



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Ohio, Inc.

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

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

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, 888-562-5442-212330
(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, 888-562-5442-212330
(Street and Number) (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
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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.

Ami Cole

Ami Lee Cole
President

Daniel Joseph Gudz

Daniel Joseph Gudz
Chief Financial Officer

Jeffrey Don Barlow
Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
day of _____

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

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	171,819,648		171,819,648	206,105,563
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
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 (\$(15,583,987) , Schedule E - Part 1), cash equivalents (\$367,198,848 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA)	351,614,861		351,614,861	177,696,332
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	523,434,509	0	523,434,509	383,801,895
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	868,721		868,721	1,197,097
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	141,777,490		141,777,490	127,136,338
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$1,483,935) and contracts subject to redetermination (\$31,063,686)	32,547,621		32,547,621	25,725,488
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	4,495,307		4,495,307	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	16,984,238		16,984,238	9,155,861
18.1 Current federal and foreign income tax recoverable and interest thereon	19,446,379		19,446,379	2,404,548
18.2 Net deferred tax asset	11,963,264	319,270	11,643,994	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 (\$)	1,313,277	1,313,277	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$36,268,341) and other amounts receivable	77,940,469	40,914,061	37,026,408	45,569,738
25. Aggregate write-ins for other than invested assets	794,603	794,603	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	831,565,878	43,341,211	788,224,667	606,494,167
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	831,565,878	43,341,211	788,224,667	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 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepays, deposits, and other assets	794,603	794,603	0	0
2502.				
2503.				
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)	794,603	794,603	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	290,779,497	653,999	291,433,496	252,424,488
2. Accrued medical incentive pool and bonus amounts	361,925		361,925	1,416,648
3. Unpaid claims adjustment expenses	4,253,661	11,944	4,265,605	3,446,320
4. Aggregate health policy reserves, including the liability of \$ 443,286 for medical loss ratio rebate per the Public Health Service Act	119,734,167		119,734,167	3,752,903
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	3,826,883		3,826,883	3,144,152
9. General expenses due or accrued	56,602,062		56,602,062	39,662,719
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	5,234,319		5,234,319	0
12. Amounts withheld or retained for the account of others	5,829		5,829	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	928,349		928,349	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, \$ 0 unauthorized reinsurers and \$ 0 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 \$ 8,598,367 current)	8,598,367	0	8,598,367	31,011,100
24. Total liabilities (Lines 1 to 23)	490,325,059	665,943	490,991,002	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	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	214,343,665	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	297,233,665	266,732,661
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	788,224,667	606,494,167
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	8,598,367		8,598,367	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 thru 2303 plus 2398)(Line 23 above)	8,598,367	0	8,598,367	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 thru 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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	4,038,598	3,705,866
2. Net premium income (including \$ non-health premium income).....	XXX.....	3,323,098,438	2,731,463,439
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	(111,780,910)	(3,723,686)
4. Fee-for-service (net of \$ medical expenses).....	XXX.....	0	0
5. Risk revenue.....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	3,211,317,528	2,727,739,753
Hospital and Medical:			
9. Hospital/medical benefits.....		1,774,040,069	1,512,613,286
10. Other professional services.....		213,606,793	211,302,274
11. Outside referrals.....	7,311,294	76,884,499	68,780,437
12. Emergency room and out-of-area.....		151,122,191	136,564,635
13. Prescription drugs.....		383,611,598	307,574,940
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,705,554	328,796
16. Subtotal (Lines 9 to 15).....	7,311,294	2,600,970,704	2,237,164,368
Less:			
17. Net reinsurance recoveries.....		4,691,534	1,849,754
18. Total hospital and medical (Lines 16 minus 17).....	7,311,294	2,596,279,170	2,235,314,614
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 74,465,284 cost containment expenses.....		81,591,450	100,061,236
21. General administrative expenses.....		347,499,381	262,198,614
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	7,311,294	3,025,370,001	2,597,574,464
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	185,947,527	130,165,289
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		5,069,821	9,466,019
26. Net realized capital gains (losses) less capital gains tax of \$ 100,820.....		379,277	229,141
27. Net investment gains (losses) (Lines 25 plus 26).....	0	5,449,098	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	794,052	(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.....	192,190,677	139,006,945
31. Federal and foreign income taxes incurred.....	XXX.....	50,597,349	29,772,451
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	141,593,328	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
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901. Fines and penalties		794,052	(853,504)
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	794,052	(853,504)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	266,732,661	277,920,351
34. Net income or (loss) from Line 32	141,593,328	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 \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	1,374,481	1,368,962
39. Change in nonadmitted assets	(3,466,805)	(4,791,146)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(109,000,000)	(117,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	30,501,004	(11,187,690)
49. Capital and surplus end of reporting period (Line 33 plus 48)	297,233,665	266,732,661
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	3,290,202,876	2,676,658,134
2. Net investment income	6,518,785	9,695,649
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	3,296,721,661	2,686,353,783
5. Benefit and loss related payments	2,556,228,047	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	418,567,833	365,644,615
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 100,820 tax on capital gains (losses)	67,740,000	33,280,000
10. Total (Lines 5 through 9)	3,042,535,880	2,647,392,127
11. Net cash from operations (Line 4 minus Line 10)	254,185,781	38,961,656
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	57,958,225	69,493,401
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	671	335
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	57,958,896	69,493,736
13. Cost of investments acquired (long-term only):		
13.1 Bonds	24,313,472	184,650,811
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	24,313,472	184,650,811
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	33,645,424	(115,157,075)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	109,000,000	117,000,000
16.6 Other cash provided (applied)	(4,912,676)	1,702,548
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(113,912,676)	(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)	173,918,529	(191,492,871)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	177,696,332	369,189,203
19.2 End of year (Line 18 plus Line 19.1)	351,614,861	177,696,332

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

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical)	132,403,206		206,912	132,196,294
2.	Medicare Supplement				0
3.	Dental only				0
4.	Vision only				0
5.	Federal Employees Health Benefits Plan	0			0
6.	Title XVIII - Medicare	362,126,424		332,192	361,794,232
7.	Title XIX - Medicaid	2,833,759,688		4,651,776	2,829,107,912
8.	Other health				0
9.	Health subtotal (Lines 1 through 8)	3,328,289,318	0	5,190,880	3,323,098,438
10.	Life	0			0
11.	Property/casualty	0			0
12.	Totals (Lines 9 to 11)	3,328,289,318	0	5,190,880	3,323,098,438

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	2,554,879,557	104,011,989					283,089,717	2,167,777,851		
1.2 Reinsurance assumed	0						63,097	1,348,690		
1.3 Reinsurance ceded	1,411,787									
1.4 Net	2,553,467,770	104,011,989	0	0	0	0	283,026,620	2,166,429,161	0	0
2. Paid medical incentive pools and bonuses	2,760,277	700					8,800	2,750,777		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	291,433,496	15,039,881	0	0	0	0	47,754,344	228,639,271	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	291,433,496	15,039,881	0	0	0	0	47,754,344	228,639,271	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	361,925							361,925		
6. Net healthcare receivables (a)	(5,376,585)	3,451,832					3,939,772	(12,768,189)		
7. Amounts recoverable from reinsurers December 31, current year	4,495,307	689,058					53,752	3,752,497		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	252,424,488	7,279,795	0	0	0	0	36,726,406	208,418,287	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	252,424,488	7,279,795	0	0	0	0	36,726,406	208,418,287	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,416,648	0	0	0	0	0	0	1,416,648	0	0
11. Amounts recoverable from reinsurers December 31, prior year	1,215,560	0	0	0	0	0	28,246	1,187,314	0	0
12. Incurred Benefits:										
12.1 Direct	2,599,265,150	108,320,243	0	0	0	0	290,177,883	2,200,767,024	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	4,691,534	689,058	0	0	0	0	88,603	3,913,873	0	0
12.4 Net	2,594,573,616	107,631,185	0	0	0	0	290,089,280	2,196,853,151	0	0
13. Incurred medical incentive pools and bonuses	1,705,554	700	0	0	0	0	8,800	1,696,054	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	57,862,346	1,790,775					6,180,448	49,891,123		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	57,862,346	1,790,775	0	0	0	0	6,180,448	49,891,123	0	0
2. Incurred but Unreported:										
2.1 Direct	233,571,150	13,249,106					41,573,896	178,748,148		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	233,571,150	13,249,106	0	0	0	0	41,573,896	178,748,148	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	291,433,496	15,039,881	0	0	0	0	47,754,344	228,639,271	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	291,433,496	15,039,881	0	0	0	0	47,754,344	228,639,271	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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)	5,389,158	97,933,773	3,740	15,036,141	5,392,898	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	15,522,385	267,478,729	(120,049)	47,874,393	15,402,336	36,726,406
7. Title XIX - Medicaid	151,489,686	2,012,374,292	221,376	228,417,895	151,711,062	208,418,287
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	172,401,229	2,377,786,794	105,067	291,328,429	172,506,296	252,424,488
10. Healthcare receivables (a)	7,404,819	68,158,246		1,619,337	7,404,819	82,558,987
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	2,636,931	123,346	202,521	159,404	2,839,452	1,416,648
13. Totals (Lines 9 - 10 + 11 + 12)	167,633,341	2,309,751,894	307,588	289,868,496	167,940,929	171,282,149

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	433	433	433	433	433
2. 2016	25,515	28,827	28,827	28,827	28,827
3. 2017	XXX	69,332	75,554	75,554	75,554
4. 2018	XXX	XXX	71,678	77,156	77,156
5. 2019	XXX	XXX	XXX	65,656	71,045
6. 2020	XXX	XXX	XXX	XXX	97,934

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	439	439	439	439	439
2. 2016	29,401	28,684	28,684	28,684	28,684
3. 2017	XXX	81,181	76,501	76,501	76,501
4. 2018	XXX	XXX	79,582	77,222	77,222
5. 2019	XXX	XXX	XXX	72,870	71,049
6. 2020	XXX	XXX	XXX	XXX	112,970

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	40,632	28,827	1,157	4.0	29,984	73.8			29,984	73.8
2. 2017	87,284	75,554	1,910	2.5	77,464	88.7			77,464	88.7
3. 2018	112,812	77,156	2,824	3.7	79,980	70.9			79,980	70.9
4. 2019	103,849	71,045	65,656	92.4	136,701	131.6	4		136,705	131.6
5. 2020	131,960	97,934	2,532	2.6	100,466	76.1	15,036	245	115,747	87.7

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	18,032	18,032	18,032	18,032	18,032
2. 2016	177,165	196,996	196,996	196,996	196,996
3. 2017	XXX	203,373	215,820	215,820	215,820
4. 2018	XXX	XXX	198,680	216,053	216,053
5. 2019	XXX	XXX	XXX	242,792	258,314
6. 2020	XXX	XXX	XXX	XXX	267,479

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	18,212	18,212	18,212	18,212	18,212
2. 2016	203,257	197,191	197,191	197,191	197,191
3. 2017	XXX	228,798	216,973	216,973	216,973
4. 2018	XXX	XXX	228,584	216,888	216,888
5. 2019	XXX	XXX	XXX	278,683	258,194
6. 2020	XXX	XXX	XXX	XXX	315,353

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	217,525	196,996	7,198	3.7	204,194	93.9			204,194	93.9
2. 2017	258,819	215,820	20,076	9.3	235,896	91.1			235,896	91.1
3. 2018	274,475	216,053	19,436	9.0	235,489	85.8			235,489	85.8
4. 2019	323,199	258,314	5,641	2.2	263,955	81.7	(120)	(2)	263,833	81.6
5. 2020	339,785	267,479	5,905	2.2	273,384	80.5	47,874	787	322,045	94.8

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	110,376	110,376	110,376	110,376	110,376
2. 2016	1,392,240	1,492,953	1,492,953	1,492,953	1,492,953
3. 2017	XXX	1,502,793	1,614,508	1,614,508	1,614,508
4. 2018	XXX	XXX	1,596,483	1,758,550	1,758,550
5. 2019	XXX	XXX	XXX	1,755,429	1,906,919
6. 2020	XXX	XXX	XXX	XXX	2,012,374

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	111,111	111,111	111,111	111,111	111,111
2. 2016	1,523,078	1,492,530	1,492,530	1,492,530	1,492,530
3. 2017	XXX	1,659,474	1,620,260	1,620,260	1,620,260
4. 2018	XXX	XXX	1,810,409	1,759,358	1,759,358
5. 2019	XXX	XXX	XXX	1,964,456	1,907,343
6. 2020	XXX	XXX	XXX	XXX	2,240,951

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	1,943,053	1,492,953	58,233	3.9	1,551,186	79.8			1,551,186	79.8
2. 2017	2,055,317	1,614,508	55,515	3.4	1,670,023	81.3			1,670,023	81.3
3. 2018	2,209,925	1,758,550	54,373	3.1	1,812,923	82.0			1,812,923	82.0
4. 2019	2,305,397	1,906,919	92,927	4.9	1,999,846	86.7	424	7	2,000,277	86.8
5. 2020	2,744,763	2,012,374	73,155	3.6	2,085,529	76.0	228,577	3,229	2,317,335	84.4

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	128,841	128,841	128,841	128,841	128,841
2. 2016	1,594,920	1,718,776	1,718,776	1,718,776	1,718,776
3. 2017	XXX	1,775,498	1,905,882	1,905,882	1,905,882
4. 2018	XXX	XXX	1,866,841	2,051,759	2,051,759
5. 2019	XXX	XXX	XXX	2,063,877	2,236,278
6. 2020	XXX	XXX	XXX	XXX	2,377,787

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	129,762	129,762	129,762	129,762	129,762
2. 2016	1,755,736	1,718,405	1,718,405	1,718,405	1,718,405
3. 2017	XXX	1,969,453	1,913,734	1,913,734	1,913,734
4. 2018	XXX	XXX	2,118,575	2,053,468	2,053,468
5. 2019	XXX	XXX	XXX	2,316,009	2,236,586
6. 2020	XXX	XXX	XXX	XXX	2,669,274

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2016	2,201,210	1,718,776	66,588	3.9	1,785,364	81.1	0	0	1,785,364	81.1
2. 2017	2,401,420	1,905,882	77,501	4.1	1,983,383	82.6	0	0	1,983,383	82.6
3. 2018	2,597,212	2,051,759	76,633	3.7	2,128,392	81.9	0	0	2,128,392	81.9
4. 2019	2,732,445	2,236,278	164,224	7.3	2,400,502	87.9	308	5	2,400,815	87.9
5. 2020	3,216,508	2,377,787	81,592	3.4	2,459,379	76.5	291,487	4,261	2,755,127	85.7

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	115,533,813	443,286					24,009,891	91,080,636	
5. Aggregate write-ins for other policy reserves	4,200,354	0	.0	0	0	0	4,200,354	0	0
6. Totals (gross)	119,734,167	443,286	.0	0	0	0	28,210,245	91,080,636	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	119,734,167	443,286	.0	0	0	0	28,210,245	91,080,636	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	.0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Risk adjustment liabilities	4,200,354						4,200,354		
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	.0	0	0	0	.0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	4,200,354	0	0	0	0	0	4,200,354	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)	267		5,097,387		5,097,654
2. Salary, wages and other benefits	56,677,907	1,314,236	65,621,555		123,613,698
3. Commissions (less \$ ceded plus \$ assumed)			1,457,729		1,457,729
4. Legal fees and expenses			3,152,704		3,152,704
5. Certifications and accreditation fees	74,376				74,376
6. Auditing, actuarial and other consulting services	1,574,413	23,881	8,732,616		10,330,910
7. Traveling expenses	187,722	565	325,354		513,641
8. Marketing and advertising	253,714		2,476,220		2,729,934
9. Postage, express and telephone	255,370	132	3,113,663		3,369,165
10. Printing and office supplies	155,957	3,777	2,618,866		2,778,600
11. Occupancy, depreciation and amortization			9,202,562		9,202,562
12. Equipment	74	157	271,979		272,210
13. Cost or depreciation of EDP equipment and software	289,777	637	15,625,685		15,916,099
14. Outsourced services including EDP, claims, and other services	11,818,307	5,682,013	16,543,567		34,043,887
15. Boards, bureaus and association fees	5,302		265,889		271,191
16. Insurance, except on real estate	(629,893)		870,131		240,238
17. Collection and bank service charges	12		603,188	18,068	621,268
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			2,423		2,423
22. Real estate taxes			929,790		929,790
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			140,777,269		140,777,269
23.3 Regulatory authority licenses and fees	18,455		51,574,301		51,592,756
23.4 Payroll taxes	3,783,524	100,768	4,227,507		8,111,799
23.5 Other (excluding federal income and real estate taxes)			504,348		504,348
24. Investment expenses not included elsewhere				128,986	.128,986
25. Aggregate write-ins for expenses	0	0	13,504,648	0	13,504,648
26. Total expenses incurred (Lines 1 to 25)	74,465,284	7,126,166	347,499,381	147,054	(a) 429,237,885
27. Less expenses unpaid December 31, current year	3,412,484	853,121	56,602,062		60,867,667
28. Add expenses unpaid December 31, prior year	2,722,593	723,727	39,662,719		.43,109,039
29. Amounts receivable relating to uninsured plans, prior year			9,155,861		9,155,861
30. Amounts receivable relating to uninsured plans, current year			16,984,238		16,984,238
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	73,775,393	6,996,772	338,388,415	147,054	419,307,634
DETAILS OF WRITE-INS					
2501. Charitable contributions			190,180		.190,180
2502. Borrowing costs			13,157,250		.13,157,250
2503. Other administrative expenses			157,218		.157,218
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	13,504,648	0	13,504,648

(a) Includes management fees of \$ 152,310,463 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a)	4,391
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	4,056,083
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e)	1,156,401
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	5,560,906	5,216,875
11. Investment expenses	(g)	147,054
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)	0
13. Interest expense	(h)	
14. Depreciation on real estate and other invested assets	(i)	0
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		147,054
17. Net investment income (Line 10 minus Line 16)		5,069,821
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	0	0

(a) Includes \$ 37,505 accrual of discount less \$ 1,158,093 amortization of premium and less \$ 20,033 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 495,828 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$. 147,054 investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	479,426	0	479,426	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans		0	0	0	0
4. Real estate		0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments	671		671		
7. Derivative instruments			0		
8. Other invested assets		0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	480,097	0	480,097	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	319,270	301,141	(18,129)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	1,313,277	1,975,024	661,747
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	40,914,061	36,989,249	(3,924,812)
25. Aggregate write-ins for other than invested assets	794,603	608,992	(185,611)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	43,341,211	39,874,406	(3,466,805)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	43,341,211	39,874,406	(3,466,805)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepays, deposits, and other assets	794,603	608,992	(185,611)
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	794,603	608,992	(185,611)

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	287,501	299,353	328,100	345,406	351,547	4,038,598
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	287,501	299,353	328,100	345,406	351,547	4,038,598
DETAILS OF WRITE-INS						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

Molina Healthcare of Ohio, Inc. (the Plan) was incorporated under the laws of the state of Ohio on November 19, 2003. The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. (Molina, or the Parent), a multi-state managed care organization that arranges for the delivery of healthcare services to persons eligible for Medicaid, Medicare, the state insurance marketplace (Marketplace), and other government-sponsored health care programs for low-income families and individuals.

The Plan is a health maintenance organization (HMO), licensed in the state of Ohio, that provides comprehensive health care services to Medicaid enrollees under contracts with the Ohio Department of Medicaid (ODM) and Medicare enrollees under its contract with the Centers for Medicare and Medicaid Services (CMS). The Plan participates in the Medicare-Medicaid Plans (MMP), CMS's demonstration programs to integrate Medicare and Medicaid services for dual-eligible individuals. The Plan also serves individuals through the state's Marketplace. In some instances, the Marketplace allows individuals to purchase health insurance that is federally subsidized. Such contracts represent the majority of the Plan's source of premium income for the years ended December 31, 2020 and 2019.

The Plan contracts with independent physician associations, hospitals and other providers to provide medical services to its members. As an HMO, the Plan is at risk for all covered outpatient and inpatient claims incurred by its beneficiaries.

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 Department.

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 #	2020		2019	
NET INCOME							
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$	141,593,328	\$	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	\$	141,593,328	\$	109,234,494
SURPLUS							
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$	297,233,665	\$	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	\$	297,233,665	\$	266,732,661

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

C. Accounting Policy

The Plan applies the following accounting policies:

- (1) Basis for Short-Term Investments: Short-term investments consist primarily of U.S. treasury notes and investments in corporate debt securities with maturity dates of greater than three months but less than one year at the time of acquisition. The basis of short-term investments is the same as for bonds as stated in Note C(2) below.
- (2) Basis for Bonds and Amortization Schedule: Bonds include U.S. government and other debt securities with maturity dates of greater than one year at the time of purchase. Bonds not backed by other loans are principally stated at amortized cost using the scientific method. Bonds with NAIC designations of one or two are stated at amortized cost. Bonds with NAIC designations of three or higher are stated at the lower of amortized cost or fair value. Amortization of bond premium or accretion of discount is computed using the scientific (constant-yield) interest method. Realized capital gains and losses are determined using the specific-identification method and were not significant for the years ended December 31, 2020 and 2019. There were no significant unrealized gains or losses on investments, and the Plan recognized no losses from other-than-temporary impairments for the years ended December 31, 2020 and 2019.
- (3) Investments in common stock: None.
- (4) Investments in preferred stock: None.
- (5) Investments in mortgage loans: None.
- (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) Investments in subsidiaries, controlled and affiliated entities (SCA): None.
- (8) Investments in joint ventures, partnerships and limited liability companies: None.
- (9) Investments in derivatives: None.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation: The Plan assesses the profitability of its medical care policies to identify groups of contracts where current operating results or forecasts indicate probable future losses. The Plan anticipates investment income as a factor in the premium deficiency calculation, in accordance with Statement of Statutory Accounting Principles (SSAP) No. 54, Individual and Group Accident and Health Contracts. If anticipated future variable costs exceed anticipated future premiums and investment income, a premium deficiency reserve is recognized. Refer to Note 30, "Premium Deficiency Reserves" for further information.

NOTES TO FINANCIAL STATEMENTS

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for Accident & Health Contracts: Claims unpaid are based on actual historical experience and estimates of medical expenses incurred but not paid (IBNP). The Plan employs its own actuaries to estimate IBNP monthly. The estimation of the IBNP liability requires a significant degree of judgment in applying actuarial methods, determining the appropriate assumptions and considering numerous factors. Of those factors, the Plan considers estimated completion factors and the assumed healthcare cost trend to be the most critical assumptions. Other relevant factors also include, but are not limited to, healthcare service utilization trends, claim inventory levels, changes in membership, product mix, seasonality, benefit changes or changes in Medicaid fee schedules, provider contract changes, prior authorizations and the incidence of catastrophic or pandemic cases. Because of the significant degree of judgment involved in estimation of our IBNP liability, there is considerable variability and uncertainty inherent in such estimates. Each reporting period, the recognized IBNP liability represents the Plan's best estimate of the total amount of unpaid claims incurred as of the balance sheet date using a consistent methodology in estimating the IBNP liability. The Plan believes its current estimates are reasonable and adequate; however, the development of our estimate is a continuous process that is monitored and updated as more complete claims payment information and healthcare cost trend data becomes available. Actual hospital and medical expenses may be less than previously estimated (favorable development) or more than previously estimated (unfavorable development), and any differences could be material. Any adjustments to reflect favorable development would be recognized as a decrease to hospital and medical expenses, and any adjustments to reflect unfavorable development would be recognized as an increase to hospital and medical expenses, in the period in which the adjustments are determined. Refer to Note 25, "Change in Incurred Claims and Claim Adjustment Expenses," for further information.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period: The Plan has not modified its capitalization policy from the prior period.

Furniture and equipment and leasehold improvements, which are non-admitted, are generally depreciated using the straight-line method over the estimated useful lives of the assets. Depreciation expense related to furniture and equipment and leasehold improvements totaled \$661,747 and \$735,045 for the years ended December 2020 and 2019, respectively.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables: Amounts receivable for pharmaceutical rebates are estimated based upon historical and current utilization of prescription drugs and contract terms. Income from pharmaceutical rebates is reported as a reduction of hospital and medical expenses in the statutory basis statements of revenue and expenses. The Plan admits estimated pharmaceutical rebate receivables relating to the three months immediately preceding the reporting date in accordance with SSAP No. 84, Certain Health Care Receivables and Receivables Under Government Insured Plans. Refer to Note 28, "Health Care Receivables" for further information.

The Plan has also deemed the following to be significant accounting policies and/or differences between statutory practices and accounting principles generally accepted in the United States of America (GAAP):

Cash and Invested Assets

Cash and cash equivalents are defined as cash and short-term highly liquid investments that are both readily convertible into known amounts of cash and so near maturity that they represent insignificant risk of changes in value because of changes in interest rates. Cash overdraft balances are recorded as a reduction to cash, whereas under GAAP cash overdraft balances would be classified as liabilities. Only investments with original maturities of three months or less when purchased qualify under this definition with the exception of money market mutual funds registered under the Investment Company Act of 1940 (the Act) and regulated under rule 2a-7 of the Act as described in SSAP 2R, Cash, Cash Equivalents, Drafts and Short-Term Investments. Under GAAP, the corresponding caption of cash, cash equivalents, and short-term investments include cash balances and investments that will mature in one year or less from the balance sheet date.

Investments in bonds are reported at amortized cost or fair value based on their NAIC designation. Under GAAP, investments in bonds are grouped into three separate categories for accounting and reporting purposes: available-for-sale securities, held-to-maturity securities, and trading securities. Available-for-sale securities are recorded at fair value and unrealized gains and losses, if any, are recorded in stockholders' equity as other comprehensive income, net of applicable income taxes. Held-to-maturity securities are recorded at amortized cost, which approximates fair value, and unrealized holding gains or losses are not generally recognized. Realized gains and losses and unrealized losses judged to be other than temporary with respect to available-for-sale and held-to-maturity securities are included in the determination of net income. Trading securities are recorded at fair value, and holding gains and losses are recognized in net income.

Uncollected Premiums

Premiums uncollected at December 31, 2020 and 2019, consist primarily of amounts due from ODM and CMS. Uncollected premium balances are stated at net realizable value based on management's judgment of the ultimate collectibility of the accounts. Collection trends are monitored and any adjustments required are reflected in current earnings. Uncollected premium balances outstanding greater than 90 days due, with the exception of premiums due from governmental agencies, are non-admitted in accordance with NAIC SAP.

Accrued Retrospective Premiums and Contracts Subject to Redetermination and Aggregate Health Policy Reserves

Accrued retrospective premiums and contracts subject to redetermination, and aggregate health policy reserves relate to amounts recorded under various programs and contractual provisions discussed in Note 24, "Retrospectively Rated Contracts and Contracts Subject to Redetermination".

Net Deferred Tax Assets or Liabilities

The Plan follows the guidance of SSAP No. 101, Income Taxes, for deferred income taxes. Deferred tax assets and liabilities are recorded for temporary differences between the tax basis of assets and liabilities and their amounts reported on the financial statements, using statutory rates in effect for the year in which the differences are expected to reverse. The effect on deferred tax assets and liabilities of a change in tax rates is recognized as a change in surplus in the period that includes the enactment date. SSAP No. 101 includes a valuation allowance criterion whereby only gross deferred tax assets that are more likely than not (defined as a likelihood of more than 50%) to be realized are potentially admissible, subject to certain limitations and admissibility tests. Under GAAP, a deferred tax asset is recorded for the amount of gross deferred tax assets expected to be realized in future years, and a valuation allowance is established for deferred tax assets not realizable.

Receivables from or Amounts Due to Parents, Subsidiaries and Affiliates

The Plan has various transactions with Molina and the Plan's affiliates. The Plan reports any unsettled amounts due from Molina and affiliates as receivables from parent, subsidiaries and affiliates and unsettled amounts owed to Molina and affiliates as amounts due to parent, subsidiaries and affiliates. Refer to Note 10, "Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties" for further information.

Amounts Receivable Relating to Uninsured Plans and Liability for Amounts Held Under Uninsured Plans

The Plan reports amounts receivable relating to uninsured plans due from and liability for amounts held under uninsured plans due to CMS and Medicaid agency for the administrative activities the Plan performs for which it has no underwriting risk.

Under Medicare program, such receivables or payables relate to reinsurance subsidies for Medicare members with high drug costs, and/or premium or cost-sharing subsidies for qualifying low-income Medicare members' prescription drug benefits. The Plan is fully reimbursed by CMS and there is no risk to the Plan.

Under Medicaid program, the receivables or payables relate to Medicaid Pass-throughs. The Plan receives certain amounts from the Medicaid agency, which are fully passed through to designated providers. The Plan therefore serves as a fiscal intermediary between the state and providers and does not assume underwriting risk in such arrangements. The Plan received pass-through payments amounting to approximately \$7,717,729 and \$6,518,679 in 2020 and 2019, respectively, which are not reflected as revenue or expense in the statutory-basis statement of revenue and expenses.

The Plan receives certain payments from the Medicaid program, which are fully passed through to designated providers. The Plan therefore serves as a fiscal intermediary between the state and providers and does not assume insurance risk in such arrangements. The Plan received pass-through payments amounting to approximately \$73,616,376 and \$49,074,014 in 2020 and 2019, respectively, which are recognized as net premium income, with an aggregate corresponding charge recognized in hospital and medical and general administrative expenses.

Net Premium Income and Change in Reserve for Rate Credits

Premium revenue is recognized in the month that members are entitled to receive healthcare services. Premiums collected in advance of a coverage period are recorded as premiums received in advance. Premium revenue is generally received based on per-member per-month rates established in advance of the periods covered, except as described below and in Retrospectively Rated Contracts and Contracts Subject to Redetermination.

NOTES TO FINANCIAL STATEMENTS

Medical cost floors (medical loss ratio) and corridors: For certain Medicaid premiums, amounts may be returned to ODM if certain minimum amounts are not spent on defined medical care costs, or the Plan may receive additional premiums if amounts spent on medical care costs exceed a defined maximum threshold. Additionally, sanctions may be levied by ODM if the amounts spent on medical care costs as a percentage of premiums are not within a specified range. These sanctions include the requirements to file a corrective action plan as well as an auto assignment freeze. The Plan may be required to return a portion of Medicare and Marketplace premiums if certain minimum amounts are not spent on defined medical care costs in accordance with the requirements established by the federal government.

Quality incentive premiums: Under the Plan's contract with ODM, 3% of Medicaid premiums and 3% of Dual Eligible premiums are withheld and paid to the Plan subject to certain performance bonus measures being met.

Medicare Revenue Risk Adjustment: The Plan's Medicare revenue is subject to retroactive increase or decrease based on the health status of its Medicare members (as measured by member risk score). The Plan estimates its members' risk scores and the related amount of Medicare revenue that will ultimately be realized for the periods presented based on its knowledge of its members' health status, risk scores and CMS practices.

Risk Sharing Provisions of the Affordable Care Act: Under the risk sharing provisions of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively, the Affordable Care Act, or ACA), Marketplace premiums are subject to redetermination through the risk adjustment program in which risk scores are used to determine the final premium amount.

Risk Corridors: The Plan is subject to a medical loss ratio corridor with ODM, applicable to the Plan's Medicaid expansion program. The Plan estimates accrued retrospective premium based on the experience to date using a mathematical approach.

Profit Sharing: The Plan's Medicaid contract with ODM contains gain-sharing provisions for certain programs under which the Plan refunds amounts to HCA if the Plan generates a profit above a certain percentage in accordance with a tiered rebate schedule. The Plan is limited in the amount of administrative costs that may be considered in determining the level of profit under these provisions.

Hospital and Medical Expenses

Hospital and medical expenses include primarily fee-for-services expenses: Hospital and medical expenses are recognized in the period in which services are provided and include fee-for-service claims, pharmacy benefits, capitation payments to providers, and various other medically-related costs. Under fee-for-service claims arrangements with providers, the Plan retains the financial responsibility for medical care provided and incurs costs based on actual utilization of hospital and physician services. Such hospital and medical expenses include amounts paid by the Plan as well as estimated medical claims and benefits payable for costs that were IBNP as of the reporting date. Pharmacy benefits represent payments for members' prescription drug costs, net of rebates from drug manufacturers. The Plan estimates pharmacy rebates based on historical and current utilization of prescription drugs and contractual provisions. Capitation payments represent monthly contractual fees paid to providers, who are responsible for providing medical care to members, which could include medical or ancillary costs like dental, vision and other supplemental health benefits. Such capitation costs are fixed in advance of the periods covered and are not subject to significant accounting estimates. Other hospital and medical expenses include all medically-related administrative costs, amounts due to providers pursuant to risk-sharing or other incentive arrangements, provider claims, and other healthcare expenses.

Reinsurance

The Plan has an excess of loss reinsurance agreement with our affiliate, Oceangate Reinsurance, Inc. Refer to Note 23E(2).

Reinsurance expense is reported as a reduction of net premium income, and amounted to approximately \$5,190,880 and \$4,704,682 for the years ended December 31, 2020 and 2019, respectively.

Reinsurance contracts do not relieve the Plan from its obligations to subscribers. The Plan remains liable to its subscribers for the portion reinsured to the extent that the reinsurance company does not meet the obligations assumed under the reinsurance contract.

Concentrations

The Plan has cash and invested assets deposited in financial institutions in which the balances exceed the Federal Deposit Insurance Corporation insured limit. The Plan has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk. The Plan's investments and a portion of its cash are managed by professional portfolio managers operating under documented investment guidelines.

Concentration of credit risk with respect to receivables is limited because the Plan's primary payors are ODM and CMS.

Risks and Uncertainties

The Plan's sole Medicaid customer is [insert state agency abbreviation from Note 1A above]. The loss of its contract with [insert state agency abbreviation from Note 1A above] would have a material adverse effect on the Plan's financial position, results of operations or cash flows. The Plan's ability to arrange for the provision of medical services to its members is dependent upon its ability to develop and maintain adequate provider networks. The inability to develop or maintain such networks could, in certain circumstances, have a material adverse effect on the Plan's financial position, results of operations or cash flows.

The Plan's profitability depends in large part on accurately predicting and effectively managing medical care costs. Management continually reviews the Plan's medical costs as well as its underlying claims experience and revised actuarial data. However, several factors could adversely affect medical care costs. These factors, which include changes in health care practices, inflation, new technologies, major epidemics, natural disasters, and malpractice litigation, are beyond the Plan's control and could adversely affect its ability to accurately predict and effectively control medical care costs. Costs in excess of those anticipated could have a material adverse effect on the Plan's financial condition, results of operations or cash flows.

The Plan is subject to thorough and extensive regulations by multiple state and federal agencies. Its failure to comply with various regulations and requirements could limit the Plan's revenue or increase costs. In certain circumstances, a failure to comply with regulations or the cost incurred in complying with regulations could have a material adverse effect on the Plan's financial position, results of operations or cash flows.

Cash Flow

The statutory basis statements of cash flow reconcile cash, cash equivalents, and short-term investments with maturity dates of one year or less at the time of acquisition; whereas under GAAP, the statements of cash flow reconcile the corresponding captions of cash and cash equivalents with maturities of three months or less. In addition, there are classification differences within the presentation of the cash flow categories between GAAP and statutory reporting.

Comprehensive Income

The presentation of the statutory basis statements of admitted assets, liabilities, capital and surplus is not in conformity with U.S. GAAP with respect to the reporting of other comprehensive income.

Minimum Capital and Surplus

The Plan is subject to minimum capital and surplus requirements prescribed by Section 1751.28 of the Ohio Statutes. At December 31, 2020 and 2019, the Plan's capital and surplus was in compliance with such minimum capital and surplus requirements.

The NAIC adopted Risk Based Capital (RBC) standards to measure the minimum amount of capital appropriate for a managed care organization to support its overall business operations. The state of Ohio has passed legislation to adopt RBC. At December 31, 2020 and 2019, the Plan was in compliance with the minimum RBC requirement.

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

There were no accounting changes or corrections of errors during the years ended December 31, 2020 and 2019, respectively.

NOTES TO FINANCIAL STATEMENTS

NOTE 3 Business Combinations and Goodwill

None.

NOTE 4 Discontinued Operations

None.

NOTE 5 Investments

The following tables summarizes the Plan's investments including gross unrealized gains and losses as of the dates indicated:

	December 31, 2020			
	Cost or amortized cost	Unrealized gains	Unrealized losses	Fair value
Open depositories	\$ (15,583,987)	\$ -	\$ -	\$ (15,583,987)
Governments	113,580,474	53	-	113,580,527
States, territories, and possessions	6,182,167	99,473	-	6,281,640
Political subdivisions	1,028,669	73,313	-	1,101,982
Special revenue & assessment obligations	35,915,752	1,107,320	-	37,023,072
Industrial and miscellaneous	128,278,052	4,368,080	104,784	132,541,348
Other money market mutual fund	<u>254,033,382</u>	<u>-</u>	<u>-</u>	<u>254,033,382</u>
Totals	<u>\$ 523,434,509</u>	<u>\$ 5,648,239</u>	<u>\$ 104,784</u>	<u>\$ 528,977,964</u>

	December 31, 2019			
	Cost or amortized cost	Unrealized gains	Unrealized losses	Fair value
Open depositories	\$ 16,009,091	\$ -	\$ -	\$ 16,009,091
Industrial and miscellaneous	125,624,059	569,616	304,435	125,889,240
Political subdivisions	6,049,556	140	3,775	6,045,921
Special revenue & assessment obligations	64,676,327	217,779	127,700	64,766,406
States, territories, and possessions	6,347,106	275	12,521	6,334,860
U.S. Government	106,172,178	1,228	-	106,173,406
Other governments	3,000,000	792	-	3,000,792
Other money market mutual fund	<u>55,923,578</u>	<u>-</u>	<u>-</u>	<u>55,923,578</u>
Totals	<u>\$ 383,801,895</u>	<u>\$ 789,830</u>	<u>\$ 448,431</u>	<u>\$ 384,143,294</u>

The amortized cost and fair value of the Plan's investments by contractual maturities, were as follows:

	December 31, 2020	
	Amortized cost	Fair value
Due in one year or less	\$ 146,380,734	\$ 146,769,396
Due after one year through five years	108,709,703	112,037,578
Due after five years through ten years	29,113,632	30,915,853
Due after ten years through twenty years	774,825	799,317
Due after twenty years	6,220	6,425
Totals	<u>\$ 284,985,114</u>	<u>\$ 290,528,569</u>

A. Mortgage Loans, including Mezzanine Real Estate Loans: None.

B. Debt Restructuring: None.

C. Reverse Mortgages: None.

D. Loan-Backed Securities:

(1) Prepayment assumptions for mortgage-backed securities, collateralized mortgage obligations and other structure securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonally), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and model is calibrated to reflect actual experience, market factors and view point.

(2), (3) Recognized other-than-temporary impairment (OTTI) securities: None.

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a) The aggregate amount of unrealized losses:

1. Less than 12 Months \$ 104,784

2. 12 Months or Longer

b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months \$ 10,805,761

2. 12 Months or Longer

(5) 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 December 31, 2020.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.

H. Repurchase Agreements Transactions Accounted for as a Sale: None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.

NOTES TO FINANCIAL STATEMENTS

J. Real Estate: None.

K. Low Income Housing tax Credits (LIHTC): None.

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Non- admitted) Restricted from Current Year	2 Total Gross (Admitted & Non- admitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Non- admitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Non- admitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown		\$ -	\$ -		\$ -	0.000%	0.000%
b. Collateral held under security lending agreements		\$ -	\$ -		\$ -	0.000%	0.000%
c. Subject to repurchase agreements		\$ -	\$ -		\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements		\$ -	\$ -		\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements		\$ -	\$ -		\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements		\$ -	\$ -		\$ -	0.000%	0.000%
g. Placed under option contracts		\$ -	\$ -		\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		\$ -	\$ -		\$ -	0.000%	0.000%
i. FHLB capital stock		\$ -	\$ -		\$ -	0.000%	0.000%
j. On deposit with states	\$ 415,008	\$ 408,515	\$ 6,493	\$ -	\$ 415,008	0.050%	0.053%
k. On deposit with other regulatory bodies		\$ -	\$ -		\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)		\$ -	\$ -		\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories		\$ -	\$ -		\$ -	0.000%	0.000%
n. Other restricted assets		\$ -	\$ -		\$ -	0.000%	0.000%
o. Total Restricted Assets	\$ 415,008	\$ 408,515	\$ 6,493	\$ -	\$ 415,008	0.050%	0.053%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate): None.

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate): None.

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements: None.

M. Working Capital Finance Investments: None.

N. Offsetting and Netting of Assets and Liabilities: None.

O. 5GI Securities: None.

P. Short Sales: None.

Q. Prepayment Penalty and Acceleration Fees:

General Account

1. Number of CUSIPs	4
2. Aggregate Amount of Investment Income	\$ 15,550

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

None.

NOTE 7 Investment Income

The Plan had no investment income that was excluded in 2020 or 2019. All of the Plan's investments and the income derived from such investments meet the criteria for admitted receivables.

NOTE 8 Derivative Instruments

None.

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1. Components of Net Deferred Tax Asset/(Liability)

	12/31/2020		12/31/2019		Change				
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$13,940,271		\$13,940,271	\$12,662,101	\$ -	\$12,662,101	\$ 1,278,170	\$ -	\$ 1,278,170
(b) Statutory Valuation Allowance Adjustment		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$13,940,271	\$ -	\$13,940,271	\$12,662,101	\$ -	\$12,662,101	\$ 1,278,170	\$ -	\$ 1,278,170
(d) Deferred Tax Assets Nonadmitted	\$ 319,270		\$ 319,270	\$ 301,141	\$ -	\$ 301,141	\$ 18,129	\$ -	\$ 18,129

NOTES TO FINANCIAL STATEMENTS

(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$13,621,001	\$	-	\$13,621,001	\$12,360,960	\$	-	\$12,360,960	\$ 1,260,041	\$	-	\$ 1,260,041
(f) Deferred Tax Liabilities	\$ 1,977,007	\$	-	\$ 1,977,007	\$ 2,073,318	\$	-	\$ 2,073,318	\$ (96,311)	\$	-	\$ (96,311)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$11,643,994	\$	-	\$11,643,994	\$10,287,642	\$	-	\$10,287,642	\$ 1,356,352	\$	-	\$ 1,356,352

2. Admission Calculation Components SSAP No. 101, Income Taxes

	12/31/2020			12/31/2019			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$11,526,831		\$11,526,831	\$10,161,910	\$	-	\$10,161,910	\$ 1,364,921	\$
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 117,163		\$ 117,163	\$ 125,732	\$	-	\$ 125,732	\$ (8,569)	\$
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 117,163		\$ 117,163	\$ 125,732	\$	-	\$ 125,732	\$ (8,569)	\$
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$42,838,451	XXX	XXX	\$38,466,753	XXX	XXX	\$ 4,371,698
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 1,977,007		\$ 1,977,007	\$ 2,073,318	\$	-	\$ 2,073,318	\$ (96,311)	\$
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$13,621,001	\$	-	\$13,621,001	\$12,360,960	\$	-	\$12,360,960	\$ 1,260,041
									\$ 1,260,041

3. Other Admissibility Criteria

	2020	2019
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	318.100%	327.400%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 285,589,671	\$ 256,445,019

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/2020		12/31/2019		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1 (c)	\$ 13,940,271	\$	-	\$ 12,662,101	\$	-
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 13,621,001	\$	-	\$ 12,360,960	\$	-
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

(b) Do the Company's tax-planning strategies include the use of reinsurance? Yes [] No [X]

B. Deferred Tax Liabilities Not Recognized: None.

C. Current income taxes incurred consist of the following major components:

	(1) 12/31/2020	(2)		(3) (Col. 1 - 2) Change
		12/31/2019		
1. Current Income Tax				
(a) Federal	\$ 49,899,522	\$ 30,142,661	\$ 19,756,861	
(b) Foreign	\$	\$	\$	-
(c) Subtotal	\$ 49,899,522	\$ 30,142,661	\$ 19,756,861	
(d) Federal income tax on net capital gains	\$ 100,820	\$ 60,911	\$ 39,909	
(e) Utilization of capital loss carry-forwards	\$	\$	\$	-
(f) Other	\$ 697,827	\$ (370,210)	\$ 1,068,037	
(g) Federal and foreign income taxes incurred	\$ 50,698,169	\$ 29,833,362	\$ 20,864,807	
2. Deferred Tax Assets				
(a) Ordinary:				
(1) Discounting of unpaid losses	\$ 1,859,992	\$ 1,419,888	\$ 440,104	
(2) Unearned premium reserve	\$ 160,729	\$ 132,055	\$ 28,674	
(3) Policyholder reserves	\$	\$	\$	-
(4) Investments	\$	\$	\$	-
(5) Deferred acquisition costs	\$	\$	\$	-
(6) Policyholder dividends accrual	\$	\$	\$	-
(7) Fixed Assets	\$ 266,077	\$ 314,348	\$ (48,271)	
(8) Compensation and benefits accrual	\$ 357,662	\$ 276,936	\$ 80,726	

NOTES TO FINANCIAL STATEMENTS

(9) Pension accrual	\$ -	\$ -	\$ -
(10) Receivables - nonadmitted	\$ 8,900,292	\$ 5,769,600	\$ 3,130,692
(11) Net operating loss carry-forward	\$ -	\$ -	\$ -
(12) Tax credit carry-forward	\$ -	\$ -	\$ -
(13) Other (including items <5% of total ordinary tax assets)	\$ 2,395,519	\$ 4,749,274	\$ (2,353,755)
(99) Subtotal	\$ 13,940,271	\$ 12,662,101	\$ 1,278,170
(b) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c) Nonadmitted	\$ 319,270	\$ 301,141	\$ 18,129
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 13,621,001	\$ 12,360,960	\$ 1,260,041
(e) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Net capital loss carry-forward	\$ -	\$ -	\$ -
(3) Real estate	\$ -	\$ -	\$ -
(4) Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g) Nonadmitted	\$ -	\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ 13,621,001	\$ 12,360,960	\$ 1,260,041
3. Deferred Tax Liabilities			
(a) Ordinary:			
(1) Investments	\$ -	\$ -	\$ -
(2) Fixed Assets	\$ -	\$ -	\$ -
(3) Deferred and uncollected premium	\$ -	\$ -	\$ -
(4) Policyholder reserves	\$ -	\$ -	\$ -
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 1,977,007	\$ 2,073,318	\$ (96,311)
(99) Subtotal	\$ 1,977,007	\$ 2,073,318	\$ (96,311)
(b) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Real estate	\$ -	\$ -	\$ -
(3) Other (including items <5% of total capital tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 1,977,007	\$ 2,073,318	\$ (96,311)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 11,643,994	\$ 10,287,642	\$ 1,356,352

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in deferred income taxes in the surplus section of the Annual Statement):

	12/31/2020	12/31/2019	Change
Total deferred tax assets	\$ 13,940,271	\$ 12,662,101	\$ 1,278,170
Total deferred tax liabilities	<u>(1,977,007)</u>	<u>(2,073,318)</u>	<u>96,311</u>
Net deferred tax asset (liability)	<u>\$ 11,963,264</u>	<u>\$ 10,588,783</u>	<u>1,374,481</u>
Tax effect of unrealized (gains)/losses			<u>-</u>
Change in net deferred income tax assets - increase/(decrease)			<u>\$ 1,374,481</u>

The Plan is subject to taxation in the United States. The Plan is currently under examination by the Internal Revenue Service for tax years 2015 to 2017 and may be subject to examination for calendar years 2018 and 2019. With few exceptions, the Plan is no longer subject to U.S. federal tax examination for tax years before 2015.

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate. Among the more significant book to tax adjustments were the following:

	Tax Effect	Effective Tax Rate
Provision computed at statutory rate	\$ 40,381,214	21.00%
Changes in nonadmitted assets	<u>(724,222)</u>	<u>-0.38%</u>
Non-deductible health insurance provider fee	9,917,460	5.16%
Other	<u>(250,764)</u>	<u>-0.13%</u>
Total	<u>\$ 49,323,688</u>	<u>25.65%</u>
Federal and foreign income taxes incurred	\$ 50,597,349	26.31%
Realized capital gains (losses) tax	100,820	0.05%
Change in net deferred income taxes	<u>(1,374,481)</u>	<u>-0.71%</u>
Total statutory income taxes	<u>\$ 49,323,688</u>	<u>25.65%</u>

E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment

1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forward available for tax purposes: None.

2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amount
2020	\$ 50,000,342
2019	\$ 30,384,308

3. The Plan did not have any aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

The Plan is included in the consolidated federal income tax return with its ultimate parent, Molina. The entities included within the consolidated return are included in NAIC Statutory Statement Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group. Federal income taxes are paid to or refunded by Molina pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses the Plan receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal income tax return of Molina.

Federal income tax paid for 2020 pursuant to the tax sharing agreement was \$67,740,000.

G. Federal or Foreign Federal Income Tax Loss Contingencies: The Plan does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

NOTES TO FINANCIAL STATEMENTS

H. Repatriation Transition Tax (RTT): None.

I. Alternative Minimum Tax (AMT) Credit: None.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. The Plan is a wholly owned subsidiary of Molina. Molina and its subsidiaries provide quality managed care to people receiving government assistance. Molina offers healthcare services for persons served by Medicaid, Medicare, and the Marketplace, and products to assist government agencies in their administration of the Medicaid program. Molina has wholly owned operating subsidiaries in various states as indicated in Schedule Y, Parts 1 and 1A.

B. The Plan paid Molina ordinary dividends in cash amounts totaling \$109,000,000 during 2020 and \$117,000,000 during 2019.

The Plan has an agreement with Molina whereby Molina provides certain management services to the Plan. Expenses incurred relating to this agreement amounted to \$152,310,463 and \$127,131,313 for the years ended December 31, 2020 and 2019, respectively.

The Plan subleases office space from Molina who is a master lessee under an arrangement with a third party that commenced in 2013. Rental expense relating to these leases totaled \$1,430,159 and \$1,391,719 for the years ended December 31, 2020 and 2019, respectively. Minimum future lease commitments for this lease are included in the operating lease table in Note 15.

The Plan has an excess of loss reinsurance agreement with our affiliate, Oceangate Reinsurance, Inc. Refer to Note 23E(2).

C. Transactions with related party who are not reported on Schedule Y: None.

D. As of December 31, 2020 and 2019 amounts due to Molina and affiliates totaled \$928,349 and \$4,903,176, respectively. Intercompany receivables and payables are generally settled on a monthly basis.

E. The Plan has a services agreement with Molina, as described in Note 10.C. above.

F. The Plan is not a guarantor and does not participate in any undertakings.

G. As indicated in Note 10.A. above, the Plan is a wholly owned subsidiary of Molina. The entities under common ownership of Molina are indicated in Schedule Y, Parts 1 and 1A.

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned: None.

I. Investments in SCA that Exceed 10% of Admitted Assets: None.

J. Investments in Impaired SCAs: None.

K. Investment in Foreign Insurance Subsidiary: None.

L. Investment in Downstream Noninsurance Holding Company: None.

M. All SCA Investments: None.

N. Investment in Insurance SCAs: None.

O. SCA or SSAP 48 Entity Loss Tracking: None.

NOTE 11 Debt

A. Debt Including Capital Notes: 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: See Note 12.G. below.

F. Multiemployer Plans: None.

G. Consolidated/Holding Company Plans: The employees of the Plan are eligible to participate in a defined contribution 401(k) plan sponsored by Molina subject to the participation eligibility set forth in the plan. Eligible employees are allowed to contribute up to the maximum allowed by law. The Plan matches up to the first 4% of compensation contributed by the employees subject to a one-year cliff vesting requirement. The Plan has no legal obligation to provide benefits under the plan. The Plan's expense recognized in connection with the 401(k) plan was \$1,715,068 and \$1,864,586 for the years ended December 31, 2020 and 2019, respectively.

H. Postemployment Benefits and Compensated Absences: None.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. The Plan has 1,500 shares of \$1 par value common stock authorized, 1,500 shares issued and outstanding. All issued and outstanding shares of common stock are held by Molina.

B. Preferred stock: None.

C. Dividend restrictions: The payment of dividends by the Plan to Molina is limited and can only be made from earned profits unless prior approval is received from the Department. The amount of dividend that may be paid by insurance companies without prior approval of the Ohio Insurance Commissioner is also subject to restrictions relating to statutory surplus and net income. At December 31, 2020 and 2019, no extraordinary dividends were paid without the Department's approval. A dividend/distribution cannot decrease unassigned funds below zero. Ordinary dividends do not require prior approval by the Department.

D. Dividends paid by the Plan to Molina during the years 2020 and 2019, respectively, were as follows:

The Plan paid Molina ordinary dividends in cash amounting to \$49,000,000 on May 21, 2020 and \$60,000,000 on December 15, 2020. The Plan paid Molina ordinary dividends in cash amounting to \$57,000,000 on March 28, 2019 and \$60,000,000 on September 25, 2019.

E. Subject to the limitations of (C) above, no restrictions have been placed on the portion of the Plan's profits that may be paid as ordinary dividends to Molina.

F. Restrictions placed on unassigned funds (surplus): None.

G. Advances to surplus not repaid: None.

H. Stock held for special purposes: None.

NOTES TO FINANCIAL STATEMENTS

I. Changes in the balance of special surplus funds: In accordance with SSAP No. 106, Affordable Care Act Assessments, the Plan reclassifies an amount equal to the estimated health insurer fee due in the following calendar year from unassigned surplus to special surplus. 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 December 31, 2020.

J. The portion of unassigned surplus or deficit, excluding the apportionment of estimated Section 9010 ACA subsequent fee year assessment, net income, and dividends, represented or reduced by each item below is as follows:

	2020	2019	Change
Net deferred income taxes	\$ 11,963,264	\$ 10,588,783	\$ 1,374,481
Nonadmitted assets	<u>(43,341,211)</u>	<u>(39,874,406)</u>	<u>(3,466,805)</u>
Totals	<u>\$ (31,377,947)</u>	<u>\$ (29,285,623)</u>	<u>\$ (2,092,324)</u>

K. Surplus debentures or similar obligations: None.

L. The impact of any restatement due to prior quasi-reorganizations: None.

M. The effective dates of all quasi-reorganizations in the prior 10 years: None.

NOTE 14 Liabilities, Contingencies and Assessments

A. Contingent Commitments: The Plan has no contingent commitments.

B. Assessments: None.

C. Gain Contingencies: None.

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits: None.

E. Joint and Several Liabilities: None.

F. All Other Contingencies: From time to time, the Plan may be involved in legal actions in the normal course of business, some of which involve a demand for both compensatory and punitive damages not covered by insurance. Currently, there are no pending or threatened actions which, to the knowledge and in the opinion of management and the Plan's counsel, would have a material adverse effect on the Plan's financial position, results of operations or cash flow.

The Plan routinely evaluates the collectability of all receivable amounts included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Impairment reserves are established for those amounts where collectability is uncertain. Based on the Plan's past experience, exposure related to uncollectible balances and the potential of loss for those balances not currently reserved for is not material to the Plan's financial position, results of operation or cash flow.

The Plan recognizes the financial statement benefit of a tax position after determining that the relevant tax authority would more likely than not sustain the position following an audit, including resolution of any related appeals or litigation processes, based on the technical merits of the position. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than 50% likely of being realized upon ultimate settlement. Interest and penalties, if incurred, are recognized in the statutory basis statements of revenues and expenses as federal income tax expense. As of December 2020, the Plan had a tax loss contingency liability of \$604,817. The Plan has not recognized any interest or penalties for the years ended December 31, 2020 and 2019.

There are no assets that the Plan considers to be impaired at December 31, 2020 and 2019.

NOTE 15 Leases

A. Lessee Operating Lease:

(1) The Plan leases office facilities and equipment under noncancelable long-term operating leases. Some of the leases contain escalation clauses and renewal options. Rental expense relating to these leases totaled \$1,430,159 and \$1,391,719 for the years ended December 31, 2020 and 2019, respectively.

(2) a. At January 1, 2021, the minimum aggregate rental commitments are as follows:

	Operating Leases
1. 2021	\$ 1,114,867
2. 2022	\$ 1,056,306
3. 2023	\$ 934,361
4. 2024	\$ 948,469
5. 2025	\$ 977,084
6. Total	\$ 20,019,486

b. Total of Minimum Rentals to be Received in the Future under Noncancelable Subleases: None.

(3) For Sale-Leaseback Transactions: None.

B. Lessor Leases: None.

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. ASO Plans: None.

B. ASC Plans: None.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract: The Medicare Part D program is a partially insured plan. The Plan recorded amounts receivable of \$16,984,238 and \$9,155,861 relating to uninsured plans at December 31, 2020 and 2019, respectively, for cost reimbursements under the Medicare Part D program.

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

None.

NOTES TO FINANCIAL STATEMENTS

NOTE 20 Fair Value Measurements

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 – Certain inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 – Certain inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specific (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3 – Certain inputs are unobservable inputs for the asset or liability. Unobservable inputs shall be used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date.

Bonds and short-term investments are based on quoted market prices, where available.

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 as of December 31:

2020:

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Other money market mutual funds	\$ -	\$ -	\$ -	\$ 254,033,382	\$ 254,033,382

2019:

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Other money market mutual funds	\$ -	\$ 55,923,578	\$ -	\$ -	\$ 55,923,578

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

(3) Policies when Transfers Between Levels are Recognized: None.

(4) Fair value measurements categorized within Level 2 and Level 3: None.

(5) Fair Value Disclosures: None.

B. Fair Value Reporting under SSAP No. 100, Fair Value Measurements, and Other Accounting Pronouncements: In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

The aggregate fair value hierarchy of all financial instruments as of December 31, 2020 and 2019 is presented in the table below:

2020:

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	\$ (15,583,987)	\$ (15,583,987)	\$ (15,583,987)	\$ -	\$ -	\$ -	\$ -
Governments	\$ 113,580,527	\$ 113,580,474	\$ -	\$ 113,580,527	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 6,281,640	\$ 6,182,167	\$ -	\$ 6,281,640	\$ -	\$ -	\$ -
Political subdivisions	\$ 1,101,982	\$ 1,028,669	\$ -	\$ 1,101,982	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 37,023,072	\$ 35,915,752	\$ -	\$ 37,023,072	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 132,541,348	\$ 128,278,052	\$ -	\$ 132,541,348	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 254,033,382	\$ 254,033,382	\$ -	\$ -	\$ -	\$ 254,033,382	\$ -
Total financial instruments	\$ 528,977,964	\$ 523,434,509	\$ (15,583,987)	\$ 290,528,569	\$ -	\$ 254,033,382	\$ -

2019:

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	\$ 16,009,091	\$ 16,009,091	\$ 16,009,091	\$ -	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 125,889,240	\$ 125,624,059	\$ -	\$ 125,889,240	\$ -	\$ -	\$ -
Political subdivisions	\$ 6,045,921	\$ 6,049,556	\$ -	\$ 6,045,921	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 64,766,406	\$ 64,676,327	\$ -	\$ 64,766,406	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 6,334,860	\$ 6,347,106	\$ -	\$ 6,334,860	\$ -	\$ -	\$ -
U.S. Government	\$ 106,173,406	\$ 106,172,178	\$ -	\$ 106,173,406	\$ -	\$ -	\$ -
Other governments	\$ 3,000,792	\$ 3,000,000	\$ -	\$ 3,000,792	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 55,923,578	\$ 55,923,578	\$ -	\$ 55,923,578	\$ -	\$ -	\$ -
Total financial instruments	\$ 384,143,294	\$ 383,801,895	\$ 16,009,091	\$ 368,134,203	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

D. Not Practicable to Estimate Fair Value: None.
 E. NAV Practical Expedient Investments: None.

NOTE 21 Other Items

A. Unusual or Infrequent Items: None.
 B. Troubled Debt Restructuring: Debtors: None.
 C. Other Disclosures

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.

The Plan's managed care contract with ODM is effective through July 1, 2021. In September 2020, the ODM released the RFP for the Ohio Medicaid program, which will be regionally based on the current three regions (Central/Southeast, Northeast and West). Health plans were able to bid on one or all regions, and be awarded one or all regions. As of February 26, 2021, ODM had not announced the winning bidders for the RFP.

Stock Plans

Under an equity incentive plan adopted by Molina, the Plan's employees may be awarded restricted stock or other equity incentives. Restricted stock awards generally vest in equal annual installments over periods of up to four years from the date of grant.

Molina has an employee stock purchase plan under which the eligible employees of the Plan may purchase common shares at 85% of the lower of the fair market value of Molina's common stock on either the first or last trading day of each six-month offering period. Each participant is limited to a maximum purchase of \$25,000 (as measured by the fair value of the stock acquired) per year through payroll deductions.

D. Business Interruption Insurance Recoveries: None.
 E. State Transferable and Non-transferable Tax Credits: None.
 F. Subprime Mortgage Related Risk Exposure: None.
 G. Retained Assets: None.
 H. Insurance-Linked Securities (ILS) Contracts: None.
 I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy: None.

NOTE 22 Events Subsequent

Type I – Recognized Subsequent Events: None.

Type II - Nonrecognized Subsequent Events:

The Plan is subject to an annual health insurer fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. 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 December 31, 2020.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	No	
B. ACA fee assessment payable for the upcoming year	\$ -	\$ 51,100,000
C. ACA fee assessment paid	\$ 47,226,000	\$ -
D. Premium written subject to ACA 9010 assessment	\$ -	\$ 2,736,168,121
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ -	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ -	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ -	
H. Would reporting the ACA assessment as of Dec. 31, 2020 have triggered an RBC action level (YES/NO)?	No	

The Plan evaluated its December 31, 2020 statutory basis financial statements for subsequent events through February 26, 2021, the date the statutory basis financial statements were available to be issued. The Plan is not aware of any subsequent events that would require recognition or disclosure in these statutory basis financial statements.

NOTE 23 Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? No.
 (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? No.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? No.
 (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

NOTES TO FINANCIAL STATEMENTS

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? No.

B. Uncollectible Reinsurance: None.

C. Commutation of Reinsurance Reflected in Income and Expenses: None.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None.

E. Reinsurance Credit

(2) Beginning in 2020, the Plan has a reinsurance agreement with Oceangate Reinsurance, Inc., an affiliate, which provides unlimited coverage of 90% of individual claims above deductibles of \$1,000,000 for Medicaid (including dual eligible programs) business and \$1,000,000 for Marketplace business.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A.-C. Based on member encounter data that the Plan submits to CMS, Medicare premiums are subject to retroactive increase or decrease based upon member medical conditions for up to two years after the original year of service. The Plan estimates the amount of Medicare revenue that will ultimately be realized for the periods presented based on its knowledge of its members' health care utilization patterns and CMS practices. The Plan had net premiums written of \$361,794,232 and \$324,925,882 for its Medicare business for the years ended December 31, 2020 and 2019, representing 10.9% and 11.9% of total net premiums written in 2020 and 2019, respectively.

The Plan began serving members through the Marketplace in January 2014. Under the risk sharing provisions of the ACA, Marketplace premiums are subject to redetermination through the risk adjustment program in which the risk scores of enrollees are used to determine the final premium amount. Beginning in 2018, the risk adjustment program also includes the Federal high cost risk pool. The high cost risk pool provides compensation for high dollar claims. In addition, Marketplace premiums are subject to retrospective rating through the risk corridor program in which the Plan and the Federal government share in loss experience above or below a specified range. The Plan estimates accrued retrospective premium adjustments for its Marketplace business through a mathematical approach with inputs that may include premiums, claims costs, administrative expenses, reinsurance recoveries, and risk adjustment transfer payments. The Plan had net premiums written of \$132,196,294 and \$103,701,603 for its Marketplace business for the years ended December 31, 2020 and 2019, representing 4.0% and 3.8% of the total net premiums written in 2020 and 2019, respectively.

The Plan is subject to a minimum MLR requirement for its Medicaid, MMP Opt-Out and MMP Opt-In populations. The MLR calculation aligns with federal standards and must meet a minimum 86% for Medicaid and 85% for both MMP Opt-Outs and MMP Opt-Ins. The Plan will be required to remit back to the state of Ohio a rebate in the amount equal to the difference between the calculated MLR and the target MLR of 86% for Medicaid and 85% for both MMP Opt-Outs and MMP Opt-Ins. The Plan had net premiums written of \$1,619,325,691 and \$1,400,895,481 for its Medicare business for the years ended December 31, 2020 and 2019, representing 48.7% and 51.3% of total net premiums written in 2020 and 2019, respectively.

The Plan records accrued retrospective premium as an adjustment to earned premium.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act:

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Medical loss ratio rebates unpaid	\$ -	\$ -	\$ -	\$ -	\$ -
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 443,286	\$ -	\$ -	\$ -	\$ 443,286
(8) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(9) Medical loss ratio rebates unpaid	\$ 443,286	\$ -	\$ -	\$ -	\$ 443,286
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 443,286

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)	\$ 14,773,170
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 39,981
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 13,525,839
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (40,075)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 14,773,170
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	

NOTES TO FINANCIAL STATEMENTS

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 Receivable	2 Payable	3 Receivable	4 Payable	5 Receivable	6 Payable	7 Receivable	8 Payable	9 Ref	10 Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$16,681,533		\$15,434,202		\$ 1,247,331	\$ -	\$ (1,247,331)		A	\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$16,681,533	\$ -	\$15,434,202	\$ -	\$ 1,247,331	\$ -	\$ (1,247,331)	\$ -		\$ -	\$ -
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 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	\$ -	\$15,434,202	\$ -	\$ 1,247,331	\$ -	\$ (1,247,331)	\$ -		\$ -	\$ -

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 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 as of December 31, 2020 and 2019. Original estimates are increased or decreased as additional information becomes known regarding incurred reported claims. Claims unpaid activity during 2020 and 2019 is summarized below:

	Year ended 12/31/2020	Year ended 12/31/2019
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 257,287,456	\$ 263,001,190
Add provision for claims, net of reinsurance:		
Current year	2,612,147,225	2,258,137,847
Prior years	<u>(15,868,055)</u>	<u>(22,823,233)</u>
Net incurred claims during the current year	2,596,279,170	2,235,314,614
Deduct paid claims, net of reinsurance:		
Current year	2,383,826,818	2,063,548,844
Prior years	<u>172,401,229</u>	<u>184,918,668</u>
Net paid claims during the current year	2,556,228,047	2,248,467,512
Change in claims adjustment expenses	819,285	31,271
Change in health care receivables	<u>(5,376,585)</u>	8,284,160
Change in amounts due from reinsurers	<u>3,279,747</u>	<u>(876,267)</u>
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 296,061,026</u>	<u>\$ 257,287,456</u>

NOTES TO FINANCIAL STATEMENTS

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 or 2019.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

A. Pharmaceutical Rebate Receivables

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 9,716,023	\$ -	\$ -	\$ -	\$ -
09/30/2020	\$ 10,053,814	\$ -	\$ -	\$ -	\$ -
06/30/2020	\$ 9,643,652	\$ -	\$ -	\$ 6,326,220	\$ -
03/31/2020	\$ 7,113,941	\$ -	\$ -	\$ 5,400,603	\$ 2,095,190
12/31/2019	\$ 10,164,666	\$ -	\$ -	\$ 5,648,157	\$ 3,625,396
09/30/2019	\$ 9,533,267	\$ -	\$ -	\$ 5,465,533	\$ 4,064,665
06/30/2019	\$ 8,661,999	\$ -	\$ -	\$ 6,887,316	\$ 2,538,018
03/31/2019	\$ 8,687,545	\$ -	\$ -	\$ 6,946,679	\$ 1,695,124
12/31/2018	\$ 9,678,894	\$ -	\$ -	\$ 7,456,965	\$ 1,847,625
09/30/2018	\$ 8,793,092	\$ -	\$ -	\$ 7,087,120	\$ 1,704,098
06/30/2018	\$ 8,978,455	\$ -	\$ -	\$ 7,289,448	\$ 1,442,897
03/31/2018	\$ 13,954,147	\$ -	\$ -	\$ 7,294,726	\$ 633,487

B. Risk-Sharing Receivables: None.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ -	\$ -
2. Date of the most recent evaluation of this liability	12/31/2020	12/31/2019
3. Was anticipated investment income utilized in the calculation?	Yes [X] No []	Yes [X] No []

NOTE 31 Anticipated Salvage and Subrogation

None.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
 GENERAL**

1.1	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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]						
1.2	If yes, complete Schedule Y, Parts 1, 1A and 2							
1.3	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]						
1.4	State Regulating?	Ohio						
1.5	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]						
1.6	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	1179929						
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
2.2	If yes, date of change:							
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2018						
3.2	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						
3.3	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						
3.4	By what department or departments?							
	Ohio Department of Insurance							
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
	4.11 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
	4.12 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
	4.21 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
	4.22 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
	If yes, complete and file the merger history data file with the NAIC.							
5.2	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.							
<table border="1"> <tr> <td style="text-align: center;">1 Name of Entity</td> <td style="text-align: center;">2 NAIC Company Code</td> <td style="text-align: center;">3 State of Domicile</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>			1 Name of Entity	2 NAIC Company Code	3 State of Domicile
1 Name of Entity	2 NAIC Company Code	3 State of Domicile						
.....						
6.1	Has the 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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
6.2	If yes, give full information:							
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
7.2	If yes,							
	7.21 State the percentage of foreign control;	%						
	7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).							
<table border="1"> <tr> <td style="text-align: center;">1 Nationality</td> <td style="text-align: center;">2 Type of Entity</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>			1 Nationality	2 Type of Entity		
1 Nationality	2 Type of Entity							
.....							

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
GENERAL INTERROGATORIES

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
.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Grant Thornton LLP, 100 E. Wisconsin Avenue, Suite #2100, Milwaukee, WI 53202

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [X] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain
 The Plan is a direct wholly owned subsidiary of Molina. Molina is a publicly traded company and is subject to compliance with the Sarbanes-Oxley Act. An Audit Committee is maintained at the Corporate level (Molina).
 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Ben Lynam, FSA, MAAA, Chief Actuary, 200 Oceangate, Suite 100, Long Beach, CA 90802 , Employee of Molina
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value \$
 12.2 If, yes provide explanation:
 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 14.1 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.
 14.11 If the response to 14.1 is No, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
 14.21 If the response to 14.2 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.
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ 0
20.12 To stockholders not officers.....	\$ 0
20.13 Trustees, supreme or grand (Fraternal Only).....	\$ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ 0
20.22 To stockholders not officers.....	\$ 0
20.23 Trustees, supreme or grand (Fraternal Only).....	\$ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ 0
21.22 Borrowed from others.....	\$ 0
21.23 Leased from others	\$ 0
21.24 Other	\$ 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [X] No []

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ (15,434,202)
22.22 Amount paid as expenses \$ 3,566,321
22.23 Other amounts paid \$ 0

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

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

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [] No [X]

24.02 If no, give full and complete information relating thereto
On deposit with states in the amount of \$415,008.

24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....

24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$

24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
24.093 Total payable for securities lending reported on the liability page	\$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 0
25.28 On deposit with states	\$ 415,008
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No []

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	Yes [] No []
26.42 Permitted accounting practice	Yes [] No []
26.43 Other accounting guidance	Yes [] No []

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. 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 []

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

1 Name of Custodian(s)	2 Custodian's Address
US Bank	60 Livingston Ave, St. Paul, MN 55107

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
GENERAL INTERROGATORIES

28.02 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)
.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [] No [X]

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

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

28.05 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.....

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 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.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total	0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
GENERAL INTERROGATORIES

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	284,985,114	290,528,569	5,543,455
30.2 Preferred stocks0	.0	0
30.3 Totals	284,985,114	290,528,569	5,543,455

30.4 Describe the sources or methods utilized in determining the fair values:

Fair value pricing is provided by independent service providers, NEAM our book of record, DWS JP Morgan, U.S. Bank, and Bloomberg. Effective June 1, 2019, NEAM employs a hierarchical pricing approach to determine the market price of a fixed income security. Under this model, each security's price comes from the highest-priority pricing source possible. Secondary pricing sources are used for filling gaps and for price comparisons.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

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

32.2 If no, list exceptions:
.....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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]

34. 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]

35. 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]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [X] N/A []

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
GENERAL INTERROGATORIES

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$132,814

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Ohio Association of Health Plans	76,714
NAIC	50,589

38.1 Amount of payments for legal expenses, if any?\$0

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$208,817

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
State of Ohio	117,400

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ 0
1.31	Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$ 0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$ 0
1.6	Individual policies:	Most current three years: 1.61 Total premium earned\$ 0 1.62 Total incurred claims\$ 0 1.63 Number of covered lives0 All years prior to most current three years: 1.64 Total premium earned\$ 0 1.65 Total incurred claims\$ 0 1.66 Number of covered lives0
1.7	Group policies:	Most current three years: 1.71 Total premium earned\$ 0 1.72 Total incurred claims\$ 0 1.73 Number of covered lives0 All years prior to most current three years: 1.74 Total premium earned\$ 0 1.75 Total incurred claims\$ 0 1.76 Number of covered lives0
2.	Health Test:	1 Current Year 2 Prior Year
2.1	Premium Numerator	3,323,098,4382,731,463,439
2.2	Premium Denominator	3,323,098,4382,731,463,439
2.3	Premium Ratio (2.1/2.2)1.0001.000
2.4	Reserve Numerator411,529,588257,594,039
2.5	Reserve Denominator411,529,588257,594,039
2.6	Reserve Ratio (2.4/2.5)1.0001.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [] No [X]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [] No []
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X] No []
5.2	If no, explain:	
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical\$ 1,067,500 5.32 Medical Only\$ 0 5.33 Medicare Supplement\$ 0 5.34 Dental & Vision\$ 0 5.35 Other Limited Benefit Plan\$ 0 5.36 Other\$ 0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: In 2020, Oceangate Reinsurance, Inc. provided excess risk reinsurance to the reporting entity. Excess risk reinsurance agreements were adopted over the course of 2020. Prior to adoption, reporting entity obtained excess risk reinsurance from Odyssey Reinsurance Company, a third party reinsurer.	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?.....	Yes [X] No []
7.2	If no, give details	
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year58,475 8.2 Number of providers at end of reporting year59,865
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [] No [X]
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months..\$ 0 9.22 Business with rate guarantees over 36 months\$ 0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []

10.2 If yes:
10.21 Maximum amount payable bonuses.....\$ 0
10.22 Amount actually paid for year bonuses.....\$ 2,760,277
10.23 Maximum amount payable withholds.....\$ 0
10.24 Amount actually paid for year withholds.....\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [X] No []
11.14 A Mixed Model (combination of above)? Yes [] No [X]11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio11.4 If yes, show the amount required. \$ 1,700,000
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

Section 1751.28 of the Ohio Statutes requires that the Plan maintain a minimum capital and surplus of \$1,700,000.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area	
All Counties	

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written \$
15.2 Total Incurred Claims \$
15.3 Number of Covered Lives

*Ordinary Life Insurance Includes						
Term (whether full underwriting, limited underwriting, jet issue, "short form app")						
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")						
Variable Life (with or without secondary guarantee)						
Universal Life (with or without secondary guarantee)						
Variable Universal Life (with or without secondary guarantee)						

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]

16.1 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]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	788,224,667	606,494,167	609,105,390	485,297,878	507,198,541
2. Total liabilities (Page 3, Line 24)	490,991,002	339,761,506	331,185,039	255,829,086	272,313,935
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	136,632,034	122,926,278
4. Total capital and surplus (Page 3, Line 33)	297,233,665	266,732,661	277,920,351	229,468,792	234,884,606
Income Statement (Page 4)					
5. Total revenues (Line 8)	3,211,317,528	2,727,739,753	2,593,036,959	2,398,699,130	2,198,466,692
6. Total medical and hospital expenses (Line 18)	2,596,279,170	2,235,314,614	2,038,252,063	1,923,575,863	1,713,637,117
7. Claims adjustment expenses (Line 20)	81,591,450	100,061,236	76,633,084	77,501,025	66,588,117
8. Total administrative expenses (Line 21)	347,499,381	262,198,614	325,069,000	328,835,605	330,722,026
9. Net underwriting gain (loss) (Line 24)	185,947,527	130,165,289	153,082,812	68,786,637	87,519,432
10. Net investment gain (loss) (Line 27)	5,449,098	9,695,160	7,817,777	4,349,534	2,947,790
11. Total other income (Lines 28 plus 29)	794,052	(853,504)	2,382,448	(2,514,853)	(1,795,223)
12. Net income or (loss) (Line 32)	141,593,328	109,234,494	120,276,172	44,667,174	45,859,304
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	254,185,781	38,961,656	133,063,165	7,338,163	60,927,938
Risk-Based Capital Analysis					
14. Total adjusted capital	297,233,665	266,732,661	277,920,351	229,468,792	234,884,606
15. Authorized control level risk-based capital	89,779,277	78,321,937	73,583,629	68,316,017	61,463,139
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	351,547	287,501	301,811	326,597	332,102
17. Total members months (Column 6, Line 7)	4,038,598	3,705,866	3,976,327	4,146,023	4,041,660
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	80.8	81.9	78.6	80.2	77.9
20. Cost containment expenses	2.3	3.0	2.8	3.0	2.8
21. Other claims adjustment expenses	0.2	0.7	0.2	0.3	0.2
22. Total underwriting deductions (Line 23)	94.2	95.2	94.1	97.1	96.0
23. Total underwriting gain (loss) (Line 24)	5.8	4.8	5.9	2.9	4.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	167,940,929	176,228,827	133,575,158	123,880,855	129,078,402
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	171,282,149	185,311,314	146,483,047	126,258,331	140,161,347
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? _____

Yes No

If no, please explain: _____

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & 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 132,403,206	362,126,424	2,833,759,688				3,328,289,318	
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 132,403,206	362,126,424	2,833,759,688	0	0	0	3,328,289,318	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)		XXX 132,403,206	362,126,424	2,833,759,688	0	0	0	3,328,289,318	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

(b) Explanation of basis of allocation by states, premiums by state, etc.

All premiums written within the state of Ohio.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.

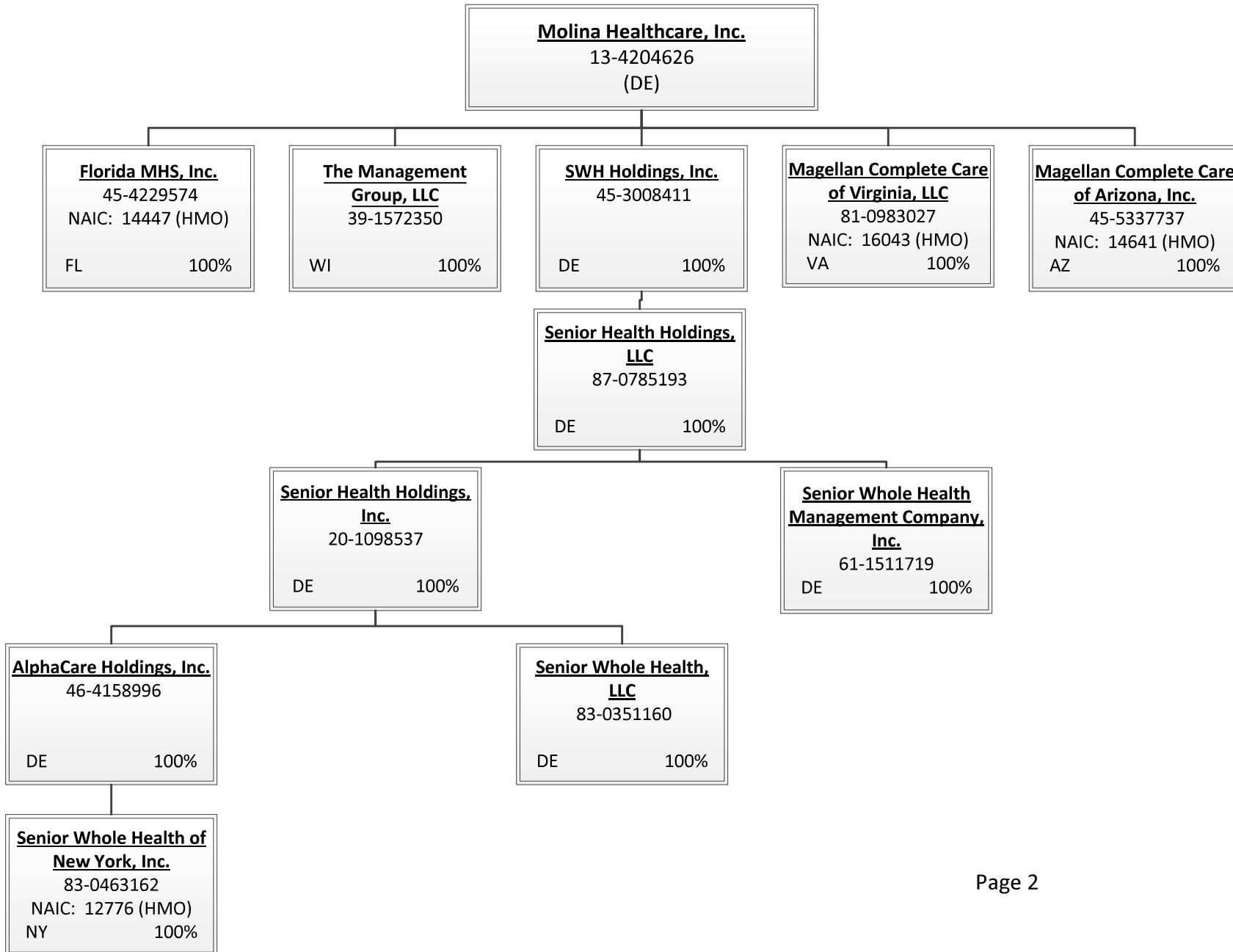
Molina Healthcare, Inc.

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Molina Healthcare of Ohio, Inc.
OVERFLOW PAGE FOR WRITE-INS