



HEALTH QUARTERLY STATEMENT

As of March 31, 2019
of the Condition and Affairs of the

Molina Healthcare of Ohio, Inc.

NAIC Group Code.....1531, 1531
(Current Period) (Prior Period)

NAIC Company Code..... 12334

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

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized..... November 19, 2003

Commenced Business..... October 24, 2005

Statutory Home Office

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

Main Administrative Office

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

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

Mail Address

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

Primary Location of Books and Records

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

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

Internet Web Site Address

www.molinahealthcare.com

Statutory Statement Contact

Daniel Joseph Gudz
(Name)
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(E-Mail Address)

888-562-5442-210653
(Area Code) (Telephone Number) (Extension)
614-899-2376
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Ami Lee Cole	President	2. Daniel Joseph Gudz	Chief Financial Officer
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)
Chief Financial Officer

(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 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	82,978,071		82,978,071	91,275,510
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 (\$.....(19,099,564)), cash equivalents (\$.....342,575,267) and short-term investments (\$.....0).....	323,475,703		323,475,703	369,189,203
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).....	406,453,774	0	406,453,774	460,464,713
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,323,043		1,323,043	809,653
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	95,692,073		95,692,073	78,869,750
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 (\$.....1,908,569) and contracts subject to redetermination (\$.....19,503,808).....	21,412,377		21,412,377	6,456,024
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	803,074		803,074	2,091,827
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.....	7,579,647		7,579,647	8,351,053
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	9,026,636	324,187	8,702,449	8,714,111
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).....	2,518,135	2,518,135	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	2,494,956		2,494,956	
24. Health care (\$.....40,820,336) and other amounts receivable.....	70,567,996	29,747,660	40,820,336	43,348,259
25. Aggregate write-ins for other than invested assets.....	879,075	879,075	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	618,750,786	33,469,057	585,281,729	609,105,390
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	618,750,786	33,469,057	585,281,729	609,105,390

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.....	879,075	879,075	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).....	879,075	879,075	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).....	251,150,480	431,468	251,581,948	257,949,909
2. Accrued medical incentive pool and bonus amounts.....	1,774,232		1,774,232	1,636,232
3. Unpaid claims adjustment expenses.....	3,321,020	6,989	3,328,009	3,415,049
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	5,044,414		5,044,414	1,909,982
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	2,397,961		2,397,961	2,871,874
9. General expenses due or accrued.....	45,746,909		45,746,909	40,681,452
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	9,319,249		9,319,249	1,042,090
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.....			.0	3,532,549
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....			.0	
23. Aggregate write-ins for other liabilities (including \$.....13,272,987 current).....	13,272,987	.0	13,272,987	18,145,902
24. Total liabilities (Lines 1 to 23).....	332,027,252	438,457	332,465,709	331,185,039
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	12,900,000	.0
26. Common capital stock.....	XXX	XXX	1,500	1,500
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	82,888,500	82,888,500
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	.0	.0
31. Unassigned funds (surplus).....	XXX	XXX	157,026,020	195,030,351
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	252,816,020	277,920,351
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	585,281,729	609,105,390

DETAILS OF WRITE-INS

2301. Amounts due to government agencies.....	13,272,987		13,272,987	18,145,902
2302.			.0	
2303.			.0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	13,272,987	.0	13,272,987	18,145,902
2501. 2020 health insurer fee accrual estimate.....	XXX	XXX	12,900,000	
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	12,900,000	.0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	.0	.0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	929,445.....	1,021,125.....	3,976,327.....
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	667,730,654.....	655,483,706.....	2,586,377,418.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	(4,472,421).....	(3,606,487).....	6,659,541.....
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.....	663,258,233.....	651,877,219.....	2,593,036,959.....
Hospital and Medical:				
9. Hospital/medical benefits.....	.....	373,401,388.....	330,513,942.....	1,388,525,495.....
10. Other professional services.....	.....	42,606,036.....	10,215,077.....	133,371,805.....
11. Outside referrals.....	1,162,081.....	19,090,987.....	15,550,948.....	67,828,041.....
12. Emergency room and out-of-area.....	.....	34,950,429.....	29,194,390.....	130,536,894.....
13. Prescription drugs.....	.....	74,043,575.....	80,936,890.....	319,336,635.....
14. Aggregate write-ins for other hospital and medical.....	0.....	0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.....	256,600.....	431,877.....	2,905,025.....
16. Subtotal (Lines 9 to 15).....	1,162,081.....	544,349,015.....	466,843,124.....	2,042,503,895.....
Less:				
17. Net reinsurance recoveries.....	.....	298,830.....	1,463,768.....	4,251,832.....
18. Total hospital and medical (Lines 16 minus 17).....	1,162,081.....	544,050,185.....	465,379,356.....	2,038,252,063.....
19. Non-health claims (net).....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$.....19,009,476 cost containment expenses.....	.....	23,840,884.....	17,141,300.....	76,633,084.....
21. General administrative expenses.....	.....	59,571,966.....	108,420,882.....	325,069,000.....
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....	.....	.....	.....	.....
23. Total underwriting deductions (Lines 18 through 22).....	1,162,081.....	627,463,035.....	590,941,538.....	2,439,954,147.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	35,795,198.....	60,935,681.....	153,082,812.....
25. Net investment income earned.....	.....	2,619,276.....	1,542,947.....	7,833,169.....
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....	.....	.....	.....	(15,392).....
27. Net investment gains or (losses) (Lines 25 plus 26).....	0.....	2,619,276.....	1,542,947.....	7,817,777.....
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.....	337,336.....	872,004.....	2,382,448.....
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.....	38,751,810.....	63,350,632.....	163,283,037.....
31. Federal and foreign income taxes incurred.....	XXX.....	8,277,159.....	21,291,018.....	43,006,865.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	30,474,651.....	42,059,614.....	120,276,172.....

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.....	.....	337,336.....	872,004.....	2,382,448.....
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.....	337,336.....	872,004.....	2,382,448.....

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.....	277,920,351	229,468,792	229,468,792
34.	Net income or (loss) from Line 32.....	30,474,651	42,059,614	120,276,172
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.....	(193,185)	55,841	3,550,571
39.	Change in nonadmitted assets.....	1,614,203	3,830,841	(15,375,184)
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.....	(57,000,000)		(60,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47).....	(25,104,331)	45,946,296	48,451,559
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	252,816,020	275,415,088	277,920,351

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.....	630,140,716	619,637,750	2,546,204,912
2. Net investment income.....	2,204,325	1,999,966	8,663,877
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	632,345,041	621,637,716	2,554,868,789
5. Benefit and loss related payments.....	545,284,562	457,604,459	2,001,301,251
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	78,014,733	73,997,747	385,131,735
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.0 tax on capital gains (losses).....		(10,397,361)	35,372,638
10. Total (Lines 5 through 9).....	623,299,295	521,204,845	2,421,805,624
11. Net cash from operations (Line 4 minus Line 10).....	9,045,746	100,432,871	133,063,165
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	8,199,000	4,245,000	19,891,000
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.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	8,199,000	4,245,000	19,891,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
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	0	0
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).....	8,199,000	4,245,000	19,891,000
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.....	57,000,000		60,000,000
16.6 Other cash provided (applied).....	(5,958,246)	(1,056,016)	(2,698,428)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(62,958,246)	(1,056,016)	(62,698,428)
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).....	(45,713,500)	103,621,855	90,255,737
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	369,189,203	278,933,466	278,933,466
19.2 End of period (Line 18 plus Line 19.1).....	323,475,703	382,555,321	369,189,203

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

007

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year.....	301,811	17,047						14,149	270,615	
2. First Quarter.....	294,971	11,409						14,585	268,977	
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	929,445	34,943						42,876	851,626	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	394,206	13,814						28,319	352,073	
8. Non-Physician.....	1,366,882	21,254						51,313	1,294,315	
9. Total.....	1,761,088	35,068	0	0	0	0	0	79,632	1,646,388	0
10. Hospital Patient Days Incurred.....	257,078	1,293						36,907	218,878	
11. Number of Inpatient Admissions.....	38,661	302						3,550	34,809	
12. Health Premiums Written (a).....	668,854,918	30,174,253						85,473,161	553,207,504	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	664,382,497	30,174,253						82,843,677	551,364,567	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	546,753,545	17,949,376						62,637,765	466,166,404	
18. Amount Incurred for Provision of Health Care Services.....	544,349,015	15,358,097						61,601,705	467,389,213	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.85,473,161.

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.....	18,259,655					18,259,655
0199999. Individually Listed Claims Unpaid.....	18,259,655	0	0	0	0	18,259,655
0399999. Aggregate Accounts Not Individually Listed-Covered.....	27,861,557					27,861,557
0499999. Subtotals.....	46,121,212	0	0	0	0	46,121,212
0599999. Unreported Claims and Other Claim Reserves.....						205,460,736
0799999. Total Claims Unpaid.....						251,581,948
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						1,774,232

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).....	5,891,649	12,053,947	1,165,601	5,019,535	7,057,250	8,850,871
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....	20,148,939	42,035,969	6,120,537	25,016,209	26,269,476	31,056,664
7. Title XIX - Medicaid.....	147,590,657	318,733,554	31,916,654	182,343,412	179,507,311	218,042,374
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	173,631,245	372,823,470	39,202,792	212,379,156	212,834,037	257,949,909
10. Healthcare receivables (a).....	25,625,768	43,494,303		1,447,925	25,625,768	74,274,827
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	118,600		1,648,232	126,000	1,766,832	1,636,232
13. Totals (Lines 9-10+11+12).....	148,124,077	329,329,167	40,851,024	211,057,231	188,975,101	185,311,314

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

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Ohio, Inc. (the “Plan”) for the fiscal year ended December 31, 2018. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2018 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 #	Current Year to Date	2018
NET INCOME					
(1) Molina Healthcare of Ohio, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 30,474,651	\$ 120,276,172
(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	\$ 30,474,651	\$ 120,276,172
SURPLUS					
(5) Molina Healthcare of Ohio, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 252,816,020	\$ 277,920,351
(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	\$ 252,816,020	\$ 277,920,351

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

C. Accounting Policy

- (1) No significant change.
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method: No significant change.
- (3) – (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: The Plan is not aware of any relevant conditions or events that raise substantial doubt about its abilities to continue as a going concern.

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.

NOTES TO FINANCIAL STATEMENTS

D. Loan-Backed Securities

As of March 31, 2019, the Plan’s long-term investments include auction rate securities.

- (1) Description of Sources Used to Determined Prepayment Assumptions: For fixed-rate agency mortgage-backed securities, Clearwater Analytics calculates prepayment speeds utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment projections. For other mortgage-backed, loan-backed, and structured securities, Clearwater utilizes prepayment assumptions from Moody’s Analytics. Moody’s applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody’s projections are not available, Clearwater uses data from Reuters, which utilizes the median prepayment speed from contributors’ models.
- (2), (3) Recognized other-than-temporary impairment ("OTTI") securities: None.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

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

- (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 March 31, 2019.

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 Housing 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. 5GI 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 paid Molina an ordinary dividend in cash amounting to \$57.0 million on March 28, 2019.

D. – N. No significant changes.

NOTES TO FINANCIAL STATEMENTS

Note 11 – Debt

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

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

- A. – D. Defined Benefit Plan: None.
- E. Defined Contribution Plans: No significant change.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- H. Postemployment Benefits and Compensated Absenses: No significant change.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None.

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

- (1) – (3) No significant changes.
- (4) The Plan paid Molina an ordinary dividend in cash amounting to \$57.0 million on March 28, 2019.
- (5) – (8) No significant changes.
- (9) Changes in the balance of special surplus funds: The Plan reclassified an amount equal to 25% of its estimated 2020 health insurer fee to special surplus funds in accordance with Statement of Statutory Accounting Principles (“SSAP”) No. 106, *Affordable Care Act Assessments*, requirements.
- (10) – (13) No significant changes.

Note 14 – Liabilities, Contingencies and Assessments

No significant change.

Note 15 – Leases

No significant change.

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

No significant change.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales: None.
- B. Transfer and Servicing of Financial Assets: None.
- C. Wash Sales: None.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

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

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

No significant change.

Note 20 – Fair Value Measurements

- A. 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.

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Assets at Fair Value					
Other money market mutual fund	\$	\$ 342,575,267	\$	\$	\$ 342,575,267
Total	\$	\$ 342,575,267	\$	\$	\$ 342,575,267
 - (2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy: None.
 - (3) Policy for Determining When Transfers Between Levels are Recognized: The actual date of the event or change in circumstances that caused the transfer.

NOTES TO FINANCIAL STATEMENTS

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.

(5) Derivative Assets and Liabilities: None.

B. Fair Value Reporting under 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.

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of March 31, 2019 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Open depositories	\$ (19,099,564)	\$ (19,099,564)	\$ (19,099,564)	\$ -	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 48,037,918	\$ 48,462,939	\$ -	\$ 48,037,918	\$ -	\$ -	\$ -
Political subdivisions	\$ 4,950,200	\$ 5,009,670	\$ -	\$ 4,950,200	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 22,832,359	\$ 23,036,381	\$ -	\$ 21,844,859	\$ 987,500	\$ -	\$ -
States, territories, and possessions	\$ 6,333,090	\$ 6,469,081	\$ -	\$ 6,333,090	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 342,575,267	\$ 342,575,267	\$ -	\$ 342,575,267	\$ -	\$ -	\$ -
Total financial instruments	\$ 405,629,270	\$ 406,453,774	\$ (19,099,564)	\$ 423,741,334	\$ 987,500	\$ -	\$ -

D. Not Practicable to Estimate Fair Value: None.

E. NAV Practical Expedient Investments: None.

Note 21 – Other Items

A. – B. No significant changes.

C. Other Disclosures and Unusual Items:

The Plan has received information that the Medicaid contracts for Ohio health plans may be subject to a request for proposal in late 2019. A loss of the Ohio Medicaid contract would have a material adverse effect on the Plan’s business, financial condition, cash flows, and results of operations.

The current authority for the Medicare-Medicaid Plan (“MMP”) programs in Ohio ends December 31, 2019. In July 2018, the Ohio Medicaid agency submitted a request to Centers for Medicare and Medicaid Services for a three-year extension of its duals demonstration program, through December 31, 2022.

D. – H. No significant changes.

Note 22 – Events Subsequent

Subsequent events were considered through May 10, 2019, the date the statutory financial statements were available to be issued.

Note 23 – Reinsurance

No significant change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. – D. No significant changes.

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 to date:

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 5,947,364
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 37,825
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool payments)	\$
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 7,276,961
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (5,244)
b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$

NOTES TO FINANCIAL STATEMENTS

b. Transitional ACA Reinsurance Program		AMOUNT
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 to Date 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)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 479	\$	\$	\$	\$ 479	\$	\$ 1,023,605	\$	A	\$ 1,024,084	\$
2. Premium adjustments (payable) (including high risk pool payments)		(1,330,076)				(1,330,076)		1,330,076	B		
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 479	\$ (1,330,076)	\$	\$	\$ 479	\$ (1,330,076)	\$ 1,023,605	\$ 1,330,076		\$ 1,024,084	\$
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 7,183	\$	\$ 10,963	\$	\$ (3,780)	\$	\$ 3,780	\$	C	\$	\$
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	\$ 7,183	\$	\$ 10,963	\$	\$ (3,780)	\$	\$ 3,780	\$		\$	\$
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	\$ 7,662	\$ (1,330,076)	\$ 10,963	\$	\$ (3,301)	\$ (1,330,076)	\$ 1,027,385	\$ 1,330,076		\$ 1,024,084	\$

Explanations of Adjustments

- A. Adjustments are changes in estimates based on additional information since December 31, 2018.
- B. Adjustments are changes in estimates based on additional information since December 31, 2018.
- C. Adjustment reflects final settlement for 2016.

NOTES TO FINANCIAL STATEMENTS

- (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:	
		Three months ended 3/31/2019
	Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 263,001,190
	Add provision for claims, net of reinsurance:	
	Current year	551,672,361
	Prior years	(7,622,176)
	Net incurred claims during the current year	544,050,185
	Deduct paid claims, net of reinsurance:	
	Current year	371,653,317
	Prior years	173,631,245
	Net paid claims during the current year	545,284,562
	Change in claims adjustment expenses	(87,040)
	Change in health care receivables	(3,706,831)
	Change in amounts due from reinsurers	(1,288,753)
	Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 256,684,189
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 2019.	

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 [☒ X] No [☐]

3.3

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

Molina Healthcare of Kentucky, Inc. has been added to the organizational chart, and Molina Healthcare of South Carolina, Inc. has been converted from a limited liability company to a corporation.

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?
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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 NAIC Company Code	3 State of Domicile
Name of Entity		

5.

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

Yes [☐] No [☒ 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1

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

(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.

Yes [☒ X] No [☐]

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).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

Yes [☐] No [☒]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

Yes [☒] No [☐]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

2,494,956

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 [☒]
- 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 [☒]
- 14.2 If yes, please complete the following:

- 14.21 Bonds
- 14.22 Preferred Stock
- 14.23 Common Stock
- 14.24 Short-Term Investments
- 14.25 Mortgage Loans on Real Estate
- 14.26 All Other
- 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
- 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [☐] No [☒]
- 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 [☒] No [☐]
- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:
- | <div>1</div> <div>Name of Custodian(s)</div> | <div>2</div> <div>Custodian Address</div> |
|--|---|
| 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:
- | <div>1</div> <div>Name(s)</div> | <div>2</div> <div>Location(s)</div> | <div>3</div> <div>Complete Explanation(s)</div> |
|---------------------------------|-------------------------------------|---|
| | | |
- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [☒] No [☐]
- 17.4 If yes, give full and complete information relating thereto:
- | <div>1</div> <div>Old Custodian</div> | <div>2</div> <div>New Custodian</div> | <div>3</div> <div>Date of Change</div> | <div>4</div> <div>Reason</div> |
|---------------------------------------|---------------------------------------|--|--------------------------------|
| Oppenheimer Trust Company and UBS | US Bank | 02/01/2019 | Consolidation of custodian |
- 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"].
- | <div>1</div> <div>Name of Firm or Individual</div> | <div>2</div> <div>Affiliation</div> |
|--|-------------------------------------|
| 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 [☒] 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 [☒] 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.
- | <div>1</div> <div>Central Registration Depository Number</div> | <div>2</div> <div>Name of Firm or Individual</div> | <div>3</div> <div>Legal Entity Identifier (LEI)</div> | <div>4</div> <div>Registered With</div> | <div>5</div> <div>Investment Management Agreement (IMA) Filed</div> |
|--|--|---|---|---|
| 149777 | Morgan Stanley | | SEC | NO |
- Q11.1

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

18.1

Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes ☒ No ☐

18.2

If no, list exceptions:

19.

By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a.

Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

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 5GI securities?

Yes ☐ No ☒

20.

By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

a.

The security was purchased prior to January 1, 2018.

b.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c.

The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d.

The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes ☐ No ☒

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		84.9 %
1.2	A&H cost containment percent		2.9 %
1.3	A&H expense percent excluding cost containment expenses		9.7 %
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 of 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	01/01/2019	Odyssey Reinsurance Company.....	CT.....	SSL/I.....	Authorized.....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
		Active Status (a)	2	3	4	5	6	7	8	9
State, Etc.			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..	30,174,253	85,473,161	553,207,504	.....	.....	.....	.....668,854,918	.....
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..	30,174,253	85,473,161	553,207,504	0	0	0	668,854,918	0
60.	Reporting entity contributions for Employee Benefit Plans.....	..XXX..	.....	.....	.....	.....	.....	.....	.....0	.....
61.	Total (Direct Business).....	..XXX..	30,174,253	85,473,161	553,207,504	0	0	0	668,854,918	0

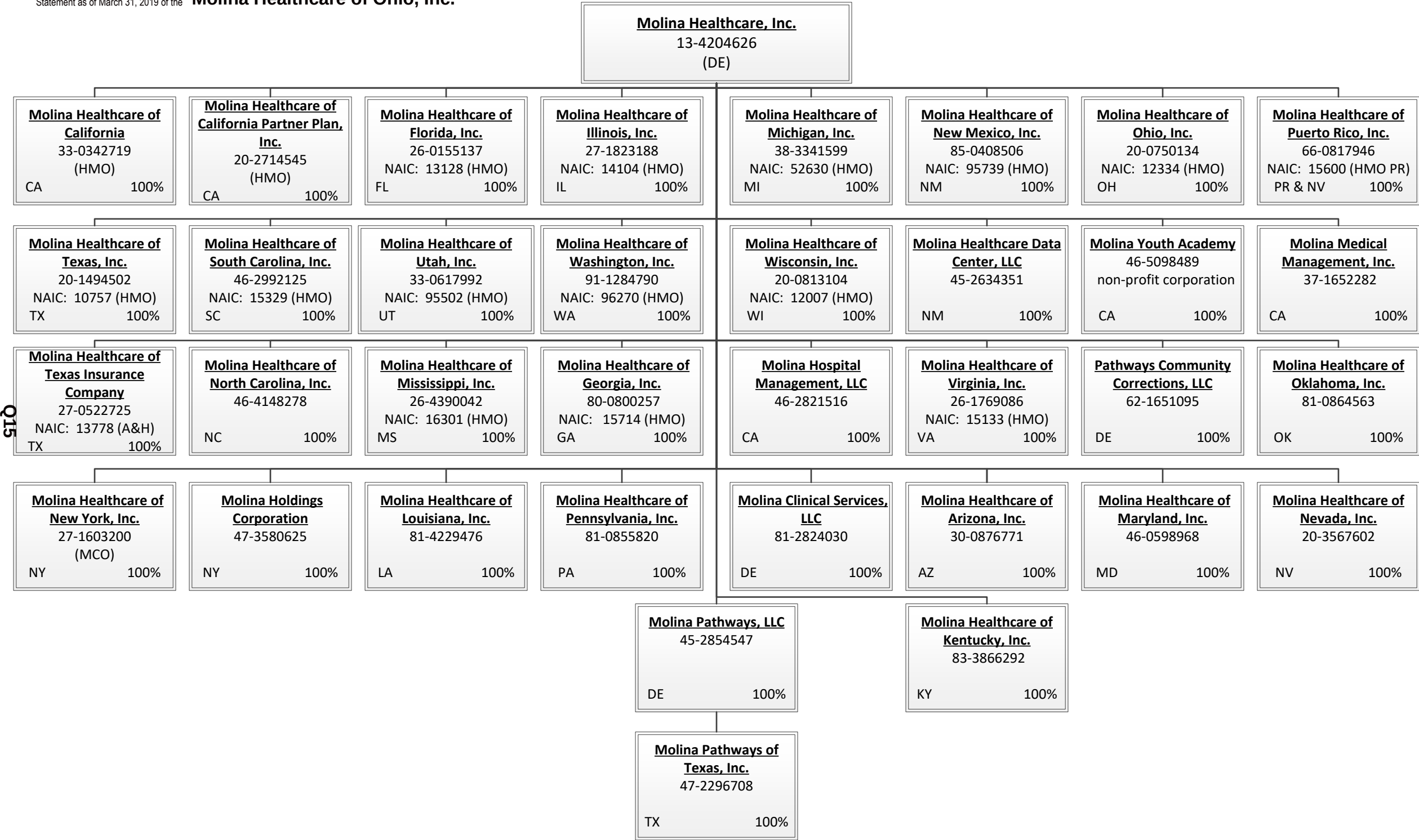
DETAILS OF WRITE-INS

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

Molina Healthcare of Ohio, Inc.



Q15

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
Q16	1531	Molina Healthcare, Inc.....	00000...	13-4204626..	.....	1179929	New York Stock Exchange	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	...N.....
	1531	Molina Healthcare, Inc.....	00000...	81-2824030..	.....			Molina Clinical Services, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	...N.....
	1531	Molina Healthcare, Inc.....	00000...	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...	83-3866292..	.....			Molina Healthcare of Kentucky, Inc.....	KY.....	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.....	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, Inc.....	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.....	.....

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?	NO

Explanation:
1.

Bar Code:



* 1 2 3 3 4 2 0 1 9 3 6 5 0 0 0 0 1 *

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.....	91,275,510	111,798,396
2. Cost of bonds and stocks acquired.....		
3. Accrual of discount.....	38,956	153,365
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		(19,484)
6. Deduct consideration for bonds and stocks disposed of.....	8,199,000	19,905,610
7. Deduct amortization of premium.....	137,395	765,768
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.....		14,610
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	82,978,071	91,275,510
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	82,978,071	91,275,510

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).....	176,703,918		106,910,000	4,638,934	74,432,852			176,703,918
2. NAIC 2 (a).....	45,528,015	127,642,537	160,235,000	(4,390,334)	8,545,219			45,528,015
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	222,231,934	127,642,537	267,145,000	248,600	82,978,071	0	0	222,231,934
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.....	222,231,934	127,642,537	267,145,000	248,600	82,978,071	0	0	222,231,934

(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 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....		X			

NONE

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.....	0	40,814,267
2. Cost of short-term investments acquired.....		4,123,555
3. Accrual of discount.....		43,832
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		44,920,000
7. Deduct amortization of premium.....		61,654
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).....	0	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

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 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	342,096,634	206,311,964
2. Cost of cash equivalents acquired.....	1,210,068,840	4,654,809,550
3. Accrual of discount.....	347,039	2,607,924
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	1,209,937,246	4,521,629,272
7. Deduct amortization of premium.....	.....	.....3,533
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).....	342,575,267	342,096,634
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	342,575,267	342,096,634

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 and Admini- strative Symbol/ Market Indicator (a)	
Bonds - U.S. Government																								
912828 P9 5	UNITED STATES TREASURY.....			..	03/15/2019.	Maturity @ 100.00.....		410,000	410,000	406,861	409,681		319		319		410,000			0	2,050	03/15/2019.	1.....	
0599999.	Total - Bonds - U.S. Government.....							410,000	410,000	406,861	409,681	0	319	0	319	0	410,000	0	0	0	2,050	XXX	XXX	
Bonds - Industrial and Miscellaneous																								
345397 XT 5	FORD MOTOR CREDIT COMPANY LLC..			..	01/08/2019.	Maturity @ 100.00.....		2,789,000	2,789,000	2,829,552	2,789,461		(461)		(461)		2,789,000			0	41,040	01/08/2019.	2FE.....	
37045X BB 1	GENERAL MOTORS FINANCIAL COMPANY INC			..	01/15/2019.	Maturity @ 100.00.....		5,000,000	5,000,000	5,087,025	5,000,000				0		5,000,000			0	77,500	01/15/2019.	2FE.....	
3899999.	Total - Bonds - Industrial and Miscellaneous.....							7,789,000	7,789,000	7,916,577	7,789,461	0	(461)	0	(461)	0	7,789,000	0	0	0	118,540	XXX	XXX	
8399997.	Total - Bonds - Part 4.....							8,199,000	8,199,000	8,323,438	8,199,142	0	(142)	0	(142)	0	8,199,000	0	0	0	120,590	XXX	XXX	
8399999.	Total - Bonds.....							8,199,000	8,199,000	8,323,438	8,199,142	0	(142)	0	(142)	0	8,199,000	0	0	0	120,590	XXX	XXX	
9999999.	Total - Bonds, Preferred and Common Stocks.....							8,199,000	XXX	8,323,438	8,199,142	0	(142)	0	(142)	0	8,199,000	0	0	0	120,590	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.....	.....	.....	.....	.....	.....(1,062,586)	(1,577,863)	(1,063,556)	XXX
US Bank..... St. Paul, MN.....	.....	.....	.....	.....	.....436,660	430,476	499,859	XXX
JP Morgan Chase..... Columbus, Ohio.....	.....	.....	.....	.....	.....7,014,200	3,005,837	2,353,478	XXX
JP Morgan Chase..... Columbus, Ohio.....	.....	.....	.....	.....	.....980,044	1,023,753	1,046,614	XXX
JP Morgan Chase..... Columbus , Ohio.....	.....	.....	.....	.....	.....8,026,984	2,228,560	3,108,551	XXX
JP Morgan Chase..... Columbus, Ohio.....	.....	.....	.....	.....	.....(9,800)	(13,616)	1,422	XXX
US Bank..... St. Paul, MN.....	.....	.....	.....	.....	.....(21,302,394)	(22,390,658)	(25,001,752)	XXX
US Bank..... St. Paul, MN.....	.....	.....	.....	.....	.....(16,082)	(15,197)	(16,028)	XXX
Salomon Smith Barney..... San Francisco, CA .....	.....	.....	.....	.....	.....12,670,698	.....	.....	XXX
Institutional Cash Distributors..... San Francisco, CA .....	.....	.....	.....	.....	.....	.....	.....(28,152)	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	6,737,724	(17,308,708)	(19,099,564)	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	6,737,724	(17,308,708)	(19,099,564)	XXX
0599999. Total Cash.....	XXX	XXX	0	0	6,737,724	(17,308,708)	(19,099,564)	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
All Other Money Market Mutual Funds												
09248U	70	0	BLKRK LQ:FEDFUND INSTL.....				03/01/2019.....	2.340		46,408	21,036	1
25160K	20	7	DWS GVT MM SRS INST.....				03/14/2019.....	2.410		27,779,640	60,627	25,737
31607A	70	3	FIDELITY IMM:GOVT INSTL.....				03/31/2019.....	2.350		24,543,042	28,152	
316175	10	8	FIDELITY IMM:GOVT I.....				03/07/2019.....	2.310			7,860	
31846V	56	7	FIRST AMER:GVT OBLG Z.....				03/27/2019.....	2.310		14,769	1,245	
31846V	56	7	Money Market Fund.....				03/28/2019.....	2.310		223,329,747	445,310	
38141W	27	3	GOLDMAN:FS GOVT INST.....				02/28/2019.....	2.350		358,869	710	17,833
40428X	10	7	HSBC:US GVT MM I.....				03/14/2019.....	2.360		11,349,535	28,215	8,936
4812C0	67	0	JPMORGAN:US GVT MM CAP.....				03/01/2019.....	2.320		17,172	5,286	0
608919	71	8	FEDERATED GOVT OBL PRMR.....				03/07/2019.....	2.340		45,887	61,383	
61747C	70	7	MORG STAN I LQ:GV I.....				03/01/2019.....	2.340		47,714	34,676	13
825252	88	5	INVESCO GOV&AGENCY INST.....				03/01/2019.....	2.340		42,483	28,770	5
857492	70	6	SS INST INV:US GV MM PRM.....				03/21/2019.....	2.390		55,000,000	55,255	
8699999. Total - All Other Money Market Mutual Funds.....										342,575,267	778,527	52,525
8899999. Total - Cash Equivalents.....										342,575,267	778,527	52,525