



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Ohio, Inc.

NAIC Group Code 1531 1531 NAIC Company Code 12334 Employer's ID Number 20-0750134
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 11/19/2003 Commenced Business 10/24/2005

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
(Street and Number)
Columbus, OH, US 43231, 888-562-5442-212330
(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
(Street and Number)
Columbus, OH, US 43231, 888-562-5442-212330
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Aarati M. Mehta, 614-392-3818
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com, 562-437-7235
(E-mail Address) (FAX Number)

OFFICERS

President Ami Lee Cole Secretary Jeffrey Don Barlow
Chief Financial Officer Daniel Joseph Gudz

OTHER

DIRECTORS OR TRUSTEES

Ami Lee Cole Mark William Bloom M.D. Bridget Leigh Galatas

State of Ohio SS:
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.

/s/ Ami Lee Cole /s/ Daniel Joseph Gudz /s/ Jeffrey Don Barlow
Ami Lee Cole Daniel Joseph Gudz Jeffrey Don Barlow
President Chief Financial Officer Secretary

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 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	184,602,805		184,602,805	206,105,563
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (18,358,911)), cash equivalents (\$ 298,758,454) and short-term investments (\$ 0)	280,399,543		280,399,543	177,696,332
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	465,002,348	0	465,002,348	383,801,895
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,094,628		1,094,628	1,197,097
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	200,000,861		200,000,861	127,136,338
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$ 2,092,435) and contracts subject to redetermination (\$ 35,514,487)	37,606,922		37,606,922	25,725,488
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,084,197		1,084,197	1,215,560
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	20,807,173		20,807,173	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	11,061,679	267,812	10,793,867	10,287,642
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)	1,440,283	1,440,283	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	922,684		922,684	0
24. Health care (\$ 51,690,756) and other amounts receivable	87,688,216	35,902,313	51,785,903	45,569,738
25. Aggregate write-ins for other than invested assets	526,861	526,861	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	827,235,852	38,137,269	789,098,583	606,494,167
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	827,235,852	38,137,269	789,098,583	606,494,167
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaids, deposits, and other assets	526,861	526,861	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	526,861	526,861	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	330,902,726	576,992	331,479,718	252,424,488
2. Accrued medical incentive pool and bonus amounts	1,225,928		1,225,928	1,416,648
3. Unpaid claims adjustment expenses	4,467,484	10,299	4,477,783	3,446,320
4. Aggregate health policy reserves, including the liability of \$2,780,786 for medical loss ratio rebate per the Public Health Service Act	11,029,068		11,029,068	3,752,903
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	2,842,847		2,842,847	3,144,152
9. General expenses due or accrued	48,333,029		48,333,029	39,662,719
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	5,428,196		5,428,196	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	505,302		505,302	0
12. Amounts withheld or retained for the account of others	4,704		4,704	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	4,903,176
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$3,212,505 current)	3,212,505	0	3,212,505	31,011,100
24. Total liabilities (Lines 1 to 23)	407,951,789	587,291	408,539,080	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		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	297,669,503	132,742,661
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	380,559,503	266,732,661
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	789,098,583	606,494,167
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	3,212,505		3,212,505	31,011,100
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	3,212,505	0	3,212,505	31,011,100
2501. 2020 health insurer fee accrual estimate	XXX	XXX		51,100,000
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	51,100,000
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 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	2,976,403	2,786,688	3,705,866
2. Net premium income (including \$ non-health premium income)	XXX	2,479,361,968	2,043,841,743	2,731,463,439
3. Change in unearned premium reserves and reserve for rate credits	XXX	(5,258,455)	(4,194,007)	(3,723,686)
4. Fee-for-service (net of \$ medical expenses)	XXX			0
5. Risk revenue	XXX			0
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	2,474,103,513	2,039,647,736	2,727,739,753
Hospital and Medical:				
9. Hospital/medical benefits		1,327,067,326	1,135,383,855	1,512,613,286
10. Other professional services		163,913,802	149,502,183	211,302,274
11. Outside referrals	4,533,330	57,673,647	53,327,409	68,780,437
12. Emergency room and out-of-area		113,734,031	106,086,617	136,564,635
13. Prescription drugs		280,541,489	226,056,227	307,574,940
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		1,890,395	243,840	328,796
16. Subtotal (Lines 9 to 15)	4,533,330	1,944,820,690	1,670,600,131	2,237,164,368
Less:				
17. Net reinsurance recoveries		625,572	1,215,141	1,849,754
18. Total hospital and medical (Lines 16 minus 17)	4,533,330	1,944,195,118	1,669,384,990	2,235,314,614
19. Non-health claims (net)				0
20. Claims adjustment expenses, including \$ 54,928,549 cost containment expenses		59,040,739	74,105,242	100,061,236
21. General administrative expenses		261,617,714	188,903,812	262,198,614
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22)	4,533,330	2,264,853,571	1,932,394,044	2,597,574,464
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	209,249,942	107,253,692	130,165,289
25. Net investment income earned		4,185,084	7,572,043	9,466,019
26. Net realized capital gains (losses) less capital gains tax of \$ 78,352		294,753	287,759	229,141
27. Net investment gains (losses) (Lines 25 plus 26)	0	4,479,837	7,859,802	9,695,160
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]				
29. Aggregate write-ins for other income or expenses	0	751,362	(519,001)	(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	214,481,141	114,594,493	139,006,945
31. Federal and foreign income taxes incurred	XXX	53,804,393	24,583,175	29,772,451
32. Net income (loss) (Lines 30 minus 31)	XXX	160,676,748	90,011,318	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 through 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 through 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 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Fines and penalties	0	751,362	(519,001)	(853,504)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	751,362	(519,001)	(853,504)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	266,732,661	277,920,351	277,920,351
34. Net income or (loss) from Line 32.....	160,676,748	90,011,318	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 \$ 12,587.....	(47,352)		
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	460,309	379,830	1,368,962
39. Change in nonadmitted assets.....	1,737,137	803,764	(4,791,146)
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....	(49,000,000)	(117,000,000)	(117,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	113,826,842	(25,805,088)	(11,187,690)
49. Capital and surplus end of reporting period (Line 33 plus 48)	380,559,503	252,115,263	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 through 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	2,369,651,450	1,989,620,840	2,676,658,134
2. Net investment income	5,098,787	7,394,362	9,695,649
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	2,374,750,237	1,997,015,202	2,686,353,783
5. Benefit and loss related payments	1,870,233,327	1,666,337,154	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	321,934,216	272,353,579	365,644,615
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 78,352 tax on capital gains (losses)	46,050,001	29,444,000	33,280,000
10. Total (Lines 5 through 9)	2,238,217,544	1,968,134,733	2,647,392,127
11. Net cash from operations (Line 4 minus Line 10)	136,532,693	28,880,469	38,961,656
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	45,317,491	48,058,090	69,493,401
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	671	0	335
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	45,318,162	48,058,090	69,493,736
13. Cost of investments acquired (long-term only):			
13.1 Bonds	24,313,472	135,912,181	184,650,811
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	24,313,472	135,912,181	184,650,811
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	21,004,690	(87,854,091)	(115,157,075)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	49,000,000	117,000,000	117,000,000
16.6 Other cash provided (applied)	(5,834,172)	(1,816,040)	1,702,548
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(54,834,172)	(118,816,040)	(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 Lines 15 and 17)	102,703,211	(177,789,662)	(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)	280,399,543	191,399,541	177,696,332

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

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	345,406	18,617						16,312	310,477	
5. Current Year	0									
6. Current Year Member Months	2,976,403	166,853						134,910	2,674,640	
Total Member Ambulatory Encounters for Period:										
7. Physician	1,206,101	56,238						72,347	1,077,516	
8. Non-Physician	4,617,035	93,456						192,592	4,330,987	
9. Total	5,823,136	149,694	0	0	0	0	0	264,939	5,408,503	0
10. Hospital Patient Days Incurred	1,049,177	5,883						143,718	899,576	
11. Number of Inpatient Admissions	56,528	1,106						12,037	43,385	
12. Health Premiums Written (a)	2,479,823,832	99,272,270						270,318,331	2,110,233,231	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,474,565,377	96,491,484						268,852,928	2,109,220,965	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	1,868,909,147	72,404,340						204,626,811	1,591,877,996	
18. Amount Incurred for Provision of Health Care Services	1,944,820,690	75,210,891						202,443,641	1,667,166,158	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$270,318,331

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 Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	5,843,019	66,561,321	94,170	12,966,564	5,937,189	7,279,795
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	16,083,236	188,492,001	320,376	37,290,077	16,403,612	36,726,406
7. Title XIX - Medicaid	159,203,174	1,432,100,824	5,076,769	275,731,762	164,279,943	208,418,287
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	181,129,429	1,687,154,146	5,491,315	325,988,403	186,620,744	252,424,488
10. Healthcare receivables (a)	9,477,499	76,439,934		1,675,636	9,477,499	82,558,987
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	1,997,769	83,346	1,062,470	163,458	3,060,239	1,416,648
13. Totals (Lines 9-10+11+12)	173,649,699	1,610,797,558	6,553,785	324,476,225	180,203,484	171,282,149

(a) Excludes \$ 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 Insurance Department (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 #	September 30, 2020	December 31, 2019
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 160,676,748	\$ 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	\$ 160,676,748	\$ 109,234,494
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 380,559,503	\$ 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	\$ 380,559,503	\$ 266,732,661

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

C. Accounting Policy

(1) No significant change.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method: No significant change.

(3) - (5) No significant changes.

(6) Basis for Loan-Backed Securities and Adjustment Methodology: Loan-backed securities 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 September 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 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.

NOTES TO FINANCIAL STATEMENTS

(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 12Months	\$	200,130
	2. 12 Months orLonger	\$	-
b)	The aggregate related fair value of securities with unrealized losses:		
	1. Less than 12Months	\$	19,369,011
	2. 12 Months orLonger	\$	-

(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 September 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. 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 Plan: No significant change.
- F. MultiemployerPlans: 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, Shareholders' 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 September 30, 2020.
- (10) - (13) No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant change.

NOTES TO FINANCIAL STATEMENTS

NOTE 15 Leases

No significant change.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

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

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

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

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

No significant change.

NOTE 20 Fair Value Measurements

- A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date: The Plan's assets measured and reported at fair value on a recurring basis are listed in the table below. The Plan receives monthly statements from investment brokers that provide market pricing. There were no transfers between Level 1 and Level 2 of the fair value hierarchy.

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Industrial and miscellaneous	\$ -	\$ 853,447	\$ -	\$ -	\$ 853,447
Other money market mutual funds	\$ -	\$ -	\$ -	\$ 193,059,741	\$ 193,059,741
Total assets at fair value/NAV	\$ -	\$ 853,447	\$ -	\$ 193,059,741	\$ 193,913,188

(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.
- C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of September 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	\$ (18,358,911)	\$ (18,358,911)	\$ (18,358,911)	\$ -	\$ -	\$ -	\$ -
Governments	\$ 106,115,952	\$ 106,115,872	\$ -	\$ 106,115,952	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 6,320,730	\$ 6,223,694	\$ -	\$ 6,320,730	\$ -	\$ -	\$ -
Political subdivisions	\$ 6,111,681	\$ 6,033,151	\$ -	\$ 6,111,681	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 40,649,050	\$ 39,568,845	\$ -	\$ 40,649,050	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 136,716,095	\$ 132,359,956	\$ -	\$ 136,716,095	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 193,059,741	\$ 193,059,741	\$ -	\$ -	\$ -	\$ 193,059,741	\$ -
Total financial instruments	\$ 470,614,338	\$ 465,002,348	\$ (18,358,911)	\$ 295,913,508	\$ -	\$ 193,059,741	\$ -

- 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.

NOTES TO FINANCIAL STATEMENTS

The Plan's managed care contract with Ohio Department of Medicaid (ODM) is effective through July 1, 2021. In September 2020, the ODM released the request for proposal for the Ohio Medicaid program with a due date of November 20, 2020. The program will be regionally based on the current three regions (Central/Southeast, Northeast and West); plans may bid on one or all regions, and be awarded one or all regions. The contracts will be awarded on January 25, 2021, with a go-live date of January 5, 2022.

D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through November 12, 2020, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

No significant change.

NOTE 24 Retrospectively Rated Contracts & 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/NO)? Yes [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year Amount

a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$	23,042,453
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	30,064
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	9,241,391
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	(30,158)
b. Transitional ACA Reinsurance Program		
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 & Expense)		
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		
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		
Operations (Revenue & Expense)		
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 December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			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	Ref	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		\$ 2,880,471		\$13,801,062	\$ -	\$(1,247,331)		A	\$12,553,731	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$16,681,533	\$ -	\$ 2,880,471	\$ -	\$13,801,062	\$ -	\$(1,247,331)	\$ -		\$12,553,731	\$ -
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	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium												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	\$	-	\$	2,880,471	\$	-	\$	13,801,062	\$	-	\$	(1,247,331)	\$	-	\$	12,553,731

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.

NOTE 25 Change in Incurred Claims and Claim 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, and as claims payments are processed. Claims unpaid activity during the current period is summarized below:

	Nine months ended 9/30/2020
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	1,952,794,738
Prior years	(8,599,620)
Net incurred claims during the current year	<u>1,944,195,118</u>
Deduct paid claims, net of reinsurance:	
Current year	1,689,103,898
Prior years	181,129,429
Net paid claims during the current year	<u>1,870,233,327</u>
Change in claims adjustment expenses	1,031,463
Change in health care receivables	5,034,082
Change in amounts due from reinsurers	(131,363)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 337,183,429</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.
2028 West Broadway, LLC has been added to 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.
- 4.2 If yes, provide the name of the 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 by 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 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

GENERAL INTERROGATORIES

- 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 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
- 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).

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: \$ 922,684

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

GENERAL INTERROGATORIES

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 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.....

- 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 of 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 shares were 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 rating(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 reported 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

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent80.8 %
 - 1.2 A&H cost containment percent2.2 %
 - 1.3 A&H expense percent excluding cost containment expenses10.7 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date\$
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date\$
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

States, etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		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 & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
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	99,272,270	270,318,331	2,110,233,231				2,479,823,832		
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 Aliens OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal	XXX	99,272,270	270,318,331	2,110,233,231	0	0	0	2,479,823,832	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0		
61. Totals (Direct Business)	XXX	99,272,270	270,318,331	2,110,233,231	0	0	0	2,479,823,832	0	
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(a) Active Status Counts:

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

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Molina Healthcare of Ohio, Inc.

Molina Healthcare, Inc.
13-4204626
(DE)

Molina Healthcare of California 33-0342719 (HMO) CA 100%	Molina Healthcare of Wisconsin, Inc. 20-0813104 NAIC: 12007 (HMO) WI 100%	Molina Healthcare of Florida, Inc. 26-0155137 NAIC: 13128 (HMO) FL 100%	Molina Healthcare of Illinois, Inc. 27-1823188 NAIC: 14104 (HMO) IL 100%	Molina Healthcare of Michigan, Inc. 38-3341599 NAIC: 52630 (HMO) MI 100%	Molina Healthcare of New Mexico, Inc. 85-0408506 NAIC: 95739 (HMO) NM 100%	Molina Healthcare of Ohio, Inc. 20-0750134 NAIC: 12334 (HMO) OH 100%	Molina Healthcare of Puerto Rico, Inc. 66-0817946 NAIC: 15600 (HMO PR) PR & NV 100%
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Molina Healthcare of Texas, Inc. 20-1494502 NAIC: 10757 (HMO) TX 100%	Molina Healthcare of South Carolina, Inc. 46-2992125 NAIC: 15329 (HMO) SC 100%	Molina Healthcare of Utah, Inc. 33-0617992 NAIC: 95502 (HMO) UT 100%	Molina Healthcare of Washington, Inc. 91-1284790 NAIC: 96270 (HMO) WA 100%	Molina Healthcare of New York, Inc. 27-1603200 (MCO) NY 100%	Molina Healthcare Data Center, LLC 45-2634351 NM 100%	Molina Youth Academy 46-5098489 non-profit corporation CA 100%	Molina Healthcare of Kentucky, Inc. 83-3866292 NAIC: 16596 (HMO) KY 100%
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Molina Healthcare of Texas Insurance Company 27-0522725 NAIC: 13778 (A&H) TX 100%	Molina Healthcare of North Carolina, Inc. 46-4148278 NC 100%	Molina Healthcare of Mississippi, Inc. 26-4390042 NAIC: 16301 (HMO) MS 100%	Molina Healthcare of Georgia, Inc. 80-0800257 NAIC: 15714 (HMO) GA 100%	Molina Hospital Management, LLC 46-2821516 CA 100%	Molina Healthcare of Virginia, Inc. 26-1769086 VA 100%	Pathways Community Corrections, LLC 62-1651095 DE 100%	Molina Healthcare of Oklahoma, Inc. 81-0864563 OK 100%
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Molina Healthcare of Tennessee, Inc. 84-3288805 TN 100%	Oceangate Reinsurance, Inc. 84-4039542 NAIC: 16808 (captive insurer) UT 100%	Molina Healthcare of Louisiana, Inc. 81-4229476 LA 100%	Molina Healthcare of Pennsylvania, Inc. 81-0855820 PA 100%	Molina Clinical Services, LLC 81-2824030 DE 100%	Molina Healthcare of Arizona, Inc. 30-0876771 AZ 100%	Molina Healthcare of Maryland, Inc. 46-0598968 MD 100%	Molina Healthcare of Nevada, Inc. 20-3567602 NV 100%
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2028 West Broadway, LLC
85-3111408
DE 100%

Molina Pathways, LLC
45-2854547
DE 100%

Molina Care Connections, LLC
47-2296708
TX 100%

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Molina Healthcare of Ohio, Inc.

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.	.0000	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	
1531	Molina Healthcare, Inc.	.00000	46-5098489				Molina Youth Academy	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	.00000	85-3111408				2028 West Broadway, LLC	DE	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	

Asterisk	Explanation
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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. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Molina Healthcare of Ohio, Inc.

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		
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 the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

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		
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 paid 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)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

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		
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)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

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	32,826	152,848
4. Unrealized valuation increase (decrease)	(59,939)	0
5. Total gain (loss) on disposals	372,434	294,947
6. Deduct consideration for bonds and stocks disposed of	45,317,491	69,493,401
7. Deduct amortization of premium	844,060	775,152
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	184,602,805	206,105,563
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	184,602,805	206,105,563

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Molina Healthcare of Ohio, Inc.

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)	273,813,784	156,779,384	160,133,387	(720,119)	221,185,470	273,813,784	269,739,662	295,983,932
2. NAIC 2 (a)	19,246,735	0	0	461,674	15,123,411	19,246,735	19,708,409	15,885,293
3. NAIC 3 (a)	931,250	0	85,940	8,137	712,500	931,250	853,447	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	293,991,769	156,779,384	160,219,327	(250,308)	237,021,381	293,991,769	290,301,518	311,869,225
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	293,991,769	156,779,384	160,219,327	(250,308)	237,021,381	293,991,769	290,301,518	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 \$ 105,698,713 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

S102

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 Totals		XXX			

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	0
2. Cost of short-term investments acquired	19,636,730	0
3. Accrual of discount	113,270	0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	19,750,000	0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
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		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	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	2,306,874,548	3,608,204,905
3. Accrual of discount	359,522	1,000,180
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	671	335
6. Deduct consideration received on disposals	2,170,163,528	3,789,614,813
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	298,758,454	161,687,241
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	298,758,454	161,687,241

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

NONE

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the 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	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 Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	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	
313205-4L-3	UMBS - POOL SB0236		09/01/2020	PAYDOWN		147,405	147,405	154,338	.0	.0	(609)	.0	(609)	.0	147,405	.0	.0	.0	1,510	05/01/2033	1FE	
313205-4L-3	UMBS - POOL SB8027		09/01/2020	PAYDOWN		92,022	92,022	94,380	92,387	.0	(365)	.0	(365)	.0	92,022	.0	.0	.0	1,850	01/01/2035	1FE	
3133KY-R2-7	FHLMC POOL RB5005		09/01/2020	PAYDOWN		419,195	419,195	424,370	420,923	.0	(1,727)	.0	(1,727)	.0	419,195	.0	.0	.0	8,352	07/01/2039	1FE	
3136AG-FU-1	FANNIE MAE 13-92 DA		09/01/2020	PAYDOWN		93,247	93,247	97,924	94,072	.0	(826)	.0	(826)	.0	93,247	.0	.0	.0	2,485	05/25/2042	1FE	
3136AV-SG-5	FANNIE MAE 17-11 DA		09/01/2020	PAYDOWN		544,930	544,930	547,484	545,660	.0	(730)	.0	(730)	.0	544,930	.0	.0	.0	9,267	02/25/2040	1FE	
3136B4-YK-9	FANNIE MAE 19-32 PA		09/01/2020	PAYDOWN		102,927	102,927	107,012	103,398	.0	(471)	.0	(471)	.0	102,927	.0	.0	.0	2,410	10/25/2048	1FE	
3136B6-JF-1	FANNIE MAE 19-56 VC		09/01/2020	PAYDOWN		57,316	57,316	58,767	57,470	.0	(153)	.0	(153)	.0	57,316	.0	.0	.0	1,147	02/25/2031	1FE	
3138LD-4J-9	FEDERAL NATIONAL MTG ASSOC #AN1724		09/01/2020	PAYDOWN		21,894	21,894	22,580	21,961	.0	(67)	.0	(67)	.0	21,894	.0	.0	.0	366	06/01/2026	1FE	
314007-SH-8	UMBS - POOL CA0532		09/01/2020	PAYDOWN		399,273	399,273	410,831	402,688	.0	(3,414)	.0	(3,414)	.0	399,273	.0	.0	.0	9,156	10/01/2047	1FE	
3140X4-M4-5	UMBS - POOL FM1278		09/01/2020	PAYDOWN		177,521	177,521	182,347	178,423	.0	(903)	.0	(903)	.0	177,521	.0	.0	.0	3,577	07/01/2034	1FE	
31418D-FM-9	UMBS - POOL MA3771		09/01/2020	PAYDOWN		386,839	386,839	396,086	389,177	.0	(2,338)	.0	(2,338)	.0	386,839	.0	.0	.0	7,766	09/01/2039	1FE	
31418D-GG-1	UMBS - POOL MA3798		09/01/2020	PAYDOWN		206,840	206,840	211,591	208,294	.0	(1,454)	.0	(1,454)	.0	206,840	.0	.0	.0	4,145	10/01/2034	1FE	
31418D-LL-4	UMBS - POOL MA3930		09/01/2020	PAYDOWN		351,162	351,162	357,636	.0	.0	(643)	.0	(643)	.0	351,162	.0	.0	.0	3,730	02/01/2035	1FE	
31418D-MD-1	UMBS - POOL MA3955		09/01/2020	PAYDOWN		348,743	348,743	355,555	.0	.0	(603)	.0	(603)	.0	348,743	.0	.0	.0	3,858	03/01/2035	1FE	
3199999	Subtotal - Bonds - U.S. Special Revenues					3,349,314	3,349,314	3,420,901	2,514,453	0	(14,303)	0	(14,303)	0	3,349,314	0	0	0	59,619	XXX	XXX	
14310K-AS-0	CARLYLE GLOBAL MARKET STRATEGI 13-4A A1R		07/15/2020	PAYDOWN		7,383	7,383	7,324	7,372	.0	.11	.0	.11	.0	7,383	.0	.0	.0	151	01/15/2031	1FE	
674599-CP-8	OCCIDENTAL PETROLEUM COR		09/01/2020	TENDER OFFER		85,355	86,000	85,908	85,920	.0	20	.0	20	.0	85,940	.0	(585)	(585)	2,470	08/15/2022	3FE	
82652M-AA-8	SIERRA RECEIVABLES FUNDING CO 19-2A A		09/20/2020	PAYDOWN		32,251	32,251	32,242	32,218	.0	33	.0	33	.0	32,251	.0	.0	.0	556	05/20/2036	1FE	
92912V-AY-1	VOYA CLO LTD 14-2A A1RR		07/17/2020	PAYDOWN		3,068	3,068	3,068	.0	.0	.0	.0	.0	3,068	.0	.0	.0	37	04/17/2030	1FE		
404280-BZ-1	HSBC HOLDINGS PLC	D	07/28/2020	HSBC SECURITIES (USA) INC		1,081,480	1,000,000	1,050,040	1,047,658	.0	(6,287)	.0	(6,287)	.0	1,041,371	0	40,109	40,109	33,699	03/11/2025	1FE	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,209,537	1,128,702	1,178,582	1,173,168	0	(6,223)	0	(6,223)	0	1,170,013	0	39,524	39,524	36,913	XXX	XXX	
8399997	Total - Bonds - Part 4					4,558,851	4,478,016	4,599,483	3,687,621	0	(20,526)	0	(20,526)	0	4,519,327	0	39,524	39,524	96,532	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					4,558,851	4,478,016	4,599,483	3,687,621	0	(20,526)	0	(20,526)	0	4,519,327	0	39,524	39,524	96,532	XXX	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					4,558,851	XXX	4,599,483	3,687,621	0	(20,526)	0	(20,526)	0	4,519,327	0	39,524	39,524	96,532	XXX	XXX	

E05

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Molina Healthcare of Ohio, Inc.

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	
US Bank St. Paul, MN					(1,602,335)	(1,563,732)	(1,178,658)	.XXX.
US Bank St. Paul, MN					467,838	470,159	458,928	.XXX.
JP Morgan Chase Columbus, Ohio					3,821,558	3,964,840	2,467,362	.XXX.
JP Morgan Chase Columbus, Ohio					857,807	857,916	604,654	.XXX.
JP Morgan Chase Columbus, Ohio					3,295,346	3,461,958	2,674,415	.XXX.
JP Morgan Chase Columbus, Ohio					(17,638)	(4,006)	(2,635)	.XXX.
Huntington National Bank Columbus, Ohio		0.001	93		284,498	284,521	284,535	.XXX.
US Bank St. Paul, MN					(21,229,530)	(20,824,536)	(23,562,190)	.XXX.
US Bank St. Paul, MN					(55,697)	(167,374)	(105,322)	.XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						.XXX.
0199999. Totals - Open Depositories	XXX	XXX	93	0	(14,178,153)	(13,520,254)	(18,358,911)	.XXX.
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						.XXX.
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	.XXX.
0399999. Total Cash on Deposit	XXX	XXX	93	0	(14,178,153)	(13,520,254)	(18,358,911)	.XXX.
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				.XXX.
0599999. Total - Cash	XXX	XXX	93	0	(14,178,153)	(13,520,254)	(18,358,911)	.XXX.

