



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Ohio, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

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

Statutory Home Office 3000 Corporate Exchange Drive, Columbus, OH, US 43231  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3000 Corporate Exchange Drive  
(Street and Number)  
Columbus, OH, US 43231, 888-562-5442-212330  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3000 Corporate Exchange Drive, Columbus, OH, US 43231  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3000 Corporate Exchange Drive  
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(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.molinahealthcare.com

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

OFFICERS

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

OTHER

Ami Lee Cole Mark William Bloom M.D. Julie Loftus Trudell #

DIRECTORS OR TRUSTEES

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 Daniel Joseph Gudz Jeffrey Don Barlow  
President Chief Financial Officer Secretary

Subscribed and sworn to before me this day of  
a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
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STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Ohio, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	189,905,634		189,905,634	171,819,648
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ .....(15,506,547) ), cash equivalents (\$ .....299,175,759 ) and short-term investments (\$ .....53,387,678 ) .....	337,056,890		337,056,890	351,614,861
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	526,962,524	0	526,962,524	523,434,509
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	1,082,932		1,082,932	868,721
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	163,503,274		163,503,274	141,777,490
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....4,099,192 ) and contracts subject to redetermination (\$ .....37,643,446 ) .....	41,742,638		41,742,638	32,547,621
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,031,211		1,031,211	4,495,307
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 .....	17,042,453		17,042,453	16,984,238
18.1 Current federal and foreign income tax recoverable and interest thereon .....	4,348,050		4,348,050	19,446,379
18.2 Net deferred tax asset .....	10,081,602	380,652	9,700,950	11,643,994
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 (\$ ..... ) .....	1,202,125	1,202,125	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	6,164,682		6,164,682	0
24. Health care (\$ .....28,855,596 ) and other amounts receivable .....	61,893,658	33,038,062	28,855,596	37,026,408
25. Aggregate write-ins for other than invested assets .....	325,589	325,589	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	835,380,738	34,946,428	800,434,310	788,224,667
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	835,380,738	34,946,428	800,434,310	788,224,667
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaids, deposits, and other assets .....	325,589	325,589	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	325,589	325,589	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	262,473,245	698,072	263,171,317	291,433,496
2. Accrued medical incentive pool and bonus amounts .....	322,856		322,856	361,925
3. Unpaid claims adjustment expenses .....	3,724,740	12,707	3,737,447	4,265,605
4. Aggregate health policy reserves, including the liability of \$ .....1,208,540 for medical loss ratio rebate per the Public Health Service Act .....	132,514,079		132,514,079	119,734,167
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	3,978,966		3,978,966	3,826,883
9. General expenses due or accrued .....	61,416,220		61,416,220	56,602,062
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....	101,381		101,381	5,234,319
12. Amounts withheld or retained for the account of others.....			0	5,829
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....			0	928,349
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....	1,031,211		1,031,211	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 \$ .....4,206,308 current) .....	4,206,308	0	4,206,308	8,598,367
24. Total liabilities (Lines 1 to 23) .....	469,769,006	710,779	470,479,785	490,991,002
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,500	1,500
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	82,888,500	82,888,500
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	247,064,525	214,343,665
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	329,954,525	297,233,665
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	800,434,310	788,224,667
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies .....	4,206,308		4,206,308	8,598,367
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	4,206,308	0	4,206,308	8,598,367
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	1,096,246	933,420	4,038,598
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	820,129,652	808,487,727	3,323,098,438
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(9,197,508)	(1,224,239)	(111,780,910)
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX			
5. Risk revenue .....	XXX			
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	810,932,144	807,263,488	3,211,317,528
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		431,436,075	426,000,417	1,774,040,069
10. Other professional services .....		54,647,290	57,899,261	213,606,793
11. Outside referrals .....	2,210,410	17,272,469	20,024,244	76,884,499
12. Emergency room and out-of-area .....		34,190,995	39,029,634	151,122,191
13. Prescription drugs .....		106,385,120	91,369,616	383,611,598
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		95,713	1,515,206	1,705,554
16. Subtotal (Lines 9 to 15) .....	2,210,410	644,027,662	635,838,378	2,600,970,704
<b>Less:</b>				
17. Net reinsurance recoveries .....		1,818,516	170,286	4,691,534
18. Total hospital and medical (Lines 16 minus 17) .....	2,210,410	642,209,146	635,668,092	2,596,279,170
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ .....16,816,757 cost containment expenses .....		20,608,109	19,308,160	81,591,450
21. General administrative expenses .....		76,397,424	111,447,708	347,499,381
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....				0
23. Total underwriting deductions (Lines 18 through 22).....	2,210,410	739,214,679	766,423,960	3,025,370,001
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	71,717,465	40,839,528	185,947,527
25. Net investment income earned .....		920,577	1,991,565	5,069,821
26. Net realized capital gains (losses) less capital gains tax of \$ .....(749) .....		(2,819)	259,163	379,277
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	917,758	2,250,728	5,449,098
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	(297,195)	(225,565)	794,052
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	72,338,028	42,864,691	192,190,677
31. Federal and foreign income taxes incurred .....	XXX	15,099,078	18,946,024	50,597,349
32. Net income (loss) (Lines 30 minus 31) .....	XXX	57,238,950	23,918,667	141,593,328
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. Fines and penalties .....		(297,195)	(225,565)	794,052
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	(297,195)	(225,565)	794,052

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	297,233,665	266,732,661	266,732,661
34. Net income or (loss) from Line 32 .....	57,238,950	23,918,667	141,593,328
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		(226,457)	
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	(1,881,662)	719,821	1,374,481
39. Change in nonadmitted assets .....	8,394,783	(1,217,550)	(3,466,805)
40. Change in unauthorized and certified reinsurance .....	(1,031,211)	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....	(30,000,000)	0	(109,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	32,720,860	23,194,481	30,501,004
49. Capital and surplus end of reporting period (Line 33 plus 48)	329,954,525	289,927,142	297,233,665
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	783,664,955	752,753,764	3,290,202,876
2. Net investment income .....	960,865	2,148,299	6,518,785
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	784,625,820	754,902,063	3,296,721,661
5. Benefit and loss related payments .....	651,757,554	611,358,819	2,556,228,047
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	93,210,404	72,748,958	418,567,833
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....(749) tax on capital gains (losses) .....	0	0	67,740,000
10. Total (Lines 5 through 9) .....	744,967,958	684,107,777	3,042,535,880
11. Net cash from operations (Line 4 minus Line 10) .....	39,657,862	70,794,286	254,185,781
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	11,781,533	37,450,695	57,958,225
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	142	671	671
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	11,781,675	37,451,366	57,958,896
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	30,125,728	23,893,350	24,313,472
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	30,125,728	23,893,350	24,313,472
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(18,344,053)	13,558,016	33,645,424
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	30,000,000	0	109,000,000
16.6 Other cash provided (applied) .....	(5,871,780)	(4,615,531)	(4,912,676)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(35,871,780)	(4,615,531)	(113,912,676)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(14,557,971)	79,736,771	173,918,529
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	351,614,861	177,696,332	177,696,332
19.2 End of period (Line 18 plus Line 19.1) .....	337,056,890	257,433,103	351,614,861

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	351,547	18,224						16,193	317,130	0
2. First Quarter .....	363,499	23,153						15,358	324,988	
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	1,096,246	70,682						46,340	979,224	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	963,844	27,026						75,408	861,410	
8. Non-Physician .....	582,721	18,443						62,543	501,735	
9. Total	1,546,565	45,469	0	0	0	0	0	137,951	1,363,145	0
10. Hospital Patient Days Incurred	286,358	894						33,919	251,545	
11. Number of Inpatient Admissions	17,309	181						2,745	14,383	
12. Health Premiums Written (a) .....	821,526,746	34,921,561						90,676,765	695,928,420	
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	812,329,238	34,156,307						86,595,593	691,577,338	
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	656,905,384	26,521,213						93,554,497	536,829,674	
18. Amount Incurred for Provision of Health Care Services	644,027,662	25,779,095						86,085,853	532,162,714	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 90,676,765

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

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	8,081,424	19,128,847	1,795,896	12,340,146	9,877,320	15,039,881
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 .....	34,806,036	58,706,165	2,363,425	35,942,389	37,169,461	47,754,344
7. Title XIX - Medicaid .....	140,564,142	393,800,254	23,968,862	186,760,599	164,533,004	228,639,271
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	183,451,602	471,635,266	28,128,183	235,043,134	211,579,785	291,433,496
10. Healthcare receivables (a) .....	24,630,567	35,692,096		1,570,995	24,630,567	77,182,402
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	134,782		265,755	57,101	400,537	361,925
13. Totals (Lines 9-10+11+12)	158,955,817	435,943,170	28,393,938	233,529,240	187,349,755	214,613,019

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

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Ohio, Inc. (the Plan) for the fiscal year ended December 31, 2020. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2020 annual statement or audited financial statements have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. (Molina, or the Parent). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department (the Department).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio insurance law. The National Association of Insurance Commissioners' Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

Such prescribed accounting practices have no significant effect on the Plan's statutory basis financial statements for the periods presented.

	SSAP #	F/S Page	F/S Line #	2021	2020
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 57,238,950	\$ 141,593,328
(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	\$ 57,238,950	\$ 141,593,328
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 329,954,525	\$ 297,233,665
(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	\$ 329,954,525	\$ 297,233,665

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

C. Accounting Policy

- (1) No significant change.
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method: No significant change.
- (3) - (5) No significant changes.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology: Loan-backed securities are stated at amortized cost or lower of amortized cost or fair value. The Plan's investments in loan-backed securities consist of asset-backed securities and mortgage-backed securities. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.
- (7) - (13) No significant changes.

D. Going Concern: The Plan is not aware of any relevant conditions or events that raise substantial doubt about its abilities to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

None.

NOTE 3 Business Combinations and Goodwill

None.

NOTE 4 Discontinued Operations

None.

NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities

As of March 31, 2021, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

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

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

(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	\$ 77,956
2. 12 Months or Longer	\$ 70,372
b)The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 15,201,934
2. 12 Months or Longer	\$ 1,974,280

NOTES TO FINANCIAL STATEMENTS

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at March 31, 2021.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- H. Repurchase Agreements Transactions Accounted for as a Sale: None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.
- J. Real Estate: None.
- K. Low Income Housing Tax Credits: None.
- L. Restricted Assets: No significant change.
- 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: No significant change.
- R. Reporting Entity's Share of Cash Pool by Asset Type: None.

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

None.

NOTE 7 Investment Income

No significant change.

NOTE 8 Derivative Instruments

None.

NOTE 9 Income Taxes

No significant change.

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

- A. No significant change.
- B. The Plan paid Molina an ordinary dividend in cash amounting to \$30,000,000 on March 30, 2021.
- C. Transactions with related party who are not reported on Schedule Y: None.
- D. - O. No significant changes.

NOTE 11 Debt

- A. None.
- B. Federal Home Loan Bank Agreements: None.

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. - D. Defined Benefit Plan: None.
- E. Defined Contribution Plan: No significant change.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- 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. - C. No significant changes.
- D. Refer to Note 10B.
- E. - M. No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes.

NOTE 15 Leases

No significant changes.

NOTES TO FINANCIAL STATEMENTS

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

None.

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

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

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

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

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

No significant change.

NOTE 20 Fair Value Measurements

A. Fair Value Measurements

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

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Other money market mutual funds	\$ -	\$ -	\$ -	\$ 258,282,111	\$ 258,282,111
Total assets at fair value/NAV	\$ -	\$ -	\$ -	\$ 258,282,111	\$ 258,282,111

- (2) Fair Value Measurements in Level 3 of the Fair Value hierarchy: None.
- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.
- (5) Derivative Assets and Liabilities: None

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

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of March 31, 2021 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Open depositories	\$ (15,506,547)	\$ (15,506,547)	\$ (15,506,547)	\$ -	\$ -	\$ -	\$ -
U.S. Governments	\$ 29,411,319	\$ 29,411,187	\$ -	\$ 29,411,319	\$ -	\$ -	\$ -
Other Governments	\$ 18,295,876	\$ 18,295,876	\$ -	\$ 18,295,876	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 3,883,838	\$ 3,800,471	\$ -	\$ 3,883,838	\$ -	\$ -	\$ -
Political subdivisions	\$ 1,793,119	\$ 1,740,514	\$ -	\$ 1,793,119	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 48,086,079	\$ 47,326,599	\$ -	\$ 48,086,079	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 186,435,807	\$ 183,612,313	\$ -	\$ 186,435,807	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 258,282,111	\$ 258,282,111	\$ -	\$ -	\$ -	\$ 258,282,111	\$ -
Total financial instruments	\$ 530,681,602	\$ 526,962,524	\$ (15,506,547)	\$ 287,906,038	\$ -	\$ 258,282,111	\$ -

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

NOTE 21 Other Items

- A. - B. No significant changes.
- C. Other Disclosures and Unusual Items:

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

- D. - I. No significant changes.

NOTES TO FINANCIAL STATEMENTS

NOTE 22 Events Subsequent

On April 13, 2021, the Parent announced that the Plan was selected as an awardee in all three regions across the state pursuant to the Medicaid managed care request for award issued on September 30, 2020, by the Ohio Department of Medicaid. This new contract is expected to begin in early 2022, and will offer health care coverage to Medicaid beneficiaries through the state of Ohio's Covered Family and Children, Expansion, and ABD programs.

Subsequent events were considered through May 13, 2021, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

- A. - D. No significant changes.
- E. Reinsurance Credit: No significant change.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. - D. No significant changes.
- E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes [X] No [ ]

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

a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 14,301,621
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 57,723
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 732,573
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (1,204,122)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ (17,742)
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9. ACA Reinsurance contributions – not reported as ceded premium	
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$14,773,170				\$14,773,170	\$ -	\$ (471,549)		A	\$14,301,621	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$14,773,170	\$ -	\$ -	\$ -	\$14,773,170	\$ -	\$ (471,549)	\$ -		\$14,301,621	\$ -
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	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

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	\$14,773,170	\$ -	\$ -	\$ -	\$14,773,170	\$ -	\$ (471,549)	\$ -	\$ -		\$14,301,621	\$ -

Explanations of Adjustments  
A. Adjustments are changes in estimates based on additional information since December 31, 2020.

- (4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None.
- (5) ACA Risk Corridors Receivable as of Reporting Date: The Plan had no ACA risk corridor receivables for the periods from 2014 to 2016.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The change in prior year estimated claims reserves represents favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known, and as claims payments are processed. Claims unpaid activity during the current period is summarized below:

	Three months ended 3/31/2021
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 296,061,026
Add provision for claims, net of reinsurance:	
Current year	682,809,385
Prior years	(40,600,239)
Net incurred claims during the current year	642,209,146
Deduct paid claims, net of reinsurance:	
Current year	468,305,952
Prior years	183,451,602
Net paid claims during the current year	651,757,554
Change in claims adjustment expenses	(528,158)
Change in health care receivables	(15,288,744)
Change in amounts due from reinsurers	(3,464,096)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 267,231,620

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 as of March 31, 2021.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

No significant change.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

No significant change.

NOTE 31 Anticipated Salvage and Subrogation

None.



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒

1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes ☒ No ☐

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒

3.3

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

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

1179929

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.  
The Plan and Molina entered into a Fourth Amended and Restated Services Agreement effective as of January 25, 2021 for the purpose of amending and restating the Third Amended and Restated Services Agreement to include certain requirements according to state regulations, and to add an addendum to address federal requirements related to the commercial marketplace products offered on the health insurance exchange.

Yes ☒ No ☐ N/A ☐

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2018

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2018

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/16/2020

6.4

By what department or departments?  
Ohio Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒

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 ☒

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(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.

Yes [ X ] No [ ]
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]
- 9.31

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

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ X ] No [ ]
- 10.2

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

\$ .....0

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$ .....
13.

Amount of real estate and mortgages held in short-term investments: .....

\$ .....
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]
- 14.2

If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ .....0   | \$ .....0  |
| 14.22 Preferred Stock .....   | \$ .....0   | \$ .....0  |
| 14.23 Common Stock .....  | \$ .....0   | \$ .....0  |
| 14.24 Short-Term Investments .....  | \$ .....0   | \$ .....0  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....0   | \$ .....0  |
| 14.26 All Other .....   | \$ .....0   | \$ .....0  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....0   | \$ .....0  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....0   | \$ .....0  |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  
If no, attach a description with this statement.

Yes [ ] No [ ] N/A [ X ]
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

\$ .....0
- 16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....

\$ .....0
- 16.3

Total payable for securities lending reported on the liability page. ....

\$ .....0

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Ohio, Inc.

GENERAL INTERROGATORIES

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

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank Institutional Trust & Custody .....	555 SW Oak Street 6th Flr, PD-OR-P6TD Portland, OR 97204 .....

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
New England Asset Management, Inc. ....	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

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

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

81.3 %

1.2 A&H cost containment percent

2.1 %

1.3 A&H expense percent excluding cost containment expenses

9.9 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☐ No ☒

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☒

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Ohio, Inc.

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating  (1 through 6)	Effective Date of Certified Reinsurer Rating
NONE									

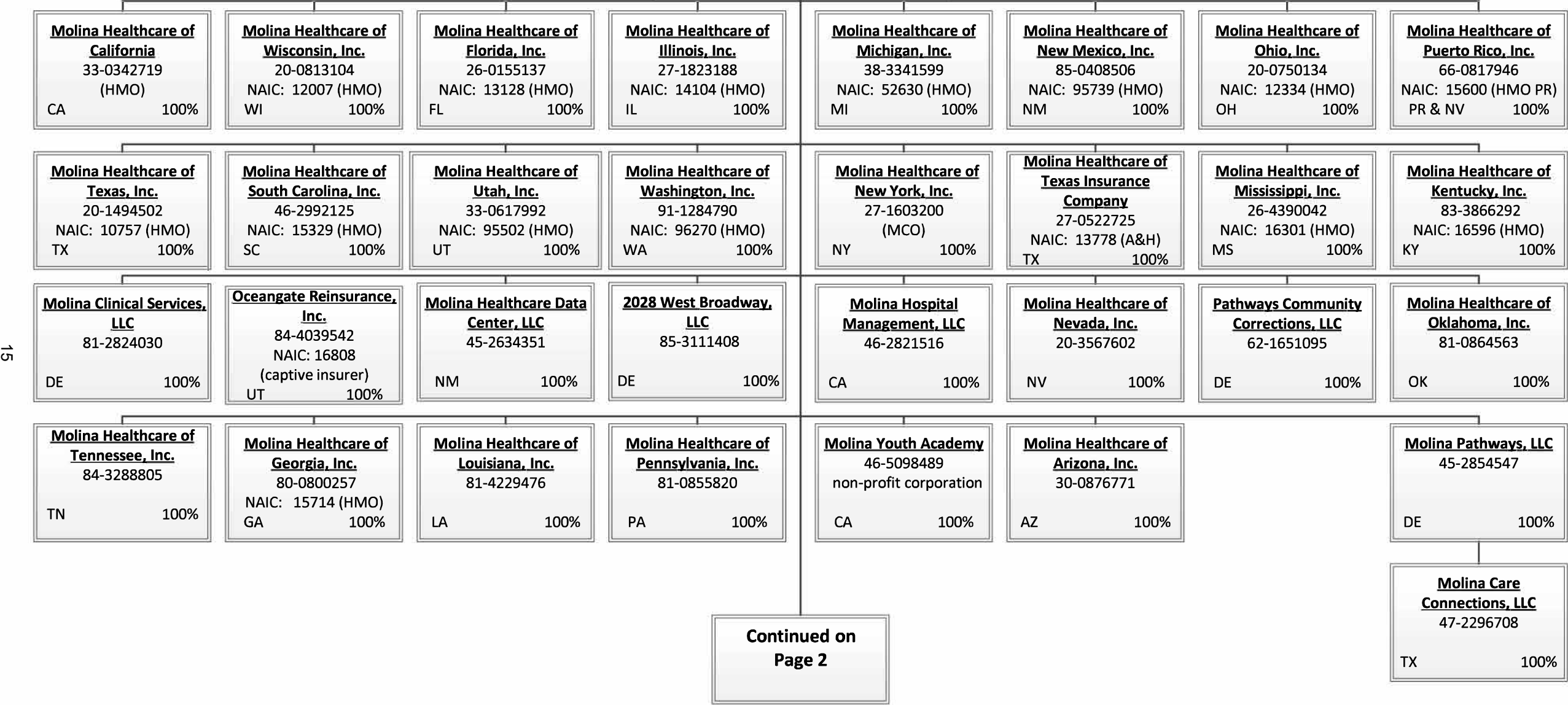
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

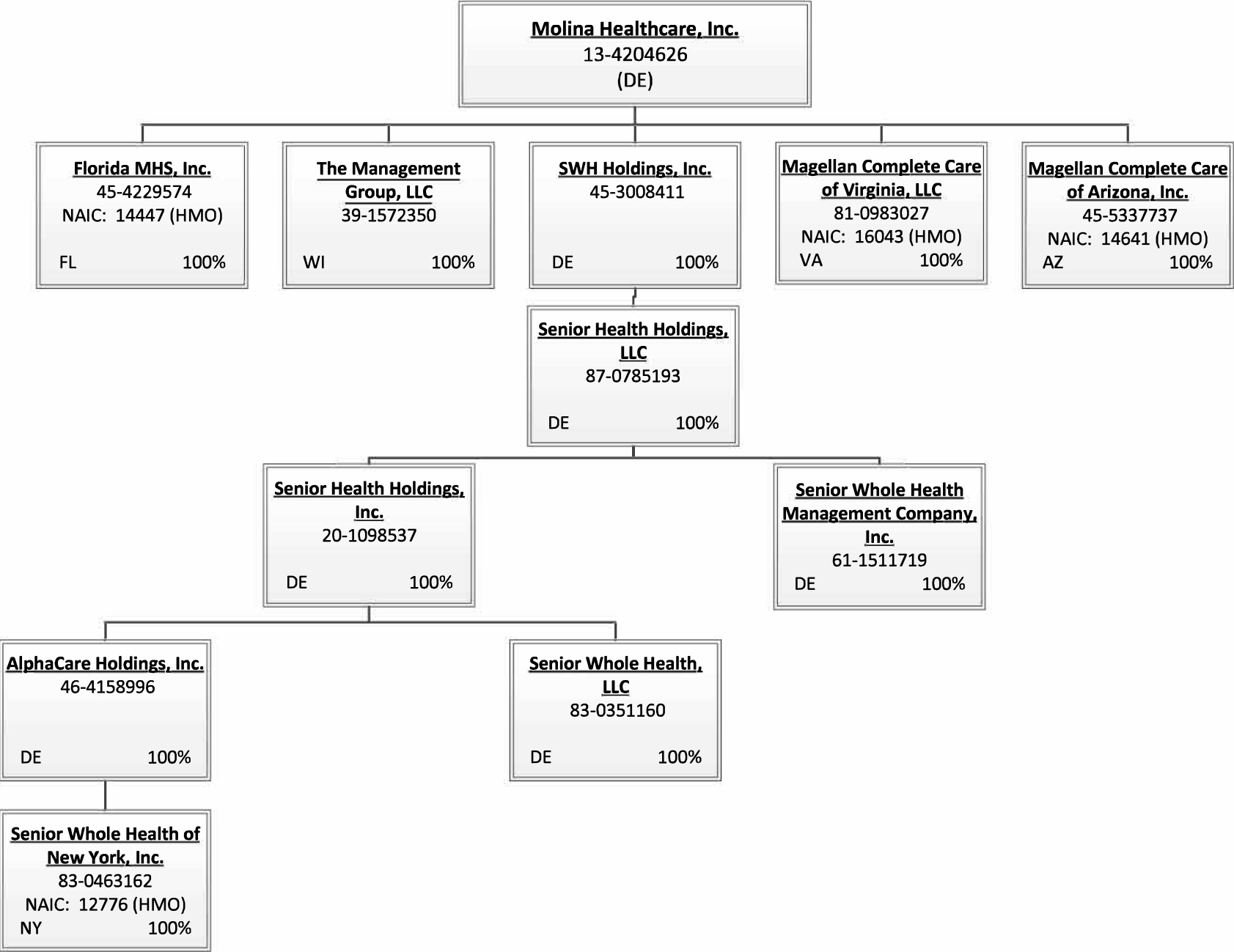
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	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	34,921,561	90,676,765	695,928,420				821,526,746	
37.	Oklahoma	OK	N							0	
38.	Oregon	OR	N							0	
39.	Pennsylvania	PA	N							0	
40.	Rhode Island	RI	N							0	
41.	South Carolina	SC	N							0	
42.	South Dakota	SD	N							0	
43.	Tennessee	TN	N							0	
44.	Texas	TX	N							0	
45.	Utah	UT	N							0	
46.	Vermont	VT	N							0	
47.	Virginia	VA	N							0	
48.	Washington	WA	N							0	
49.	West Virginia	WV	N							0	
50.	Wisconsin	WI	N							0	
51.	Wyoming	WY	N							0	
52.	American Samoa	AS	N							0	
53.	Guam	GU	N							0	
54.	Puerto Rico	PR	N							0	
55.	U.S. Virgin Islands	VI	N							0	
56.	Northern Mariana Islands	MP	N							0	
57.	Canada	CAN	N							0	
58.	Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	34,921,561	90,676,765	695,928,420	0	0	0	0	821,526,746	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61.	Totals (Direct Business)	XXX	34,921,561	90,676,765	695,928,420	0	0	0	0	821,526,746	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	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

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

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Ohio, Inc.







SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
1531	Molina Healthcare, Inc.	00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	30-0876771				Molina Healthcare of Arizona, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-3567602				Molina Healthcare of Nevada, Inc.	NV	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
							Molina Healthcare of Texas Insurance Company								
1531	Molina Healthcare, Inc.	13778	27-0522725					TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-2821516				Molina Hospital Management, LLC	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-5098489				Molina Youth Academy	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	62-1651095				Pathways Community Corrections, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	14447	45-4229574				Florida MHS, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-3008411				SWH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	16043	81-0983027				Magellan Complete Care of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	14641	45-5337737				Magellan Complete Care of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	87-0785193				Senior Health Holdings, LLC	DE	NIA	SWH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
							Senior Whole Health Management Company, Inc.								
1531	Molina Healthcare, Inc.	00000	61-1511719					DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	171,819,648	206,105,563
2. Cost of bonds and stocks acquired	30,125,728	24,313,472
3. Accrual of discount	4,295	37,505
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	(3,710)	479,426
6. Deduct consideration for bonds and stocks disposed of	11,850,273	57,973,775
7. Deduct amortization of premium	258,794	1,158,093
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	68,740	15,550
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	189,905,634	171,819,648
12. Deduct total nonadmitted amounts		0
13. Statement value at end of current period (Line 11 minus Line 12)	189,905,634	171,819,648

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a) .....	261,183,392	249,125,306	250,936,391	3,866,229	263,238,536	0	0	261,183,392
2. NAIC 2 (a) .....	23,801,722	3,248,665	2,003,710	(4,098,253)	20,948,424	0	0	23,801,722
3. NAIC 3 (a) .....	0				0			0
4. NAIC 4 (a) .....	0				0			0
5. NAIC 5 (a) .....	0				0			0
6. NAIC 6 (a) .....	0				0			0
7. Total Bonds	284,985,114	252,373,971	252,940,101	(232,024)	284,186,960	0	0	284,985,114
PREFERRED STOCK								
8. NAIC 1 .....	0				0			
9. NAIC 2 .....	0				0			
10. NAIC 3 .....	0				0			
11. NAIC 4 .....	0				0			
12. NAIC 5 .....	0				0			
13. NAIC 6 .....	0				0			
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	284,985,114	252,373,971	252,940,101	(232,024)	284,186,960	0	0	284,985,114

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$ .....94,281,327 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	53,387,678	xxx	53,381,592	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of short-term investments acquired .....	53,381,592	19,636,730
3. Accrual of discount .....	6,086	113,270
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....		19,750,000
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	53,387,678	0
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	53,387,678	0

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	367,198,848	161,687,241
2. Cost of cash equivalents acquired .....	974,292,131	3,406,811,670
3. Accrual of discount .....	16,390	382,558
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....	142	671
6. Deduct consideration received on disposals .....	1,042,331,752	3,201,683,292
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	299,175,759	367,198,848
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	299,175,759	367,198,848



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

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
68609T-N6-1 .....	OREGON ST .....		.03/17/2021 .....	MORGAN STANLEY & CO. LLC .....		400,000 .....	400,000 .....	.0 .....	1.B FE .....
68609T-N8-7 .....	OREGON ST .....		.03/17/2021 .....	MORGAN STANLEY & CO. LLC .....		250,000 .....	250,000 .....	.0 .....	1.B FE .....
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions						650,000	650,000	0	XXX
736679-LB-5 .....	PORTLAND OR .....		.03/24/2021 .....	BARCLAYS CAPITAL INC. ....		715,725	750,000	.0	1.A FE .....
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						715,725	750,000	0	XXX
160131-EE-4 .....	CHARLESTON SC EDUCTNL EXCELLEN .....		.03/19/2021 .....	TRUIST SECURITIES INC. ....		1,477,020	1,500,000	8,722	1.D FE .....
314180-YH-9 .....	UMBS - POOL MA4311 .....		.03/17/2021 .....	J.P. MORGAN SECURITIES LLC .....		12,255,000	12,000,000	12,000	1.A FE .....
646140-DR-1 .....	NEW JERSEY ST TURNPIKE AUTH TU .....		.03/22/2021 .....	RBC CAPITAL MARKETS LLC .....		245,470	250,000	515	1.F FE .....
882669-BX-1 .....	TEXAS ST PUBLIC FIN AUTH LEASE .....		.03/19/2021 .....	RAYMOND JAMES & ASSOCIATES INC. ....		240,128	250,000	894	1.B FE .....
3199999. Subtotal - Bonds - U.S. Special Revenues						14,217,618	14,000,000	22,131	XXX
06051G-JK-6 .....	BANK OF AMERICA CORP .....		.03/16/2021 .....	CREDIT SUISSE SECURITIES (USA) LLC .....		2,966,610	3,000,000	14,663	1.F FE .....
29157T-AC-0 .....	EMORY UNIVERSITY .....		.03/24/2021 .....	SAMUEL A RAMIREZ & CO. INC. ....		1,531,485	1,500,000	1,631	1.C FE .....
459200-JY-8 .....	IBM CORP .....		.03/17/2021 .....	BOFA SECURITIES INC. ....		2,139,600	2,000,000	20,667	1.F FE .....
74456Q-CF-1 .....	PUBLIC SERVICE ELECTRIC .....		.03/15/2021 .....	J.P. MORGAN SECURITIES LLC .....		1,979,760	2,000,000	686	1.F FE .....
92343V-GF-5 .....	VERIZON COMMUNICATIONS .....		.03/11/2021 .....	CITIGROUP GLOBAL MARKETS INC. ....		249,985	250,000	.0	2.A FE .....
92939U-AF-3 .....	WEC ENERGY GROUP INC .....		.03/16/2021 .....	J.P. MORGAN SECURITIES LLC .....		1,499,385	1,500,000	.0	2.A FE .....
976826-BL-0 .....	WISCONSIN POWER & LIGHT .....		.03/12/2021 .....	KEYBANC CAPITAL MARKETS INC. ....		540,605	500,000	6,397	1.G FE .....
0778FP-AC-3 .....	BELL CANADA .....	A.	.03/12/2021 .....	RBC CAPITAL MARKETS LLC .....		1,499,295	1,500,000	.0	2.A FE .....
404280-BS-7 .....	HSBC HOLDINGS PLC .....	D.	.03/25/2021 .....	CREDIT SUISSE SECURITIES (USA) LLC .....		2,135,660	2,000,000	28,747	1.F FE .....
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						14,542,385	14,250,000	72,791	XXX
8399997. Total - Bonds - Part 3						30,125,728	29,650,000	94,922	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						30,125,728	29,650,000	94,922	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						30,125,728	XXX	94,922	XXX

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
70914P-LZ-3	PENNSYLVANIA ST		02/15/2021	MATURITY at 100.0000		3,000,000	3,000,000	3,348,900	3,009,551	0	(9,551)	0	(9,551)	0	3,000,000	0	0	0	68,250	02/15/2021	1.D FE
1799999	Subtotal - Bonds - U.S. States, Territories and Possessions					3,000,000	3,000,000	3,348,900	3,009,551	0	(9,551)	0	(9,551)	0	3,000,000	0	0	0	68,250	XXX	XXX
31320I-HM-9	UMBS - POOL SB0236		03/01/2021	MBS PAYDOWN		99,727	99,727	104,418	99,806	0	(79)	0	(79)	0	99,727	0	0	0	456	05/01/2033	1.A FE
313205-4L-3	UMBS - POOL SB8027		03/01/2021	MBS PAYDOWN		69,195	69,195	70,968	69,289	0	(95)	0	(95)	0	69,195	0	0	0	327	01/01/2035	1.A FE
3133KY-R2-7	FHLMC POOL RB5005		03/01/2021	MBS PAYDOWN		244,568	244,568	247,587	244,755	0	(187)	0	(187)	0	244,568	0	0	0	1,161	07/01/2039	1.A FE
3136AG-FU-1	FANNIE MAE 13-92 DA		03/01/2021	MBS PAYDOWN		89,580	89,580	94,073	89,717	0	(137)	0	(137)	0	89,580	0	0	0	595	05/25/2042	1.A FE
3136AV-SG-5	FANNIE MAE 17-11 DA		03/01/2021	MBS PAYDOWN		601,278	601,278	604,096	601,456	0	(179)	0	(179)	0	601,278	0	0	0	2,502	07/25/2040	1.A FE
3136B4-XK-9	FANNIE MAE 19-32 PA		03/01/2021	MBS PAYDOWN		126,080	126,080	131,084	126,152	0	(72)	0	(72)	0	126,080	0	0	0	742	10/25/2048	1.A FE
3136B6-JF-1	FANNIE MAE 19-56 VC		03/01/2021	MBS PAYDOWN		58,181	58,181	59,654	58,240	0	(59)	0	(59)	0	58,181	0	0	0	291	02/25/2031	1.A FE
3138LD-4J-9	FEDERAL NATIONAL MTG ASSOC #AN1724		03/01/2021	MBS PAYDOWN		23,256	23,256	23,985	23,266	0	(10)	0	(10)	0	23,256	0	0	0	100	06/01/2026	1.A FE
314007-SW-8	UMBS - POOL CA0532		03/01/2021	MBS PAYDOWN		179,227	179,227	184,415	179,488	0	(261)	0	(261)	0	179,227	0	0	0	1,004	10/01/2047	1.A FE
3140X4-M4-5	UMBS - POOL FM1278		03/01/2021	MBS PAYDOWN		123,715	123,715	127,078	123,840	0	(125)	0	(125)	0	123,715	0	0	0	558	07/01/2034	1.A FE
31418D-FM-9	UMBS - POOL MA3771		03/01/2021	MBS PAYDOWN		320,666	320,666	328,332	321,225	0	(559)	0	(559)	0	320,666	0	0	0	1,569	09/01/2039	1.A FE
31418D-GG-1	UMBS - POOL MA3798		03/01/2021	MBS PAYDOWN		125,973	125,973	128,866	126,137	0	(164)	0	(164)	0	125,973	0	0	0	616	10/01/2034	1.A FE
31418D-LL-4	UMBS - POOL MA3930		03/01/2021	MBS PAYDOWN		330,789	330,789	336,888	331,145	0	(356)	0	(356)	0	330,789	0	0	0	1,382	02/01/2035	1.A FE
31418D-MD-1	UMBS - POOL MA3955		03/01/2021	MBS PAYDOWN		334,583	334,583	341,118	334,989	0	(406)	0	(406)	0	334,583	0	0	0	1,420	03/01/2035	1.A FE
3199999	Subtotal - Bonds - U.S. Special Revenues					2,726,818	2,726,818	2,782,562	2,729,505	0	(2,689)	0	(2,689)	0	2,726,818	0	0	0	12,723	XXX	XXX
06051G-GY-9	BANK OF AMERICA CORP		01/23/2021	01/23/2021 SECURITY CALLED AT		4,000,000	4,000,000	4,014,600	4,000,589	0	(589)	0	(589)	0	4,000,000	0	0	0	54,760	01/23/2022	1.E FE
26249B-AQ-4	DRYDEN SENIOR LOAN FUND 13-30A AR		02/15/2021	MBS PAYDOWN		27,793	27,793	27,685	27,780	0	13	0	13	0	27,793	0	0	0	74	11/15/2028	1.A FE
666807-BQ-4	NORTHROP GRUMMAN CORP		03/24/2021	03/24/2021 SECURITY CALLED AT		2,068,740	2,000,000	2,007,740	2,004,274	0	(564)	0	(564)	0	2,003,710	0	(3,710)	(3,710)	91,265	10/15/2022	2.B FE
82652M-AA-8	SIERRA RECEIVABLES FUNDING CO 19-2A A		03/20/2021	MBS PAYDOWN		26,922	26,922	26,915	26,887	0	35	0	35	0	26,922	0	0	0	112	05/20/2036	1.A FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					6,123,455	6,054,715	6,076,940	6,059,530	0	(1,105)	0	(1,105)	0	6,058,425	0	(3,710)	(3,710)	146,211	XXX	XXX
8399997	Total - Bonds - Part 4					11,850,273	11,781,533	12,208,402	11,798,586	0	(13,345)	0	(13,345)	0	11,785,243	0	(3,710)	(3,710)	227,184	XXX	XXX
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					11,850,273	11,781,533	12,208,402	11,798,586	0	(13,345)	0	(13,345)	0	11,785,243	0	(3,710)	(3,710)	227,184	XXX	XXX
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					11,850,273	XXX	12,208,402	11,798,586	0	(13,345)	0	(13,345)	0	11,785,243	0	(3,710)	(3,710)	227,184	XXX	XXX

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

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees  
**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
US Bank ..... St. Paul, MN .....					(2,378,129)	(1,153,223)	(1,246,231)	XXX
US Bank ..... St. Paul, MN .....					300,467	239,490	238,833	XXX
JP Morgan Chase ..... Columbus, Ohio .....					3,866,743	3,344,444	2,612,477	XXX
JP Morgan Chase ..... Columbus, Ohio .....					483,779	489,186	243,996	XXX
JP Morgan Chase ..... Columbus, Ohio .....					7,126,392	4,747,711	1,985,104	XXX
JP Morgan Chase ..... Columbus, Ohio .....					(3,339)	(447)	(7,697)	XXX
Huntington National Bank ..... Columbus, Ohio .....		0.000	7		284,508	284,500	284,492	XXX
US Bank ..... St. Paul, MN .....					(24,495,168)	(21,276,741)	(19,648,160)	XXX
US Bank ..... St. Paul, MN .....					(176,905)	(215,747)	26,027	XXX
US Bank ..... St. Paul, MN .....							4,612	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	7	0	(14,991,652)	(13,540,827)	(15,506,547)	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	7	0	(14,991,652)	(13,540,827)	(15,506,547)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	7	0	(14,991,652)	(13,540,827)	(15,506,547)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
0599999. Total - U.S. Government Bonds						0	0	0
	KREDITANSTALT FUER WIEDERAUFBAU		03/04/2021	0.140	06/04/2021	6,098,482	0	640
	EUROPEAN INVESTMENT BANK		03/23/2021	0.130	05/14/2021	6,099,089	0	148
0699999. Subtotal - Bonds - All Other Governments - Issuer Obligations						12,197,571	0	788
1099999. Total - All Other Government Bonds						12,197,571	0	788
1799999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
2499999. Total - U.S. Political Subdivisions Bonds						0	0	0
3199999. Total - U.S. Special Revenues Bonds						0	0	0
	EXXON MOBIL CORP		03/04/2021	0.100	05/24/2021	2,549,625	0	191
	BNP PARIBAS NY BRANCH CP		03/08/2021	0.100	05/03/2021	6,099,458	0	407
	JP MORGAN SECURITIES LLC		03/15/2021	0.150	06/15/2021	1,749,453	0	124
	UNILEVER CAPITAL CORP		03/26/2021	0.070	06/02/2021	6,099,265	0	36
	EMERSON ELECTRIC CO		03/09/2021	0.070	05/03/2021	6,099,620	0	273
	TOTAL CAPITAL CANADA LTD		03/04/2021	0.130	06/01/2021	6,098,656	0	595
3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						28,696,077	0	1,626
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						28,696,077	0	1,626
4899999. Total - Hybrid Securities						0	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
6099999. Subtotal - SVO Identified Funds						0	0	0
6599999. Subtotal - Unaffiliated Bank Loans						0	0	0
7699999. Total - Issuer Obligations						40,893,648	0	2,414
7799999. Total - Residential Mortgage-Backed Securities						0	0	0
7899999. Total - Commercial Mortgage-Backed Securities						0	0	0
7999999. Total - Other Loan-Backed and Structured Securities						0	0	0
8099999. Total - SVO Identified Funds						0	0	0
8199999. Total - Affiliated Bank Loans						0	0	0
8299999. Total - Unaffiliated Bank Loans						0	0	0
8399999. Total Bonds						40,893,648	0	2,414
09248U-70-0	BLACKROCK L1Q FDS FED FUND-IN		03/12/2021	0.000		10,800,680	133	0
25160K-20-7	DIWS GOVT MMKT SER-INST		03/12/2021	0.000		35,304,123	1,129	0
31607A-70-3	FIDELITY GOVERNMENT INST MONEY MARKET		03/12/2021	0.000		56	0	0
316175-10-8	FIDELITY GOVERNMENT PORT-I		03/12/2021	0.000		2	0	0
31846V-56-7	FIRST AMERICAN GOV OBLIG-Z		03/12/2021	0.000		33,898,117	480	0
38141W-27-3	GOLDMAN SACHS FIN SQ GOVT-FS		03/12/2021	0.000		367,016	11	0
40428X-10-7	HSBC US GOVT MMKT-I		03/12/2021	0.000		22,102,283	657	0
4812C0-67-0	JPMORGAN U.S. GOVT MONEY MARKET		03/12/2021	0.000		71,904,273	3,160	0
608919-71-8	FEDERATED GOVT OBLIGATIONS FUND		03/12/2021	0.000		11,500,331	112	0
61747C-70-7	MSILF GOVERNMENT PORT-INST		03/12/2021	0.000		1,837	95	0
825252-88-5	INVESTCO GOVT & AGENCY - INST MMF		03/12/2021	0.000		919	0	0
857492-70-6	STATE STATE INST US GOV MMF - PREM		03/12/2021	0.000		72,402,037	2,943	0
90262Y-74-5	UBS SELECT GOVT PREF-A		03/12/2021	0.000		0	0	0
949921-12-6	WELLS FARGO GOVT MM FUND SELECT 3802		03/12/2021	0.000		437	27	0
8699999. Subtotal - All Other Money Market Mutual Funds						258,282,111	8,747	0
9999999 - Total Cash Equivalents						299,175,759	8,747	2,414