



ANNUAL STATEMENT

For the Year Ended December 31, 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	Chief Financial Officer
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Ami Lee ColeMark 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)

Chief Financial Officer

(Title)

(Signature)

Jeffrey Don Barlow

3. (Printed Name)

Secretary

(Title)

Subscribed and sworn to before me

This day of 2019

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals.....	78,764					78,764
0499999. Premiums due and unpaid from Medicaid entities.....	73,946,549	2,909,526	1,255,148	679,763		78,790,986
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	74,025,313	2,909,526	1,255,148	679,763	0	78,869,750

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
CVS Caremark Corporation.....	3,226,298	3,226,298	3,226,298	11,356,814	11,356,814	9,678,894
0199999. Total Pharmaceutical Rebate Receivables.....	3,226,298	3,226,298	3,226,298	11,356,814	11,356,814	9,678,894
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually.....	433,145	1,403,047	948,106	2,145,248	4,809,991	119,555
0299999. Total Claim Overpayment Receivables.....	433,145	1,403,047	948,106	2,145,248	4,809,991	119,555
Capitation Arrangement Receivables						
Partners for Kids.....	17,148,345	11,351,303		5,050,162		33,549,810
0499998. Capitation Arrangement Receivables Not Listed Individually.....	719,518	4,481,595		9,483,709	14,684,822	0
0499999. Total Capital Arrangement Receivables.....	17,867,863	15,832,898	0	14,533,871	14,684,822	33,549,810
Other Receivables						
0699998. Other Receivables Not Listed Individually.....	74,941				74,941	0
0699999. Total Other Receivables.....	74,941	0	0	0	74,941	0
0799999. Gross Health Care Receivables.....	21,602,247	20,462,243	4,174,404	28,035,933	30,926,568	43,348,259

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables.....	17,765,454	15,167,820	541,121	20,494,587	18,306,575	18,226,115
2. Claim overpayment receivables.....	2,929,450	2,660,512		4,929,546	2,929,450	5,323,305
3. Loans and advances to providers.....					0	
4. Capitation arrangement receivables.....	19,166,164	99,513,232	5,050,162	43,184,470	24,216,326	23,551,575
5. Risk sharing receivables.....					0	
6. Other health care receivables.....				74,941	0	
7. Totals (Lines 1 through 6).....	39,861,068	117,341,564	5,591,283	68,683,544	45,452,351	47,100,995

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

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
CVS Caremark Corporation.....	17,843,610					17,843,610
0199999. Individually listed claims unpaid.....	17,843,610	0	0	0	0	17,843,610
0399999. Aggregate accounts not individually listed - covered.....	27,417,527	1,787,238	360,612		185,850	29,751,227
0499999. Subtotals.....	45,261,137	1,787,238	360,612	0	185,850	47,594,837
0599999. Unreported claim and other claim reserves.....						210,355,072
0799999. Total claims unpaid.....						257,949,909
0899999. Accrued medical incentive pool and bonus amounts.....						1,636,232

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molina Healthcare, Inc.....	Misc Charges.....	3,532,549	3,532,549	
0199999. Individually listed payables.....		3,532,549	3,532,549	0
0399999. Total gross payables.....		3,532,549	3,532,549	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	239,168,966	11.9	301,811	100.0		239,168,966
2. Intermediaries.....	46,773,750	2.3	290,437	96.2		46,773,750
3. All other providers.....	89,765,707	4.5	301,811	100.0		89,765,707
4. Total capitation payments.....	375,708,423	18.8	894,059	296.2	0	375,708,423
Other Payments:						
5. Fee-for-service.....	87,791,457	4.4	XXX	XXX		87,791,457
6. Contractual fee payments.....	1,537,976,267	76.8	XXX	XXX		1,537,976,267
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	XXX	XXX		
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	0	0.0	XXX	XXX		
12. Total other payments.....	1,625,767,724	81.2	XXX	XXX	0	1,625,767,724
13. Total (Line 4 plus Line 12).....	2,001,476,147	100.0	XXX	XXX	0	2,001,476,147

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
.....	March Vision.....	6,340,862	528,405		
.....	Scion.....	29,755,747	2,479,646		
.....	Secure.....	10,677,141	889,762		
9999999. Totals.....		46,773,750	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....	2,101,661		1,579,450	522,211	522,211	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....	4,487,487		2,277,196	2,210,291	2,210,291	.0
6. Total.....	6,589,148	.0	3,856,646	2,732,502	2,732,502	.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....1531

NAIC Company Code.....12334

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	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.....	315,449	18,403						13,881	283,165	
5. Current year.....	301,811	17,047						14,149	270,615	
6. Current year member months.....	3,976,327	232,365						166,085	3,577,877	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	1,644,131	75,012						114,887	1,454,232	
8. Non-physician.....	5,481,503	110,501						272,534	5,098,468	
9. Totals.....	7,125,634	185,513	0	0	0	0	0	387,421	6,552,700	0
10. Hospital patient days incurred.....	1,227,674	6,644						163,472	1,057,558	
11. Number of inpatient admissions.....	70,771	1,219						14,130	55,422	
12. Health premiums written (b).....	2,590,552,411	112,811,849						272,470,268	2,205,270,294	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,597,211,952	112,811,849						274,474,741	2,209,925,362	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	2,001,476,147	77,900,021						211,147,067	1,712,429,059	
18. Amount incurred for provision of health care services.....	2,042,503,895	74,861,130						214,141,003	1,753,501,762	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....272,470,268



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

NAIC Group Code.....1531

NAIC Company Code.....12334

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	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.....	315,449	18,403						13,881	283,165	
5. Current year.....	301,811	17,047						14,149	270,615	
6. Current year member months.....	3,976,327	232,365						166,085	3,577,877	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	1,644,131	75,012						114,887	1,454,232	
8. Non-physician.....	5,481,503	110,501						272,534	5,098,468	
9. Totals.....	7,125,634	185,513	0	0	0	0	0	387,421	6,552,700	0
10. Hospital patient days incurred.....	1,227,674	6,644						163,472	1,057,558	
11. Number of inpatient admissions.....	70,771	1,219						14,130	55,422	
12. Health premiums written (b).....	2,590,552,411	112,811,849						272,470,268	2,205,270,294	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,597,211,952	112,811,849						274,474,741	2,209,925,362	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	2,001,476,147	77,900,021						211,147,067	1,712,429,059	
18. Amount incurred for provision of health care services.....	2,042,503,895	74,861,130						214,141,003	1,753,501,762	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......272,470,268

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
23680.....	47-0698507....	01/01/2018	Odyssey Reinsurance Company.....	CT.....	2,084,644	.....
00000.....	AA-9990032...	01/01/2014	U.S. Department of Health and Human Services.....	DC.....	7,183	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				2,091,827	0
2199999.	Total - Accident and Health Non-Affiliates.....				2,091,827	0
2299999.	Total - Accident and Health.....				2,091,827	0
2399999.	Total U.S.....				2,091,827	0
9999999.	Total.....				2,091,827	0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
23680.....	47-0698507....	.01/01/2018	Odyssey Reinsurance Company.....	CT.....	SSL/I.....	CMM.....	195,781	.....	.....	.....	.....	.....	.....
23680.....	47-0698507....	.01/01/2018	Odyssey Reinsurance Company.....	CT.....	SSL/I.....	MR.....	78,795	.....	.....	.....	.....	.....	.....
23680.....	47-0698507....	.01/01/2018	Odyssey Reinsurance Company.....	CT.....	SSL/I.....	MC.....	3,900,417	.....	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						4,174,993	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						4,174,993	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						4,174,993	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						4,174,993	0	0	0	0	0	0
6999999.	Total - U.S.....						4,174,993	0	0	0	0	0	0
9999999.	Total.....						4,174,993	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums.....	196	85	249	76	7
2. Title XVIII - Medicare.....	79	106	91	2	3
3. Title XIX - Medicaid.....	3,900	2,530	2,403	2,644	4,963
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	2,092	214	1,339	2,216	274
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	460,464,713		460,464,713
2. Accident and health premiums due and unpaid (Line 15).....	85,325,774		85,325,774
3. Amounts recoverable from reinsurers (Line 16.1).....	2,091,827	(2,091,827)	0
4. Net credit for ceded reinsurance.....	XXX	2,091,827	2,091,827
5. All other admitted assets (balance).....	61,223,076		61,223,076
6. Totals assets (Line 28).....	609,105,390	0	609,105,390
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	257,949,909		257,949,909
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,636,232		1,636,232
9. Premiums received in advance (Line 8).....	2,871,874		2,871,874
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	68,727,024		68,727,024
15. Total liabilities (Line 24).....	331,185,039	0	331,185,039
16. Total capital and surplus (Line 33).....	277,920,351	XXX	277,920,351
17. Total liabilities, capital and surplus (Line 34).....	609,105,390	0	609,105,390
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	2,091,827		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	2,091,827		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	2,091,827		

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

Allocated by States and Territories

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

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
1531.....	Molina Healthcare, Inc.....	00000.....	13-4204626.....		1179929	New York Stock Exchange	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	00000.....	81-2824030.....				Molina Clinical Services, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	00000.....	45-2634351.....				Molina Healthcare Data Center, LLC.....	NM.....	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.....	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.....	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.....	16301.....	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.....	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.....	46-4148278.....				Molina Healthcare of North Carolina, Inc.....	NC.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	12334.....	20-0750134.....				Molina Healthcare of Ohio, Inc.....	OH.....	RE.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	00000.....	81-0864563.....				Molina Healthcare of Oklahoma, Inc.....	OK.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	00000.....	81-0855820.....				Molina Healthcare of Pennsylvania, Inc.....	PA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	15600.....	66-0817946.....				Molina Healthcare of Puerto Rico, Inc.....	PR.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	15329.....	46-2992125.....				Molina Healthcare of South Carolina, LLC.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	10757.....	20-1494502.....				Molina Healthcare of Texas, Inc.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	13778.....	27-0522725.....				Molina Healthcare of Texas Insurance Company.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	95502.....	33-0617992.....				Molina Healthcare of Utah, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	15133.....	26-1769086.....				Molina Healthcare of Virginia, Inc.....	VA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	96270.....	91-1284790.....				Molina Healthcare of Washington, Inc.....	WA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	12007.....	20-0813104.....				Molina Healthcare of Wisconsin, Inc.....	WI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N....	
1531.....	Molina Healthcare, Inc.....	00000.....	47-3580625.....				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.....	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.....	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.....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	13-4204626.....	Molina Healthcare, Inc.....	248,000,000	(16,286,324)	.....	.....	.....1,357,440,038	.....	.....	.....	.....1,589,153,714	.....
00000.....	33-0342719.....	Molina Healthcare of California.....	(50,000,000)	.....	.....	.....	.....1,334,666,312	.....	.....	.....	.....1,284,666,312	.....
00000.....	20-2714545.....	Molina Healthcare of California Partner Plan, Inc.....	.....	.....	.....	.....	.....(1,502,353,279)	.....	.....	.....	.....(1,502,353,279)	.....
00000.....	45-2634351.....	Molina Healthcare Data Center, Inc.....	.....	.....	.....	.....	.....5,569,491	.....	.....	.....	.....5,569,491	.....
13128.....	26-0155137.....	Molina Healthcare of Florida, Inc.....	.....	.....	.....	.....	.....(151,196,778)	.....	.....	.....	.....(151,196,778)	.....
14104.....	27-1823188.....	Molina Healthcare of Illinois, Inc.....	.....	.....	.....	.....	.....(72,690,380)	.....	.....	.....	.....(72,690,380)	.....
52630.....	38-3341599.....	Molina Healthcare of Michigan, Inc.....	(33,000,000)	.....	.....	.....	.....(147,848,985)	.....	.....	.....	.....(180,848,985)	.....
95739.....	85-0408506.....	Molina Healthcare of New Mexico, Inc.....	.....	.....37,000,000	.....	.....	.....(104,790,724)	.....	.....	.....	.....(67,790,724)	.....
12334.....	20-0750134.....	Molina Healthcare of Ohio, Inc.....	(60,000,000)	.....	.....	.....	.....(188,136,769)	.....	.....	.....	.....(248,136,769)	.....
15600.....	66-0817946.....	Molina Healthcare of Puerto Rico, Inc.....	.....	.....	.....	.....	.....(3,881,265)	.....	.....	.....	.....(3,881,265)	.....
15329.....	46-2992125.....	Molina Healthcare of South Carolina, LLC.....	.....	.....	.....	.....	.....(35,704,911)	.....	.....	.....	.....(35,704,911)	.....
10757.....	20-1494502.....	Molina Healthcare of Texas, Inc.....	(25,000,000)	.....	.....	.....	.....(247,408,129)	3,438,330	.....	.....	.....(268,969,799)	(1,665,518)
13778.....	27-0522725.....	Molina Healthcare of Texas Insurance Company.....	.....	.....	.....	.....	.....4,511,621	(3,438,330)	.....	.....	.....1,073,291	1,665,518
95502.....	33-0617992.....	Molina Healthcare of Utah, Inc.....	(40,000,000)	.....	.....	.....	.....(40,840,866)	.....	.....	.....	.....(80,840,866)	.....
15133.....	26-1769086.....	Molina Healthcare of Virginia, Inc.....	.....	.....	.....	.....	.....(10,881)	.....	.....	.....	.....(10,881)	.....
96270.....	91-1284790.....	Molina Healthcare of Washington, Inc.....	(30,000,000)	.....	.....	.....	.....(175,654,260)	.....	.....	.....	.....(205,654,260)	.....
12007.....	20-0813104.....	Molina Healthcare of Wisconsin, Inc.....	.....	.....(50,000,000)	.....	.....	.....(21,212,436)	.....	.....	.....	.....(71,212,436)	.....
15714.....	80-0800257.....	Molina Healthcare of Georgia, Inc.....	.....	.....	.....	.....	.....181	.....	.....	.....	.....181	.....
00000.....	46-0598968.....	Molina Healthcare of Maryland, Inc.....	.....	.....	.....	.....	.....528	.....	.....	.....	.....528	.....
00000.....	27-1603200.....	Molina Healthcare of New York, Inc.....	.....	.....	.....	.....	.....(16,278,762)	.....	.....	.....	.....(16,278,762)	.....
12905.....	20-3567602.....	Molina Healthcare of Nevada, Inc.....	.....	.....(1,197)	.....	.....	.....206	.....	.....	.....	.....(991)	.....
00000.....	81-4229476.....	Molina Healthcare of Louisiana, Inc.....	.....	.....(2,993)	.....	.....	.....	.....	.....	.....	.....(2,993)	.....
00000.....	81-0855820.....	Molina Healthcare of Pennsylvania, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
00000.....	81-2824030.....	Molina Clinical Services, LLC.....	.....	.....	.....	.....	.....30,837,197	.....	.....	.....	.....30,837,197	.....
00000.....	27-1510177.....	Molina Information Systems, LLC (dba Molina Medicaid Solutions).....	(10,000,000)	.....	.....	.....	.....(4,097,656)	.....	.....	.....	.....(14,097,656)	.....
00000.....	37-1652282.....	Molina Medical Management, Inc.....	.....	.....165,000	.....	.....	.....(116,704)	.....	.....	.....	.....48,296	.....
00000.....	45-2854547.....	Molina Pathways, LLC.....	.....	.....342,785	.....	.....	.....(20,023,056)	.....	.....	.....	.....(19,680,271)	.....
00000.....	47-2296708.....	Molina Pathways of Texas, Inc.....	.....	.....782,729	.....	.....	.....(96,149)	.....	.....	.....	.....686,580	.....
16301.....	26-4390042.....	Molina Healthcare of Mississippi, Inc.....	.....	.....28,000,000	.....	.....	.....(683,584)	.....	.....	.....	.....27,316,416	.....
9999999.....	Control Totals.....	.....	.....0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

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NONE**

**Overflow Page
NONE**

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