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HEALTH QUARTERLY STATEMENT

As of March 31, 2020

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 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
1. Bonds	192,343,652		192,343,652	206,105,563
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....(23,685,692)), cash equivalents ($.....261,419,925) and short-term investments ($.....19,698,870)	257,433,103		257,433,103	177,696,332
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)	449,776,755	0	449,776,755	383,801,895
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	1,285,658		1,285,658	1,197,097
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	167,305,113		167,305,113	127,136,338
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($.....3,057,675) and contracts subject to redetermination ($.....32,719,723)	35,777,398		35,777,398	25,725,488
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	940,015		940,015	1,215,560
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	9,478,058		9,478,058	9,155,861
18.1 Current federal and foreign income tax recoverable and interest thereon			0	2,404,548
18.2 Net deferred tax asset	11,368,802	344,834	11,023,968	10,287,642
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)	1,791,454	1,791,454	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 ($.....46,140,826) and other amounts receivable	84,787,601	38,346,133	46,441,468	45,569,738
25. Aggregate write-ins for other than invested assets	609,535	609,535	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	763,120,389	41,091,956	722,028,433	606,494,167
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	763,120,389	41,091,956	722,028,433	606,494,167

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	609,535	609,535	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)	609,535	609,535	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)	276,121,567	512,828	276,634,395	252,424,488
2. Accrued medical incentive pool and bonus amounts	3,168,441		3,168,441	1,416,648
3. Unpaid claims adjustment expenses	3,950,042	9,106	3,959,148	3,446,320
4. Aggregate health policy reserves, including the liability of $.....1,039,993 for medical loss ratio rebate per the Public Health Service Act	6,185,563		6,185,563	3,752,903
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance	2,768,865		2,768,865	3,144,152
9. General expenses due or accrued	98,321,051		98,321,051	39,662,719
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	16,610,367		16,610,367	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates	588,830		588,830	4,903,176
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and certified $.....0 reinsurers)			0	
20. Reinsurance in unauthorized and certified ($.....0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including $.....23,864,631 current)	23,864,631	0	23,864,631	31,011,100
24. Total liabilities (Lines 1 to 23)	431,579,357	521,934	432,101,291	339,761,506
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	51,100,000
26. Common capital stock	XXX	XXX	1,500	1,500
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	82,888,500	82,888,500
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	207,037,142	132,742,661
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	289,927,142	266,732,661
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	722,028,433	606,494,167

DETAILS OF WRITE-INS

2301. Amounts due to government agencies	23,864,631		23,864,631	31,011,100
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)	23,864,631	0	23,864,631	31,011,100
2501. 2020 health insurer fee accrual estimate	XXX	XXX		51,100,000
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	51,100,000
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months	XXX	933,420	929,445	3,705,866
2. Net premium income (including $.....0 non-health premium income)	XXX	808,487,727	667,730,654	2,731,463,439
3. Change in unearned premium reserves and reserve for rate credits	XXX	(1,224,239)	(4,472,421)	(3,723,686)
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	807,263,488	663,258,233	2,727,739,753
Hospital and Medical:				
9. Hospital/medical benefits		426,000,417	373,401,388	1,512,613,286
10. Other professional services		57,899,261	42,606,036	211,302,274
11. Outside referrals	1,478,438	20,024,244	19,090,987	68,780,437
12. Emergency room and out-of-area		39,029,634	34,950,429	136,564,635
13. Prescription drugs		91,369,616	74,043,575	307,574,940
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		1,515,206	256,600	328,796
16. Subtotal (Lines 9 to 15)	1,478,438	635,838,378	544,349,015	2,237,164,368
Less:				
17. Net reinsurance recoveries		170,286	298,830	1,849,754
18. Total hospital and medical (Lines 16 minus 17)	1,478,438	635,668,092	544,050,185	2,235,314,614
19. Non-health claims (net)				
20. Claims adjustment expenses, including $.....17,957,323 cost containment expenses		19,308,160	23,840,884	100,061,236
21. General administrative expenses		111,447,708	59,571,966	262,198,614
22. Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	1,478,438	766,423,960	627,463,035	2,597,574,464
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	40,839,528	35,795,198	130,165,289
25. Net investment income earned		1,991,565	2,619,276	9,466,019
26. Net realized capital gains (losses) less capital gains tax of $.....68,892		259,163		229,141
27. Net investment gains or (losses) (Lines 25 plus 26)	0	2,250,728	2,619,276	9,695,160
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	(225,565)	337,336	(853,504)
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	42,864,691	38,751,810	139,006,945
31. Federal and foreign income taxes incurred	XXX	18,946,024	8,277,159	29,772,451
32. Net income (loss) (Lines 30 minus 31)	XXX	23,918,667	30,474,651	109,234,494

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		(225,565)	337,336	(853,504)
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	(225,565)	337,336	(853,504)

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	266,732,661	277,920,351	277,920,351
34. Net income or (loss) from Line 32	23,918,667	30,474,651	109,234,494
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....60,198	(226,457)		
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	719,821	(193,185)	1,368,962
39. Change in nonadmitted assets	(1,217,550)	1,614,203	(4,791,146)
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)	(117,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	23,194,481	(25,104,331)	(11,187,690)
49. Capital and surplus end of reporting period (Line 33 plus 48)	289,927,142	252,816,020	266,732,661

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	752,753,764	630,140,716	2,676,658,134
2. Net investment income	2,148,299	2,204,325	9,695,649
3. Miscellaneous income			
4. Total (Lines 1 through 3)	754,902,063	632,345,041	2,686,353,783
5. Benefit and loss related payments	611,358,819	545,284,562	2,248,467,512
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	72,748,958	78,014,733	365,644,615
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....68,892 tax on capital gains (losses)			33,280,000
10. Total (Lines 5 through 9)	684,107,777	623,299,295	2,647,392,127
11. Net cash from operations (Line 4 minus Line 10)	70,794,286	9,045,746	38,961,656
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	37,450,695	8,199,000	69,493,401
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	671		335
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	37,451,366	8,199,000	69,493,736
13. Cost of investments acquired (long-term only):			
13.1 Bonds	23,893,350		184,650,811
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)	23,893,350	0	184,650,811
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)	13,558,016	8,199,000	(115,157,075)
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	117,000,000
16.6 Other cash provided (applied)	(4,615,531)	(5,958,246)	1,702,548
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(4,615,531)	(62,958,246)	(115,297,452)
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)	79,736,771	(45,713,500)	(191,492,871)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	177,696,332	369,189,203	369,189,203
19.2 End of period (Line 18 plus Line 19.1)	257,433,103	323,475,703	177,696,332

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	287,501	9,803						13,574	264,124	
2. First Quarter	299,353	18,632						14,460	266,261	
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	933,420	55,650						40,985	836,785	
Total Member Ambulatory Encounters for Period:										
7. Physician	413,734	18,983						23,904	370,847	
8. Non-Physician	1,507,463	30,970						54,556	1,421,937	
9. Total	1,921,197	49,953	0	0	0	0	0	78,460	1,792,784	0
10. Hospital Patient Days Incurred	205,536	4,764						33,854	166,918	
11. Number of Inpatient Admissions	25,638	1,236						3,575	20,827	
12. Health Premiums Written (a)	808,444,288	32,988,124						84,294,546	691,161,618	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	807,220,049	31,948,131						84,294,546	690,977,372	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	612,041,237	21,410,256						70,071,715	520,559,266	
18. Amount Incurred for Provision of Health Care Services	635,838,378	23,679,662						64,644,929	547,513,787	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....84,294,546.

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	23,934,190					23,934,190
0199999. Individually Listed Claims Unpaid	23,934,190	0	0	0	0	23,934,190
0299999. Aggregate Accounts Not Individually Listed-Uncovered	29,731,453					29,731,453
0499999. Subtotals	53,665,643	0	0	0	0	53,665,643
0599999. Unreported Claims and Other Claim Reserves						222,968,752
0799999. Total Claims Unpaid						276,634,395
0899999. Accrued Medical Incentive Pool and Bonus Amounts						3,168,441

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)	6,125,666	15,284,590	848,453	9,021,705	6,974,119	7,279,795
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare	22,622,277	47,416,449	4,494,819	27,212,022	27,117,096	36,726,406
7. Title XIX - Medicaid	151,539,814	368,882,155	26,244,150	208,813,246	177,783,964	208,418,287
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	180,287,757	431,583,194	31,587,422	245,046,973	211,875,179	252,424,488
10. Healthcare receivables (a)	36,133,221	47,168,081		1,185,657	36,133,221	82,558,987
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	(236,587)		3,069,633	98,808	2,833,046	1,416,648
13. Totals (Lines 9-10+11+12)	143,917,949	384,415,113	34,657,055	243,960,124	178,575,004	171,282,149

(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, 2019. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2019 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, or the Parent). 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) 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	2019
NET INCOME					
(1) Molina Healthcare of Ohio, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	$ 23,918,667	$ 109,234,494
(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	$ 23,918,667	$ 109,234,494
SURPLUS					
(5) Molina Healthcare of Ohio, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 289,927,142	$ 266,732,661
(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	$ 289,927,142	$ 266,732,661

B. Use of Estimates in the Preparation of the Financial Statement: 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

Basis for Loan-Backed Securities and Adjustment Methodology: Loan-backed securities are stated at amortized cost or lower of amortized cost or fair value. 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.

D. Loan-Backed Securities

As of March 31, 2020, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

(1) Description of Sources Used to Determined Prepayment Assumptions: Prepayment assumptions for mortgage-backed securities, collateralized mortgage obligations and other structure securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonally), current levels of interest rates (refinancing incentive), economic activity (including

housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and model is calibrated to reflect actual experience, market factors and view point.

(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	$	1,158,201
	2. 12 Months or Longer	$	
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	$	37,129,002
	2. 12 Months or Longer	$	

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at March 31, 2020.

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. – P. None.

Q. Prepayment Penalty and Acceleration Fees: No significant change.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant change.

Note 8 – Derivative Instruments

A. – B. None.

Note 9 – Income Taxes

No significant change.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. No significant change.

B. – C. The Plan neither paid dividends to, nor received contributions from Molina during the period ended March 31, 2020.

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

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 Absences: 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

NOTES TO FINANCIAL STATEMENTS

(1) – (3) No significant changes.

(4) The Plan neither paid dividends to, nor received contributions from Molina during the period ended March 31, 2020.

(5) – (8) No significant changes.

(9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2019 represented the Plan's estimated health insurer fee for 2020. Due to the repeal of the health insurer fee for calendar years 2021 and beyond, the Plan did not reclassify amounts to special surplus at March 31, 2020.

(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

Description for Each Type of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at Fair Value					
Industrial and miscellaneous	$ -	$ 712,500	$ -	$ -	$ 712,500
Other money market mutual fund	$ -	$ -	$ -	$ 236,441,065	$ 236,441,065
Total	$ -	$ 712,500	$ -	$ 236,441,065	$ 237,153,565

(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, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of March 31, 2020 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	$ (23,685,692)	$ (23,685,692)	$ (23,685,692)	$ -	$ -	$ -	$ -
Governments	$ 7,408,965	$ 7,407,606	$ -	$ 7,408,965	$ -	$ -	$ -
Other governments	$ 5,992,347	$ 5,992,347	$ -	$ 5,992,347	$ -	$ -	$ -
States, territories, and possessions	$ 6,334,890	$ 6,306,163	$ -	$ 6,334,890	$ -	$ -	$ -
Political subdivisions	$ 6,037,830	$ 6,044,100	$ -	$ 6,037,830	$ -	$ -	$ -

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Special revenue & assessment obligations	$ 47,065,187	$ 45,941,743	$ -	$ 47,065,187	$ -	$ -	$ -
Industrial and miscellaneous	$ 163,609,050	$ 165,329,423	$ -	$ 163,609,050	$ -	$ -	$ -
Other money market mutual fund	$ 236,441,065	$ 236,441,065	$ -	$ -	$ -	$ 236,441,065	$ -
Total financial instruments	$ 449,203,642	$ 449,776,755	$ (23,685,692)	$ 236,448,269	$ -	$ 236,441,065	$ -

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:

On March 11, 2020, the World Health Organization officially declared COVID-19, the disease caused by the novel coronavirus, a pandemic. The ultimate effects of the pandemic, and the duration of any such effects, including any impact to the Plan's medical care ratio (which could increase or decrease), are not known or quantifiable at this time. As of March 31, 2020, the Plan has not experienced any significant interruptions in the services it provides, nor was there a material impact of the pandemic to its financial position, results of operations, and cash flows in the first quarter of 2020.

The Plan has received information that the state of Ohio expects to release its Medicaid contract request for proposal in mid-2020, with an announcement of the awards expected by end of year 2020, and an operational effective date in July 2021. A loss of the Ohio Medicaid contract could have a material adverse effect on the Plan's business, financial condition, cash flows, and results of operations.

The Plan's Medicare-Medicaid Plan contract has been extended, with one-year renewal terms, through December 31, 2022.

D. – H. No significant changes.

Note 22 – Events Subsequent

Subsequent events were considered through May 13, 2020, the date the statutory financial statements were available to be issued.

On April 27, 2020, the United States Supreme Court issued its opinion in *Maine Community Health Options v. United States*. The Supreme Court held that §1342 of the Affordable Care Act obligated the federal government to pay participating insurers the full Marketplace risk corridor amounts calculated by that statute, that such payment obligations survived Congress' appropriations riders, and that impacted insurers may sue the federal government in the U.S. Court of Federal Claims to recover damages for breach of that obligation. There are no distinguishing factors regarding liability or damages between this case and the cases the Parent has brought against the federal government for its failure to pay its Marketplace risk corridors claims for 2014, 2015, and 2016. The Parent has already obtained summary judgment for its 2014 and 2015 consolidated risk corridor claims in the approximate amount of $52.0 million, and it has brought another claim for approximately $76.0 million for the government's failure to pay its 2016 consolidated risk corridor claims. The timing of recognition and collection of these outstanding Marketplace risk corridor claims is uncertain, but the Parent will request that the Court of Claims act as expeditiously as possible to enter judgment for all of the risk corridors amounts owed to it and its subsidiaries. Refer to Note 24E(5).

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)	$ 19,324,470
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	$ 29,255
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	$ 2,642,937
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	$ (10,020)

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	$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	$

NOTES TO FINANCIAL STATEMENTS

b. Transitional ACA Reinsurance Program	AMOUNT
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)	$ 16,681,533	$	$	$	$ 16,681,533	$	$ 396,515	$	A	$ 17,078,048	$
2. Premium adjustments (payable) (including high risk pool payments)									B		
3. Subtotal ACA Permanent Risk Adjustment Program	$ 16,681,533	$	$	$	$ 16,681,533	$	$ 396,515	$		$ 17,078,048	$
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	$	$	$	$	$	$	$	$	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	$	$	$	$	$	$	$	$		$	$
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	$ 16,681,533	$	$	$	$ 16,681,533	$	$ 396,515	$		$ 17,078,048	$

Explanations of Adjustments

A. Adjustments are changes in estimates based on additional information since December 31, 2019.

(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:

		Three months ended 3/31/2020
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	$	257,287,456
Add provision for claims, net of reinsurance:		
Current year		647,232,154
Prior years		(11,564,062)
Net incurred claims during the current year		635,668,092
Deduct paid claims, net of reinsurance:		
Current year		431,071,062
Prior years		180,287,757
Net paid claims during the current year		611,358,819
Change in claims adjustment expenses		512,828
Change in health care receivables		1,927,972
Change in amounts due from reinsurers		(275,545)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	$	283,761,984

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 2020.

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 [X] No [ ]

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

Molina Pathways of Texas, Inc. legal name was changed to Molina Care Connections, LLC, and Molina Healthcare of California Partner Plan, Inc. was removed from the organizational chart.

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. 12/31/2018

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 [ ] N/A [X]

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
U.S. Bank Institutional Trust & Custody	555 SW Oak Street 6th Flr, PD-OR-P6TD, Portland, OR 97204

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
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 invested 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 invested assets? Yes [X] No [ ]

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
    a. The security was purchased prior to January 1, 2019.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The security had a public credit raing(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
    d. The fund only or predominantly holds bonds in its portfolio.
    e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
    f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

    Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:
   - 1.1 A&H loss percent ..... 81.0 %
   - 1.2 A&H cost containment percent ..... 2.2 %
   - 1.3 A&H expense percent excluding cost containment expenses ..... 14.0 %

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 Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	L	32,988,124	84,294,546	691,161,618				808,444,288	
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	32,988,124	84,294,546	691,161,618	0	0	0	808,444,288	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	32,988,124	84,294,546	691,161,618	0	0	0	808,444,288	0

DETAILS OF WRITE-INS

58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0

(a) Active Status Count

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

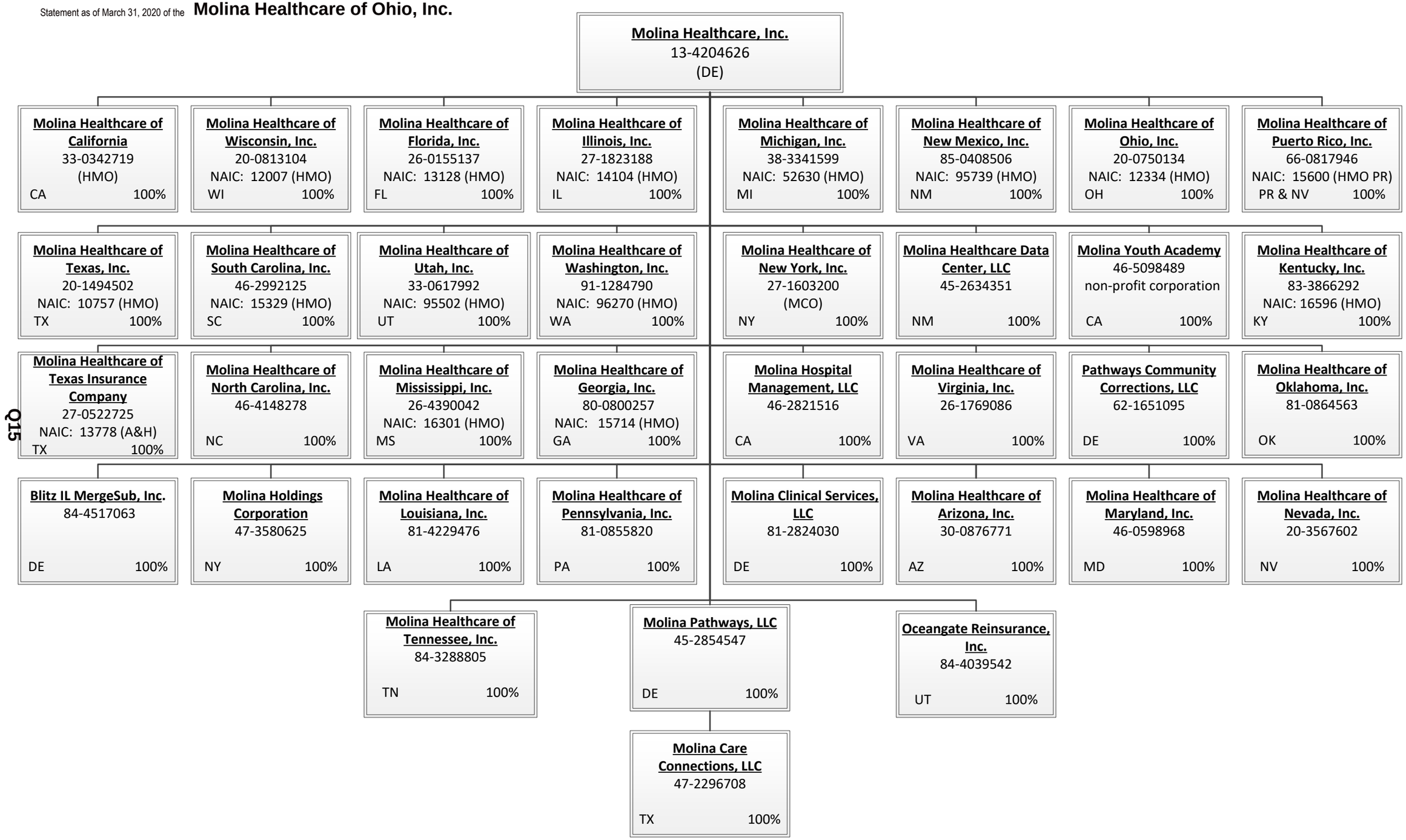
R - Registered - Non-domiciled RRGs 0

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

Q - Qualified - Qualified or accredited reinsurer 0

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

Statement as of March 31, 2020 of the **Molina Healthcare of Ohio, Inc.**



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 *
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.	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 Care Connections, LLC	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	

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	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	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

1.

Bar Code:

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

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

NONE

	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

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

	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

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	206,105,563	91,275,510
2. Cost of bonds and stocks acquired	23,893,350	184,650,811
3. Accrual of discount	22,395	152,848
4. Unrealized valuation increase (decrease)	(286,655)	
5. Total gain (loss) on disposals	327,384	294,947
6. Deduct consideration for bonds and stocks disposed of	37,450,695	69,493,401
7. Deduct amortization of premium	267,690	775,152
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	192,343,652	206,105,563
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	192,343,652	206,105,563

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)	295,983,932	135,536,156	205,964,879	(4,369,738)	221,185,471			295,983,932
2. NAIC 2 (a)	15,885,293	249,998	4,500,000	3,488,120	15,123,411			15,885,293
3. NAIC 3 (a)				712,500	712,500			
4. NAIC 4 (a)					0			
5. NAIC 5 (a)					0			
6. NAIC 6 (a)					0			
7. Total Bonds	311,869,225	135,786,154	210,464,879	(169,118)	237,021,382	0	0	311,869,225
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	311,869,225	135,786,154	210,464,879	(169,118)	237,021,382	0	0	311,869,225

(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 $.....44,677,730; 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	19,698,870	XXX	19,636,730		

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	
2. Cost of short-term investments acquired	19,636,730	
3. Accrual of discount	62,140	
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
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)	19,698,870	0
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	19,698,870	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	161,687,241	342,096,634
2. Cost of cash equivalents acquired	618,270,369	3,608,204,905
3. Accrual of discount	300,691	1,000,180
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	671	335
6. Deduct consideration received on disposals	518,839,047	3,789,614,813
7. Deduct amortization of premium		
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)	261,419,925	161,687,241
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	261,419,925	161,687,241

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
Bonds - U.S. Special Revenue and Special Assessment									
3132CW HM 9	UMBS - POOL SB0236		03/09/2020	SUNTRUST CAPITAL MARKETS		3,071,543	2,933,574	3,463	1FE
3137BR QJ 7	FHLMC MULTIFAMILY STRUCTURED P -K057 A2		03/18/2020	MORGAN STANLEY & CO		636,784	620,000	974	1FE
3137BS P7 2	FHLMC MULTIFAMILY STRUCTURED P -K058 A2		03/18/2020	MORGAN STANLEY & CO		1,382,608	1,340,000	2,173	1FE
31418D LL 4	UMBS - POOL MA3930		03/12/2020	WELLS FARGO FINANCIAL		2,958,860	2,905,294	3,430	1FE
31418D MD 1	UMBS - POOL MA3955		03/13/2020	WELLS FARGO FINANCIAL		2,836,773	2,782,429	3,285	1FE
3199999. Total - Bonds - U.S. Special Revenue and Special Assessments						10,886,568	10,581,297	13,325	XXX
Bonds - Industrial and Miscellaneous									
06406R AM 9	BANK OF NY MELLON CORP		01/21/2020	MORGAN STANLEY & CO		999,300	1,000,000		1FE
14043M AC 5	CAPITAL ONE PRIME AUTO RECEIVA 20-1 A3		02/11/2020	RBC CAPITAL MARKETS		2,249,521	2,250,000		1FE
43813R AC 1	HONDA AUTO RECEIVABLES OWNER T 20-1 A3		02/19/2020	JP MORGAN SECURITIES INC		499,902	500,000		1FE
60162P AE 2	MILOS CLO LTD 17-1A AR		02/05/2020	BARCLAYS CAPITAL		3,250,000	3,250,000		1FE
68902V AD 9	OTIS WORLDWIDE CORP		02/19/2020	GOLDMAN SACHS		249,998	250,000		2FE
69353R FT 0	PNC BANK NA		02/20/2020	MORGAN STANLEY & CO		500,000	500,000		1FE
92348T AA 2	VERIZON OWNER TRUST 20-A A1A		01/21/2020	BANK OF AMERICA		999,883	1,000,000		1FE
92348T AB 0	VERIZON OWNER TRUST 20-A A1B		01/21/2020	BANK OF AMERICA		1,750,000	1,750,000		1FE
92912V AY 1	VOYA CLO LTD 14-2A A1RR		02/18/2020	PARIBAS CORPORATION		750,000	750,000	3,536	1FE
95000U 2B 8	WELLS FARGO & COMPANY		01/23/2020	US BANCORP		508,295	500,000	182	1FE
98162H AC 4	WORLD OMNI AUTOMOBILE LEASE SE 20-A A3		02/04/2020	BANK OF AMERICA		1,249,883	1,250,000		1FE
3899999. Total - Bonds - Industrial and Miscellaneous						13,006,782	13,000,000	3,718	XXX
8399997. Total - Bonds - Part 3						23,893,350	23,581,297	17,043	XXX
8399999. Total - Bonds						23,893,350	23,581,297	17,043	XXX
9999999. Total - Bonds, Preferred and Common Stocks						23,893,350	XXX	17,043	XXX

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value 11	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol
Bonds - All Other Government																					
45905U 6X 7	INTL BK RECON & DEVELOP	D	01/22/2020.	CALLED BY ISSUER at 100.000		3,000,000	3,000,000	3,000,000	3,000,000				0		3,000,000			0	33,600	07/22/2022.	1FE
1099999.	Total - Bonds - All Other Government					3,000,000	3,000,000	3,000,000	3,000,000	0	0	0	0	0	3,000,000	0	0	0	33,600	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3132D5 3M 2	UMBS - POOL SB8004		03/06/2020.	VARIOUS		1,681,076	1,629,980	1,639,786	1,639,754		(589)		(589)		1,639,165		41,911	41,911	11,905	07/01/2034.	1FE
3132D5 4L 3	UMBS - POOL SB8027		03/01/2020.	PAYDOWN		15,384	15,384	15,778	15,387		(3)		(3)		15,384			0	80	01/01/2035.	1FE
3133KY R2 7	FHLMC POOL RB5005		03/01/2020.	PAYDOWN		208,870	208,870	211,449	208,955		(85)		(85)		208,870			0	1,150	07/01/2039.	1FE
3134GA HG 2	FREDDIE MAC		03/28/2020.	SECURITY CALLED BY ISSUER at 100.000		5,000,000	5,000,000	5,000,000	5,000,000				0		5,000,000			0	37,500	09/28/2021.	1FE
3136AG FU 1	FANNIE MAE 13-92 DA		03/01/2020.	PAYDOWN		96,834	96,834	101,691	96,955		(120)		(120)		96,834			0	644	05/25/2042.	1FE
3136AV SG 5	FANNIE MAE 17-11 DA		03/01/2020.	PAYDOWN		164,184	164,184	164,954	164,207		(23)		(23)		164,184			0	705	07/25/2040.	1FE
3136B4 XK 9	FANNIE MAE 19-32 PA		03/01/2020.	PAYDOWN		72,828	72,828	75,718	72,877		(49)		(49)		72,828			0	454	10/25/2048.	1FE
3136B6 JF 1	FANNIE MAE 19-56 VC		03/01/2020.	PAYDOWN		56,464	56,464	57,893	56,485		(21)		(21)		56,464			0	283	02/25/2031.	1FE
3136G3 YD 1	FANNIE MAE		01/27/2020.	CALLED BY ISSUER at 100.000		5,000,000	5,000,000	5,000,000	5,000,000				0		5,000,000			0	37,500	07/27/2021.	1FE
3137F1 G4 4	FHLMC MULTIFAMILY STRUCTURED P - K065 A2		03/09/2020.	BARCLAYS CAPITAL		1,675,078	1,500,000	1,595,801	1,595,387		(2,483)		(2,483)		1,592,903		82,175	82,175	13,648	04/25/2027.	1FE
3138LD 4J 9	FEDERAL NATIONAL MTG ASSOC #AN1724		03/01/2020.	PAYDOWN		21,909	21,909	22,596	21,919		(9)		(9)		21,909			0	94	06/01/2026.	1FE
3138WJ VC 9	UMBS - POOL AS8710		03/06/2020.	VARIOUS		2,514,652	2,407,207	2,449,709	2,449,196		(2,396)		(2,396)		2,446,800		67,852	67,852	17,538	02/01/2032.	1FE
3138WK 4X 0	UMBS - POOL AS9837		03/12/2020.	VARIOUS		2,731,217	2,638,797	2,721,260	2,721,066		(4,375)		(4,375)		2,716,691		14,526	14,526	23,097	06/01/2032.	1FE
3140JA EQ 7	UMBS - POOL BM5542		03/06/2020.	VARIOUS		2,085,355	1,996,360	2,050,948	2,050,247		(3,962)		(3,962)		2,046,286		39,069	39,069	17,367	04/01/2032.	1FE
3140JP QB 4	UMBS - POOL BN6749		03/06/2020.	VARIOUS		3,874,656	3,730,660	3,800,610	3,797,839		(5,035)		(5,035)		3,792,804		81,850	81,850	32,387	06/01/2034.	1FE
3140Q7 SW 8	UMBS - POOL CA0532		03/01/2020.	PAYDOWN		131,082	131,082	134,877	131,157		(74)		(74)		131,082			0	859	10/01/2047.	1FE
3140X4 M4 5	UMBS - POOL FM1278		03/01/2020.	PAYDOWN		66,571	66,571	68,381	66,612		(41)		(41)		66,571			0	361	07/01/2034.	1FE
31418D FM 9	UMBS - POOL MA3771		03/01/2020.	PAYDOWN		120,665	120,665	123,550	120,710		(45)		(45)		120,665			0	665	09/01/2039.	1FE
31418D GG 1	UMBS - POOL MA3798		03/01/2020.	PAYDOWN		51,557	51,557	52,741	51,588		(31)		(31)		51,557			0	286	10/01/2034.	1FE
645913 AY 0	NEW JERSEY ST ECON DEV AUTH LE		02/15/2020.	MATURITY		4,330,000	4,330,000	3,816,765	4,313,194		16,806		16,806		4,330,000			0		02/15/2020.	1FE
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments					29,898,382	29,239,352	29,104,507	29,573,535	0	(2,535)	0	(2,535)	0	29,570,997	0	327,383	327,383	196,523	XXX	XXX
Bonds - Industrial and Miscellaneous																					
172967 JJ 1	CITIGROUP INC		02/18/2020.	MATURITY		2,000,000	2,000,000	2,015,080	2,000,749		(749)		(749)		2,000,000			0	24,000	02/18/2020.	2FE
82652M AA 8	SIERRA RECEIVABLES FUNDING CO 19-2A A		03/20/2020.	PAYDOWN		52,313	52,313	52,299	52,245		68		68		52,313			0	217	05/20/2036.	1FE
55608J AC 2	MACQUARIE GROUP LTD	D	01/14/2020.	MATURITY		2,500,000	2,500,000	2,724,900	2,503,416		(3,416)		(3,416)		2,500,000			0	75,000	01/14/2020.	2FE
3899999.	Total - Bonds - Industrial and Miscellaneous					4,552,313	4,552,313	4,792,279	4,556,410	0	(4,097)	0	(4,097)	0	4,552,313	0	0	0	99,217	XXX	XXX
8399997.	Total - Bonds - Part 4					37,450,695	36,791,665	36,896,786	37,129,945	0	(6,632)	0	(6,632)	0	37,123,310	0	327,383	327,383	329,340	XXX	XXX
8399999.	Total - Bonds					37,450,695	36,791,665	36,896,786	37,129,945	0	(6,632)	0	(6,632)	0	37,123,310	0	327,383	327,383	329,340	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					37,450,695	XXX	36,896,786	37,129,945	0	(6,632)	0	(6,632)	0	37,123,310	0	327,383	327,383	329,340	XXX	XXX

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. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
US Bank	St. Paul, MN					(1,703,154)	(2,210,558)	(1,056,109)	XXX
US Bank	St. Paul, MN					357,832	350,860	384,827	XXX
JP Morgan Chase	Columbus, Ohio					3,118,540	3,484,806	3,041,715	XXX
JP Morgan Chase	Columbus, Ohio					1,100,639	1,138,638	1,139,003	XXX
JP Morgan Chase	Columbus , Ohio					4,974,169	4,215,203	541,396	XXX
JP Morgan Chase	Columbus, Ohio					(17,382)	(12,012)	(3,094)	XXX
Huntington National Bank	Columbus, Ohio		1.156	81,387		25,237,229	25,269,204	284,431	XXX
US Bank	St. Paul, MN					(18,101,325)	(22,521,947)	(27,969,665)	XXX
US Bank	St. Paul, MN					(38,535)	(25,612)	(48,196)	XXX
0199999. Total Open Depositories		XXX	XXX	81,387	0	14,928,013	9,688,582	(23,685,692)	XXX
0399999. Total Cash on Deposit		XXX	XXX	81,387	0	14,928,013	9,688,582	(23,685,692)	XXX
0599999. Total Cash		XXX	XXX	81,387	0	14,928,013	9,688,582	(23,685,692)	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
U.S. Government Bonds - Issuer Obligations								
	TREASURY BILL		02/11/2020	1.550	04/07/2020	6,998,196		15,031
0199999. U.S. Government Bonds - Issuer Obligations						6,998,196	0	15,031
0599999. Total - U.S. Government Bonds						6,998,196	0	15,031
All Other Government Bonds - Issuer Obligations								
	KREDITANSTALT FUER WIEDERAUFBAU		01/30/2020	1.647	04/29/2020	5,992,347		16,947
0699999. All Other Government Bonds - Issuer Obligations						5,992,347	0	16,947
1099999. Total - All Other Government Bonds						5,992,347	0	16,947
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations								
	PFIZER INC		01/23/2020	1.627	04/22/2020	5,994,330		18,630
	TOTAL CAPITAL CANADA LTD		01/30/2020	1.646	04/23/2020	5,993,987		16,947
3299999. Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations						11,988,317	0	35,577
3899999. Total - Industrial & Miscellaneous (Unaffiliated)						11,988,317	0	35,577
Total Bonds								
7699999. Subtotals - Issuer Obligations						24,978,860	0	67,555
8399999. Subtotals - Bonds						24,978,860	0	67,555
All Other Money Market Mutual Funds								
00142W 84 3	AIM PREMIER US GVT MN-INS 7D		03/16/2020			2,000,000	173	
09248U 70 0	BLACKROCK LIQ FDS FED FUND-IN		03/16/2020			84,163	58	
25160K 20 7	DWS GOVT MMKT SER-INST		03/16/2020			51,430,303	53,362	
31607A 70 3	FIDELITY GOVERNMENT INST MONEY MARKET		03/16/2020			44,025	32	
316175 10 8	FIDELITY GOVERNMENT PORT-I		03/16/2020			7,998	5	
31846V 56 7	FIRST AMERICAN GOV OBLIG-Z		03/16/2020			99,210,068	17,056	
38141W 27 3	GOLDMAN SACHS FIN SQ GOVT-FS		03/16/2020			366,453	254	
40428X 10 7	HSBC US GOVT MMKT-I		03/16/2020			37,086,475	13,813	
4812C0 67 0	JPMORGAN U.S. GOVT MONEY MARKET		03/16/2020			22,852	16	
608919 71 8	FEDERATED GOVT OBLI FD-PRM		03/16/2020			15,019,642	2,199	
61747C 70 7	MSILF GOVERNMENT PORT-INST		03/16/2020			91,129	60	
825252 88 5	STIT GOVT & AGENCY-INST		03/16/2020			27,798,038	3,739	
857492 70 6	STATE ST INST US GOV MM-PREM		03/16/2020			71,843	37,094	
8AMMF0 AR 2	US BANK MONEY MARKET IT&C 7		03/31/2020				22,114	
90262Y 74 5	UBS SELECT GOVT PREF-A		03/16/2020			3,111,355	238	
949921 12 6	WELLS FARGO GOVT MM FUND SELECT 3802		03/16/2020			96,721	68	
8699999. Total - All Other Money Market Mutual Funds						236,441,065	150,281	0
8899999. Total - Cash Equivalents						261,419,925	150,281	67,555