12334201720100100

ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

Molina Healthcare of Ohio, Inc.

NAIC Group Code.....1531, 1531 (Current Period) (Prior Period) NAIC Company Code..... 12334 Employer's ID Number..... 20-0750134

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... November 19, 2003 Commenced Business..... October 24, 2005

Statutory Home Office	3000 Corporate Exchange Drive….. Columbus ..... OH ..... US …. 43231 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	3000 Corporate Exchange Drive….. Columbus ..... OH ..... US …. 43231 *(Street and Number) (City or Town, State, Country and Zip Code)*	888-562-5442 *(Area Code) (Telephone Number)*
Mail Address	3000 Corporate Exchange Drive….. Columbus ..... OH ..... US …. 43231 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	3000 Corporate Exchange Drive….. Columbus ..... OH ..... US …. 43231 *(Street and Number) (City or Town, State, Country and Zip Code)*	888-562-5442 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Daniel Joseph Gudz *(Name)* daniel.gudz@molinahealthcare.com *(E-Mail Address)*	888-562-5442-210653 *(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 Mark William Bloom M.D. # Thomas Mitchell Standring

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

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

(Signature)	(Signature)	(Signature)
Ami Lee Cole	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 _____ 2018

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	148,235					148,235
0399999. Premiums due and unpaid from Medicare entities	8,758					8,758
0499999. Premiums due and unpaid from Medicaid entities	27,838,181	2,271,453	2,455,172	1,562,085		34,126,891
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	27,995,174	2,271,453	2,455,172	1,562,085	0	34,283,884

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS Caremark Corporation	2,563,337	2,642,853	2,833,278	10,186,647	10,186,647	8,039,468
0199999. Total Pharmaceutical Rebate Receivables	2,563,337	2,642,853	2,833,278	10,186,647	10,186,647	8,039,468
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	461,458			4,861,847	4,861,847	461,458
0299999. Total Claim Overpayment Receivables	461,458	0	0	4,861,847	4,861,847	461,458
Capitation Arrangement Receivables						
Partners for Kids	23,256,743					23,256,743
0499998. Capitation Arrangement Receivables Not Listed Individually	294,832					294,832
0499999. Total Capital Arrangement Receivables	23,551,575	0	0	0	0	23,551,575
0799999. Gross Health Care Receivables	26,576,370	2,642,853	2,833,278	15,048,494	15,048,494	32,052,501

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	13,291,252	14,118,228		18,226,115	13,291,252	13,718,543
2. Claim overpayment receivables	4,453,578	2,217,393	345,172	4,978,133	4,798,750	3,709,354
3. Loans and advances to providers					0	
4. Capitation arrangement receivables	11,577,243	116,968,768		23,551,575	11,577,243	18,050,788
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	29,322,073	133,304,389	345,172	46,755,823	29,667,245	35,478,685

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark Corporation	13,267,595					13,267,595
Partners for Kids	19,317,727					19,317,727
0199999. Individually listed claims unpaid	32,585,322	0	0	0	0	32,585,322
0399999. Aggregate accounts not individually listed - covered	6,815,904	2,334,294				9,150,198
0499999. Subtotals	39,401,226	2,334,294	0	0	0	41,735,520
0599999. Unreported claim and other claim reserves						150,917,834
0799999. Total claims unpaid						192,653,354
0899999. Accrued medical incentive pool and bonus amounts						930,688

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molina Healthcare, Inc.	Misc Charges	5,831,497	5,831,497	
0199999. Individually listed payables		5,831,497	5,831,497	0
0399999. Total gross payables		5,831,497	5,831,497	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	275,959,245	14.5	326,597	100.0		275,959,245
2. Intermediaries	21,967,038	1.2	315,129	96.5		21,967,038
3. All other providers	25,178,855	1.3	326,597	100.0		25,178,855
4. Total capitation payments	323,105,138	17.0	968,323	296.5	0	323,105,138
Other Payments:						
5. Fee-for-service	93,530,068	4.9	XXX	XXX		93,530,068
6. Contractual fee payments	1,483,705,488	78.1	XXX	XXX		1,483,705,488
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,577,235,556	83.0	XXX	XXX	0	1,577,235,556
13. Total (Line 4 plus Line 12)	1,900,340,694	100.0	XXX	XXX	0	1,900,340,694

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
	March Vision	6,484,680	540,390		
	Scion	1,568,294	130,691		
	Secure	13,914,064	1,159,505		
9999999. Totals		21,967,038	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,101,661		1,278,926	822,735	822,735	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	4,450,608		1,832,574	2,618,034	2,618,034	0
6. Total	6,552,269	0	3,111,500	3,440,769	3,440,769	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits 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	326,597	17,208						13,342	296,047	
6. Current year member months	4,146,023	237,670						156,496	3,751,857	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,575,513	74,646						85,398	1,415,469	
8. Non-physician	4,844,605	106,096						213,296	4,525,213	
9. Totals	6,420,118	180,742	0	0	0	0	0	298,694	5,940,682	0
10. Hospital patient days incurred	1,398,598	9,351						60,990	1,328,257	
11. Number of inpatient admissions	62,060	2,721						7,291	52,048	
12. Health premiums written (b)	2,392,192,778	85,535,911						258,416,117	2,048,240,750	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,401,420,702	87,284,055						258,819,159	2,055,317,488	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,900,340,694	72,683,872						223,141,024	1,604,515,798	
18. Amount incurred for provision of health care services	1,924,563,369	79,042,184						220,050,827	1,625,470,358	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....258,416,117

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF OHIO DURING THE YEAR (Location)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits 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	326,597	17,208						13,342	296,047	
6. Current year member months	4,146,023	237,670						156,496	3,751,857	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,575,513	74,646						85,398	1,415,469	
8. Non-physician	4,844,605	106,096						213,296	4,525,213	
9. Totals	6,420,118	180,742	0	0	0	0	0	298,694	5,940,682	0
10. Hospital patient days incurred	1,398,598	9,351						60,990	1,328,257	
11. Number of inpatient admissions	62,060	2,721						7,291	52,048	
12. Health premiums written (b)	2,392,192,778	85,535,911						258,416,117	2,048,240,750	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,401,420,702	87,284,055						258,819,159	2,055,317,488	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,900,340,694	72,683,872						223,141,024	1,604,515,798	
18. Amount incurred for provision of health care services	1,924,563,369	79,042,184						220,050,827	1,625,470,358	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....258,416,117

SCHEDULE S - PART 1 - SECTION 2

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

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

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000.....	AA-9990032...	01/01/2014	U.S. Department of Health and Human Services.....	DC.....	214,372	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				214,372	0
2199999.	Total - Accident and Health Non-Affiliates.....				214,372	0
2299999.	Total - Accident and Health.....				214,372	0
2399999.	Total U.S.....				214,372	0
9999999.	Total.....				214,372	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93572	43-1235868	.01/01/2017	RGA Reinsurance Company	MO	SSL/A/I	CMM	85,071						
93572	43-1235868	.01/01/2017	RGA Reinsurance Company	MO	SSL/A/I	MR	106,194						
93572	43-1235868	.01/01/2017	RGA Reinsurance Company	MO	SSL/A/I	MC	2,530,307						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						2,721,572	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						2,721,572	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						2,721,572	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						2,721,572	0	0	0	0	0	0
6999999.	Total - U.S.						2,721,572	0	0	0	0	0	0
9999999.	Total						2,721,572	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2017	2 2016	3 2015	4 2014	5 2013
A.	**OPERATIONS ITEMS**					
1.	Premiums	85	249	76	7	
2.	Title XVIII - Medicare	106	91	2	3	3
3.	Title XIX - Medicaid	2,530	2,403	2,644	4,963	4,490
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses	214	1,339	2,216	274	1,236
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Multiple beneficiary trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	390,731,862		390,731,862
2.	Accident and health premiums due and unpaid (Line 15)	40,129,869		40,129,869
3.	Amounts recoverable from reinsurers (Line 16.1)	214,372	(214,372)	0
4.	Net credit for ceded reinsurance	XXX	214,372	214,372
5.	All other admitted assets (balance)	54,221,775		54,221,775
6.	Totals assets (Line 28)	485,297,878	0	485,297,878
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	192,653,354		192,653,354
8.	Accrued medical incentive pool and bonus payments (Line 2)	930,688		930,688
9.	Premiums received in advance (Line 8)	4,159,933		4,159,933
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	58,085,111		58,085,111
15.	Total liabilities (Line 24)	255,829,086	0	255,829,086
16.	Total capital and surplus (Line 33)	229,468,792	XXX	229,468,792
17.	Total liabilities, capital and surplus (Line 34)	485,297,878	0	485,297,878
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	214,372		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	214,372		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	214,372		

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

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO			NONE			0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
1531....	Molina Healthcare, Inc.....	00000...	13-4204626..	.....	1179929	New York Stock Exchange	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	81-2824030..	.....	.....	.....	Molina Clinical Services, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	30-0876771..	.....	.....	.....	Molina Healthcare of Arizona, Inc.....	AZ.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	33-0342719..	.....	.....	.....	Molina Healthcare of California.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	20-2714545..	.....	.....	.....	Molina Healthcare of California Partner Plan, Inc.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	45-2634351..	.....	.....	.....	Molina Healthcare Data Center, Inc.....	NM.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	13128...	26-0155137..	.....	.....	.....	Molina Healthcare of Florida, Inc.....	FL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	15714...	80-0800257..	.....	.....	.....	Molina Healthcare of Georgia, Inc.....	GA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	14104...	27-1823188..	.....	.....	.....	Molina Healthcare of Illinois, Inc.....	IL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	47-3920055..	.....	.....	.....	Molina Healthcare of Iowa, Inc.....	IA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	81-4229476..	.....	.....	.....	Molina Healthcare of Louisiana, Inc.....	LA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	46-0598968..	.....	.....	.....	Molina Healthcare of Maryland, Inc.....	MD.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	52630...	38-3341599..	.....	.....	.....	Molina Healthcare of Michigan, Inc.....	MI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	26-4390042..	.....	.....	.....	Molina Healthcare of Mississippi, Inc.....	MS.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	20-3567602..	.....	.....	.....	Molina Healthcare of Nevada, Inc.....	NV.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	95739...	85-0408506..	.....	.....	.....	Molina Healthcare of New Mexico, Inc.....	NM.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	46-4148278..	.....	.....	.....	Molina Healthcare of North Carolina, Inc.....	NC.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	12334...	20-0750134..	.....	.....	.....	Molina Healthcare of Ohio, Inc.....	OH.....	RE.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	81-0864563..	.....	.....	.....	Molina Healthcare of Oklahoma, Inc.....	OK.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	81-0855820..	.....	.....	.....	Molina Healthcare of Pennsylvania, Inc.....	PA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	15600...	66-0817946..	.....	.....	.....	Molina Healthcare of Puerto Rico, Inc.....	PR.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	15329...	46-2992125..	.....	.....	.....	Molina Healthcare of South Carolina, LLC.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	10757...	20-1494502..	.....	.....	.....	Molina Healthcare of Texas, Inc.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	13778...	27-0522725..	.....	.....	.....	Molina Healthcare of Texas Insurance Company.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	95502...	33-0617992..	.....	.....	.....	Molina Healthcare of Utah, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	15133...	26-1769086..	.....	.....	.....	Molina Healthcare of Virginia, Inc.....	VA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	96270...	91-1284790..	.....	.....	.....	Molina Healthcare of Washington, Inc.....	WA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	12007...	20-0813104..	.....	.....	.....	Molina Healthcare of Wisconsin, Inc.....	WI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531....	Molina Healthcare, Inc.....	00000...	27-1603200..	.....	.....	.....	Molina Healthcare of New York, Inc.....	NY.....	IA.....	Molina Healthcare, 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, LLC.....	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.....	.....
1531....	Molina Healthcare, Inc.....	00000...	45-2854547..	.....	.....	.....	Molina Pathways, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc	285,123,421	(389,592,671)			1,275,499,600				1,171,030,350	
00000	33-0342719	Molina Healthcare of California	(130,000,000)				1,585,116,292				1,455,116,292	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc					(1,851,129,306)				(1,851,129,306)	
00000	45-2634351	Molina Healthcare Data Center, Inc					5,470,140				5,470,140	
13128	26-0155137	Molina Healthcare of Florida, Inc		205,000,000			(100,062,714)				104,937,286	
14104	27-1823188	Molina Healthcare of Illinois, Inc		87,000,000			8,033,909				95,033,909	
52630	38-3341599	Molina Healthcare of Michigan, Inc	(50,000,000)				(154,812,664)				(204,812,664)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc		13,000,000			(56,198,384)				(43,198,384)	
12334	20-0750134	Molina Healthcare of Ohio, Inc	(45,000,000)				(193,313,068)				(238,313,068)	
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc					(23,850,117)				(23,850,117)	
15329	46-2992125	Molina Healthcare of South Carolina, LLC					(33,118,227)				(33,118,227)	
10757	20-1494502	Molina Healthcare of Texas, Inc					(267,805,839)	(1,193,891)			(268,999,730)	
13778	27-0522725	Molina Healthcare of Texas Insurance Company					(389,770)	1,193,891			804,121	
95502	33-0617992	Molina Healthcare of Utah, Inc	(900,000)	21,900,000			(45,446,996)				(24,446,996)	
00000	26-1769086	Molina Healthcare of Virginia, Inc					409,990				409,990	
96270	91-1284790	Molina Healthcare of Washington, Inc					(222,979,677)				(222,979,677)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc		35,000,000			(25,802,369)				9,197,631	
00000	46-2821516	Molina Hospital Management, Inc					19,747,652				19,747,652	
00000	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)	(25,000,000)				6,220,372				(18,779,628)	
00000	27-1603200	Molina Healthcare of New York, Inc		192,671			(3,924,006)				(3,731,335)	
00000	81-4229476	Molina Healthcare of Louisiana, Inc		(3,000,000)							(3,000,000)	
00000	81-0855820	Molina Healthcare of Pennsylvania, Inc	(20,009,975)								(20,009,975)	
00000	81-2824030	Molina Clinical Services, LLC	(16,000,000)	16,000,000			37,965,622				37,965,622	
00000	37-1652282	Molina Medical Management, Inc		10,670,202			8,100,358				18,770,560	
00000	46-0598968	Molina Healthcare of Maryland, Inc					(1,000)				(1,000)	
00000	47-1446940	Easy Care MSO, LLC		(1,170,202)							(1,170,202)	
00000	45-2854547	Molina Pathways, LLC		1,991,240			2,469,077				4,460,317	
00000	47-2296708	Molina Pathways of Texas, Inc					49,882				49,882	
00000	47-2308753	Molina Personal Care of Texas, Inc		8,760							8,760	
00000	47-2525144	Pathways Health and Community Support LLC					29,751,243				29,751,243	
00000	38-3611499	Synergy Partners, L.L.C.	1,786,554	(2,000,000)							(213,446)	
00000	26-4390042	Molina Healthcare of Mississippi, Inc		5,000,000							5,000,000	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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

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

13. Not applicable.

14. Not applicable.

15. Not applicable.

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

17. Not applicable.

18. Not applicable.

19. Not applicable.

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

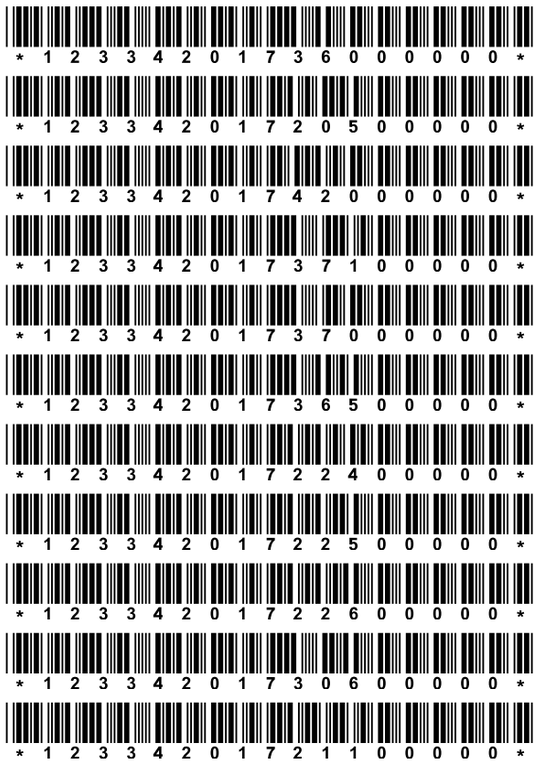
21. This line of business is not written by the company.

22.

23.

24.

BAR CODE:



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2017 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

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