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# ANNUAL STATEMENT

**For the Year Ended December 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<br>*(Street and Number) (City or Town, State, Country and Zip Code)* | |
| Main Administrative Office | 3000 Corporate Exchange Drive .. Columbus .. OH .. US .. 43231<br>*(Street and Number) (City or Town, State, Country and Zip Code)* | 888-562-5442<br>*(Area Code) (Telephone Number)* |
| Mail Address | 3000 Corporate Exchange Drive .. Columbus .. OH .. US .. 43231<br>*(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<br>*(Street and Number) (City or Town, State, Country and Zip Code)* | 888-562-5442<br>*(Area Code) (Telephone Number)* |
| Internet Web Site Address | www.molinahealthcare.com | |
| Statutory Statement Contact | Daniel Joseph Gudz<br>*(Name)* | 888-562-5442-210653<br>*(Area Code) (Telephone Number) (Extension)* |
| | daniel.gudz@molinahealthcare.com<br>*(E-Mail Address)* | 614-899-2376<br>*(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 _____ 2020

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

# EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| **A&H Premiums Due and Unpaid** | | | | | | |
| 0199999. Total individuals | 31,362 | | | | | 31,362 |
| 0499999. Premiums due and unpaid from Medicaid entities | 122,883,779 | 2,980,488 | 909,439 | 331,270 | | 127,104,976 |
| 0599999. Accident and health premiums due and unpaid (Page 2, Line 15) | 122,915,141 | 2,980,488 | 909,439 | 331,270 | 0 | 127,136,338 |

# EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| **Pharmaceutical Rebate Receivables** | | | | | | |
| CVS Caremark Corporation | 3,388,222 | 3,388,222 | 3,388,222 | 13,201,769 | 13,201,769 | 10,164,666 |
| 0199999. Total Pharmaceutical Rebate Receivables | 3,388,222 | 3,388,222 | 3,388,222 | 13,201,769 | 13,201,769 | 10,164,666 |
| **Claim Overpayment Receivables** | | | | | | |
| 0299998. Claim Overpayment Receivables Not Listed Individually | 16,322,499 | 99,925 | 63,009 | 1,529,490 | 11,451,374 | 6,563,549 |
| 0299999. Total Claim Overpayment Receivables | 16,322,499 | 99,925 | 63,009 | 1,529,490 | 11,451,374 | 6,563,549 |
| **Capitation Arrangement Receivables** | | | | | | |
| Partners for Kids | 16,510,223 | 11,763,864 | | 567,436 | | 28,841,523 |
| 0499998. Capitation Arrangement Receivables Not Listed Individually | 1,708,039 | | | 9,266,512 | 10,974,551 | 0 |
| 0499999. Total Capital Arrangement Receivables | 18,218,262 | 11,763,864 | 0 | 9,833,948 | 10,974,551 | 28,841,523 |
| **Other Receivables** | | | | | | |
| 0699998. Other Receivables Not Listed Individually | 1,361,555 | | | | 1,361,555 | 0 |
| 0699999. Total Other Receivables | 1,361,555 | 0 | 0 | 0 | 1,361,555 | 0 |
| 0799999. Gross Health Care Receivables | 39,290,538 | 15,252,011 | 3,451,231 | 24,565,207 | 36,989,249 | 45,569,738 |

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

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Heath Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Amounts Accrued Prior to January 1 of Current Year | 2<br>On Amounts Accrued During the Year | 3<br>On Amounts Accrued December 31 of Prior Year | 4<br>On Amounts Accrued During the Year | Health Care Receivables in Prior Years (Columns 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | 21,884,909 | 13,451,234 | 49,960 | 23,316,475 | 21,934,869 | 21,035,708 |
| 2. Claim overpayment receivables | 2,500,022 | 1,308,341 | 918,689 | 17,096,234 | 3,418,711 | 4,929,546 |
| 3. Loans and advances to providers | | | | | 0 | |
| 4. Capitation arrangement receivables | 22,670,180 | 113,843,141 | 9,654,652 | 30,161,422 | 32,324,832 | 48,234,632 |
| 5. Risk sharing receivables | | | | | 0 | |
| 6. Other health care receivables | | | | 1,361,555 | 0 | 74,941 |
| 7. Totals (Lines 1 through 6) | 47,055,111 | 128,602,716 | 10,623,301 | 71,935,686 | 57,678,412 | 74,274,827 |

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

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

## Aging Analysis of Unpaid Claims

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| **Claims Unpaid (Reported)** | | | | | | |
| CVS Caremark Corporation | 20,885,621 | | | | | 20,885,621 |
| 0199999. Individually listed claims unpaid | 20,885,621 | 0 | 0 | 0 | 0 | 20,885,621 |
| 0399999. Aggregate accounts not individually listed - covered | 23,826,778 | 1,748,643 | | | | 25,575,421 |
| 0499999. Subtotals | 44,712,399 | 1,748,643 | 0 | 0 | 0 | 46,461,042 |
| 0599999. Unreported claim and other claim reserves | | | | | | 205,963,446 |
| 0799999. Total claims unpaid | | | | | | 252,424,488 |
| 0899999. Accrued medical incentive pool and bonus amounts | | | | | | 1,416,648 |

# EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

**NONE**

# EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1<br>Affiliate | 2<br>Description | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|---|---|---|---|---|
| **Amounts Due To Parent, Subsidiaries and Affiliates** | | | | |
| Molina Healthcare, Inc. | Misc Charges | 4,903,176 | 4,903,176 | |
| 0199999. Individually listed payables | | 4,903,176 | 4,903,176 | 0 |
| 0399999. Total gross payables | | 4,903,176 | 4,903,176 | 0 |

# EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1<br>Direct Medical Expense Payment | 2<br>Column 1 as a % of Total Payment | 3<br>Total Members Covered | 4<br>Column 3 as a % of Total Members | 5<br>Column 1 Expenses Paid to Affiliated Providers | 6<br>Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|---|---|---|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 252,510,931 | 11.2 | 287,501 | 100.0 | | 252,510,931 |
| 2. Intermediaries | 46,241,033 | 2.1 | 282,109 | 98.1 | | 46,241,033 |
| 3. All other providers | 222,532,232 | 9.9 | 287,501 | 100.0 | | 222,532,232 |
| 4. Total capitation payments | 521,284,196 | 23.2 | 857,111 | 298.1 | 0 | 521,284,196 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 77,821,243 | 3.5 | XXX | XXX | | 77,821,243 |
| 6. Contractual fee payments | 1,651,539,714 | 73.4 | XXX | XXX | | 1,651,539,714 |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | 0 | 0.0 | XXX | XXX | | |
| 9. Non-contingent salaries | 0 | 0.0 | XXX | XXX | | |
| 10. Aggregate cost arrangements | 0 | 0.0 | XXX | XXX | | |
| 11. All other payments | 0 | 0.0 | XXX | XXX | | |
| 12. Total other payments | 1,729,360,957 | 76.8 | XXX | XXX | 0 | 1,729,360,957 |
| 13. Total (Line 4 plus Line 12) | 2,250,645,153 | 100.0 | XXX | XXX | 0 | 2,250,645,153 |



# EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1<br>NAIC Code | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average Monthly Capitation | 5<br>Intermediary's Total Adjusted Capital | 6<br>Intermediary's Authorized Control Level RBC |
|---|---|---|---|---|---|
| **Transactions with Intermediaries** | | | | | |
| | March Vision | 5,380,904 | 448,409 | | |
| | VSP | 18,327 | 1,527 | | |
| | Scion | 28,857,457 | 2,404,788 | | |
| | Access2Care | 11,817,295 | 984,775 | | |
| | American Specialty Health Fitness | 167,050 | 13,921 | | |
| 9999999. Totals | | 46,241,033 | XXX | XXX | XXX |

# EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description | 1<br>Cost | 2<br>Improvements | 3<br>Accumulated Depreciation | 4<br>Book Value Less Encumbrances | 5<br>Assets Not Admitted | 6<br>Net Admitted Assets |
|---|---|---|---|---|---|---|
| 1. Administrative furniture and equipment | 2,109,082 | | 1,876,616 | 232,466 | 232,466 | 0 |
| 2. Medical furniture, equipment and fixtures | | | | | | 0 |
| 3. Pharmaceuticals and surgical supplies | | | | | | 0 |
| 4. Durable medical equipment | | | | | | 0 |
| 5. Other property and equipment | 4,401,011 | | 2,658,453 | 1,742,558 | 1,742,558 | 0 |
| 6. Total | 6,510,093 | 0 | 4,535,069 | 1,975,024 | 1,975,024 | 0 |

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# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | Federal | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| **Total Members at end of:** | | | | | | | | | | |
| 1. Prior year | 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 | 292,005 | 10,258 | | | | | | 14,054 | 267,693 | |
| 5. Current year | 287,501 | 9,803 | | | | | | 13,574 | 264,124 | |
| 6. Current year member months | 3,705,866 | 127,938 | | | | | | 170,605 | 3,407,323 | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | |
| 7. Physician | 1,715,170 | 56,020 | | | | | | 96,255 | 1,562,895 | |
| 8. Non-physician | 6,439,062 | 90,679 | | | | | | 244,407 | 6,103,976 | |
| 9. Totals | 8,154,232 | 146,699 | 0 | 0 | 0 | 0 | 0 | 340,662 | 7,666,871 | 0 |
| 10. Hospital patient days incurred | 1,283,877 | 4,090 | | | | | | 183,385 | 1,096,402 | |
| 11. Number of inpatient admissions | 68,351 | 810 | | | | | | 15,379 | 52,162 | |
| 12. Health premiums written (b) | 2,736,168,121 | 103,848,594 | | | | | | 324,838,825 | 2,307,480,702 | |
| 13. Life premiums direct | 0 | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | |
| 15. Health premiums earned | 2,732,444,435 | 103,848,594 | | | | | | 323,199,122 | 2,305,396,719 | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | |
| 17. Amount paid for provision of health care services | 2,250,645,153 | 71,137,821 | | | | | | 260,735,531 | 1,918,771,801 | |
| 18. Amount incurred for provision of health care services | 2,237,164,368 | 69,820,366 | | | | | | 262,285,270 | 1,905,058,732 | |

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....324,838,825

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

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | Federal | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| **Total Members at end of:** | | | | | | | | | | |
| 1. Prior year | 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 | 292,005 | 10,258 | | | | | | 14,054 | 267,693 | |
| 5. Current year | 287,501 | 9,803 | | | | | | 13,574 | 264,124 | |
| 6. Current year member months | 3,705,866 | 127,938 | | | | | | 170,605 | 3,407,323 | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | |
| 7. Physician | 1,715,170 | 56,020 | | | | | | 96,255 | 1,562,895 | |
| 8. Non-physician | 6,439,062 | 90,679 | | | | | | 244,407 | 6,103,976 | |
| 9. Totals | 8,154,232 | 146,699 | 0 | 0 | 0 | 0 | 0 | 340,662 | 7,666,871 | 0 |
| 10. Hospital patient days incurred | 1,283,877 | 4,090 | | | | | | 183,385 | 1,096,402 | |
| 11. Number of inpatient admissions | 68,351 | 810 | | | | | | 15,379 | 52,162 | |
| 12. Health premiums written (b) | 2,736,168,121 | 103,848,594 | | | | | | 324,838,825 | 2,307,480,702 | |
| 13. Life premiums direct | 0 | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | |
| 15. Health premiums earned | 2,732,444,435 | 103,848,594 | | | | | | 323,199,122 | 2,305,396,719 | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | |
| 17. Amount paid for provision of health care services | 2,250,645,153 | 71,137,821 | | | | | | 260,735,531 | 1,918,771,801 | |
| 18. Amount incurred for provision of health care services | 2,237,164,368 | 69,820,366 | | | | | | 262,285,270 | 1,905,058,732 | |

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....324,838,825

# SCHEDULE S - PART 1 - SECTION 2

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

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

**NONE**

# SCHEDULE S - PART 2

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

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Effective Date | 4<br>Name of Company | 5<br>Domiciliary Jurisdiction | 6<br>Paid Losses | 7<br>Unpaid Losses |
|---|---|---|---|---|---|---|
| **Accident and Health - Non-Affiliates - U.S. Non-Affiliates** | | | | | | |
| 23680..... | 47-0698507.... | 01/01/2019 | Odyssey Reinsurance Company..... | CT..... | .....1,215,560 | ..... |
| 1999999. | Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates..... | | | | .....1,215,560 | .....0 |
| 2199999. | Total - Accident and Health Non-Affiliates..... | | | | .....1,215,560 | .....0 |
| 2299999. | Total - Accident and Health..... | | | | .....1,215,560 | .....0 |
| 2399999. | Total U.S..... | | | | .....1,215,560 | .....0 |
| 9999999. | Total..... | | | | .....1,215,560 | .....0 |

# SCHEDULE S - PART 3 - SECTION 2

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Outstanding Surplus Relief | | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | 12 | | |
| NAIC Company Code | ID Number | Effective Date | Name of Company | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Premiums | Unearned Premiums (Estimated) | Reserve Credit Taken Other Than for Unearned Premiums | Current Year | Prior Year | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| **General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates** | | | | | | | | | | | | | |
| 23680..... | 47-0698507.... | .01/01/2019 | Odyssey Reinsurance Company..... | CT..... | SSL/I..... | CMM..... | .....146,991 | ..... | ..... | ..... | ..... | ..... | ..... |
| 23680..... | 47-0698507.... | .01/01/2019 | Odyssey Reinsurance Company..... | CT..... | SSL/I..... | MR..... | .....(87,057) | ..... | ..... | ..... | ..... | ..... | ..... |
| 23680..... | 47-0698507.... | .01/01/2019 | Odyssey Reinsurance Company..... | CT..... | SSL/I..... | MC..... | .....4,644,748 | ..... | ..... | ..... | ..... | ..... | ..... |
| 0899999. | Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates..... | | | | | | .....4,704,682 | .....0 | .....0 | .....0 | .....0 | .....0 | .....0 |
| 1099999. | Total - General Account - Authorized - Non-Affiliates..... | | | | | | .....4,704,682 | .....0 | .....0 | .....0 | .....0 | .....0 | .....0 |
| 1199999. | Total - General Account - Authorized..... | | | | | | .....4,704,682 | .....0 | .....0 | .....0 | .....0 | .....0 | .....0 |
| 3499999. | Total - General Account - Authorized, Unauthorized and Certified..... | | | | | | .....4,704,682 | .....0 | .....0 | .....0 | .....0 | .....0 | .....0 |
| 6999999. | Total - U.S..... | | | | | | .....4,704,682 | .....0 | .....0 | .....0 | .....0 | .....0 | .....0 |
| 9999999. | Total..... | | | | | | .....4,704,682 | .....0 | .....0 | .....0 | .....0 | .....0 | .....0 |

# Sch. S - Pt. 4
# NONE

# Sch. S - Pt. 5
# NONE

# SCHEDULE S - PART 6

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

| | | 1<br>2019 | 2<br>2018 | 3<br>2017 | 4<br>2016 | 5<br>2015 |
|---|---|---|---|---|---|---|
| **A.** | **OPERATIONS ITEMS** | | | | | |
| 1. | Premiums | 147 | 196 | 85 | 249 | 76 |
| 2. | Title XVIII - Medicare | (87) | 79 | 106 | 91 | 2 |
| 3. | Title XIX - Medicaid | 4,645 | 3,900 | 2,530 | 2,403 | 2,644 |
| 4. | Commissions and reinsurance expense allowance | | | | | |
| 5. | Total hospital and medical expenses | | | | | |
| **B.** | **BALANCE SHEET ITEMS** | | | | | |
| 6. | Premiums receivable | | | | | |
| 7. | Claims payable | | | | | |
| 8. | Reinsurance recoverable on paid losses | 1,216 | 2,092 | 214 | 1,339 | 2,216 |
| 9. | Experience rating refunds due or unpaid | | | | | |
| 10. | Commissions and reinsurance expense allowances due | | | | | |
| 11. | Unauthorized reinsurance offset | | | | | |
| 12. | Offset for reinsurance with certified reinsurers | | | | | |
| **C.** | **UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)** | | | | | |
| 13. | Funds deposited by and withheld from (F) | | | | | |
| 14. | Letters of credit (L) | | | | | |
| 15. | Trust agreements (T) | | | | | |
| 16. | Other (O) | | | | | |
| **D.** | **REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)** | | | | | |
| 17. | Multiple beneficiary trust | | | | | |
| 18. | Funds deposited by and withheld from (F) | | | | | |
| 19. | Letters of credit (L) | | | | | |
| 20. | Trust agreements (T) | | | | | |
| 21. | Other (O) | | | | | |

# SCHEDULE S - PART 7

## Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | | 1<br>As Reported<br>(Net of Ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(Gross of Ceded) |
|---|---|---|---|---|
| | **ASSETS (Page 2, Col. 3)** | | | |
| 1. | Cash and invested assets (Line 12) | 383,801,895 | | 383,801,895 |
| 2. | Accident and health premiums due and unpaid (Line 15) | 152,861,826 | | 152,861,826 |
| 3. | Amounts recoverable from reinsurers (Line 16.1) | 1,215,560 | (1,215,560) | 0 |
| 4. | Net credit for ceded reinsurance | XXX | 1,215,560 | 1,215,560 |
| 5. | All other admitted assets (balance) | 68,614,886 | | 68,614,886 |
| 6. | Totals assets (Line 28) | 606,494,167 | 0 | 606,494,167 |
| | **LIABILITIES, CAPITAL AND SURPLUS (Page 3)** | | | |
| 7. | Claims unpaid (Line 1) | 252,424,488 | | 252,424,488 |
| 8. | Accrued medical incentive pool and bonus payments (Line 2) | 1,416,648 | | 1,416,648 |
| 9. | Premiums received in advance (Line 8) | 3,144,152 | | 3,144,152 |
| 10. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) | | | 0 |
| 11. | Reinsurance in unauthorized companies (Line 20 minus inset amount) | | | 0 |
| 12. | Reinsurance with certified reinsurers (Line 20 inset amount) | | | 0 |
| 13. | Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount) | | | 0 |
| 14. | All other liabilities (balance) | 82,776,218 | | 82,776,218 |
| 15. | Total liabilities (Line 24) | 339,761,506 | 0 | 339,761,506 |
| 16. | Total capital and surplus (Line 33) | 266,732,661 | XXX | 266,732,661 |
| 17. | Total liabilities, capital and surplus (Line 34) | 606,494,167 | 0 | 606,494,167 |
| | **NET CREDIT FOR CEDED REINSURANCE** | | | |
| 18. | Claims unpaid | 0 | | |
| 19. | Accrued medical incentive pool | 0 | | |
| 20. | Premiums received in advance | 0 | | |
| 21. | Reinsurance recoverable on paid losses | 1,215,560 | | |
| 22. | Other ceded reinsurance recoverables | 0 | | |
| 23. | Total ceded reinsurance recoverables | 1,215,560 | | |
| 24. | Premiums receivable | 0 | | |
| 25. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. | Unauthorized reinsurance | 0 | | |
| 27. | Reinsurance with certified reinsurers | 0 | | |
| 28. | Funds held under reinsurance treaties with certified reinsurers | 0 | | |
| 29. | Other ceded reinsurance payables/offsets | 0 | | |
| 30. | Total ceded reinsurance payables/offsets | 0 | | |
| 31. | Total net credit for ceded reinsurance | 1,215,560 | | |

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

Allocated by States and Territories

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

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **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 | 00000 | 84-3288805 | | | | Molina Healthcare of Tennessee, Inc | TN | NIA | 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 | 00000 | 26-1769086 | | | | Molina Healthcare of Virginia, Inc | VA | NIA | 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 | 45-2854547 | | | | Molina Pathways, LLC | DE | NIA | Molina Healthcare, Inc | Ownership | 100.000 | Molina Healthcare, Inc | 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 | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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..... | 84-4517063..... | ..... | ..... | ..... | Blitz IL MergeSub, Inc..... | DE..... | NIA..... | Molina Healthcare, Inc..... | Ownership..... | ....100.000 | Molina Healthcare, Inc..... | .....N..... | ..... |
| 1531.... | Molina Healthcare, Inc..... | 00000..... | 84-4039542..... | ..... | ..... | ..... | Oceangate Reinsurance, Inc..... | UT..... | NIA..... | Molina Healthcare, Inc..... | Ownership..... | ....100.000 | Molina Healthcare, Inc..... | .....N..... | ..... |
| 1531.... | Molina Healthcare, Inc..... | 00000..... | 62-1651095..... | ..... | ..... | ..... | Pathways Community Corrections, LLC..... | DE..... | NIA..... | Molina Healthcare, Inc..... | Ownership..... | ....100.000 | Molina Healthcare, Inc..... | .....N..... | ..... |

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Affiliated Transactions** | | | | | | | | | | | | |
| 00000 | 13-4204626 | Molina Healthcare, Inc. | 742,628,089 | 565,662,254 | | | 1,270,679,263 | | | | 2,578,969,606 | |
| 00000 | 33-0342719 | Molina Healthcare of California | (210,000,000) | | | | 1,441,908,566 | | | | 1,231,908,566 | |
| 00000 | 20-2714545 | Molina Healthcare of California Partner Plan, Inc. | | | | | (1,648,789,019) | | | | (1,648,789,019) | |
| 00000 | 45-2634351 | Molina Healthcare Data Center, Inc. | | 20,360,111 | | | | | | | 20,360,111 | |
| 13128 | 26-0155137 | Molina Healthcare of Florida, Inc. | | (285,000,000) | | | (69,262,240) | | | | (354,262,240) | |
| 14104 | 27-1823188 | Molina Healthcare of Illinois, Inc. | | (40,000,000) | | | (80,068,122) | | | | (120,068,122) | |
| 52630 | 38-3341599 | Molina Healthcare of Michigan, Inc. | (150,000,000) | | | | (156,787,055) | | | | (306,787,055) | |
| 95739 | 85-0408506 | Molina Healthcare of New Mexico, Inc. | | (195,000,000) | | | (32,440,800) | | | | (227,440,800) | |
| 12334 | 20-0750134 | Molina Healthcare of Ohio, Inc. | (117,000,000) | | | | (161,960,757) | | | | (278,960,757) | |
| 15600 | 66-0817946 | Molina Healthcare of Puerto Rico, Inc. | | (60,000,000) | | | (15,195,118) | | | | (75,195,118) | |
| 15329 | 46-2992125 | Molina Healthcare of South Carolina, Inc. | | (15,000,000) | | | (43,722,877) | | | | (58,722,877) | |
| 10757 | 20-1494502 | Molina Healthcare of Texas, Inc. | (177,000,000) | | | | (211,620,719) | | | | (388,620,719) | (1,956,720) |
| 13778 | 27-0522725 | Molina Healthcare of Texas Insurance Company | | | | | | | | | 0 | 1,956,720 |
| 95502 | 33-0617992 | Molina Healthcare of Utah, Inc. | (8,628,089) | (16,371,911) | | | (37,874,434) | | | | (62,874,434) | |
| 00000 | 26-1769086 | Molina Healthcare of Virginia, Inc. | | (3,969,133) | | | | | | | (3,969,133) | |
| 96270 | 91-1284790 | Molina Healthcare of Washington, Inc. | (80,000,000) | | | | (232,244,433) | | | | (312,244,433) | |
| 12007 | 20-0813104 | Molina Healthcare of Wisconsin, Inc. | | (15,000,000) | | | (26,340,921) | | | | (41,340,921) | |
| 15714 | 80-0800257 | Molina Healthcare of Georgia, Inc. | | | | | | | | | 0 | |
| 00000 | 27-1603200 | Molina Healthcare of New York, Inc. | | | | | (14,833,412) | | | | (14,833,412) | |
| 16596 | 83-3866292 | Molina Healthcare of Kentucky, Inc. | | 3,498,679 | | | | | | | 3,498,679 | |
| 00000 | 81-2824030 | Molina Clinical Services, LLC | | | | | 34,127,052 | | | | 34,127,052 | |
| 00000 | 47-2296708 | Molina Pathways of Texas, Inc. | | 820,000 | | | | | | | 820,000 | |
| 16301 | 26-4390042 | Molina Healthcare of Mississippi, Inc. | | 40,000,000 | | | (15,574,974) | | | | 24,425,026 | |
| 9999999. | Control Totals | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**EXPLANATIONS:**

**BAR CODE:**

1.

2.

3.

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11. The data for this supplement is not required to be filed.

12. The data for this supplement is not required to be filed.

13. The data for this supplement is not required to be filed.

14. The data for this supplement is not required to be filed.

15. The data for this supplement is not required to be filed.

16. The data for this supplement is not required to be filed.

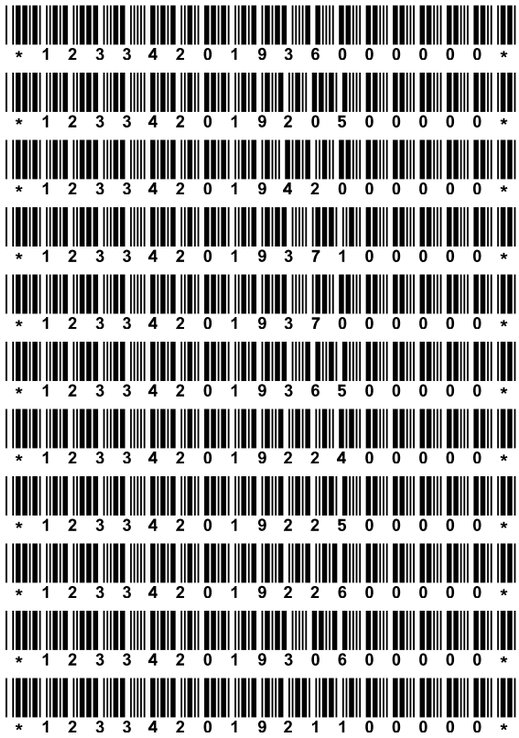
17. The data for this supplement is not required to be filed.

18. The data for this supplement is not required to be filed.

19. The data for this supplement is not required to be filed.

20. The data for this supplement is not required to be filed.

21. The data for this supplement is not required to be filed.




22.

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# 2019 ALPHABETICAL INDEX
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