



HEALTH QUARTERLY STATEMENT

As of June 30, 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 888-562-5442
(Street and Number) (City or Town, State, Country and Zip Code) (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 888-562-5442
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta 614-392-3818
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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.

<u>/s/ Ami Lee Cole</u> (Signature)	<u>/s/ Daniel Joseph Gudz</u> (Signature)	<u>/s/ Jeffrey Don Barlow</u> (Signature)
Ami Lee Cole	Daniel Joseph Gudz	Jeffrey Don Barlow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Chief Financial Officer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	189,403,860		189,403,860	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 (\$....(16,859,653)), cash equivalents (\$....286,400,065) and short-term investments (\$.....0).....	269,540,412		269,540,412	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).....	458,944,272	.0	458,944,272	383,801,895
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	988,348		988,348	1,197,097
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	197,277,874		197,277,874	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 (\$....2,215,989) and contracts subject to redetermination (\$....31,151,397).....	33,367,386		33,367,386	25,725,488
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	662,374		662,374	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.....	15,065,022		15,065,022	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.....	11,426,057	318,225	11,107,832	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).....	1,608,553	1,608,553	.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 (\$....51,567,797) and other amounts receivable.....	88,747,738	37,179,941	51,567,797	45,569,738
25. Aggregate write-ins for other than invested assets.....	756,620	756,620	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	808,844,244	39,863,339	768,980,905	606,494,167
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	808,844,244	39,863,339	768,980,905	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.....	756,620	756,620	.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).....	756,620	756,620	.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).....	301,569,226	543,615	302,112,841	252,424,488
2. Accrued medical incentive pool and bonus amounts.....	1,185,270		1,185,270	1,416,648
3. Unpaid claims adjustment expenses.....	4,124,155	9,507	4,133,662	3,446,320
4. Aggregate health policy reserves, including the liability of \$.....1,613,664 for medical loss ratio rebate per the Public Health Service Act.....	7,083,101		7,083,101	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.....	2,895,660		2,895,660	3,144,152
9. General expenses due or accrued.....	84,669,617		84,669,617	39,662,719
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	34,058,433		34,058,433	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....	4,704		4,704	
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.....	2,498,378		2,498,378	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 \$.....23,695,973 current).....	23,695,973	0	23,695,973	31,011,100
24. Total liabilities (Lines 1 to 23).....	461,784,517	553,122	462,337,639	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	223,753,266	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	306,643,266	266,732,661
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	768,980,905	606,494,167

DETAILS OF WRITE-INS

2301. Amounts due to government agencies.....	23,695,973		23,695,973	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).....	23,695,973	0	23,695,973	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	1,934,853	1,860,711	3,705,866
2. Net premium income (including \$.....0 non-health premium income).....	XXX	1,608,218,453	1,354,717,604	2,731,463,439
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(1,613,664)	(607,661)	(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	1,606,604,789	1,354,109,943	2,727,739,753
Hospital and Medical:				
9. Hospital/medical benefits.....		848,940,430	749,563,308	1,512,613,286
10. Other professional services.....		116,096,619	93,362,087	211,302,274
11. Outside referrals.....	2,895,591	39,680,094	37,522,878	68,780,437
12. Emergency room and out-of-area.....		73,858,054	69,828,164	136,564,635
13. Prescription drugs.....		182,014,694	148,799,426	307,574,940
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,744,991	86,104	328,796
16. Subtotal (Lines 9 to 15).....	2,895,591	1,262,334,882	1,099,161,967	2,237,164,368
Less:				
17. Net reinsurance recoveries.....		203,749	634,307	1,849,754
18. Total hospital and medical (Lines 16 minus 17).....	2,895,591	1,262,131,133	1,098,527,660	2,235,314,614
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....37,143,211 cost containment expenses.....		39,929,039	49,487,071	100,061,236
21. General administrative expenses.....		183,803,675	121,891,256	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).....	2,895,591	1,485,863,847	1,269,905,987	2,597,574,464
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	120,740,942	84,203,956	130,165,289
25. Net investment income earned.....		3,163,147	5,067,679	9,466,019
26. Net realized capital gains (losses) less capital gains tax of \$.....70,052.....		263,530	(6,560)	229,141
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	3,426,677	5,061,119	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	355,566	(290,371)	(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	124,523,185	88,974,704	139,006,945
31. Federal and foreign income taxes incurred.....	XXX	36,392,929	19,169,527	29,772,451
32. Net income (loss) (Lines 30 minus 31).....	XXX	88,130,256	69,805,177	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.....		355,566	(290,371)	(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	355,566	(290,371)	(853,504)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year to Date	Prior Year To Date	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.....	88,130,256	69,805,177	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 \$..... 14,278.....	(53,714)		
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	822,996	(747,381)	1,368,962
39. Change in nonadmitted assets.....	11,067	5,816,778	(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.....	(49,000,000)	(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).....	39,910,605	17,874,574	(11,187,690)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	306,643,266	295,794,925	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.....	1,525,231,686	1,322,005,137	2,676,658,134
2. Net investment income.....	3,893,349	4,649,942	9,695,649
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	1,529,125,035	1,326,655,079	2,686,353,783
5. Benefit and loss related payments.....	1,218,309,723	1,106,340,302	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.....	183,869,350	187,142,187	365,644,615
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.00 tax on capital gains (losses).....		17,197,000	33,280,000
10. Total (Lines 5 through 9).....	1,402,179,073	1,310,679,489	2,647,392,127
11. Net cash from operations (Line 4 minus Line 10).....	126,945,962	15,975,590	38,961,656
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	40,758,641	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.....		4,000,000	
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	40,759,312	12,199,000	69,493,736
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	24,313,472	54,458,341	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).....	24,313,472	54,458,341	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).....	16,445,840	(42,259,341)	(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.....	49,000,000	57,000,000	117,000,000
16.6 Other cash provided (applied).....	(2,547,722)	65,848	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).....	(51,547,722)	(56,934,152)	(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).....	91,844,080	(83,217,903)	(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).....	269,540,412	285,971,300	177,696,332
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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.....	328,100	18,570						15,536	293,994	
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	1,934,853	110,848						86,693	1,737,312	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	773,923	36,218						44,911	692,794	
8. Non-Physician.....	2,976,822	58,608						114,063	2,804,151	
9. Total.....	3,750,745	94,826	0	0	0	0	0	158,974	3,496,945	0
10. Hospital Patient Days Incurred.....	574,158	3,267						86,471	484,420	
11. Number of Inpatient Admissions.....	45,445	723						7,182	37,540	
12. Health Premiums Written (a).....	1,608,506,679	63,353,549						174,024,795	1,371,128,335	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,606,893,015	61,739,885						174,024,795	1,371,128,335	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	1,217,090,289	43,630,500						131,268,071	1,042,191,718	
18. Amount Incurred for Provision of Health Care Services.....	1,262,334,882	46,296,742						124,420,600	1,091,617,540	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....174,024,795.

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.....	22,573,098					22,573,098
0199999. Individually Listed Claims Unpaid.....	22,573,098	0	0	0	0	22,573,098
0399999. Aggregate Accounts Not Individually Listed-Covered.....	37,617,201	2,615,516	746,193	735,073	1,471,436	43,185,419
0499999. Subtotals.....	60,190,299	2,615,516	746,193	735,073	1,471,436	65,758,517
0599999. Unreported Claims and Other Claim Reserves.....						236,354,324
0799999. Total Claims Unpaid.....						302,112,841
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						1,185,270

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	6,172,238	37,458,262	235,107	11,236,731	6,407,345	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.....	18,023,421	113,196,585	1,196,868	30,236,826	19,220,289	36,726,406
7. Title XIX - Medicaid.....	165,269,117	876,766,917	9,461,037	249,746,272	174,730,154	208,418,287
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	189,464,776	1,027,421,764	10,893,012	291,219,829	200,357,788	252,424,488
10. Healthcare receivables (a).....	24,080,998	63,059,464		1,607,276	24,080,998	82,558,987
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	1,976,369		245,216	940,054	2,221,585	1,416,648
13. Totals (Lines 9-10+11+12).....	167,360,147	964,362,300	11,138,228	290,552,607	178,498,375	171,282,149

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

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Ohio, Inc. (the Plan) for the fiscal year ended December 31, 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	\$ 88,130,256	\$ 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	\$ 88,130,256	\$ 109,234,494
SURPLUS					
(5) Molina Healthcare of Ohio, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 306,643,266	\$ 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	\$ 306,643,266	\$ 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

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 June 30, 2020, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

(1) Description of Sources Used to Determine 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

NOTES TO FINANCIAL STATEMENTS

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	\$	496,480
	2. 12 Months or Longer	\$	
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	19,144,085
	2. 12 Months or Longer	\$	

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at June 30, 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

None.

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 paid Molina an ordinary dividend in cash amounting to \$49.0 million on May 21, 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.

NOTES TO FINANCIAL STATEMENTS

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

- (1) – (3) No significant changes.
- (4) The Plan paid Molina an ordinary dividend in cash amounting to \$49.0 million on May 21, 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 June 30, 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	\$ -	\$ 931,250	\$ -	\$ -	\$ 931,250
Other money market mutual fund	\$ -	\$ -	\$ -	\$ 181,812,156	\$ 181,812,156
Total	\$ -	\$ 931,250	\$ -	\$ 181,812,156	\$ 182,743,406

- (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 Statement of Statutory Accounting Principles 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.

NOTES TO FINANCIAL STATEMENTS

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of June 30, 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	\$ (16,859,653)	\$ (16,859,653)	\$ (16,859,653)	\$ -	\$ -	\$ -	\$ -
Governments	\$ 105,007,006	\$ 105,007,228	\$ -	\$ 105,007,006	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 6,324,000	\$ 6,265,052	\$ -	\$ 6,324,000	\$ -	\$ -	\$ -
Political subdivisions	\$ 6,119,914	\$ 6,038,639	\$ -	\$ 6,119,914	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 44,190,743	\$ 43,013,983	\$ -	\$ 44,190,743	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 137,409,522	\$ 133,666,867	\$ -	\$ 137,409,522	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 181,812,156	\$ 181,812,156	\$ -	\$ -	\$ -	\$ 181,812,156	\$ -
Total financial instruments	\$ 464,003,688	\$ 458,944,272	\$ (16,859,653)	\$ 299,051,185	\$ -	\$ 181,812,156	\$ -

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:

As the COVID-19 pandemic continues to evolve, its ultimate impact to the Plan's business, results of operations, financial condition and cash flows is uncertain and difficult to predict. The Plan continues to monitor and assess the estimated operating and financial impact of the COVID-19 pandemic, and as the pandemic evolves, the Plan continues to process, assemble, and assess utilization information. The Plan believes that its cash flow generated from operations will be sufficient to withstand the financial impact of the pandemic, and will enable it to continue to support operations, regulatory requirements, and capital expenditures for the foreseeable future.

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. On June 18, 2020, the Claims Court granted the Parent judgment in the amount of \$128.1 million for its consolidated 2014, 2015, and 2016 Marketplace risk corridor claims. This favorable judgment does not create additional minimum MLR rebates. The Parent had not recognized the judgment as of June 30, 2020, because the timing of collection of the judgment award is uncertain. Refer to Note 24E(5).

The Plan's managed care contract with Ohio Department of Medicaid (ODM) covers the entire state of Ohio. In early 2019, the governor of Ohio asked ODM to initiate a process to re-procure the Ohio Medicaid program related to this contract. The re-procurement of the Ohio Medicaid program is currently projected to be released before the end of 2020, although ODM has not committed to or confirmed a specific timeline at this time.

D. – H. No significant changes.

Note 22 – Events Subsequent

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

Note 23 – Reinsurance

No significant change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. – D. No significant changes.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year to date:

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 19,731,067
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 39,193
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	\$ 3,049,534
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (19,958)
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	

NOTES TO FINANCIAL STATEMENTS

b. Transitional ACA Reinsurance Program		AMOUNT
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operations (Revenue & Expenses)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$
9.	ACA Reinsurance contributions – not reported as ceded premium	\$
c. Temporary ACA Risk Corridors Program		AMOUNT
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	\$
Liabilities		
3.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$
Operations (Revenue & Expenses)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year to Date on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	1	2	3	4	5	6	7	8	9	10		
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program												
1.	Premium adjustments receivable (including high risk pool payments)	\$ 16,681,533	\$	\$	\$	\$ 16,681,533	\$	\$ (896,780)	\$	A	\$ 15,784,753	\$
2.	Premium adjustments payable (including high risk pool payments)									B		
3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 16,681,533	\$	\$	\$	\$ 16,681,533	\$	\$ (896,780)	\$		\$ 15,784,753	\$
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	\$	\$ (896,780)	\$		\$ 15,784,753	\$

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 6/30/2020
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	1,272,246,933
Prior years	(10,115,800)
Net incurred claims during the current year	<u>1,262,131,133</u>
Deduct paid claims, net of reinsurance:	
Current year	1,028,844,947
Prior years	189,464,776
Net paid claims during the current year	<u>1,218,309,723</u>
Change in claims adjustment expenses	687,342
Change in health care receivables	6,188,751
Change in amounts due from reinsurers	(553,186)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 307,431,773</u>

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.

Blitz IL MergeSub, Inc. and Molina Holdings Corporation have been 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? Yes [] No [X] N/A []
If yes, attach an explanation.

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. 12/31/2018

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). 06/16/2020

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:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

On May 7, 2020, the Board of Directors (the Board) of Molina Healthcare, Inc. (Molina), amended Molina's Code of Business Conduct and Ethics (the Code) in order to update the Code consistent with currently prevailing best practices. The following is a summary of the updates and amendments to the Code: (1) An introductory message was added from Molina's chief executive officer, Joe Zubretsky. (2) the Code was reorganized by topic. (3) the Code now includes a statement of Molina's newly adopted mission statement, vision, and values. (4) the Code's scope was expanded to make clear it covers subcontractors, vendors, and other stakeholders. (5) certain sections of the Code were revised to reinforce the duty to report any perceived misconduct, and (6) language was added to address, among other things: (i) fraud, waste, and abuse, with clear mention of whistleblower protections, (ii) clear reporting protocols for both privacy and cybersecurity concerns, (iii) interacting with the media, (iv) compliance with antitrust laws, anti-money laundering laws, and the Foreign Corrupt Practices Act, (v) social media expectations, and (vi) facilities, environment, health and safety, such as not allowing firearms on the premises. The above is intended only as a summary of certain of the amendments to the Code approved by the Board. Employees, subcontractors, vendors, stakeholders, and other interested parties should read the amended Code in its entirety.

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

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FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No

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

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

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

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

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

14.2 If yes, please complete the following:

	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

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

If no, attach a description with this statement.

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes 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:
- 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.
 - Issuer or obligor is current on all contracted interest and principal payments.
 - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes No
20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
- The security was purchased prior to January 1, 2018.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - 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.
 - 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
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:
- The security was purchased prior to January 1, 2019.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - The fund only or predominantly holds bonds in its portfolio.
 - 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.
 - 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

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent		80.9 %
1.2 A&H cost containment percent		2.3 %
1.3 A&H expense percent excluding cost containment expenses		11.6 %
2.1 Do you act as a custodian for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]

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

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama.....AL	N								0
2. Alaska.....AK	N								0
3. Arizona.....AZ	N								0
4. Arkansas.....AR	N								0
5. California.....CA	N								0
6. Colorado.....CO	N								0
7. Connecticut.....CT	N								0
8. Delaware.....DE	N								0
9. District of Columbia.....DC	N								0
10. Florida.....FL	N								0
11. Georgia.....GA	N								0
12. Hawaii.....HI	N								0
13. Idaho.....ID	N								0
14. Illinois.....IL	N								0
15. Indiana.....IN	N								0
16. Iowa.....IA	N								0
17. Kansas.....KS	N								0
18. Kentucky.....KY	N								0
19. Louisiana.....LA	N								0
20. Maine.....ME	N								0
21. Maryland.....MD	N								0
22. Massachusetts.....MA	N								0
23. Michigan.....MI	N								0
24. Minnesota.....MN	N								0
25. Mississippi.....MS	N								0
26. Missouri.....MO	N								0
27. Montana.....MT	N								0
28. Nebraska.....NE	N								0
29. Nevada.....NV	N								0
30. New Hampshire.....NH	N								0
31. New Jersey.....NJ	N								0
32. New Mexico.....NM	N								0
33. New York.....NY	N								0
34. North Carolina.....NC	N								0
35. North Dakota.....ND	N								0
36. Ohio.....OH	L	63,353,549	174,024,795	1,371,128,335			1,608,506,679		
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		63,353,549	174,024,795	1,371,128,335	0	0	1,608,506,679	0	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX							0		0
61. Total (Direct Business).....XXX		63,353,549	174,024,795	1,371,128,335	0	0	1,608,506,679	0	0

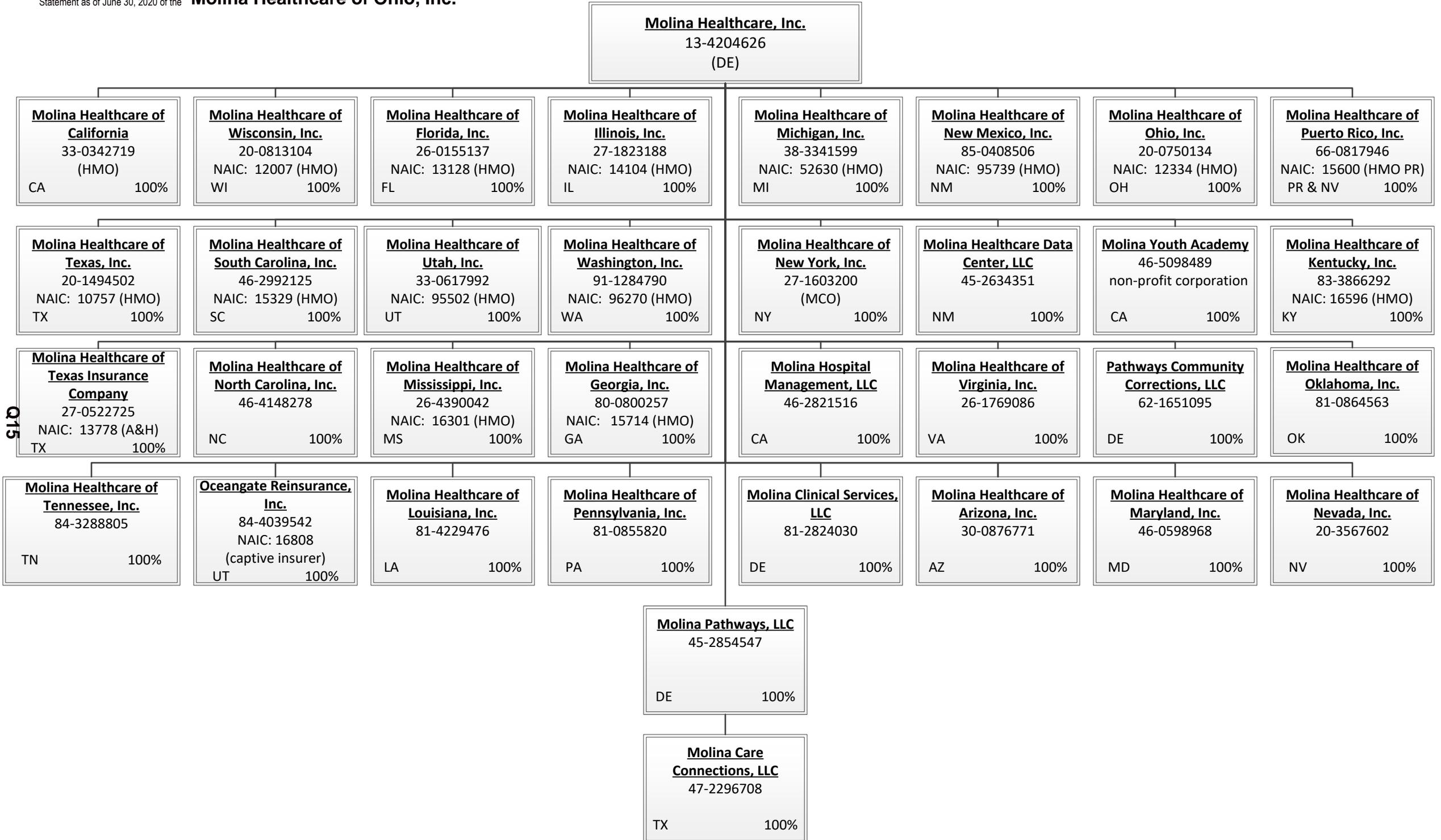
DETAILS OF WRITE-INS

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

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	56

Molina Healthcare of Ohio, Inc.



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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
1531..	Molina Healthcare, Inc.....	00000...	13-4204626..		1179929	New York Stock Exchange	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	81-2824030..				Molina Clinical Services, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	45-2634351..				Molina Healthcare Data Center, LLC.....	NM.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	30-0876771..				Molina Healthcare of Arizona, Inc.....	AZ.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	33-0342719..				Molina Healthcare of California.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	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...	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.....	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
1531..	Molina Healthcare, Inc.....	00000...	46-5098489..	.....	.....	.....	Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	.....100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531..	Molina Healthcare, Inc.....	16808...	84-4039542..	.....	.....	.....	Oceangate Reinsurance, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	.....100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531..	Molina Healthcare, Inc.....	00000...	62-1651095..	.....	.....	.....	Pathways Community Corrections, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	.....100.000	Molina Healthcare, Inc.....	.....N.....	.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:



Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.0	.0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	.0	.0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	.0	.0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	.0	.0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	.0	.0

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	206,105,563	91,275,510
2. Cost of bonds and stocks acquired.....	24,313,472	184,650,811
3. Accrual of discount.....	27,765	152,848
4. Unrealized valuation increase (decrease).....	(67,992)	
5. Total gain (loss) on disposals.....	332,911	294,947
6. Deduct consideration for bonds and stocks disposed of.....	40,758,641	69,493,401
7. Deduct amortization of premium.....	549,218	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).....	189,403,860	206,105,563
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	189,403,860	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).....	221,185,470	105,001,761	48,052,419	(4,321,028)	221,185,470	273,813,784		295,983,932
2. NAIC 2 (a).....	15,123,411			4,123,324	15,123,411	19,246,735		15,885,293
3. NAIC 3 (a).....	712,500			218,750	712,500	931,250		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	237,021,381	105,001,761	48,052,419	21,046	237,021,381	293,991,769	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.....	237,021,381	105,001,761	48,052,419	21,046	237,021,381	293,991,769	0	311,869,225

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(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 \$.....104,587,909; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

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

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....0	.....
2. Cost of short-term investments acquired.....	.....19,636,730	.....
3. Accrual of discount.....	.....113,270	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....19,750,000	.....
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).....	.....0	.....0
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....0	.....0

**Sch. DB - Pt. A - Verification
NONE**

**Sch. DB - Pt. B - Verification
NONE**

**Sch. DB - Pt. C - Sn. 1
NONE**

**Sch. DB - Pt. C - Sn. 2
NONE**

**Sch. DB - Verification
NONE**

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	161,687,241	342,096,634
2. Cost of cash equivalents acquired.....	1,449,779,646	3,608,204,905
3. Accrual of discount.....	328,103	1,000,180
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	671	335
6. Deduct consideration received on disposals.....	1,325,395,596	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).....	286,400,065	161,687,241
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	286,400,065	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	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
Bonds - U.S. Government									
912828 WY 2	UNITED STATES TREASURY NOTE		05/27/2020	DIRECT		420,122	410,000	2,991	1
0599999. Total - Bonds - U.S. Government						420,122	410,000	2,991	.XXX
8399997. Total - Bonds - Part 3						420,122	410,000	2,991	.XXX
8399999. Total - Bonds						420,122	410,000	2,991	.XXX
9999999. Total - Bonds, Preferred and Common Stocks						420,122	XXX	2,991	.XXX

QE04

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol
Bonds - U.S. Government																					
912828	XE 5		05/31/2020	UNITED STATES TREASURY NOTE.....		410,000	410,000	406,060	408,515		1,485		1,485		410,000			0	3,075	05/31/2020	1.....
0599999	Total - Bonds - U.S. Government.....					410,000	410,000	406,060	408,515	0	1,485	0	1,485	0	410,000	0	0	0	3,075	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3132CW	HM 9		06/01/2020	UMBS - POOL SB0236.....		160,044	160,044	167,571			(144)		(144)		160,044			0	622	05/01/2033	1FE.....
3132D5	4L 3		06/01/2020	UMBS - POOL SB8027.....		42,623	42,623	43,716	42,677		(54)		(54)		42,623			0	567	01/01/2035	1FE.....
3133KY	R2 7		06/01/2020	FHLMC POOL RB5005.....		415,273	415,273	420,399	416,045		(771)		(771)		415,273			0	5,134	07/01/2039	1FE.....
3136AG	FU 1		06/01/2020	FANNIE MAE 13-92 DA.....		95,025	95,025	99,791	95,499		(474)		(474)		95,025			0	1,582	05/25/2042	1FE.....
3136AV	SG 5		06/01/2020	FANNIE MAE 17-11 DA.....		384,729	384,729	386,533	384,967		(238)		(238)		384,729			0	4,137	07/25/2040	1FE.....
3136B4	XK 9		06/01/2020	FANNIE MAE 19-32 PA.....		94,357	94,357	98,101	94,595		(238)		(238)		94,357			0	1,372	10/25/2048	1FE.....
3136B6	JF 1		06/01/2020	FANNIE MAE 19-56 VC.....		56,889	56,889	58,329	56,973		(85)		(85)		56,889			0	711	02/25/2031	1FE.....
				FEDERAL NATIONAL MTG ASSOC #AN1724		21,670	21,670	22,349	21,706		(36)		(36)		21,670			0	227	06/01/2026	1FE.....
3140Q7	SW 8		06/01/2020	UMBS - POOL CA0532.....		345,091	345,091	355,079	346,177		(1,086)		(1,086)		345,091			0	5,288	10/01/2047	1FE.....
3140X4	M4 5		06/01/2020	UMBS - POOL FM1278.....		113,101	113,101	116,176	113,377		(276)		(276)		113,101			0	1,387	07/01/2034	1FE.....
31418D	FM 9		06/01/2020	UMBS - POOL MA3771.....		366,503	366,503	375,264	367,333		(830)		(830)		366,503			0	4,645	09/01/2039	1FE.....
31418D	GG 1		06/01/2020	UMBS - POOL MA3798.....		179,004	179,004	183,115	179,519		(515)		(515)		179,004			0	2,264	10/01/2034	1FE.....
31418D	LL 4		06/01/2020	UMBS - POOL MA3930.....		127,547	127,547	129,899			(36)		(36)		127,547			0	576	02/01/2035	1FE.....
31418D	MD 1		06/01/2020	UMBS - POOL MA3955.....		94,534	94,534	96,380			(23)		(23)		94,534			0	431	03/01/2035	1FE.....
64990G	WM 0		06/04/2020	NEW YORK ST DORM AUTH REVENUES		355,527	350,000	350,000	350,000				0		350,000		5,527	5,527	3,577	07/01/2023	1FE.....
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					2,851,917	2,846,390	2,902,702	2,468,868	0	(4,806)	0	(4,806)	0	2,846,390	0	5,527	5,527	32,520	XXX	XXX
Bonds - Industrial and Miscellaneous																					
14310K	AS 0		04/15/2020	CARLYLE GLOBAL MARKET STRATEGI 13-4A A1R		9,320	9,320	9,245	9,308		12		12		9,320			0	138	01/15/2031	1FE.....
82652M	AA 8		06/20/2020	SIERRA RECEIVABLES FUNDING CO 19-2A A		36,711	36,711	36,701	36,668		42		42		36,711			0	385	05/20/2036	1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					46,031	46,031	45,946	45,976	0	54	0	54	0	46,031	0	0	0	523	XXX	XXX
8399997	Total - Bonds - Part 4.....					3,307,948	3,302,421	3,354,708	2,923,359	0	(3,267)	0	(3,267)	0	3,302,421	0	5,527	5,527	36,118	XXX	XXX
8399999	Total - Bonds.....					3,307,948	3,302,421	3,354,708	2,923,359	0	(3,267)	0	(3,267)	0	3,302,421	0	5,527	5,527	36,118	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					3,307,948	XXX	3,354,708	2,923,359	0	(3,267)	0	(3,267)	0	3,302,421	0	5,527	5,527	36,118	XXX	XXX

QE05

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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
US Bank..... St. Paul, MN.....					(2,795,890)	(1,588,974)	(1,273,230)	XXX
US Bank..... St. Paul, MN.....					289,388	257,658	252,850	XXX
JP Morgan Chase..... Columbus, Ohio.....					2,987,688	2,463,531	2,206,071	XXX
JP Morgan Chase..... Columbus, Ohio.....					1,283,484	1,214,066	2,320,717	XXX
JP Morgan Chase..... Columbus, Ohio.....					758,070	3,741,694	4,297,703	XXX
JP Morgan Chase..... Columbus, Ohio.....					(2,672)	(10,859)	(9,142)	XXX
Huntington National Bank..... Columbus, Ohio.....		0.015	106		284,421	284,447	284,472	XXX
US Bank..... St. Paul, MN.....					(25,574,792)	(19,640,755)	(24,894,277)	XXX
US Bank..... St. Paul, MN.....					(30,467)	(43,865)	(44,817)	XXX
0199999. Total Open Depositories.....	XXX	XXX	106	0	(22,800,770)	(13,323,057)	(16,859,653)	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	106	0	(22,800,770)	(13,323,057)	(16,859,653)	XXX
0599999. Total Cash.....	XXX	XXX	106	0	(22,800,770)	(13,323,057)	(16,859,653)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
U.S. Government Bonds - Issuer Obligations								
	TREASURY BILL.....		06/15/2020.....	0.138	07/14/2020.....	49,997,509		2,875
	TREASURY BILL.....		06/24/2020.....	0.158	08/11/2020.....	54,590,400		3,395
0199999	U.S. Government Bonds - Issuer Obligations.....					104,587,909	0	6,270
0599999	Total - U.S. Government Bonds.....					104,587,909	0	6,270
Total Bonds								
7699999	Subtotals - Issuer Obligations.....					104,587,909	0	6,270
8399999	Subtotals - Bonds.....					104,587,909	0	6,270
All Other Money Market Mutual Funds								
09248U	70 0 BLACKROCK LIQ FDS FED FUND-IN.....		06/30/2020.....				2	
25160K	20 7 DWS GOVT MMKT SER-INST.....		06/17/2020.....			67,100,158	4,033	
31607A	70 3 FIDELITY GOVERNMENT INST MONEY MARKET.....		05/29/2020.....				525	2,231
31846V	56 7 FIRST AMERICAN GOV OBLIG-Z.....		06/17/2020.....			21,112,195	2,991	
38141W	27 3 GOLDMAN SACHS FIN SQ GOVT-FS.....		06/17/2020.....			366,852	47	
40428X	10 7 HSBC US GOVT MMKT-I.....		06/30/2020.....				4	
4812C0	67 0 JPMORGAN U.S. GOVT MONEY MARKET.....		06/30/2020.....				139	
608919	71 8 FEDERATED GOVT OBLIGATIONS FUND.....		06/17/2020.....			26,132,110	5,686	
857492	70 6 STATE STATE INST US GOV MMF - PREM.....		06/17/2020.....			33,300,841	3,963	
90262Y	74 5 UBS SELECT GOVT PREF-A.....		06/17/2020.....			2,000,000	954	
949921	12 6 WELLS FARGO GOVT MM FUND SELECT 3802.....		06/17/2020.....			31,800,000	2,316	
8699999	Total - All Other Money Market Mutual Funds.....					181,812,156	20,660	2,231
8899999	Total - Cash Equivalents.....					286,400,065	20,660	8,501

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