



HEALTH QUARTERLY STATEMENT

As of September 30, 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
(Street and Number) (City or Town, State, Country and Zip Code)

888-562-5442
(Area Code) (Telephone Number)

Mail Address

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

Primary Location of Books and Records

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

888-562-5442
(Area Code) (Telephone Number)

Internet Web Site Address

www.molinahealthcare.com

Statutory Statement Contact

Daniel Joseph Gudz
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(E-Mail Address)

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(Area Code) (Telephone Number) (Extension)
614-899-2376
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Ami Lee Cole	President	2. Daniel Joseph Gudz #	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)	(Signature)	(Signature)
Ami Lee Cole	Daniel Joseph Gudz	Jeffrey Don Barlow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer/VP Finance & Analytics	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____

a. Is this an original filing?

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [X] No []

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	118,128,867		118,128,867	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 (\$....45,766,995), cash equivalents (\$....91,138,181) and short-term investments (\$....198,481,059).....	335,386,235		335,386,235	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).....	453,515,102	0	453,515,102	424,627,584
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	798,891		798,891	750,376
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	34,071,995		34,071,995	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 (\$....607,515) and contracts subject to redetermination (\$....4,204,719).....	4,812,234		4,812,234	5,725,279
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	215,156		215,156	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.....	18,193,018		18,193,018	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.....	12,494,278	1,137,322	11,356,956	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).....	3,627,823	3,627,823	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$....25,166,772) and other amounts receivable.....	37,325,885	12,159,113	25,166,772	25,570,769
25. Aggregate write-ins for other than invested assets.....	409,537	409,537	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	565,463,919	17,333,795	548,130,124	507,198,541
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	565,463,919	17,333,795	548,130,124	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.....	409,537	409,537	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).....	409,537	409,537	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).....	186,040,975	826,182	186,867,157	160,995,545
2. Accrued medical incentive pool and bonus amounts.....	1,322,055		1,322,055	741,471
3. Unpaid claims adjustment expenses.....	2,861,889	14,960	2,876,849	2,501,006
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	9,119,678		9,119,678	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.....	32,462,680		32,462,680	2,924,553
9. General expenses due or accrued.....	35,034,044		35,034,044	39,988,301
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	1,687,619		1,687,619	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....	396		396	
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.....	10,919,749		10,919,749	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 \$.....10,652,990 current).....	10,652,990	.0	10,652,990	48,284,382
24. Total liabilities (Lines 1 to 23).....	290,102,075	841,142	290,943,217	272,313,935
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	33,100,000	.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	141,196,907	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	257,186,907	234,884,606
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	548,130,124	507,198,541

DETAILS OF WRITE-INS

2301. Amounts due to government agencies.....	10,652,990		10,652,990	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).....	10,652,990	.0	10,652,990	48,284,382
2501. 2018 health insurer fee accrual estimate.....	XXX	XXX	33,100,000	
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	33,100,000	.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.....	3,135,943	3,037,105	4,041,660
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	1,791,433,815	1,668,462,306	2,200,843,584
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	14,032,852	(6,462,243)	(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.....	1,805,466,667	1,662,000,063	2,198,466,692
Hospital and Medical:				
9. Hospital/medical benefits.....		1,033,140,667	905,281,624	1,203,695,783
10. Other professional services.....		38,136,604	33,475,108	48,465,990
11. Outside referrals.....	7,489,280	53,157,239	52,006,959	65,829,865
12. Emergency room and out-of-area.....		90,470,111	79,090,809	105,892,923
13. Prescription drugs.....		236,144,500	213,071,304	289,715,033
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		2,234,240	1,502,237	2,199,958
16. Subtotal (Lines 9 to 15).....	7,489,280	1,453,283,361	1,284,428,041	1,715,799,552
Less:				
17. Net reinsurance recoveries.....		987,506	2,207,831	2,162,435
18. Total hospital and medical (Lines 16 minus 17).....	7,489,280	1,452,295,855	1,282,220,210	1,713,637,117
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....54,710,358 cost containment expenses.....		60,108,067	48,898,348	66,588,117
21. General administrative expenses.....		254,657,682	259,393,583	330,722,026
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....		5,000,000		
23. Total underwriting deductions (Lines 18 through 22).....	7,489,280	1,772,061,604	1,590,512,141	2,110,947,260
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	33,405,063	71,487,922	87,519,432
25. Net investment income earned.....		2,932,720	2,081,904	2,788,256
26. Net realized capital gains (losses) less capital gains tax of \$.....30,343.....		56,350	152,187	159,534
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	2,989,070	2,234,091	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	(290,251)	(1,844,656)	(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.....	36,103,882	71,877,357	88,671,999
31. Federal and foreign income taxes incurred.....	XXX.....	17,917,902	38,300,843	42,812,695
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	18,185,980	33,576,514	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.....		(290,251)	(1,844,656)	(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	(290,251)	(1,844,656)	(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.....	18,185,980	33,576,514	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.....		32,707	34,130
37.	Change in net unrealized foreign exchange capital gain or (loss).....			
38.	Change in net deferred income tax.....	5,885,365	3,567,262	880,748
39.	Change in nonadmitted assets.....	(1,769,044)	(6,353,734)	(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).....	22,302,301	30,822,749	44,225,565
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	257,186,907	221,481,790	234,884,606

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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	1,783,857,244	1,629,800,878	2,197,363,371
2. Net investment income.....	3,647,376	3,535,190	4,370,860
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	1,787,504,620	1,633,336,068	2,201,734,231
5. Benefit and loss related payments.....	1,426,567,396	1,287,144,591	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.....	327,239,099	332,871,750	376,080,059
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....30,343 tax on capital gains (losses).....	14,041,000	15,233,000	38,062,999
10. Total (Lines 5 through 9).....	1,767,847,495	1,635,249,341	2,140,806,293
11. Net cash from operations (Line 4 minus Line 10).....	19,657,125	(1,913,273)	60,927,938
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	51,417,638	88,753,537	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).....	51,417,638	88,753,566	114,187,552
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	53,022,772	61,417,776	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).....	53,022,772	61,417,776	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).....	(1,605,134)	27,335,790	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).....	9,906,871	331,483	(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).....	9,906,871	331,483	(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).....	27,958,862	25,754,000	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).....	335,386,235	230,859,915	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

007

	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.....	351,337	21,018						13,162	317,157	
4. Third Quarter.....	343,434	18,943						13,549	310,942	
5. Current Year.....	0									
6. Current Year Member Months.....	3,135,943	184,991						115,951	2,835,001	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	1,183,221	56,613						63,387	1,063,221	
8. Non-Physician.....	3,562,635	79,746						153,454	3,329,435	
9. Total.....	4,745,856	136,359	0	0	0	0	0	216,841	4,392,656	0
10. Hospital Patient Days Incurred.....	583,730	4,414						41,931	537,385	
11. Number of Inpatient Admissions.....	34,872	822						4,558	29,492	
12. Health Premiums Written (a).....	1,793,423,593	66,584,327						193,754,986	1,533,084,280	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,807,456,445	68,332,471						194,307,888	1,544,816,086	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	1,427,024,709	52,474,927						165,162,473	1,209,387,309	
18. Amount Incurred for Provision of Health Care Services.....	1,453,283,361	57,677,496						167,846,884	1,227,758,981	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.193,754,986.

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
CVS Caremark Corporation.....	18,029,697					18,029,697
0199999. Individually Listed Claims Unpaid.....	18,029,697	0	0	0	0	18,029,697
0399999. Aggregate Accounts Not Individually Listed-Covered.....	3,256,000	2,326,654	2,339,947	1,970,945	62,721	9,956,267
0499999. Subtotals.....	21,285,697	2,326,654	2,339,947	1,970,945	62,721	27,985,964
0599999. Unreported Claims and Other Claim Reserves.....						158,881,193
0799999. Total Claims Unpaid.....						186,867,157
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						1,322,055

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).....	3,392,807	49,041,930	(204,344)	10,376,355	3,188,463	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.....	25,713,351	139,511,811	758,788	29,789,864	26,472,139	26,272,077
7. Title XIX - Medicaid.....	102,175,241	1,106,202,063	1,362,158	144,784,336	103,537,399	130,832,000
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	131,281,399	1,294,755,804	1,916,602	184,950,555	133,198,001	160,995,545
10. Healthcare receivables (a).....	2,096,079	33,918,308		1,311,498	2,096,079	35,478,685
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	741,471	912,185	659,583	662,472	1,401,054	741,471
13. Totals (Lines 9-10+11+12).....	129,926,791	1,261,749,681	2,576,185	184,301,529	132,502,976	126,258,331

(a) Excludes \$.0 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.

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	\$ 18,185,980	\$ 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	\$ 18,185,980	\$ 45,859,304
SURPLUS					
(5) Molina Healthcare of Ohio, Inc. state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 257,186,907	\$ 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	\$ 257,186,907	\$ 234,884,606

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

No significant change.

C. Accounting Policy

(1) - (5) No significant changes.

(6) Investments in loan-backed securities:

Loan-backed securities designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) are stated at amortized cost. The Plan’s investments in loan-backed securities consist of auction rate securities. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

(7) - (13) No significant changes.

D. Going Concern

None.

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

None.

Note 5 – Investments

A. – C. None.

D. Loan-Backed Securities:

As of September 30, 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.

NOTES TO FINANCIAL STATEMENTS

- (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	20,000
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$
	2. 12 Months or Longer	980,000

- (5) Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at September 30, 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: None.
- K. Structured Notes: None.
- L. 5* Securities: None.
- M. Short Sales: None.
- N. Prepayment Penalty and Acceleration Fees: 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 change.
- B. – C. The Plan neither paid dividends to, nor received contributions from Molina during the period ended September 30, 2017.
- D. – N. No significant changes.

Note 11 – Debt

- A. None.
- B. FHLB (Federal Home Loan Bank) Agreements: None.

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

- A. – D. Defined Benefit Plan: None.
- 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.

NOTES TO FINANCIAL STATEMENTS

- (4) Dividends paid by the Plan to Molina during the period ended September 30, 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 75% 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

- A. – B. None.
- C. No significant change.

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

No significant change.

Note 20 – Fair Value Measurements

- A.
- (1) Fair Value Measurements at Reporting Date: None.
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy: None.
- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.
- (4) For fair value measurements categorized within Level 2 of the fair value hierarchy, a description of the valuation techniques follows: None.
- (5) Derivative assets and liabilities: None.
- B. In addition to bonds and short-term investments (see below), the Plan’s statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.
- C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy cash equivalents, short-term investments, and bonds as of September 30, 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	\$ 980,000	\$ 1,000,000	\$ -	\$ -	\$ 980,000	\$ -
Certificates of deposit	\$ 445,000	\$ 445,000	\$ -	\$ 445,000	\$ -	\$ -
Corporate debt securities	\$ 164,564,438	\$ 164,709,583	\$ -	\$ 164,564,438	\$ -	\$ -
Government-sponsored enterprise securities	\$ 12,868,260	\$ 13,000,000	\$ 12,868,260	\$ -	\$ -	\$ -
Money market funds	\$ 196,516,523	\$ 196,516,523	\$ 196,516,523	\$ -	\$ -	\$ -
Municipal securities	\$ 31,032,095	\$ 31,158,721	\$ -	\$ 31,032,095	\$ -	\$ -
U.S. Treasury notes	\$ 916,748	\$ 918,280	\$ 916,748	\$ -	\$ -	\$ -
Total bonds and short-term investments	\$ 407,323,064	\$ 407,748,107	\$ 210,301,531	\$ 196,041,533	\$ 980,000	\$ -

- D. Not Practicable to Estimate Fair Value: None.

Note 21 – Other Items

No significant change.

Note 22 – Events Subsequent

NOTES TO FINANCIAL STATEMENTS

Subsequent events were considered through November 10, 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 payable of \$1.4 million as of September 30, 2017 and a net receivable of \$2.6 million as of September 30, 2017 and December 31, 2016, respectively, relating to its contracts with CMS. The Plan had net premiums written relating to Medicare of \$193.7 million and \$165.8 million for the periods ended September 30, 2017 and 2016, respectively, representing 10.8% and 9.9% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net receivable of \$2.0 million as of September 30, 2017 and a net payable of \$1.1 million as of December 31, 2016, relating to Marketplace. The Plan had net premiums written relating to Marketplace of \$66.5 million and \$32.1 million for the periods ended September 30, 2017 and 2016, respectively, representing 3.7% and 1.9% of the total net premiums written, respectively.

In 2014, the state of Ohio expanded the Medicaid program to include certain adults not previously eligible for Medicaid. This program is referred to as Adult Extension. Under the Plan's contract with the Ohio Department of Medicaid, it is required to expend a minimum of 85% of premium revenue of allowed medical expenses. This requirement is imposed for the two incurred periods from January through December 2014 and January through December 2015. The Plan estimates accrued retrospective premium adjustments for the Adult Extension program in accordance with such contractual requirements. The Plan recorded a net payable of \$0 million and \$11.7 million as of September 30, 2017 and December 31, 2016, respectively, relating to its contract with the state of Ohio. The Plan had net premiums written relating to Medicaid expansion of \$470.7 million and \$209.4 million for the periods ended December 31, 2015 and 2014, respectively, representing 20.6% and 11.7% of the total net premiums written in 2015 and 2014, respectively.

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

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

The Plan accrued \$0 and \$877,611 at September 30, 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	\$ 2,044,899
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	24,083
3. Premium adjustments payable due to ACA Risk Adjustment	
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	817,941
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (24,136)

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 215,156
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
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	40,188
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	
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	\$ 870,533

NOTES TO FINANCIAL STATEMENTS

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

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		
	1	2	3	4	5	6	7	8	9	10
	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)	\$	A	\$
2. Premium adjustments (payable)				(576,660)		576,660		(576,660)	B	
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 650,299	\$	\$	(576,660)	\$ 650,299	\$ 576,660	\$ (650,299)	\$ (576,660)		\$
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	\$ 1,325,746	\$	\$ 1,150,778	\$	\$ 174,968	\$	\$ 40,188	\$	C	\$ 215,156
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	
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)	\$ 1,150,778	(246,781)	\$ 174,968	\$	\$ 40,188	\$		\$ 215,156
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)		870,533	J	
3. Subtotal ACA Risk Corridors Program		(870,533)				(870,533)		870,533		
d. Total for ACA Risk Sharing Provisions	\$ 1,976,045	\$ (1,117,314)	\$ 1,150,778	(823,441)	\$ 825,267	\$ (293,873)	\$ (610,111)	\$ 293,873		\$ 215,156

Explanations of Adjustments

- A. Adjusted to reflect the final settlement amount communicated by CMS in September 2017.
- B. Adjusted to reflect the final settlement amount communicated by CMS in September 2017.
- C. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in September 2017.
- J. Adjusted as a result of additional months of development and for final settlements related to risk adjustment and reinsurance.

NOTES TO FINANCIAL STATEMENTS

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

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	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		(870,533)				(870,533)		870,533	F		
d. Total for Risk Corridors		(870,533)				(870,533)		870,533			

Explanations of Adjustments

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

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

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

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

	Nine months ended 9/30/2017
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 164,238,022
Add provision for claims, net of reinsurance:	
Current year	1,455,251,108
Prior years	(2,955,253)
Net incurred claims during the current year	1,452,295,855
Deduct paid claims, net of reinsurance:	
Current year	1,295,285,997
Prior years	131,281,399
Net paid claims during the current year	1,426,567,396
Change in claims adjustment expenses	375,843
Change in health care receivables	1,847,200
Change in amounts due from reinsurers	(1,123,463)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 191,066,061

Note 26 – Intercompany Pooling Arrangements

None.

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

1.

Liability carried for premium deficiency reserve:

\$5,000,000
2.

Date of most recent evaluation of this liability:

September 30, 2017
3.

Was anticipated investment income utilized in the calculation?

YES

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 ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes ☒ No ☐
- 3.2

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

Yes ☐ No ☒
- 3.3

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

- 4.1

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

Yes ☐ No ☒
- 4.2

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

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes ☐ No ☒ N/A ☐

- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015
- 6.2

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

12/31/2015
- 6.3

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

11/08/2016

- 6.4

By what department or departments?
Ohio Department of Insurance

- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 6.6

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

Yes ☐ No ☐ N/A ☒
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:

- 8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

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

- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

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

1 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 ☒ 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 ☒
- 9.21

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

- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 9.31

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

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☐ No ☒

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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		83.7 %
1.2	A&H cost containment percent		3.0 %
1.3	A&H expense percent excluding cost containment expenses		14.4 %
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 Reinsuer Rating
A&H Non-Affiliates								
93572.....	43-1235868.....	01/01/2017	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	Authorized.....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1.	Alabama.....AL	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
2.	Alaska.....AK	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
3.	Arizona.....AZ	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
4.	Arkansas.....AR	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
5.	California.....CA	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
6.	Colorado.....CO	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
7.	Connecticut.....CT	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
8.	Delaware.....DE	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
9.	District of Columbia.....DC	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
10.	Florida.....FL	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
11.	Georgia.....GA	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
12.	Hawaii.....HI	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
13.	Idaho.....ID	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
14.	Illinois.....IL	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
15.	Indiana.....IN	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
16.	Iowa.....IA	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
17.	Kansas.....KS	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
18.	Kentucky.....KY	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
19.	Louisiana.....LA	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
20.	Maine.....ME	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
21.	Maryland.....MD	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
22.	Massachusetts.....MA	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
23.	Michigan.....MI	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
24.	Minnesota.....MN	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
25.	Mississippi.....MS	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
26.	Missouri.....MO	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
27.	Montana.....MT	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
28.	Nebraska.....NE	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
29.	Nevada.....NV	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
30.	New Hampshire.....NH	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
31.	New Jersey.....NJ	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
32.	New Mexico.....NM	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
33.	New York.....NY	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
34.	North Carolina.....NC	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
35.	North Dakota.....ND	...N...	.....	.....	.....	.....	.....	.....	.....0	.....
36.	Ohio.....OH	...L...	66,584,327	193,754,986	1,533,084,280	.....	.....	.....	1,793,423,593	.....
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	XX	66,584,327	193,754,986	1,533,084,280	0	0	0	1,793,423,593	0
60.	Reporting entity contributions for Employee Benefit Plans.....	...XXX...	.....	.....	.....	.....	.....	.....	.....0	.....
61.	Total (Direct Business).....	(a).....1	66,584,327	193,754,986	1,533,084,280	0	0	0	1,793,423,593	0

DETAILS OF WRITE-INS

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state. (a) Insert the number of L responses except for Canada and Other Alien.

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

PART 1 – ORGANIZATIONAL CHART

Q15

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	DE	81-2824030	Molina Clinical Services, LLC
I-00000	AZ	30-0876771	Molina Healthcare of Arizona, Inc.
I-00000	CA	33-0342719	Molina Healthcare of California
I-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
I-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
I-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
I-14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	IA	47-3920055	Molina Healthcare of Iowa, Inc.
I-00000	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	DE	45-2854547	Molina Pathways, LLC
I-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
I-00000	DE	47-2525144	Pathways Health and Community Support LLC

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

PART 1 – ORGANIZATIONAL CHART

Q15.1

-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															
Q16	1531...	Molina Healthcare, Inc.....	00000...	13-4204626..	.....	1179929	New York Stock Exchange	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	81-2824030..	.....	.....	.....	Molina Clinical Services, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	30-0876771..	.....	.....	.....	Molina Healthcare of Arizona, Inc.....	AZ.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	33-0342719..	.....	.....	.....	Molina Healthcare of California.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	20-2714545..	.....	.....	.....	Molina Healthcare of California Partner Plan, Inc.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	45-2634351..	.....	.....	.....	Molina Healthcare Data Center, Inc.....	NM.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	13128...	26-0155137..	.....	.....	.....	Molina Healthcare of Florida, Inc.....	FL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	15714...	80-0800257..	.....	.....	.....	Molina Healthcare of Georgia, Inc.....	GA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	14104...	27-1823188..	.....	.....	.....	Molina Healthcare of Illinois, Inc.....	IL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	47-3920055..	.....	.....	.....	Molina Healthcare of Iowa, Inc.....	IA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	81-4229476..	.....	.....	.....	Molina Healthcare of Louisiana, Inc.....	LA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	46-0598968..	.....	.....	.....	Molina Healthcare of Maryland, Inc.....	MD.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	52630...	38-3341599..	.....	.....	.....	Molina Healthcare of Michigan, Inc.....	MI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	26-4390042..	.....	.....	.....	Molina Healthcare of Mississippi, Inc.....	MS.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	20-3567602..	.....	.....	.....	Molina Healthcare of Nevada, Inc.....	NV.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	95739...	85-0408506..	.....	.....	.....	Molina Healthcare of New Mexico, Inc.....	NM.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	46-4148278..	.....	.....	.....	Molina Healthcare of North Carolina, Inc.....	NC.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	12334...	20-0750134..	.....	.....	.....	Molina Healthcare of Ohio, Inc.....	OH.....	RE.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	81-0864563..	.....	.....	.....	Molina Healthcare of Oklahoma, Inc.....	OK.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	81-0855820..	.....	.....	.....	Molina Healthcare of Pennsylvania, Inc.....	PA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	15600...	66-0817946..	.....	.....	.....	Molina Healthcare of Puerto Rico, Inc.....	PR.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	15329...	46-2992125..	.....	.....	.....	Molina Healthcare of South Carolina, LLC.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	10757...	20-1494502..	.....	.....	.....	Molina Healthcare of Texas, Inc.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	13778...	27-0522725..	.....	.....	.....	Molina Healthcare of Texas Insurance Company.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	95502...	33-0617992..	.....	.....	.....	Molina Healthcare of Utah, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	15133...	26-1769086..	.....	.....	.....	Molina Healthcare of Virginia, Inc.....	VA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	96270...	91-1284790..	.....	.....	.....	Molina Healthcare of Washington, Inc.....	WA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	12007...	20-0813104..	.....	.....	.....	Molina Healthcare of Wisconsin, Inc.....	WI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	47-3797019..	.....	.....	.....	Molina Health Plan Management, Inc.....	NY.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	27-1603200..	.....	.....	.....	Molina Healthcare of New York, Inc.....	NY.....	IA.....	Molina Health Plan Management, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	47-3580625..	.....	.....	.....	Molina Holdings Corporation.....	NY.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	46-2821516..	.....	.....	.....	Molina Hospital Management, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	27-1510177..	.....	.....	.....	Molina Information Systems, LLC (dba Molina Medicaid Solutions).....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....
	1531...	Molina Healthcare, Inc.....	00000...	37-1652282..	.....	.....	.....	Molina Medical Management, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.1

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...	45-2854547..	.....	.....	.....	Molina Pathways, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	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...	47-2525144..	.....	.....	.....	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.....	.....
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	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	117,200,211	160,926,394
2. Cost of bonds and stocks acquired.....	53,022,772	71,496,332
3. Accrual of discount.....	99,932	123,168
4. Unrealized valuation increase (decrease).....		52,508
5. Total gain (loss) on disposals.....	86,693	245,408
6. Deduct consideration for bonds and stocks disposed of.....	51,417,638	114,187,523
7. Deduct amortization of premium.....	863,103	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).....	118,128,867	117,200,211
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	118,128,867	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).....	269,705,840	600,082,186	563,749,085	4,889,740	261,122,379	269,705,840	310,928,681	300,814,781
2. NAIC 2 (a).....	91,817,917	415,244,139	405,316,166	(4,926,465)	114,691,993	91,817,917	96,819,425	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.....	361,523,757	1,015,326,325	969,065,251	(36,725)	375,814,372	361,523,757	407,748,107	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.....	361,523,757	1,015,326,325	969,065,251	(36,725)	375,814,372	361,523,757	407,748,107	410,246,773

(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 \$.....227,667,534; NAIC 2 \$.....61,951,706; 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.....	198,481,059	XXX	198,481,059	114,592	11,084

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.....	1,275,307,989	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.....	1,286,865,295	3,772,475,781
7. Deduct amortization of premium.....	28,924	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).....	198,481,059	210,067,289
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	198,481,059	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	2
	Year To Date	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.....	1,664,517,840	1,467,502,173
3. Accrual of discount.....	640,755	368,356
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		29
6. Deduct consideration received on disposals.....	1,656,985,000	1,414,886,901
7. Deduct amortization of premium.....	14,687	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).....	91,138,181	82,979,273
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	91,138,181	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. Political Subdivisions of States												
649666	8U	1	NEW YORK N Y.....		08/10/2017.....	Morgan Stanley.....			5,019,350	5,000,000	1,285	1FE.....
2499999. Total - Bonds - U.S. Political Subdivisions of States.....									5,019,350	5,000,000	1,285	XXX.....
Bonds - U.S. Special Revenue and Special Assessment												
88213A	BS	3	TEXAS A & M UNIV REVS.....		08/09/2017.....	Morgan Stanley.....			4,085,600	4,000,000	23,911	1FE.....
3199999. Total - Bonds - U.S. Special Revenue and Special Assessments.....									4,085,600	4,000,000	23,911	XXX.....
Bonds - Industrial and Miscellaneous												
00206R	CM	2	AT&T INC.....		09/22/2017.....	Morgan Stanley.....			2,530,025	2,500,000	17,917	2FE.....
06744C	CB	5	BARCLAYS BANK PLC.....	C.....	07/25/2017.....	Morgan Stanley.....			2,500,000	2,500,000		1FE.....
345397	XW	8	FORD MOTOR CREDIT COMPANY LLC.....		08/24/2017.....	Morgan Stanley.....			2,053,060	2,000,000	29,839	2FE.....
46849L	SW	2	JACKSON NATIONAL LIFE GLOBAL FUNDING.....	C.....	09/27/2017.....	Morgan Stanley.....			2,507,750	2,500,000	15,972	1FE.....
55608J	AC	2	MACQUARIE GROUP LTD.....	C.....	08/07/2017.....	Morgan Stanley.....			2,724,900	2,500,000	10,833	2FE.....
931427	AA	6	WALGREENS BOOTS ALLIANCE INC.....		07/17/2017.....	Morgan Stanley.....			4,073,480	4,000,000	18,600	2FE.....
3899999. Total - Bonds - Industrial and Miscellaneous.....									16,389,215	16,000,000	93,161	XXX.....
8399997. Total - Bonds - Part 3.....									25,494,165	25,000,000	118,357	XXX.....
8399999. Total - Bonds.....									25,494,165	25,000,000	118,357	XXX.....
9999999. Total - Bonds, Preferred and Common Stocks.....									25,494,165	XXX	118,357	XXX.....

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

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. Special Revenue and Special Assessment																							
64578J	AC	0	NEW JERSEY ECONOMIC DEV AUTH MTR VEH SUR	..	08/01/2017.	Maturity @ 99.996.....		500,000	500,000	476,080	495,196	.....	.....4,804	.....	.....4,804	.....	.....500,000	.....	.....	.....0		07/01/2017.	1FE.....
86459L	AT	5	SUCCESSOR AGY PITTSBURG CALIF REDEV AGY	..	09/01/2017.	Maturity @ 100.0.....		2,395,000	2,395,000	2,395,000	2,395,000	.....	.....	.....	.....0	.....	.....2,395,000	.....	.....	.....0	50,846	09/01/2017.	2FE.....
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments.							2,895,000	2,895,000	2,871,080	2,890,196	0	4,804	0	4,804	0	2,895,000	0	0	0	50,846	XXX	XXX
Bonds - Industrial and Miscellaneous																							
02581F	YE	3	BANK	..	09/13/2017.	Maturity @ 100.0.....		3,000,000	3,000,000	3,338,460	3,096,701	.....	.....(96,701)	.....	.....(96,701)	.....	.....3,000,000	.....	.....	.....0	180,000	09/13/2017.	1FE.....
05567L	7E	1	BNP PARIBAS SA.....	C	09/14/2017.	Maturity @ 100.0.....		4,000,000	4,000,000	4,075,880	4,024,136	.....	.....(24,136)	.....	.....(24,136)	.....	.....4,000,000	.....	.....	.....0	95,000	09/14/2017.	1FE.....
345397	VT	7	FORD MOTOR CREDIT CO LLC.....	..	08/24/2017.	Morgan Stanley.....		2,043,700	2,000,000	2,081,200	2,078,693	.....	.....(37,528)	.....	.....(37,528)	.....	.....2,041,166	.....	.....2,534	2,534	78,889	05/15/2018.	2FE.....
38147M	AA	3	GOLDMAN SACHS GROUP INC.....	..	08/07/2017.	Morgan Stanley.....		2,021,120	2,000,000	2,071,000	2,028,848	.....	.....(11,236)	.....	.....(11,236)	.....	.....2,017,612	.....	.....3,508	3,508	61,383	07/19/2018.	1FE.....
3899999.	Total - Bonds - Industrial and Miscellaneous.....							11,064,820	11,000,000	11,566,540	11,228,378	0	(169,600)	0	(169,600)	0	11,058,778	0	6,042	6,042	415,272	XXX	XXX
8399997.	Total - Bonds - Part 4.....							13,959,820	13,895,000	14,437,620	14,118,574	0	(164,796)	0	(164,796)	0	13,953,778	0	6,042	6,042	466,118	XXX	XXX
8399999.	Total - Bonds.....							13,959,820	13,895,000	14,437,620	14,118,574	0	(164,796)	0	(164,796)	0	13,953,778	0	6,042	6,042	466,118	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....							13,959,820	XXX	14,437,620	14,118,574	0	(164,796)	0	(164,796)	0	13,953,778	0	6,042	6,042	466,118	XXX	XXX

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

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
US Bank..... St. Paul, MN.....					(672,577)	(882,976)	(857,696)	XXX
US Bank..... St. Paul, MN.....					30,694,210	17,262,619	44,652,235	XXX
JP Morgan Chase..... Columbus, Ohio.....					7,521,096	4,871,210	5,890,940	XXX
JP Morgan Chase..... Columbus, Ohio.....					1,607,100	1,951,920	1,400,693	XXX
JP Morgan Chase..... Columbus , Ohio.....					32,733,434	16,057,115	19,195,084	XXX
JP Morgan Chase..... Columbus, Ohio.....					(15,520)	(7,527)	(45,283)	XXX
US Bank..... St. Paul, MN.....					(27,946,499)	(19,104,690)	(24,466,570)	XXX
US Bank..... St. Paul, MN.....					(54,491)	(37,995)	(62,408)	XXX
Salomon Smith Barney..... San Francisco, CA					76,984	490	60,000	XXX
0199998. Deposits in.....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX			278			XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	43,944,015	20,110,166	45,766,995	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	43,944,015	20,110,166	45,766,995	XXX
0599999. Total Cash.....	XXX	XXX	0	0	43,944,015	20,110,166	45,766,995	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							
Ford Motor Credit Company LLC.....		09/11/2017.....		10/05/2017.....	9,998,556		7,222
Nissan Motor Acceptance Corporation.....		08/28/2017.....		10/02/2017.....	4,999,835		5,619
Simon Property Group, L.P.....		09/22/2017.....		10/16/2017.....	7,496,500		2,100
Campbell Soup Company.....		08/28/2017.....		10/03/2017.....	2,499,826		2,951
Medtronic Global Holdings S.C.A.....		09/18/2017.....		10/10/2017.....	4,998,437		2,083
South Carolina Fuel Company, Inc.....		09/12/2017.....		10/05/2017.....	6,498,989		4,803
NetApp, Inc.....		09/18/2017.....		10/10/2017.....	1,799,384		891
Mondelez International, Inc.....		09/18/2017.....		10/19/2017.....	1,998,620		997
DTE Gas Company.....		09/18/2017.....		10/10/2017.....	3,998,750		1,806
Koch Resources, LLC.....		09/18/2017.....		10/10/2017.....	4,198,772		1,775
Southern Company Gas Capital Corporation.....		09/18/2017.....		10/16/2017.....	7,587,635		3,783
Eversource Energy.....		09/28/2017.....		10/05/2017.....	4,999,283		537
E. I. du Pont de Nemours and Company.....		09/22/2017.....		10/19/2017.....	4,996,675		1,663
Cargill, Incorporated.....		09/22/2017.....		10/12/2017.....	7,497,410		2,119
Guadalupe Valley Electric Cooperative, I.....		09/28/2017.....		10/30/2017.....	4,993,958		625
Public Service Enterprise Group Incorpor.....		09/28/2017.....		10/20/2017.....	4,996,517		550
Oglethorpe Power Corporation (An Electri.....		09/28/2017.....		10/03/2017.....	2,579,807		290
AGC Capital, Inc.....		09/28/2017.....		10/05/2017.....	4,999,228		579
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.....					91,138,181	0	40,393
3899999. Total - Industrial and Miscellaneous (Unaffiliated).....					91,138,181	0	40,393
Total Bonds							
7799999. Subtotals - Issuer Obligations.....					91,138,181	0	40,393
8399999. Subtotals - Bonds.....					91,138,181	0	40,393
8699999. Total - Cash Equivalents.....					91,138,181	0	40,393