
9.	ACA Reinsurance contributions – not reported as ceded premium	\$

c. Temporary ACA Risk Corridors Program		AMOUNT
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	\$
Liabilities		
3.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	315,877
Operations (Revenue & Expenses)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ 554,656

(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 the Prior Business Before the Prior		During Year on Written Dec. 31 of Year		Received or the Current Business Before the Prior		Paid as of Year on Written Dec. 31 of Year		Differences		Adjustments		Unsettled as of the		Balances Reporting Date	
	1	2	3	4	5	6	7	8	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)	9	10		
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		
a. Permanent ACA Risk Adjustment Program																
1.	Premium adjustments receivable	\$ 650,299	\$	\$	\$	\$ 650,299	\$	\$	\$ 650,299	\$	\$ (433,843)	\$	A	\$ 216,456	\$	
2.	Premium adjustments (payable)												B			
3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 650,299	\$	\$	\$	\$ 650,299	\$	\$	\$ 650,299	\$	\$ (433,843)	\$		\$ 216,456	\$	
b. Transitional ACA Reinsurance Program																
1.	Amounts recoverable for claims paid	\$ 1,325,746	\$	\$ 100,233	\$	\$ 1,225,513	\$	\$	\$ 1,225,513	\$	\$ 93,098	\$	C	\$ 1,318,611	\$	
2.	Amounts recoverable for claims unpaid (contra liability)												D			
3.	Amounts receivable relating to uninsured plans												E			
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums		(49,356)								(49,356)		F		(49,356)	
5.	Ceded reinsurance premiums payable		(197,425)				(197,425)						G			
6.	Liability for amounts held under uninsured plans												H			
7.	Subtotal ACA Transitional Reinsurance Program	\$ 1,325,746	\$ (246,781)	\$ 100,233	\$ (197,425)	\$ 1,225,513	\$ (49,356)	\$ 93,098	\$	\$	\$ 93,098	\$		\$ 1,318,611	\$ (49,356)	
c. Temporary ACA Risk Corridors Program																
1.	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$	
2.	Reserve for rate credits or policy experience rating refunds		(870,533)								(870,533)		J	554,656	(315,877)	
3.	Subtotal ACA Risk Corridors Program		(870,533)								(870,533)			554,656	(315,877)	
d. Total for ACA Risk Sharing Provisions																
		\$ 1,976,045	\$ (1,117,314)	\$ 100,233	\$ (197,425)	\$ 1,875,812	\$ (919,889)	\$ (340,745)	\$	\$ 554,656	\$ 1,535,067	\$ (365,233)				

Explanations of Adjustments

NOTES TO FINANCIAL STATEMENTS

- A. Adjusted as a result of additional months of development.
 C. Adjusted as a result of additional paid claims.
 J. Adjusted as a result of additional months of development.

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

	Accrued the Prior Year Written Dec. 31 of the		During on Business Before Prior Year		Received or the Current Business Before the Prior		Paid as of Year on Written Dec. 31 of Year		Differences		Adjustments		Unsettled as of the		Balances Reporting Date	
	1	2	3	4	5	6	7	8	9	10						
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	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														D		
c. 2016																
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	E	\$	\$
2. Reserve for rate credits or policy experience rating refunds														F		
d. Total for Risk Corridors																
		(870,533)							(870,533)			554,656				(315,877)
		(870,533)							(870,533)			554,656				(315,877)

Explanations of Adjustments

- F. Adjusted as a result of additional months of development.

(5) ACA Risk Corridors Receivable as of Reporting Date: None.

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:

	Three months ended 3/31/2017	Year ended 12/31/2016
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 164,238,022	\$ 168,195,881
Add provision for claims, net of reinsurance:		
Current year	476,063,774	1,733,036,430
Prior years	(11,044,958)	(19,399,313)
Net incurred claims during the current year	465,018,816	1,713,637,117
Deduct paid claims, net of reinsurance:		
Current year	354,156,720	1,583,527,345
Prior years	114,827,093	143,135,890
Net paid claims during the current year	468,983,813	1,726,663,235
Change in claims adjustment expenses	(123,254)	(43,477)
Change in health care receivables	(787,571)	9,988,634
Change in amounts due from reinsurers	(20,008)	(876,898)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 159,342,192</u>	<u>\$ 164,238,022</u>

Note 26 – Intercompany Pooling Arrangements

No significant change.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

No significant change.

Note 29 – Participating policies

None.

NOTES TO FINANCIAL STATEMENTS

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

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

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []

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

Molina Dental and Vision Services and A to Z In-Home Tutoring LLC have been removed from the organization chart.

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

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [X] No [] N/A []
If yes, attach an explanation.

The Services Agreement between reporting entity and its parent was amended and restated to add Medicare-related provisions and to expand the scope of services (Second Amended & Restated Services Agreement eff. 12/5/16).

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 11/08/2016

6.4 By what department or departments?

Ohio Department of Insurance

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

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

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
- If no, attach a description with this statement.

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

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0

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

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

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

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

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

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

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

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

17.5 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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, 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 []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No []

17.6 For those firms or individuals listed in the table for 17.5 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

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent	82.1 %	82.1 %
1.2 A&H cost containment percent	3.1 %	3.1 %
1.3 A&H expense percent excluding cost containment expenses	14.6 %	14.6 %
2.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]	
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [] No [X]	
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

A&H Non-Affiliates

93572.....	43-1235868.....	01/01/2017	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	Authorized.....
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama.....AL	N								0
2. Alaska.....AK	N								0
3. Arizona.....AZ	N								0
4. Arkansas.....AR	N								0
5. California.....CA	N								0
6. Colorado.....CO	N								0
7. Connecticut.....CT	N								0
8. Delaware.....DE	N								0
9. District of Columbia.....DC	N								0
10. Florida.....FL	N								0
11. Georgia.....GA	N								0
12. Hawaii.....HI	N								0
13. Idaho.....ID	N								0
14. Illinois.....IL	N								0
15. Indiana.....IN	N								0
16. Iowa.....IA	N								0
17. Kansas.....KS	N								0
18. Kentucky.....KY	N								0
19. Louisiana.....LA	N								0
20. Maine.....ME	N								0
21. Maryland.....MD	N								0
22. Massachusetts.....MA	N								0
23. Michigan.....MI	N								0
24. Minnesota.....MN	N								0
25. Mississippi.....MS	N								0
26. Missouri.....MO	N								0
27. Montana.....MT	N								0
28. Nebraska.....NE	N								0
29. Nevada.....NV	N								0
30. New Hampshire.....NH	N								0
31. New Jersey.....NJ	N								0
32. New Mexico.....NM	N								0
33. New York.....NY	N								0
34. North Carolina.....NC	N								0
35. North Dakota.....ND	N								0
36. Ohio.....OH	L	21,343,294	60,618,670	500,996,805				582,958,769	
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.....XX		21,343,294	60,618,670	500,996,805	0	0	0	582,958,769	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....(a)1		21,343,294	60,618,670	500,996,805	0	0	0	582,958,769	0

DETAILS OF WRITE-INS

58001.....								0	
58002.....								0	
58003.....								0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		0	0	0	0	0	0	0	0

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

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

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

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

PART 1 – ORGANIZATIONAL CHART

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

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

PART 1 – ORGANIZATIONAL CHART

Q15.1

|-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	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
|-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
|-00000	CA	46-5098489	Molina Youth Academy

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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	

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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...	37-1652282..				Molina Medical Management, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...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...	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...	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.....	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.....	
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.....	

Q16.1

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...	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.....	.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

SEE EXPLANATION

Explanation:

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

Bar Code:



Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	117,200,211	160,926,394
2. Cost of bonds and stocks acquired.....	2,931,138	71,496,332
3. Accrual of discount.....	33,682	123,168
4. Unrealized valuation increase (decrease).....		52,508
5. Total gain (loss) on disposals.....	7,546	245,408
6. Deduct consideration for bonds and stocks disposed of.....	12,276,374	114,187,523
7. Deduct amortization of premium.....	289,883	1,456,077
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	107,606,320	117,200,211
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	107,606,320	117,200,211

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	300,814,781	477,623,311	518,462,141	1,146,428	261,122,379			300,814,781
2. NAIC 2 (a).....	109,431,992	496,244,745	492,372,829	1,388,084	114,691,993			109,431,992
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	410,246,773	973,868,056	1,010,834,970	2,534,512	375,814,372	0	0	410,246,773
PREFERRED STOCK								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	410,246,773	973,868,056	1,010,834,970	2,534,512	375,814,372	0	0	410,246,773

QSI02

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....179,718,142; NAIC 2 \$.....88,489,910; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	155,623,552	XXX	155,623,552	20,681	6,086

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	210,067,289	67,316,286
2. Cost of short-term investments acquired.....	430,599,935	3,915,270,804
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	485,035,230	3,772,475,781
7. Deduct amortization of premium.....	8,442	44,020
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	155,623,552	210,067,289
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	155,623,552	210,067,289

**Sch. DB - Pt. A - Verification
NONE**

**Sch. DB - Pt. B - Verification
NONE**

**Sch. DB - Pt. C - Sn. 1
NONE**

**Sch. DB - Pt. C - Sn. 2
NONE**

**Sch. DB - Verification
NONE**

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	82,979,273	29,997,142
2. Cost of cash equivalents acquired.....	540,334,598	1,467,502,173
3. Accrual of discount.....	154,703	368,356
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(0)	.29
6. Deduct consideration received on disposals.....	510,884,000	1,414,886,901
7. Deduct amortization of premium.....	.73	1,525
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	112,584,500	82,979,273
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	112,584,500	82,979,273

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
912828 M6 4	UNITED STATES TREASURY		02/14/2017	Morgan Stanley		510,877	510,000	1,620	1
912828 P9 5	UNITED STATES TREASURY		03/10/2017	Morgan Stanley		406,861	410,000	2,027	1
0599999	Total - Bonds - U.S. Government					917,738	920,000	3,648	XXX
Bonds - Industrial and Miscellaneous									
60687Y AJ 8	MIZUHO FINANCIAL GROUP INC	C	03/15/2017	Morgan Stanley		2,013,400	2,000,000	2,216	1FE
3899999	Total - Bonds - Industrial and Miscellaneous					2,013,400	2,000,000	2,216	XXX
8399997	Total - Bonds - Part 3					2,931,138	2,920,000	5,863	XXX
8399999	Total - Bonds					2,931,138	2,920,000	5,863	XXX
9999999	Total - Bonds, Preferred and Common Stocks					2,931,138	XXX	5,863	XXX

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

QE04

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
912828	C3 2		03/15/2017	UNITED STATES TREASURY		410,000	410,000	411,954	410,206		(206)		(206)		410,000			0	1,538	03/15/2017	1
0599999	Total - Bonds - U.S. Government					410,000	410,000	411,954	410,206	0	(206)	0	(206)	0	410,000	0	0	0	1,538	XXX	XXX
Bonds - U.S. States, Territories and Possessions																					
882723	TW 9		03/01/2017	TEXAS ST		5,000	5,000	5,015	5,000				0	5,000			0	59	08/01/2023	1FE	
1799999	Total - Bonds - U.S. States, Territories & Possessions					5,000	5,000	5,015	5,000	0	0	0	0	5,000	0	0	0	59	XXX	XXX	
Bonds - U.S. Special Revenue and Special Assessment																					
665444	HN 8		03/01/2017	NORTHERN MUN PWR AGY MINN ELEC SYS REV		140,000	140,000	156,499	140,000				0	140,000			0	4,074	01/01/2017	1FE	
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					140,000	140,000	156,499	140,000	0	0	0	0	140,000	0	0	0	4,074	XXX	XXX	
Bonds - Industrial and Miscellaneous																					
02587C	DM 9		03/01/2017	American Express Bank, FSB		245,000	245,000	245,000	245,000				0	245,000			0	1,061	01/17/2017	1	
0258M0	DD 8		03/24/2017	AMERICAN EXPRESS CREDIT CORP		2,000,000	2,000,000	2,074,060	2,005,223		(5,223)		(5,223)	2,000,000			0	23,750	03/24/2017	1FE	
06051G	EQ 8		03/22/2017	BANK OF AMERICA CORP		474,000	474,000	502,260	476,553		(2,553)		(2,553)	474,000			0	9,184	03/22/2017	2FE	
06740K	JE 8		03/16/2017	Barclays Bank Delaware	C	245,000	245,000	245,000	245,000				0	245,000			0	972	03/16/2017	1	
172967	ET 4		03/13/2017	CITIGROUP INC		2,032,374	2,000,000	2,086,520	2,029,152		(4,323)		(4,323)	2,024,828		7,546	7,546	17,731	05/15/2018	2FE	
225862	CE 9		03/01/2017	CresCom Bank		245,000	245,000	245,000	245,000				0	245,000			0	135	01/17/2017	1	
254672	KR 8		03/27/2017	Discover Bank		245,000	245,000	245,000	245,000				0	245,000			0	1,106	03/27/2017	2FE	
55266C	MT 0		03/01/2017	MB Financial Bank, National Association		245,000	245,000	245,000	245,000				0	245,000			0	156	01/17/2017	1	
65557H	AB 8		03/20/2017	NORDEA BANK AB	C	2,000,000	2,000,000	2,104,620	2,008,333		(8,333)		(8,333)	2,000,000			0	31,250	03/20/2017	1FE	
85916V	AU 9		03/01/2017	Sterling Bank		245,000	245,000	245,000	245,000				0	245,000			0	1,173	02/28/2017	1	
92857W	AP 5		03/01/2017	VODAFONE GROUP PLC	C	3,500,000	3,500,000	3,848,075	3,522,691		(22,691)		(22,691)	3,500,000			0	98,438	02/27/2017	2FE	
966594	AK 9		03/01/2017	Whitney Bank		245,000	245,000	245,000	245,000				0	245,000			0	1,056	02/13/2017	2FE	
3899999	Total - Bonds - Industrial and Miscellaneous					11,721,374	11,689,000	12,330,535	11,756,952	0	(43,123)	0	(43,123)	11,713,828	0	7,546	7,546	186,011	XXX	XXX	
8399997	Total - Bonds - Part 4					12,276,374	12,244,000	12,904,003	12,312,158	0	(43,330)	0	(43,330)	12,268,828	0	7,546	7,546	191,681	XXX	XXX	
8399999	Total - Bonds					12,276,374	12,244,000	12,904,003	12,312,158	0	(43,330)	0	(43,330)	12,268,828	0	7,546	7,546	191,681	XXX	XXX	
9999999	Total - Bonds, Preferred and Common Stocks					12,276,374	XXX	12,904,003	12,312,158	0	(43,330)	0	(43,330)	12,268,828	0	7,546	7,546	191,681	XXX	XXX	

QE05

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

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

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

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

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

**Sch. DL - Pt. 1
NONE**

**Sch. DL - Pt. 2
NONE**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
US Bank..... St. Paul, MN.....					(643,916)	(765,172)	(1,067,095)	XXX
US Bank..... St. Paul, MN.....					14,893,650	27,842,368	41,342,146	XXX
JP Morgan Chase..... Columbus, Ohio.....					24,294,438	37,832,372	14,077,535	XXX
JP Morgan Chase..... Columbus, Ohio.....					1,014,600	1,366,279	1,249,203	XXX
JP Morgan Chase..... Columbus, Ohio.....					18,660,199	22,136,122	26,063,622	XXX
JP Morgan Chase..... Columbus, Ohio.....					(23,468)	(17,409)	(17,319)	XXX
US Bank..... St. Paul, MN.....					(33,148,122)	(34,225,633)	(28,075,662)	XXX
US Bank..... St. Paul, MN.....					(52,010)	(55,937)	(35,340)	XXX
Salomon Smith Barney..... San Francisco, CA.....							438	XXX
PFM..... Harrisburg, PA.....					(8,182,679)			XXX
0199998. Deposits in.....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX			(0)			XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	16,812,692	54,112,990	53,537,528	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	16,812,692	54,112,990	53,537,528	XXX
0599999. Total Cash.....	XXX	XXX	0	0	16,812,692	54,112,990	53,537,528	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
U.S. Government Bonds - Issuer Obligations							
UNITED STATES TREASURY.....		03/28/2017.....		04/13/2017.....	9,997,700		575
UNITED STATES TREASURY.....		03/28/2017.....		04/20/2017.....	12,495,283		745
0199999. U.S. Government Bonds - Issuer Obligations.....					22,492,983	0	1,320
0599999. Total - U.S. Government Bonds.....					22,492,983	0	1,320
Bonds - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivision - Issuer Obligations							
COLORADO HSG & FIN AUTH COLO UNEMPLOYMEN.....		03/27/2017.....	1.850	05/15/2017.....	1,601,607	11,182	(73)
2599999. U.S. Special Revenue & Special Assessment Obligations - Issuer Obligations.....					1,601,607	11,182	(73)
3199999. Total - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations.....					1,601,607	11,182	(73)
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							
Nissan Motor Acceptance Corporation.....		03/16/2017.....		04/05/2017.....	4,999,433		2,125
Mondelez International, Inc.....		03/20/2017.....		04/10/2017.....	4,998,587		1,883
Ameren Corporation.....		03/24/2017.....		04/07/2017.....	7,276,617		1,844
South Carolina Fuel Company, Inc.....		03/24/2017.....		04/19/2017.....	4,996,925		1,367
NBCUniversal Enterprise, Inc.....		03/20/2017.....		04/13/2017.....	4,998,167		1,833
Oglethorpe Power Corporation (An Electri.....		03/24/2017.....		04/18/2017.....	7,440,485		1,654
CRH Finance America, Inc.....		03/16/2017.....		04/13/2017.....	2,998,820		1,475
AutoZone, Inc.....		03/16/2017.....		04/05/2017.....	4,999,361		2,396
Campbell Soup Company.....		03/16/2017.....		04/11/2017.....	4,998,500		2,250
Technipmc US Holdings Inc.....		03/20/2017.....		04/05/2017.....	4,999,333		2,000
Brown-Forman Corporation.....		03/20/2017.....		04/10/2017.....	4,998,725		1,700
Eastman Chemical Company.....		03/20/2017.....		04/10/2017.....	4,998,538		1,950
McDonald's Corporation.....		03/21/2017.....		04/24/2017.....	5,495,959		1,933
NetApp, Inc.....		03/24/2017.....		04/18/2017.....	4,997,119		1,356
Deer Park Refining Limited Partnership.....		03/24/2017.....		04/07/2017.....	5,298,852		1,531
HP Inc.....		03/27/2017.....		04/17/2017.....	4,997,222		868
Public Service Company of North Carolina.....		03/27/2017.....		04/17/2017.....	4,997,267		854
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.....					88,489,910	0	29,019
3899999. Total - Industrial and Miscellaneous (Unaffiliated).....					88,489,910	0	29,019
Total Bonds							
7799999. Subtotals - Issuer Obligations.....					112,584,500	11,182	30,265
8399999. Subtotals - Bonds.....					112,584,500	11,182	30,265
8699999. Total - Cash Equivalents.....					112,584,500	11,182	30,265

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