12334201920100102

HEALTH QUARTERLY STATEMENT

As of June 30, 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)*	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 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)	(Signature)	(Signature)
Ami Lee Cole	Daniel Joseph Gudz	Jeffrey Don Barlow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Chief Financial Officer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds	137,328,683		137,328,683	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 $.....0 encumbrances)			0	
5. Cash ($.....(20,760,860)), cash equivalents ($.....306,732,160) and short-term investments ($.....0)	285,971,300		285,971,300	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)	423,299,983	0	423,299,983	460,464,713
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	1,425,254		1,425,254	809,653
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	99,528,385		99,528,385	78,869,750
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($.....2,176,787) and contracts subject to redetermination ($.....13,419,568)	15,596,355		15,596,355	6,456,024
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	403,739		403,739	2,091,827
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	10,166,939		10,166,939	8,351,053
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	8,472,440	309,375	8,163,065	8,714,111
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)	2,334,831	2,334,831	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care ($.....39,652,204) and other amounts receivable	65,743,513	26,091,309	39,652,204	43,348,259
25. Aggregate write-ins for other than invested assets	530,967	530,967	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	627,502,406	29,266,482	598,235,924	609,105,390
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	627,502,406	29,266,482	598,235,924	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	530,967	530,967	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)	530,967	530,967	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)	239,861,387	432,599	240,293,986	257,949,909
2.	Accrued medical incentive pool and bonus amounts	1,260,111		1,260,111	1,636,232
3.	Unpaid claims adjustment expenses	3,109,771	6,857	3,116,628	3,415,049
4.	Aggregate health policy reserves, including the liability of $.....68,167 for medical loss ratio rebate per the Public Health Service Act	636,878		636,878	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	2,173,816		2,173,816	2,871,874
9.	General expenses due or accrued	28,535,988		28,535,988	40,681,452
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	3,012,873		3,012,873	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	341		341	
13.	Remittances and items not allocated			0	
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	3,180,689		3,180,689	3,532,549
16.	Derivatives			0	
17.	Payable for securities	4,000,000		4,000,000	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....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 $.....16,229,689 current)	16,229,689	0	16,229,689	18,145,902
24.	Total liabilities (Lines 1 to 23)	302,001,543	439,456	302,440,999	331,185,039
25.	Aggregate write-ins for special surplus funds	XXX	XXX	24,000,000	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	188,904,925	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	295,794,925	277,920,351
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	598,235,924	609,105,390

DETAILS OF WRITE-INS

2301.	Amounts due to government agencies	16,229,689		16,229,689	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)	16,229,689	0	16,229,689	18,145,902
2501.	2020 health insurer fee accrual estimate	XXX	XXX	24,000,000	
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	24,000,000	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	1,860,711	2,017,365	3,976,327
2.	Net premium income (including $.....0 non-health premium income)	XXX	1,354,717,604	1,257,799,125	2,586,377,418
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(607,661)	92,306	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	1,354,109,943	1,257,891,431	2,593,036,959
Hospital and Medical:					
9.	Hospital/medical benefits		749,563,308	680,264,411	1,388,525,495
10.	Other professional services		93,362,087	23,082,761	133,371,805
11.	Outside referrals	2,401,695	37,522,878	32,054,779	67,828,041
12.	Emergency room and out-of-area		69,828,164	63,115,074	130,536,894
13.	Prescription drugs		148,799,426	160,702,234	319,336,635
14.	Aggregate write-ins for other hospital and medical	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		86,104	435,095	2,905,025
16.	Subtotal (Lines 9 to 15)	2,401,695	1,099,161,967	959,654,354	2,042,503,895
Less:					
17.	Net reinsurance recoveries		634,307	2,167,187	4,251,832
18.	Total hospital and medical (Lines 16 minus 17)	2,401,695	1,098,527,660	957,487,167	2,038,252,063
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....39,611,018 cost containment expenses		49,487,071	34,955,753	76,633,084
21.	General administrative expenses		121,891,256	175,013,109	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)	2,401,695	1,269,905,987	1,167,456,029	2,439,954,147
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	84,203,956	90,435,402	153,082,812
25.	Net investment income earned		5,067,679	3,450,432	7,833,169
26.	Net realized capital gains (losses) less capital gains tax of $.....(1,744)		(6,560)		(15,392)
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	5,061,119	3,450,432	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	(290,371)	1,747,117	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	88,974,704	95,632,951	163,283,037
31.	Federal and foreign income taxes incurred	XXX	19,169,527	29,356,460	43,006,865
32.	Net income (loss) (Lines 30 minus 31)	XXX	69,805,177	66,276,491	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		(290,371)	1,747,117	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	(290,371)	1,747,117	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	69,805,177	66,276,491	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	(747,381)	1,475,185	3,550,571
39. Change in nonadmitted assets	5,816,778	(2,776,816)	(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)	17,874,574	64,974,860	48,451,559
49. Capital and surplus end of reporting period (Line 33 plus 48)	295,794,925	294,443,652	277,920,351

DETAILS OF WRITE-INS

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

CASH FLOW

		1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	1,322,005,137	1,219,219,606	2,546,204,912
2.	Net investment income	4,649,942	3,883,661	8,663,877
3.	Miscellaneous income			
4.	Total (Lines 1 through 3)	1,326,655,079	1,223,103,267	2,554,868,789
5.	Benefit and loss related payments	1,106,340,302	944,502,093	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	187,142,187	169,417,014	385,131,735
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....(1,744) tax on capital gains (losses)	17,197,000	22,614,638	35,372,638
10.	Total (Lines 5 through 9)	1,310,679,489	1,136,533,745	2,421,805,624
11.	Net cash from operations (Line 4 minus Line 10)	15,975,590	86,569,522	133,063,165
	CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	8,199,000	7,075,000	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	4,000,000		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	12,199,000	7,075,000	19,891,000
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	54,458,341		
	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)	54,458,341	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)	(42,259,341)	7,075,000	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)	65,848	(3,232,232)	(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)	(56,934,152)	(3,232,232)	(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)	(83,217,903)	90,412,290	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)	285,971,300	369,345,756	369,189,203

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

20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	296,516	10,839						14,674	271,003	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,860,711	67,582						86,856	1,706,273	
Total Member Ambulatory Encounters for Period:										
7. Physician	828,503	28,299						51,989	748,215	
8. Non-Physician	3,010,749	44,671						115,659	2,850,419	
9. Total	3,839,252	72,970	0	0	0	0	0	167,648	3,598,634	0
10. Hospital Patient Days Incurred	567,141	2,186						92,039	472,916	
11. Number of Inpatient Admissions	43,685	456						7,995	35,234	
12. Health Premiums Written (a)	1,357,040,843	55,153,014						170,536,568	1,131,351,261	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,356,433,182	55,084,847						170,312,879	1,131,035,456	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,108,200,472	35,082,244						128,665,965	944,452,263	
18. Amount Incurred for Provision of Health Care Services	1,099,161,967	33,320,170						134,479,263	931,362,534	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....170,536,568.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark Corporation	16,989,094					16,989,094
0199999. Individually Listed Claims Unpaid	16,989,094	0	0	0	0	16,989,094
0399999. Aggregate Accounts Not Individually Listed-Covered	26,669,084					26,669,084
0499999. Subtotals	43,658,178	0	0	0	0	43,658,178
0599999. Unreported Claims and Other Claim Reserves						196,635,808
0799999. Total Claims Unpaid						240,293,986
0899999. Accrued Medical Incentive Pool and Bonus Amounts						1,260,111

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	6
	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	5,820,254	29,258,210	489,510	6,048,277	6,309,764	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	17,421,830	110,695,456	4,006,683	32,669,904	21,428,513	31,056,664
7. Title XIX - Medicaid	159,026,695	785,343,720	5,037,875	192,041,737	164,064,570	218,042,374
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	182,268,779	925,297,386	9,534,068	230,759,918	191,802,847	257,949,909
10. Healthcare receivables (a)	16,993,609	47,306,237		1,443,667	16,993,609	74,274,827
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	462,225		985,404	274,707	1,447,629	1,636,232
13. Totals (Lines 9-10+11+12)	165,737,395	877,991,149	10,519,472	229,590,958	176,256,867	185,311,314

(a) Excludes $.....0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Ohio, Inc. (the "Plan") for the fiscal year ended December 31, 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	$ 69,805,177	$ 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	$ 69,805,177	$ 120,276,172
SURPLUS					
(5) Molina Healthcare of Ohio, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 295,794,925	$ 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	$ 295,794,925	$ 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 asset-backed securities and mortgage-backed 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 June 30, 2019, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

(1) Description of Sources Used to Determined Prepayment Assumptions: For fixed-rate agency mortgage-backed securities, New England Asset Management ("NEAM") 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, NEAM 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, NEAM 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	$	49,067
	2. 12 Months or Longer	$	
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	$	12,168,574
	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 June 30, 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. – R. 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.

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

NOTES TO FINANCIAL STATEMENTS

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 50% 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

None.

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	$	$ 306,732,160	$	$	$ 306,732,160
Total	$	$ 306,732,160	$	$	$ 306,732,160

(2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy: None.

(3) Policy for Determining When Transfers Between Levels are Recognized: The actual date of the event or change in circumstances that caused the transfer.

(4) 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,

NOTES TO FINANCIAL STATEMENTS

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 June 30, 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	$ (20,760,860)	$ (20,760,860)	$ (20,760,860)	$ -	$ -	$ -	$ -
Governments	$ 408,142	$ 406,723	$ -	$ 408,142	$ -	$ -	$ -
Industrial and miscellaneous	$ 80,384,669	$ 80,427,059	$ -	$ 80,384,669	$ -	$ -	$ -
Political subdivisions	$ 4,989,800	$ 5,008,143	$ -	$ 4,989,800	$ -	$ -	$ -
Special revenue & assessment obligations	$ 45,015,439	$ 45,058,420	$ -	$ 45,015,439	$ -	$ -	$ -
States, territories, and possessions	$ 6,401,790	$ 6,428,338	$ -	$ 6,401,790	$ -	$ -	$ -
Other money market mutual fund	$ 306,732,160	$ 306,732,160	$ -	$ 306,732,160	$ -	$ -	$ -
Total financial instruments	$ 423,171,140	$ 423,299,983	$ (20,760,860)	$ 443,932,000	$ -	$ -	$ -

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 state of Ohio expects its Medicaid contract request for proposal early in 2020, with an announcement of the awards likely in the third quarter of 2020, and an operational effective date of January 1, 2021. 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.

In late April 2019, the Centers for Medicare and Medicaid Services approved the Ohio Medicaid agency's request 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 August 8, 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)	$ 9,301,807
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	$ 42,721
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	$ 10,631,403
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	$ (10,140)

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)	$
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	$

NOTES TO FINANCIAL STATEMENTS

b. Transitional ACA Reinsurance Program	AMOUNT
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	$	$ 1,500,259	$	A	$ 1,500,738	$
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)	$ 1,500,259	$ 1,330,076		$ 1,500,738	$
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)	$ 1,504,039	$ 1,330,076		$ 1,500,738	$

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.

(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.

NOTES TO FINANCIAL STATEMENTS

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:

	Six months ended 6/30/2019
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	1,117,501,575
Prior years	(18,973,915)
Net incurred claims during the current year	1,098,527,660
Deduct paid claims, net of reinsurance:	
Current year	924,071,523
Prior years	182,268,779
Net paid claims during the current year	1,106,340,302
Change in claims adjustment expenses	(298,421)
Change in health care receivables	(8,531,314)
Change in amounts due from reinsurers	(1,688,088)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	$ 244,670,725

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? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

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

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No [ ]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 1179929

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation. Yes [ ] No [X] N/A [ ]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 11/08/2016

6.4 By what department or departments?

Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

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

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

(c) Compliance with applicable governmental laws, rules and regulations;

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

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

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

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 [X]

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 [X]

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

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Morgan Stanley	U
New England Asset Management, Inc.	U

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
149777	Morgan Stanley	7PDDXEMZ0ZV0CEDU4D16	SEC	NO
105900	New England Asset Management	KUR85E5PS4GQFZTFC130	SEC	NO

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

18.2 If no, list exceptions:

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 [X]

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 [X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		84.1 %
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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 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

State, Etc.	1 Active Status (a)	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	9 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	55,153,014	170,536,568	1,131,351,261				1,357,040,843	
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	55,153,014	170,536,568	1,131,351,261	0	0	0	1,357,040,843	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	55,153,014	170,536,568	1,131,351,261	0	0	0	1,357,040,843	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	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0	0

(a) Active Status Count

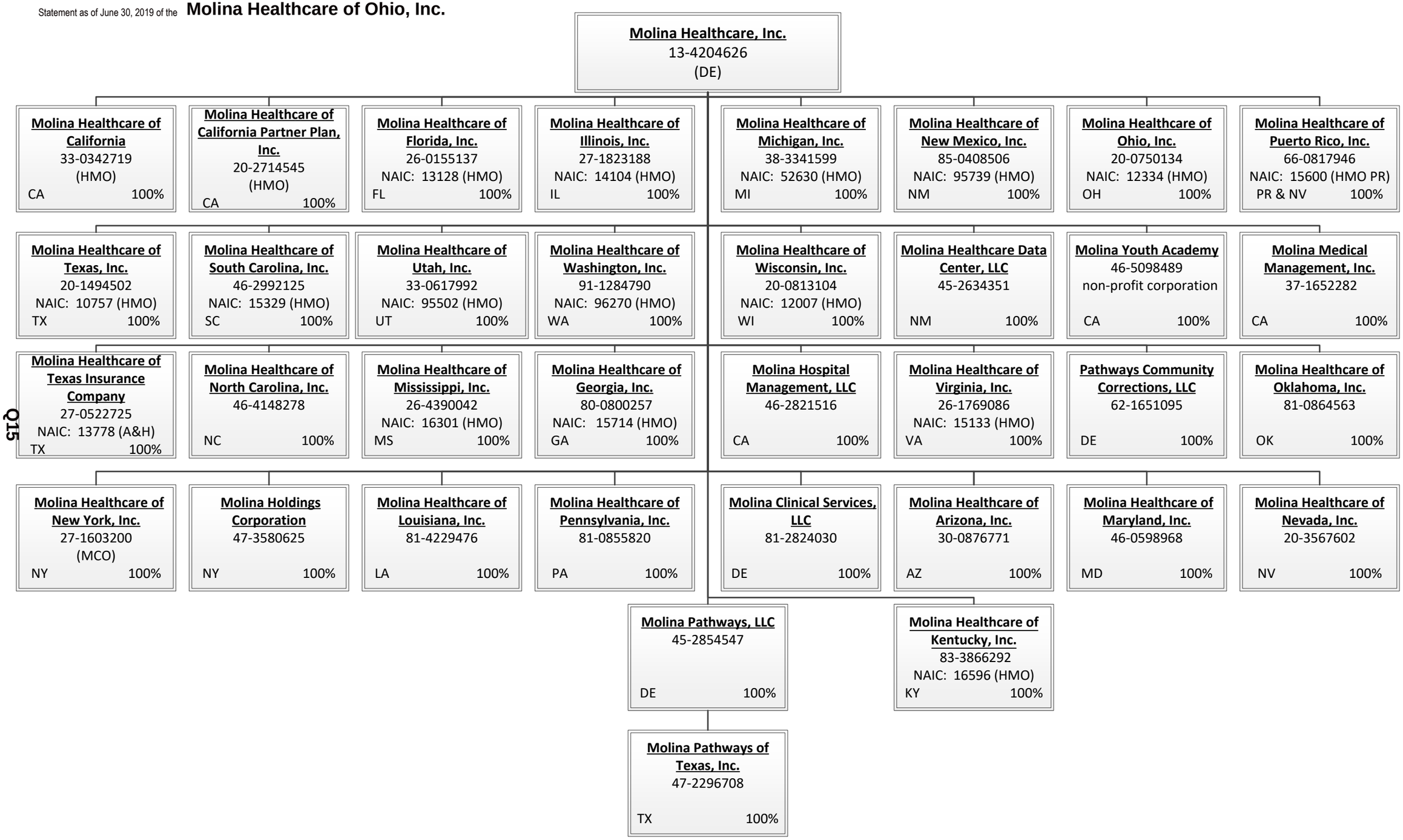
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0

R - Registered - Non-domiciled RRGs 0

Q - Qualified - Qualified or accredited reinsurer 0

N - None of the above - Not allowed to write business in the state 56


Molina Healthcare, Inc.
13-4204626
(DE)
Molina Healthcare of California
33-0342719
(HMO)
CA 100%
Molina Healthcare of California Partner Plan, Inc.
20-2714545
(HMO)
CA 100%
Molina Healthcare of Florida, Inc.
26-0155137
NAIC: 13128 (HMO)
FL 100%
Molina Healthcare of Illinois, Inc.
27-1823188
NAIC: 14104 (HMO)
IL 100%
Molina Healthcare of Michigan, Inc.
38-3341599
NAIC: 52630 (HMO)
MI 100%
Molina Healthcare of New Mexico, Inc.
85-0408506
NAIC: 95739 (HMO)
NM 100%
Molina Healthcare of Ohio, Inc.
20-0750134
NAIC: 12334 (HMO)
OH 100%
Molina Healthcare of Puerto Rico, Inc.
66-0817946
NAIC: 15600 (HMO PR)
PR & NV 100%
Molina Healthcare of Texas, Inc.
20-1494502
NAIC: 10757 (HMO)
TX 100%
Molina Healthcare of South Carolina, Inc.
46-2992125
NAIC: 15329 (HMO)
SC 100%
Molina Healthcare of Utah, Inc.
33-0617992
NAIC: 95502 (HMO)
UT 100%
Molina Healthcare of Washington, Inc.
91-1284790
NAIC: 96270 (HMO)
WA 100%
Molina Healthcare of Wisconsin, Inc.
20-0813104
NAIC: 12007 (HMO)
WI 100%
Molina Healthcare Data Center, LLC
45-2634351
NM 100%
Molina Youth Academy
46-5098489
non-profit corporation
CA 100%
Molina Medical Management, Inc.
37-1652282
CA 100%
Molina Healthcare of Texas Insurance Company
27-0522725
NAIC: 13778 (A&H)
TX 100%
Molina Healthcare of North Carolina, Inc.
46-4148278
NC 100%
Molina Healthcare of Mississippi, Inc.
26-4390042
NAIC: 16301 (HMO)
MS 100%
Molina Healthcare of Georgia, Inc.
80-0800257
NAIC: 15714 (HMO)
GA 100%
Molina Hospital Management, LLC
46-2821516
CA 100%
Molina Healthcare of Virginia, Inc.
26-1769086
NAIC: 15133 (HMO)
VA 100%
Pathways Community Corrections, LLC
62-1651095
DE 100%
Molina Healthcare of Oklahoma, Inc.
81-0864563
OK 100%
Molina Healthcare of New York, Inc.
27-1603200
(MCO)
NY 100%
Molina Holdings Corporation
47-3580625
NY 100%
Molina Healthcare of Louisiana, Inc.
81-4229476
LA 100%
Molina Healthcare of Pennsylvania, Inc.
81-0855820
PA 100%
Molina Clinical Services, LLC
81-2824030
DE 100%
Molina Healthcare of Arizona, Inc.
30-0876771
AZ 100%
Molina Healthcare of Maryland, Inc.
46-0598968
MD 100%
Molina Healthcare of Nevada, Inc.
20-3567602
NV 100%
Molina Pathways, LLC
45-2854547
DE 100%
Molina Healthcare of Kentucky, Inc.
83-3866292
NAIC: 16596 (HMO)
KY 100%
Molina Pathways of Texas, Inc.
47-2296708
TX 100%

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															
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	16596	83-3866292				Molina Healthcare of Kentucky, Inc	KY	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, 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	

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
1531.....	Molina Healthcare, Inc.....	00000.....	47-2296708 .	.....	.....	.....	Molina Pathways of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	.....100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531.....	Molina Healthcare, Inc.....	00000.....	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:

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1 Year to Date	2 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 Year to Date	2 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 Year to Date	2 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 Year to Date	2 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	54,458,341	
3.	Accrual of discount	78,625	153,365
4.	Unrealized valuation increase (decrease)	1,996	
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	286,789	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)	137,328,683	91,275,510
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	137,328,683	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)	74,432,852	54,458,341		(96,627)	74,432,852	128,794,566		176,703,918
2. NAIC 2 (a)	8,545,219			(11,102)	8,545,219	8,534,117		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	82,978,071	54,458,341	0	(107,729)	82,978,071	137,328,683	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	82,978,071	54,458,341	0	(107,729)	82,978,071	137,328,683	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		XXX			

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	2,370,823,163	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	2,406,534,676	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)	306,732,160	342,096,634
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	306,732,160	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

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol/Market Indicator (a)
Bonds - U.S. Government									
912828 XE 5	UNITED STATES TREASURY NOTE		04/23/2019	DIRECT		406,060	410,000	2,450	1
0599999.	Total - Bonds - U.S. Government					406,060	410,000	2,450	XXX
Bonds - U.S. Special Revenue and Special Assessment									
3133KY R2 7	FHLMC POOL RB5005		06/12/2019	CANTOR FITZGERALD LLC		3,037,030	3,000,000	3,250	1FE
3136AV SG 5	FANNIE MAE 17-11 DA		06/21/2019	KEY BANC CAPITAL MARKETS		4,202,658	4,183,050	7,262	1FE
3136B4 XK 9	FANNIE MAE 19-32 PA		06/24/2019	NOMURA SECURITIES INTL		4,150,744	3,992,299	10,092	1FE
3137BL W9 5	FHLMC MULTIFAMILY STRUCTURED P K050 A2		06/12/2019	CITIGROUP GLOBAL MARKETS		3,686,758	3,500,000	5,186	1FE
3140JP QB 4	UMBS - POOL BN6749		06/14/2019	BMO CAPITAL MARKETS		4,176,875	4,100,000	5,808	1FE
3140Q7 SW 8	UMBS - POOL CA0532		06/13/2019	JP MORGAN SECURITIES INC		2,743,068	2,665,902	4,147	1FE
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments					21,997,133	21,441,251	35,745	XXX
Bonds - Industrial and Miscellaneous									
02665W CY 5	AMERICAN HONDA FINANCE		06/24/2019	BANK OF AMERICA		3,996,320	4,000,000		1FE
12592L BH 4	COMM MORTGAGE TRUST 14 CR20 A3		06/26/2019	BARCLAYS CAPITAL		2,349,668	2,250,000	5,613	1FM
26251L AC 8	DRYDEN SENIOR LOAN FUND 18-64A A		06/26/2019	WELLS FARGO FINANCIAL		2,973,750	3,000,000	21,128	1FE
34532D AD 9	FORD CREDIT AUTO OWNER TRUST 19-B A3		06/18/2019	RBC CAPITAL MARKETS		2,499,510	2,500,000		1FE
458140 AR 1	INTEL CORP		06/10/2019	CREDIT SUISSE FIRST BOSTON		2,044,800	2,000,000	22,906	1FE
459200 JQ 5	IBM CORP		06/11/2019	BANK OF AMERICA		1,001,220	1,000,000	9,444	1FE
665772 CH 0	NORTHERN STATES PWR-MINN		06/21/2019	KEY BANC CAPITAL MARKETS		2,996,700	3,000,000	23,292	1FE
94988J 5T 0	WELLS FARGO BANK NA		06/21/2019	WELLS FARGO FINANCIAL		4,113,200	4,000,000	25,375	1FE
22546Q AR 8	CREDIT SUISSE NEW YORK	D	06/21/2019	CREDIT SUISSE FIRST BOSTON		4,055,400	4,000,000	18,667	1FE
377373 AD 7	GLAXOSMITHKLINE CAPITAL	D	06/10/2019	WELLS FARGO FINANCIAL		2,024,580	2,000,000	5,383	1FE
892331 AF 6	TOYOTA MOTOR CORP	D	06/25/2019	JP MORGAN SECURITIES INC		4,000,000	4,000,000		1FE
3899999.	Total - Bonds - Industrial and Miscellaneous					32,055,148	31,750,000	131,808	XXX
8399997.	Total - Bonds - Part 3					54,458,341	53,601,251	170,003	XXX
8399999.	Total - Bonds					54,458,341	53,601,251	170,003	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					54,458,341	XXX	170,003	XXX

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

Sch. D - Pt. 4
NONE

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.....	.....	.....	.....	.....	.....(2,098,988)	.....(1,726,944)	.....(1,632,989)	XXX
US Bank..... St. Paul, MN.....	.....	.....	.....	.....	444,284	382,942	351,776	XXX
JP Morgan Chase..... Columbus, Ohio.....	.....	.....	.....	.....	3,858,054	2,865,113	922,805	XXX
JP Morgan Chase..... Columbus, Ohio.....	.....	.....	.....	.....	1,161,721	1,083,572	1,085,042	XXX
JP Morgan Chase..... Columbus , Ohio.....	.....	.....	.....	.....	2,369,061	4,668,309	6,853,222	XXX
JP Morgan Chase..... Columbus, Ohio.....	.....	.....	.....	.....	658	.....(4,407)	.....(15,384)	XXX
US Bank..... St. Paul, MN.....	.....	.....	.....	.....	.....(21,853,034)	.....(23,029,727)	.....(28,313,204)	XXX
US Bank..... St. Paul, MN.....	.....	.....	.....	.....	.....(18,785)	.....(11,457)	.....(12,128)	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	.....(16,137,029)	.....(15,772,599)	.....(20,760,860)	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	.....(16,137,029)	.....(15,772,599)	.....(20,760,860)	XXX
0599999. Total Cash.....	XXX	XXX	0	0	.....(16,137,029)	.....(15,772,599)	.....(20,760,860)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
All Other Money Market Mutual Funds								
09248U 70 0	BLACKROCK LIQ FDS FED FUND-IN		06/14/2019			71,295	4,333	
25160K 20 7	DWS GOVT MMKT SER-INST		06/14/2019			1,619,521	14,781	
31607A 70 3	FIDELITY GOVERNMENT INST MONEY MARKET		06/14/2019			21,252,082	54,709	
316175 10 8	FIDELITY GOVERNMENT PORT-I		06/14/2019			7,890	15	
31846V 56 7	FIRST AMERICAN GOV OBLIG-Z		06/14/2019			13,906	26	
38141W 27 3	GOLDMAN SACHS FIN SQ GOVT-FS		06/14/2019			360,984	679	
40428X 10 7	HSBC US GOVT MMKT-I		06/14/2019			6,000,271	17,985	
4812C0 67 0	JPMORGAN U.S. GOVT MONEY MARKET		06/14/2019			22,544	42	
608919 71 8	FEDERATED GOVT OBLI FD-PRM		06/14/2019			18,011,397	13,275	
61747C 70 7	MSILF GOVERNMENT PORT-INST		06/14/2019			82,709	2,356	
825252 88 5	STIT GOVT & AGENCY-INST		06/14/2019			71,529	25,358	
857492 70 6	STATE ST INST US GOV MM-PREM		06/14/2019			25,033,055	50,100	
8AMMF0 AR 2	US BANK MONEY MARKET IT&C 7		06/14/2019			174,962,077	400,236	
90262Y 74 5	UBS SELECT GOVT PREF-A		06/14/2019			34,600,000	40,241	
949921 12 6	WELLS FARGO GOVT MM FUND SELECT 3802		06/14/2019			24,622,900	44,649	
8699999. Total - All Other Money Market Mutual Funds						306,732,160	668,785	0
8899999. Total - Cash Equivalents						306,732,160	668,785	0