



HEALTH QUARTERLY STATEMENT

As of June 30, 2018
of the Condition and Affairs of the

Molina Healthcare of Ohio, Inc.

NAIC Group Code.....1531, 1531

NAIC Company Code..... 12334

Employer's ID Number.....
20-0750134

(Current Period) (Prior Period)

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)

888-562-5442-210653
(Area Code) (Telephone Number) (Extension)

daniel.gudz@molinahealthcare.com
(E-Mail Address)

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. Bridget Leigh Galatas #

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

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

(Signature)

Ami Lee Cole

1. (Printed Name)

President

(Title)

(Signature)

Daniel Joseph Gudz

2. (Printed Name)

Treasurer/VP Finance & Analytics

(Title)

(Signature)

Jeffrey Don Barlow

3. (Printed Name)

Secretary

(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
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds.....	104,383,708		104,383,708	111,798,396
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 (\$.....23,249,575), cash equivalents (\$.....330,835,583) and short-term investments (\$.....15,260,598).....	369,345,756		369,345,756	278,933,466
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).....	473,729,464	0	473,729,464	390,731,862
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	934,418		934,418	1,027,959
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	102,905,672		102,905,672	34,283,884
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 (\$.....1,317,276) and contracts subject to redetermination (\$.....3,186,661).....	4,503,937		4,503,937	5,845,985
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	7,183		7,183	214,372
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	11,347,162		11,347,162	9,546,955
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	6,588,045
18.2 Net deferred tax asset.....	7,144,435	677,763	6,466,672	5,006,315
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).....	3,067,098	3,067,098	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 (\$.....39,956,248) and other amounts receivable.....	57,574,963	17,618,715	39,956,248	32,052,501
25. Aggregate write-ins for other than invested assets.....	1,121,316	1,121,316	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	662,335,648	22,484,892	639,850,756	485,297,878
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	662,335,648	22,484,892	639,850,756	485,297,878

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaids, deposits, and other assets.....	1,121,316	1,121,316	0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,121,316	1,121,316	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).....	215,783,257	596,898	216,380,155	192,653,354
2. Accrued medical incentive pool and bonus amounts.....	455,740		455,740	930,688
3. Unpaid claims adjustment expenses.....	2,806,417	9,574	2,815,991	2,753,039
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	11,035,979		11,035,979	8,924,606
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	28,560,984		28,560,984	4,159,933
9. General expenses due or accrued.....	67,478,868		67,478,868	26,645,000
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	153,777		153,777	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	3,164,703		3,164,703	5,831,497
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 \$.....15,360,907 current).....	15,360,907	0	15,360,907	13,930,969
24. Total liabilities (Lines 1 to 23).....	344,800,632	606,472	345,407,104	255,829,086
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	34,200,000
26. Common capital stock.....	XXX	XXX	1,500	1,500
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	82,888,500	82,888,500
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	211,553,652	112,378,792
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	294,443,652	229,468,792
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	639,850,756	485,297,878

DETAILS OF WRITE-INS

2301. Amounts due to government agencies.....	15,360,907		15,360,907	13,930,969
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).....	15,360,907	0	15,360,907	13,930,969
2501. 2018 health insurer fee accrual estimate.....	XXX	XXX		34,200,000
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	0	34,200,000
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.....	2,017,365	2,098,067	4,146,023
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	1,257,799,125	1,183,472,721	2,389,471,206
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	92,306	7,492,560	9,227,924
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.....	1,257,891,431	1,190,965,281	2,398,699,130
Hospital and Medical:				
9. Hospital/medical benefits.....		680,264,411	681,078,635	1,364,283,824
10. Other professional services.....		23,082,761	26,343,765	48,642,489
11. Outside referrals.....	3,293,208	32,054,779	35,807,774	68,269,337
12. Emergency room and out-of-area.....		63,115,074	60,134,109	121,197,227
13. Prescription drugs.....		160,702,234	157,198,454	317,983,316
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		435,095	644,997	4,187,176
16. Subtotal (Lines 9 to 15).....	3,293,208	959,654,354	961,207,734	1,924,563,369
Less:				
17. Net reinsurance recoveries.....		2,167,187	986,451	987,506
18. Total hospital and medical (Lines 16 minus 17).....	3,293,208	957,487,167	960,221,283	1,923,575,863
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....31,598,546 cost containment expenses.....		34,955,753	40,908,660	77,501,025
21. General administrative expenses.....		175,013,109	165,904,620	328,835,605
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).....	3,293,208	1,167,456,029	1,172,034,563	2,329,912,493
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	90,435,402	18,930,718	68,786,637
25. Net investment income earned.....		3,450,432	1,802,699	4,292,554
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....			52,424	56,980
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	3,450,432	1,855,123	4,349,534
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	1,747,117	152,753	(2,514,853)
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.....	95,632,951	20,938,594	70,621,318
31. Federal and foreign income taxes incurred.....	XXX.....	29,356,460	12,125,482	25,954,144
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	66,276,491	8,813,112	44,667,174

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.....		1,747,117	152,753	(2,514,853)
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	1,747,117	152,753	(2,514,853)

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.....	229,468,792	234,884,606	234,884,606
34.	Net income or (loss) from Line 32.....	66,276,491	8,813,112	44,667,174
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.....			
37.	Change in net unrealized foreign exchange capital gain or (loss).....			
38.	Change in net deferred income tax.....	1,475,185	5,727,839	(939,663)
39.	Change in nonadmitted assets.....	(2,776,816)	(2,669,455)	(4,143,325)
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.....			(45,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47).....	64,974,860	11,871,496	(5,415,814)
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	294,443,652	246,756,102	229,468,792

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.....	1,219,219,606	1,172,657,823	2,357,106,926
2. Net investment income.....	3,883,661	2,091,764	5,008,400
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	1,223,103,267	1,174,749,587	2,362,115,326
5. Benefit and loss related payments.....	944,502,093	957,648,130	1,902,226,900
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	169,417,014	223,749,979	422,197,018
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.0 tax on capital gains (losses).....	22,614,638	14,041,000	30,353,245
10. Total (Lines 5 through 9).....	1,136,533,745	1,195,439,109	2,354,777,163
11. Net cash from operations (Line 4 minus Line 10).....	86,569,522	(20,689,522)	7,338,163
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	7,075,000	37,457,818	65,491,178
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.....			(438)
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	7,075,000	37,457,818	65,490,740
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		27,528,607	60,994,692
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).....	0	27,528,607	60,994,692
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).....	7,075,000	9,929,211	4,496,048
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.....			45,000,000
16.6 Other cash provided (applied).....	(3,232,232)	2,437,026	4,671,881
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(3,232,232)	2,437,026	(40,328,119)
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).....	90,412,290	(8,323,285)	(28,493,907)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	278,933,466	307,427,373	307,427,373
19.2 End of period (Line 18 plus Line 19.1).....	369,345,756	299,104,088	278,933,466

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

20.0001			
---------	--	--	--

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.....	326,597	17,208						13,342	296,047	
2. First Quarter.....	328,476	21,428						13,702	293,346	
3. Second Quarter.....	320,108	19,584						13,760	286,764	
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	2,017,365	124,041						81,431	1,811,893	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	766,287	38,417						47,951	679,919	
8. Non-Physician.....	2,328,504	55,375						101,293	2,171,836	
9. Total.....	3,094,791	93,792	0	0	0	0	0	149,244	2,851,755	0
10. Hospital Patient Days Incurred.....	490,879	4,325						83,823	402,731	
11. Number of Inpatient Admissions.....	40,115	873						6,933	32,309	
12. Health Premiums Written (a).....	1,259,334,425	58,053,267						128,509,580	1,072,771,578	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,259,426,731	58,053,267						128,548,286	1,072,825,178	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	945,966,426	37,730,108						105,532,010	802,704,308	
18. Amount Incurred for Provision of Health Care Services.....	959,654,354	38,078,331						107,626,205	813,949,818	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.128,509,580.

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.....	18,497,272					18,497,272
0199999. Individually Listed Claims Unpaid.....	18,497,272	0	0	0	0	18,497,272
0399999. Aggregate Accounts Not Individually Listed-Covered.....	22,324,665					22,324,665
0499999. Subtotals.....	40,821,937	0	0	0	0	40,821,937
0599999. Unreported Claims and Other Claim Reserves.....						175,558,218
0799999. Total Claims Unpaid.....						216,380,155
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						455,740

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).....	6,282,437	31,447,656	1,091,066	10,991,350	7,373,503	11,706,097
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....	11,110,385	94,400,965	1,459,362	28,452,593	12,569,747	25,620,506
7. Title XIX - Medicaid.....	112,307,311	688,250,485	7,263,003	167,122,781	119,570,314	155,326,751
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	129,700,133	814,099,106	9,813,431	206,566,724	139,513,564	192,653,354
10. Healthcare receivables (a).....	4,671,115	50,659,234		2,244,614	4,671,115	47,100,995
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	910,043			455,740	910,043	930,688
13. Totals (Lines 9-10+11+12).....	125,939,061	763,439,872	9,813,431	204,777,850	135,752,492	146,483,047

(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, 2017. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2017 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 #	2018	2017
NET INCOME					
(1) Molina Healthcare of Ohio, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 66,276,491	\$ 44,667,174
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 66,276,491	\$ 44,667,174
SURPLUS					
(5) Molina Healthcare of Ohio, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 294,443,652	\$ 229,468,792
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 294,443,652	\$ 229,468,792

B. Use of Estimates in the Preparation of the Financial Statements: No significant change.

C. Accounting Policy

(1) – (5) No significant changes.

(6) Basis for Loan-Backed Securities and Adjustment Methodology:

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 June 30, 2018, the Plan’s long-term investments include auction rate securities.

(1) Description of Sources Used to Determined Prepayment Assumptions: Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

(2), (3) Recognized other-than-temporary impairment ("OTTI") securities: None.

NOTES TO FINANCIAL STATEMENTS

(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	\$ 12,500
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$
	2. 12 Months or Longer	\$ 987,500

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: 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 June 30, 2018.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- H. Repurchase Agreements Transactions Accounted for as a Sale: None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.
- J. Real Estate: None.
- K. Investments in Low-Income Tax Credits (LIHTC): None.
- L. Restricted Assets: No significant change.
- M. Working Capital Finance Investments: None.
- N. Offsetting and Netting of Assets and Liabilities: None.
- O. Structured Notes: None.
- P. 5* Securities: None.
- Q. Short Sales: None.
- R. 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

- A. – G. None.
- H. Total Premium Costs for Contracts: 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 June 30, 2018.
- D. – N. No significant change.

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.

NOTES TO FINANCIAL STATEMENTS

- H. Postemployment Benefits and Compensated Absenses: No significant change.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None.

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

- (1) – (3) No significant changes.
- (4) Dividends paid by the Plan to Molina during the period ended June 30, 2018 were as follows: None.
- (5) – (8) No significant changes.
- (9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2017 represented the Plan's estimated health insurer fee for 2018. Due to the moratorium on the health insurer fee for the 2019 calendar year, the Plan did not reclassify amounts to special surplus at June 30, 2018.
- (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. Fair Value Measurements
- (1) Fair Value Measurements at Reporting Date: The Plan's assets measured and reported at fair value on a recurring basis are listed in the table below. The Plan receives monthly statements from investment brokers that provide market pricing. There were no transfers between Level 1 and Level 2 of the fair value hierarchy.
- | | Level 1 | Level 2 | Level 3 | Total | Net Asset Value (NAV) Included in Level 2 |
|-----------------------|----------------|---------|---------|----------------|---|
| Assets at Fair Value | | | | | |
| Exempt MM mutual fund | \$ 179,024,133 | \$ - | \$ - | \$ 179,024,133 | \$ - |
| Total | \$ 179,024,133 | \$ - | \$ - | \$ 179,024,133 | \$ - |
- (2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy: None.
- (3) Policies for Determining when Transfers Between Levels are Recognized: The actual date of the event or change in circumstances that caused the transfer.
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: None.
- (5) Derivative Assets and Liabilities: None.
- B. Fair Value Reporting under Statement of Statutory Accounting Principles ("SSAP") No. 100, *Fair Value Measurements*, and Other Accounting Pronouncements: In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

NOTES TO FINANCIAL STATEMENTS

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of June 30, 2018 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)	Net Asset Value (NAV) Included in Level 2
Open depositories	\$ 23,249,575	\$ 23,249,575	\$ 23,249,575	\$ -	\$ -	\$ -	\$ -
Indust. & misc.	\$ 184,131,976	\$ 185,097,577	\$ -	\$ 184,131,976	\$ -	\$ -	\$ -
Political subdivision	\$ 5,883,620	\$ 6,013,957	\$ -	\$ 5,883,620	\$ -	\$ -	\$ -
Special rev. / assess. oblig.	\$ 32,496,291	\$ 32,875,605	\$ 19,730,770	\$ 11,778,021	\$ 987,500	\$ -	\$ -
States, terr. & poss.	\$ 6,310,320	\$ 6,588,635	\$ -	\$ 6,310,320	\$ -	\$ -	\$ -
US government	\$ 40,878,889	\$ 40,879,982	\$ 40,878,889	\$ -	\$ -	\$ -	\$ -
Exempt MM mutual fund	\$ 179,024,133	\$ 179,024,133	\$ 179,024,133	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 471,974,804	\$ 473,729,464	\$ 262,883,367	\$ 208,103,937	\$ 987,500	\$ -	\$ -

D. Not Practicable to Estimate Fair Value: None.

Note 21 – Other Items

A. – B. No significant change.

C. Other Disclosures and Unusual Items:

In July 2018, the Ohio Medicaid agency submitted a request to Centers for Medicare and Medicaid Services (“CMS”) for a three-year extension of the MyCare Ohio Duals Demonstration program, through December 31, 2022. The current authority for the program ends December 31, 2019. The Plan estimates annualized premium revenues of approximately \$680.0 million in 2018 under the Ohio Medicare-Medicaid Plan program.

D. – H. No significant change.

Note 22 – Events Subsequent

Subsequent events were considered through August 15, 2018, 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 2017 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 \$0.4 million and \$0.6 million as of June 30, 2018 and December 31, 2017, respectively, relating to its contacts with CMS. The Plan had net premiums written relating to Medicare of \$128.5 million and \$124.9 million for the periods ended June 30, 2018 and 2017, respectively, representing 10.2% and 10.5% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of \$1.5 million and \$2.2 million as of June 30, 2018 and December 31, 2017, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of \$57.9 million and \$44.5 million for the periods ended June 30, 2018 and 2017, respectively, representing 4.6% and 3.8% of the total net premiums written, respectively.

Medicaid premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of \$4.6 million and \$4.7 million as of June 30, 2018 and December 31, 2017, respectively, relating to Medicaid. The Plan had net premiums written relating to Medicaid of \$1,071.3 million and \$1,014.4 million for the periods ended June 30, 2018 and 2017, respectively, representing 85.2% and 85.7% of the total net premiums written, respectively.

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

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act: None.

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 (including high risk pool payments)	\$ 583,154
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 48,300
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 2,079,107
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (3,713,412)
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (17,369)
b. Transitional ACA Reinsurance Program	AMOUNT
Assets	

NOTES TO FINANCIAL STATEMENTS

b. Transitional ACA Reinsurance Program		AMOUNT
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$ 7,183
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	\$
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	\$

(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		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)				Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)		9 Receivable	10 (Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 2,217,458	\$	\$	\$	\$ 2,217,458	\$	\$ (1,634,305)	\$	A	\$ 583,153	\$
2. Premium adjustments (payable) (including high risk pool premium)									B		
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 2,217,458	\$	\$	\$	\$ 2,217,458	\$	\$ (1,634,305)	\$		\$ 583,153	\$
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 214,372	\$	\$ 207,189	\$	\$ 7,183	\$	\$	\$	C	\$ 7,183	\$
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									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	\$ 214,372	\$	\$ 207,189	\$	\$ 7,183	\$	\$	\$		\$ 7,183	\$
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d. Total for ACA Risk Sharing Provisions	\$ 2,431,830	\$	\$ 207,189	\$	\$ 2,224,641	\$	\$ (1,634,305)	\$		\$ 590,336	\$

Explanations of Adjustments

NOTES TO FINANCIAL STATEMENTS

- A. Adjusted to reflect the final settlement amount communicated by CMS in July 2018
- (4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None.
- (5) ACA Risk Corridors Receivable as of Reporting Date: The Plan had no ACA risk corridor receivables for the periods from 2014 to 2016.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

- A. 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 current period is summarized below:

	Year ended 6/30/2018
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 196,337,081
Add provision for claims, net of reinsurance:	
Current year	970,863,641
Prior years	(13,376,474)
Net incurred claims during the current year	957,487,167
Deduct paid claims, net of reinsurance:	
Current year	814,801,960
Prior years	129,700,133
Net paid claims during the current year	944,502,093
Change in claims adjustment expenses	62,952
Change in health care receivables	10,473,968
Change in amounts due from reinsurers	(207,189)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 219,651,886

- B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid Claim adjustment expenses in 2018.

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

No significant change.

Note 29 – Participating Policies

None.

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒ X]

1.2

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

Yes [☐] No [☐]

2.1

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

Yes [☐] No [☒ X]

2.2

If yes, date of change:

3.1

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

Yes [☒ X] No [☐]

3.2

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

Yes [☐] No [☒ X]

3.3

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

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☒ X] No [☐]

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

1179929

4.1

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

Yes [☐] No [☒ X]

4.2

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

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

5.

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

Yes [☐] No [☒ X] 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 [☒ X]

6.6

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

Yes [☐] No [☐] N/A [☒ X]

7.1

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

Yes [☐] No [☒ X]

7.2

If yes, give full information:

8.1

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

Yes [☐] No [☒ X]

8.2

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

8.3

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

Yes [☐] No [☒ X]

8.4

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

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

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [☒ X] No [☐]

(a)

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

(b)

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

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

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

(e)

Accountability for adherence to the code.

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒ X]

9.21

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

9.3

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

Yes [☐] No [☒ X]

9.31

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

Q11

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

FINANCIAL

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

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

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

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

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

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Morgan Stanley	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No []

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

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5*GI securities?
- Yes[] No[X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		78.6 %
1.2	A&H cost containment percent		2.5 %
1.3	A&H expense percent excluding cost containment expenses		14.2 %
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
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes []	No [X]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?.....	Yes []	No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
A&H Non-Affiliates								
23680.....	47-0698507	01/01/2018	Odyssey Reinsurance Company	CT.....	SSL/A/I.....	Authorized.....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1	Direct Business Only							
	Active Status (a)	2	3	4	5	6	7	8	9
		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	58,053,267	128,509,580	1,072,771,578				1,259,334,425	
37. Oklahoma.....OK	N							0	
38. Oregon.....OR	N							0	
39. Pennsylvania.....PA	N							0	
40. Rhode Island.....RI	N							0	
41. South Carolina.....SC	N							0	
42. South Dakota.....SD	N							0	
43. Tennessee.....TN	N							0	
44. Texas.....TX	N							0	
45. Utah.....UT	N							0	
46. Vermont.....VT	N							0	
47. Virginia.....VA	N							0	
48. Washington.....WA	N							0	
49. West Virginia.....WV	N							0	
50. Wisconsin.....WI	N							0	
51. Wyoming.....WY	N							0	
52. American Samoa.....AS	N							0	
53. Guam.....GU	N							0	
54. Puerto Rico.....PR	N							0	
55. U.S. Virgin Islands.....VI	N							0	
56. Northern Mariana Islands.....MP	N							0	
57. Canada.....CAN	N							0	
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX	58,053,267	128,509,580	1,072,771,578	0	0	0	1,259,334,425	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61. Total (Direct Business).....	XXX	58,053,267	128,509,580	1,072,771,578	0	0	0	1,259,334,425	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

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	56

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	27-1603200	Molina Healthcare of New York, Inc.
I-00000	NY	47-3580625	Molina Holdings Corporation
I-00000	CA	46-2821516	Molina Hospital Management, LLC
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
I-00000	DE	58-2478281	AmericanWork, Inc.

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

PART 1 – ORGANIZATIONAL CHART

Q15.1

| -00000	IL	36-3465604	Camelot Care Centers, 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	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.
| -000000	PA	25-1470445	Raystown Developmental Services, Inc.
| -00000	GA	58-1923779	Transitional Family Services, Inc
I-00000	CA	46-5098489	Molina Youth Academy
| -00000	DE	62-1651095	Pathways Community Corrections, LLC

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
1531.....	Molina Healthcare, Inc.....	00000...	13-4204626..	.....	1179929	New York Stock Exchange	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	81-2824030..	.....	.....	.....	Molina Clinical Services, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	30-0876771..	.....	.....	.....	Molina Healthcare of Arizona, Inc.....	AZ.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	33-0342719..	.....	.....	.....	Molina Healthcare of California.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	20-2714545..	.....	.....	.....	Molina Healthcare of California Partner Plan, Inc.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	45-2634351..	.....	.....	.....	Molina Healthcare Data Center, Inc.....	NM.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	13128...	26-0155137..	.....	.....	.....	Molina Healthcare of Florida, Inc.....	FL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	15714...	80-0800257..	.....	.....	.....	Molina Healthcare of Georgia, Inc.....	GA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	14104...	27-1823188..	.....	.....	.....	Molina Healthcare of Illinois, Inc.....	IL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	47-3920055..	.....	.....	.....	Molina Healthcare of Iowa, Inc.....	IA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	81-4229476..	.....	.....	.....	Molina Healthcare of Louisiana, Inc.....	LA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	46-0598968..	.....	.....	.....	Molina Healthcare of Maryland, Inc.....	MD.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	52630...	38-3341599..	.....	.....	.....	Molina Healthcare of Michigan, Inc.....	MI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	26-4390042..	.....	.....	.....	Molina Healthcare of Mississippi, Inc.....	MS.....	IA.....	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
1531.....	Molina Healthcare, Inc.....	00000...	47-2296708	.....	.....	.....	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 Health and Community Support, LLC.....	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...	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.....	.....
1531.....	Molina Healthcare, Inc.....	00000...	62-1651095..	.....	.....	.....	Pathways Community Corrections, LLC.....	DE.....	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?	<u>SEE EXPLANATION</u>

Explanation:

- 1. This line of business is not written by the Plan.

Bar Code:



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

NONE

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

NONE

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

NONE

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.....	117,798,396	117,200,211
2. Cost of bonds and stocks acquired.....		60,994,692
3. Accrual of discount.....	76,105	136,621
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		88,100
6. Deduct consideration for bonds and stocks disposed of.....	7,075,000	65,491,178
7. Deduct amortization of premium.....	415,793	1,130,050
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	104,383,708	111,798,396
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	104,383,708	111,798,396

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).....	207,632,418	206,469,195	237,535,000	234,835	207,632,418	176,801,448		155,823,548
2. NAIC 2 (a).....	90,023,507	362,319,583	357,914,000	225,218	90,023,507	94,654,308		87,618,249
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	297,655,925	568,788,778	595,449,000	460,053	297,655,925	271,455,756	0	243,441,797
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.....	297,655,925	568,788,778	595,449,000	460,053	297,655,925	271,455,756	0	243,441,797

(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 \$.....102,367,165; NAIC 2 \$.....64,704,883; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

QSI02

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.....	15,260,598	XXX.....	15,316,200	150,825	13,658

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.....	40,814,267	210,067,289
2. Cost of short-term investments acquired.....	4,123,555	51,514,346
3. Accrual of discount.....	42,988	15,722
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	29,670,000	220,727,289
7. Deduct amortization of premium.....	50,211	55,801
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).....	15,260,598	40,814,267
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	15,260,598	40,814,267

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 - PART 2 - VERIFICATION

Cash Equivalents

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	206,311,964	82,979,273
2. Cost of cash equivalents acquired.....	2,059,692,728	3,994,431,833
3. Accrual of discount.....	1,067,028	973,917
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		(438)
6. Deduct consideration received on disposals.....	1,936,232,603	3,872,057,227
7. Deduct amortization of premium.....	3,533	15,394
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).....	330,835,583	206,311,964
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	330,835,583	206,311,964

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

Sch. D - Pt. 3
NONE

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. Political Subdivisions of States																						
100853	LR	9		04/01/2018.	Maturity @ 100.00.....		2,080,000	2,080,000	2,356,120	2,094,063	.....	.....(14,063)	.....	.....(14,063)	.....	.....2,080,000	.....	.....	.....0	40,560	04/01/2018.	1FE.....
2499999.	Total - Bonds - U.S. Political Subdivisions of States.....						2,080,000	2,080,000	2,356,120	2,094,063	0	(14,063)	0	(14,063)	0	2,080,000	0	0	0	40,560	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																						
683042	AB	1		05/15/2018.	Maturity @ 100.00.....		750,000	750,000	750,000	750,000	.....	.....	.....	.....0	.....	.....750,000	.....	.....	.....0	5,839	05/15/2018.	1FE.....
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments.....						750,000	750,000	750,000	750,000	0	0	0	0	0	750,000	0	0	0	5,839	XXX	XXX
8399997.	Total - Bonds - Part 4.....						2,830,000	2,830,000	3,106,120	2,844,063	0	(14,063)	0	(14,063)	0	2,830,000	0	0	0	46,399	XXX	XXX
8399999.	Total - Bonds.....						2,830,000	2,830,000	3,106,120	2,844,063	0	(14,063)	0	(14,063)	0	2,830,000	0	0	0	46,399	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....						2,830,000	XXX	3,106,120	2,844,063	0	(14,063)	0	(14,063)	0	2,830,000	0	0	0	46,399	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.....					(1,008,563)	(777,508)	(686,275)	XXX
US Bank..... St. Paul, MN.....					35,820,738	9,336,113	22,800,582	XXX
JP Morgan Chase..... Columbus, OH.....					14,364,792	12,749,431	12,512,910	XXX
JP Morgan Chase..... Columbus, OH.....					1,021,659	1,254,561	1,245,929	XXX
JP Morgan Chase..... Columbus, OH.....					29,287,424	32,888,708	11,429,545	XXX
JP Morgan Chase..... Columbus, OH.....					18,241	16,032	16,768	XXX
US Bank..... St. Paul, MN.....					(23,649,001)	(14,859,210)	(24,086,776)	XXX
US Bank..... St. Paul, MN.....					(19,071)	(26,111)	(21,174)	XXX
Salomon Smith Barney..... San Francisco, CA.....						-	38,066	XXX
0199998. Deposits in.....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX			(2)			XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	55,836,217	40,582,016	23,249,575	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	55,836,217	40,582,016	23,249,575	XXX
0599999. Total Cash.....	XXX	XXX	0	0	55,836,217	40,582,016	23,249,575	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
U.S. Government Bonds - Issuer Obligations								
	UNITED STATES TREASURY		06/21/2018.....		07/19/2018.....	29,973,200		28,014
	UNITED STATES TREASURY		05/24/2018.....		07/26/2018.....	9,987,708		18,192
0199999.	U.S. Government Bonds - Issuer Obligations.....					39,960,908	0	46,206
0599999.	Total - U.S. Government Bonds.....					39,960,908	0	46,206
Bonds - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivision - Issuer Obligations								
	FEDERAL HOME LOAN BANKS.....		06/25/2018.....		07/24/2018.....	6,991,613		2,186
2599999.	U.S. Special Revenue & Special Assessment Obligations - Issuer Obligations.....					6,991,613	0	2,186
3199999.	Total - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations.....					6,991,613	0	2,186
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations								
QE13	Anheuser-Busch InBev Worldwide Inc.....		06/19/2018.....		07/13/2018.....	4,996,333		3,667
	Atmos Energy Corporation.....		06/21/2018.....		07/20/2018.....	4,994,775		2,475
	AutoZone, Inc.....		06/25/2018.....		07/20/2018.....	4,994,063		1,875
	Brown-Forman Corporation.....		06/26/2018.....		07/25/2018.....	4,992,900		1,183
	Cummins Inc.....		06/26/2018.....		07/24/2018.....	4,993,547		1,122
	Duke Energy Corporation.....		06/28/2018.....		07/25/2018.....	4,992,400		950
	Exxon Mobil Corporation.....		06/26/2018.....		07/23/2018.....	4,994,133		1,067
	TechnipFMC PLC.....		06/06/2018.....		07/03/2018.....	4,999,381		7,743
	General Electric Company.....		06/19/2018.....		09/17/2018.....	497,638		363
	General Mills, Inc.....		06/25/2018.....		07/25/2018.....	4,349,553		1,612
	Guadalupe Valley Electric Cooperative, I.....		06/21/2018.....		07/27/2018.....	2,196,425		1,238
	International Paper Company.....		06/27/2018.....		07/20/2018.....	4,993,931		1,278
	Komatsu Finance America Inc.....		06/25/2018.....		07/25/2018.....	4,993,167		1,708
	The Estee Lauder Companies Inc.....		06/19/2018.....		07/13/2018.....	7,495,125		4,875
	Medtronic Global Holdings S.C.A.....		06/26/2018.....		07/23/2018.....	4,993,736		1,139
	NetApp, Inc.....		06/19/2018.....		07/13/2018.....	7,494,500		5,500
	Northwest Natural Gas Company.....		06/27/2018.....		07/05/2018.....	4,998,767		1,233
	Novartis Finance Corporation.....		06/08/2018.....		07/03/2018.....	4,999,469		6,101
	PACCAR Financial Corp.....		06/11/2018.....		07/03/2018.....	4,999,461		5,389
	Roche Holdings, Inc.....		06/08/2018.....		07/03/2018.....	4,999,486		5,910
	Tyson Foods, Inc.....		06/28/2018.....		07/20/2018.....	4,994,142		925
	Tyson Foods, Inc.....		06/25/2018.....		07/23/2018.....	2,496,608		925
	V.F. Corporation.....		06/26/2018.....		07/26/2018.....	399,389		122
3299999.	Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations.....					104,858,929	0	58,400
3899999.	Total - Industrial & Miscellaneous (Unaffiliated).....					104,858,929	0	58,400
Total Bonds								
7799999.	Subtotals - Issuer Obligations.....					151,811,450	0	106,792
8399999.	Subtotals - Bonds.....					151,811,450	0	106,792
Exempt Money Market Mutual Funds as Identified by the SVO								
09248U 71 8	BLKRR LQ:T-FUND;INSTL.....		06/29/2018.....	1.810		105,169,780		20,913
38141W 27 3	GOLDMAN:FS GOVT;INST.....		06/29/2018.....	1.850		73,854,353	69,134	
8599999.	Total - Exempt Money Market Mutual Funds as Identified by the SVO.....					179,024,133	69,134	20,913
8899999.	Total - Cash Equivalents.....					330,835,583	69,134	127,705