



## HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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

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

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

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

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

Primary Location of Books and Records 3000 Corporate Exchange Drive, 888-562-5442-212330  
(Street and Number) Columbus, OH, US 43231 (Area Code) (Telephone Number)

Internet Website Address www.molinahealthcare.com

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

### OFFICERS

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

### OTHER

### DIRECTORS OR TRUSTEES

Ami Lee Cole Mark William Bloom M.D.

John Patrick Sivori #

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 Lee Cole

D. Gudz

Jeffrey Don Barlow  
Secretary

Subscribed and sworn to before me this  
1st day of November, 2021

Linda A. Guiley

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

Yes  No





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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)

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State of Ohio SS: \_\_\_\_\_  
County of Franklin

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Ami Lee Cole  
President

Daniel Joseph Gudz  
Chief Financial Officer

Jeffrey Don Barlow  
Secretary

Subscribed and sworn to before me this  
day of \_\_\_\_\_

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

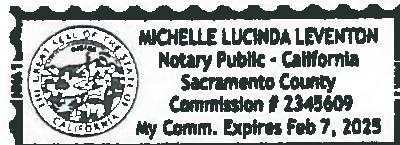
Yes  No

**A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.**

**State of California  
County of Sacramento**

Subscribed and sworn to (or affirmed) before me on this 29th  
day of October, 2021, by Jeff Barlow

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

**Signature:**

*Mihalt*

## 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 .....	237,123,959		237,123,959	171,819,648
2. Stocks:				0
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				0
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				0
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ <span style="padding-left: 20px;">encumbrances) .....</span>			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ .....(15,348,349) ), cash equivalents (\$ .....228,518,570 ) and short-term investments (\$ .....82,287,028) .....	295,457,249		295,457,249	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) .....	532,581,208	0	532,581,208	523,434,509
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	1,042,696		1,042,696	868,721
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	191,080,786		191,080,786	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 (\$ .....4,016,785 ) and contracts subject to redetermination (\$ .....25,598,195 ) .....	29,614,980		29,614,980	32,547,621
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	3,974,105		3,974,105	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 .....	23,934,762		23,934,762	16,984,238
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	19,446,379
18.2 Net deferred tax asset .....	8,861,205	404,845	8,456,360	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 (\$ ..... ) .....	981,941	981,941	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	12,318,720		12,318,720	0
24. Health care (\$ .....50,075,568 ) and other amounts receivable .....	77,556,261	27,391,851	50,164,410	37,026,408
25. Aggregate write-ins for other than invested assets .....	1,135,063	1,020,063	115,000	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	883,081,727	29,798,700	853,283,027	788,224,667
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	883,081,727	29,798,700	853,283,027	788,224,667
<b>DETAILS OF WRITE-INS</b>				
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. Prepays, deposits, and other assets .....	1,020,063	1,020,063	0	0
2502. Prepaid income tax .....	115,000		115,000	
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) .....	1,135,063	1,020,063	115,000	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded) .....	296,269,538	704,375	296,973,913	291,433,496
2. Accrued medical incentive pool and bonus amounts .....	406,672		406,672	361,925
3. Unpaid claims adjustment expenses .....	2,046,525	6,364	2,052,889	4,265,605
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act .....	114,795,258		114,795,258	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 .....			0	3,826,883
9. General expenses due or accrued .....	51,120,938		51,120,938	56,602,062
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) .....	5,816,115		5,816,115	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....	110,100		110,100	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 .....	11,151,824		11,151,824	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 .....	3,974,105		3,974,105	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 \$ 10,463,497 current) .....	10,463,497	0	10,463,497	8,598,367
24. Total liabilities (Lines 1 to 23) .....	496,154,572	710,739	496,865,311	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	273,527,716	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	356,417,716	297,233,665
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	853,283,027	788,224,667
<b>DETAILS OF WRITE-INS</b>				
2301. Amounts due to government agencies .....	10,463,497		10,463,497	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)	10,463,497	0	10,463,497	8,598,367
2501. .....	XXX	XXX		0
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	3,356,781	2,976,403	4,038,598
2. Net premium income ( including \$ non-health premium income).....	XXX	2,597,147,298	2,479,361,968	3,323,098,438
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	8,926,045	(5,258,455)	(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	2,606,073,343	2,474,103,513	3,211,317,528
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		1,455,871,385	1,327,067,326	1,774,040,069
10. Other professional services .....		170,927,091	163,913,802	213,606,793
11. Outside referrals .....	6,732,776	57,991,082	57,673,647	76,884,499
12. Emergency room and out-of-area .....		125,408,156	113,734,031	151,122,191
13. Prescription drugs .....		327,357,123	280,541,489	383,611,598
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		877,803	1,890,395	1,705,554
16. Subtotal (Lines 9 to 15) .....	6,732,776	2,138,432,640	1,944,820,690	2,600,970,704
<b>Less:</b>				
17. Net reinsurance recoveries .....		5,761,567	625,572	4,691,534
18. Total hospital and medical (Lines 16 minus 17) .....	6,732,776	2,132,671,073	1,944,195,118	2,596,279,170
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ 57,954,692 cost containment expenses .....		74,683,120	59,040,739	81,591,450
21. General administrative expenses .....		233,304,209	261,617,714	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).....	6,732,776	2,440,658,402	2,264,853,571	3,025,370,001
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	165,414,941	209,249,942	185,947,527
25. Net investment income earned .....		2,804,460	4,185,084	5,069,821
26. Net realized capital gains (losses) less capital gains tax of \$ 182,820 .....		687,755	294,753	379,277
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	3,492,215	4,479,837	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	(2,099,779)	751,362	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	166,807,377	214,481,141	192,190,677
31. Federal and foreign income taxes incurred .....	XXX	34,089,673	53,804,393	50,597,349
32. Net income (loss) (Lines 30 minus 31) .....	XXX	132,717,704	160,676,748	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 .....		(2,099,779)	751,362	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	(2,099,779)	751,362	794,052

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	297,233,665	266,732,661	266,732,661
34. Net income or (loss) from Line 32 .....	132,717,704	160,676,748	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 \$ .....		(47,352)	
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax .....	(3,102,059)	460,309	1,374,481
39. Change in nonadmitted assets .....	13,542,511	1,737,137	(3,466,805)
40. Change in unauthorized and certified reinsurance .....	(3,974,105)	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 .....	(80,000,000)	(49,000,000)	(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) .....	59,184,051	113,826,842	30,501,004
49. Capital and surplus end of reporting period (Line 33 plus 48)	356,417,716	380,559,503	297,233,665
<b>DETAILS OF WRITE-INS</b>			
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

## STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

**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 .....	2,549,307,777	2,369,651,450	3,290,202,876
2. Net investment income .....	3,497,900	5,098,787	6,518,785
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	2,552,805,677	2,374,750,237	3,296,721,661
5. Benefit and loss related payments .....	2,126,849,724	1,870,233,327	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 .....	326,030,106	321,934,216	418,567,833
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ 182,820 tax on capital gains (losses) .....	9,009,999	46,050,001	67,740,000
10. Total (Lines 5 through 9) .....	2,461,889,829	2,238,217,544	3,042,535,880
11. Net cash from operations (Line 4 minus Line 10) .....	90,915,848	136,532,693	254,185,781
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	59,403,223	45,317,491	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 .....	.579	.671	.671
12.7 Miscellaneous proceeds .....	11,151,824	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	70,555,626	45,318,162	57,958,896
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	124,704,953	24,313,472	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) .....	124,704,953	24,313,472	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) .....	(54,149,327)	21,004,690	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 .....	80,000,000	49,000,000	109,000,000
16.6 Other cash provided (applied) .....	(12,924,133)	(5,834,172)	(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) .....	(92,924,133)	(54,834,172)	(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) .....	(56,157,612)	102,703,211	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) .....	295,457,249	280,399,543	351,614,861

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

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STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

## 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							
<b>Total Members at end of:</b>										
1. Prior Year	351,547	18,224						16,193	317,130	
2. First Quarter	363,499	23,153						15,358	324,988	
3. Second Quarter	372,177	24,081						17,168	330,928	
4. Third Quarter	380,697	26,027						18,174	336,496	
5. Current Year	0									
6. Current Year Member Months	3,356,781	219,654						149,318	2,987,809	
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician	3,638,197	107,942						310,079	3,220,176	
8. Non-Physician	2,298,217	74,822						254,174	1,969,221	
9. Total	5,936,414	182,764	0	0	0	0	0	564,253	5,189,397	0
10. Hospital Patient Days Incurred	1,322,467	7,294						162,722	1,152,451	
11. Number of Inpatient Admissions	71,563	970						11,642	58,951	
12. Health Premiums Written (a)	2,601,424,278	122,356,598						278,157,177	2,200,910,503	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,610,350,323	122,799,884						293,854,684	2,193,695,755	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,132,299,437	95,141,856						260,245,887	1,776,911,694	
18. Amount Incurred for Provision of Health Care Services	2,138,432,640	90,603,002						250,054,579	1,797,775,059	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 278,157,177

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

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

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
CVS Caremark Corporation .....	26,913,577					26,913,577
0199999. Individually listed claims unpaid	26,913,577	0	0	0	0	26,913,577
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	29,019,519	2,040,646	2,012,582	17,433	9,752,280	42,842,460
0499999 Subtotals	55,933,096	2,040,646	2,012,582	17,433	9,752,280	69,756,037
0599999 Unreported claims and other claim reserves						227,217,876
0699999 Total amounts withheld						
0799999 Total claims unpaid						296,973,913
0899999 Accrued medical incentive pool and bonus amounts						406,672

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 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) .....	4,827,180	90,766,194	994,365	16,395,557	5,821,545	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 .....	29,905,518	230,298,073	(19,600)	43,033,562	29,885,918	47,754,344
7. Title XIX - Medicaid .....	122,755,292	1,647,985,613	11,993,237	224,576,792	134,748,529	228,639,271
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	157,487,990	1,969,049,880	12,968,002	284,005,911	170,455,992	291,433,496
10. Healthcare receivables (a) .....	2,597,151	72,994,216		1,876,052	2,597,151	77,182,402
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	736,046	97,011	143,847	262,825	879,893	361,925
13. Totals (Lines 9-10+11+12)	155,626,885	1,896,152,675	13,111,849	282,392,684	168,738,734	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
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 132,717,704	\$ 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	\$ 132,717,704	\$ 141,593,328
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 356,417,716	\$ 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	\$ 356,417,716	\$ 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 September 30, 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	\$ 58,565
2. 12 Months or Longer	
- b) The aggregate related fair value of securities with unrealized losses:
 

1. Less than 12 Months	\$ 23,594,286
2. 12 Months or Longer	

## NOTES TO FINANCIAL STATEMENTS

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(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at September 30, 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 and \$50,000,000 on June 8, 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: See Note 12G below.
- 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	\$ 216,018,972	\$ -	\$ -	\$ -	\$ 216,018,972
Total assets at fair value/NAV	\$ 216,018,972	\$ -	\$ -	\$ -	\$ 216,018,972

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

- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.

- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.

- (5) Derivative Assets and Liabilities: None

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

- C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of September 30, 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	\$ (15,348,349)	\$ (15,348,349)	\$ (15,348,349)	\$ -	\$ -	\$ -	\$ -
U.S. Governments	\$ 70,912,030	\$ 70,911,676	\$ -	\$ 70,912,030	\$ -	\$ -	\$ -
Other Governments	\$ 10,885,141	\$ 10,881,430	\$ -	\$ 10,885,141	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 6,367,613	\$ 6,310,717	\$ -	\$ 6,367,613	\$ -	\$ -	\$ -
Political subdivisions	\$ 2,027,145	\$ 2,003,225	\$ -	\$ 2,027,145	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 50,528,528	\$ 50,292,233	\$ -	\$ 50,528,528	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 193,554,968	\$ 191,511,304	\$ -	\$ 193,554,968	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 216,018,972	\$ 216,018,972	\$ 216,018,972	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 534,946,048	\$ 532,581,208	\$ 200,670,623	\$ 334,275,425	\$ -	\$ -	\$ -

- D. Not Practicable to Estimate Fair Value: None.

- E. NAV Practical Expedient Investments: None.

### NOTE 21 Other Items

- A. - B. No significant changes.

- C. Other Disclosures and Unusual Items:

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

On April 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 July 1, 2022, and will offer health care coverage to Medicaid beneficiaries through the state of Ohio's Covered Family and Children, Expansion, and ABD programs.

## NOTES TO FINANCIAL STATEMENTS

In October 2021, the Plan was notified that the Center for Medicaid and CHIP Services had notified the state of Ohio that they would not approve the state's request to apply a risk corridor retroactively to Ohio's Medicare-Medicaid Program (MMP) for the contract year 2020. As a result of this action, the Plan reversed its liability of \$35.2 million related to the 2020 MMP Opt-Ins corridor during the quarter ended September 30, 2021. The corridor remains in effect for contract year 2021.

D. - I. No significant changes.

### NOTE 22 Events Subsequent

Subsequent events were considered through November 12, 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
<b>a. Permanent ACA Risk Adjustment Program</b>		
<b>Assets</b>		
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)		\$ 16,300,955
<b>Liabilities</b>		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$ 54,985
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		
<b>Operations (Revenue &amp; Expense)</b>		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$ 8,375,112
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$ (55,244)
<b>b. Transitional ACA Reinsurance Program</b>		
<b>Assets</b>		
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		
<b>Liabilities</b>		
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		
<b>Operations (Revenue &amp; Expense)</b>		
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		
<b>c. Temporary ACA Risk Corridors Program</b>		
<b>Assets</b>		
1. Accrued retrospective premium due to ACA Risk Corridors		
<b>Liabilities</b>		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		
<b>Operations (Revenue &amp; Expense)</b>		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		
4. Effect of ACA Risk Corridors on change in reserves for rate credits		

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances			Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)			
	1 Receivable	2 Payable	3 Receivable	4 Payable	5 Receivable	6 Payable	7 Receivable	8 Payable	9 Ref	10 Receivable	10 Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 14,773,170		\$ 6,847,327		\$ 7,925,843	\$ -	\$ 4,021,993		A	\$ 11,947,836	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 14,773,170	\$ -	\$ 6,847,327	\$ -	\$ 7,925,843	\$ -	\$ 4,021,993	\$ -		\$ 11,947,836	\$ -
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid					\$ -	\$ -			C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -

## NOTES TO FINANCIAL STATEMENTS

4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium													
5. Ceded reinsurance premiums payable													
6. Liability for amounts held under uninsured plans													
7. Subtotal ACA Transitional Reinsurance Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$
c. Temporary ACA Risk Corridors Program													
1. Accrued retrospective premium													
2. Reserve for rate credits or policy experience rating refunds													
3. Subtotal ACA Risk Corridors Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$
d. Total for ACA Risk Sharing Provisions	\$14,773,170	\$	-	\$6,847,327	\$	-	\$7,925,843	\$	\$4,021,993	\$	\$11,947,836	\$	

## 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:

	Nine months ended 9/30/2021
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	2,167,469,857
Prior years	<u>(34,798,784)</u>
Net incurred claims during the current year	<u>2,132,671,073</u>
Deduct paid claims, net of reinsurance:	
Current year	1,969,361,734
Prior years	<u>157,487,990</u>
Net paid claims during the current year	<u>2,126,849,724</u>
Change in claims adjustment expenses	(2,212,716)
Change in health care receivables	285,017
Change in amounts due from reinsurers	<u>(521,202)</u>
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 299,433,474</u>

#### B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claim adjustment expenses as of September 30, 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.

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]

2.2 If yes, date of change: \_\_\_\_\_

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
 If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ X ] No [ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
 Molina Healthcare of Rhode Island, Inc and Molina Healthcare of Rhode Island Holding Company, Inc were added to the organizational chart. Molina Hospital Management, LLC was removed from the organizational chart. Senior Whole Health Management Company, Inc. name was changed to Senior Whole Health Management Company, LLC.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ..... 1179929

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
 If yes, complete and file the merger history data file with the NAIC.

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ X ] No [ ] N/A [ ]  
 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.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2018

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2018

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 06/16/2020

6.4 By what department or departments?  
 Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]

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

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

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.  
**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

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

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

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

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

**FINANCIAL**

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]

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

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]		
14.2 If yes, please complete the following:		
14.21 Bonds ..... \$ .....	\$ .....	\$ .....
14.22 Preferred Stock ..... \$ .....	\$ .....	\$ .....
14.23 Common Stock ..... \$ .....	\$ .....	\$ .....
14.24 Short-Term Investments ..... \$ .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate ..... \$ .....	\$ .....	\$ .....
14.26 All Other ..... \$ .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... \$ .....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above ..... \$ .....	\$ .....	\$ .....
15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]		
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ] If no, attach a description with this statement.		
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:		
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ..... \$ .....	\$ .....	\$ .....
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ..... \$ .....	\$ .....	\$ .....
16.3 Total payable for securities lending reported on the liability page. ..... \$ .....	\$ .....	\$ .....

**STATEMENT AS OF SEPTEMBER 30, 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 [  ] 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-PGTD Portland, OR 97204 .....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

17.4 If yes, give full 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 [  ] No [  ]

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105900 .....	New England Asset Management, Inc. .....	KUR85E5PS4G0FZTFC130 .....	SEC .....	NO.....

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

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [  ] No [  ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? ..... Yes [  ] No [  ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current 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.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

**GENERAL INTERROGATORIES****PART 2 - HEALTH**

## 1. Operating Percentages:

1.1 A&H loss percent .....	84.1 %
1.2 A&H cost containment percent .....	2.2 %
1.3 A&H expense percent excluding cost containment expenses .....	9.6 %
2.1 Do you act as a custodian for health savings accounts? .....	Yes [ ] No [ X ]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date .....	\$ .....
2.3 Do you act as an administrator for health savings accounts? .....	Yes [ ] No [ X ]
2.4 If yes, please provide the balance of the funds administered as of the reporting date .....	\$ .....
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....	Yes [ ] No [ X ]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? .....	Yes [ ] No [ X ]

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

# NON E

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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 122,356,598	278,157,177	2,200,910,503					2,601,424,278	
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	122,356,598	278,157,177	2,200,910,503	0	0	0	2,601,424,278	0
60. Reporting Entity Contributions for Employee Benefit Plans .....		XXX								0
61. Totals (Direct Business) .....		XXX	122,356,598	278,157,177	2,200,910,503	0	0	0	2,601,424,278	0
DETAILS OF WRITE-INS										
58001 .....		XXX								
58002 .....		XXX								
58003 .....		XXX								
58998. Summary of remaining write-ins for line 58 from overflow page .....		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG..... 1 R - Registered - Non-domiciled RRGs..... 0

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0

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

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

**Molina Healthcare, Inc.**

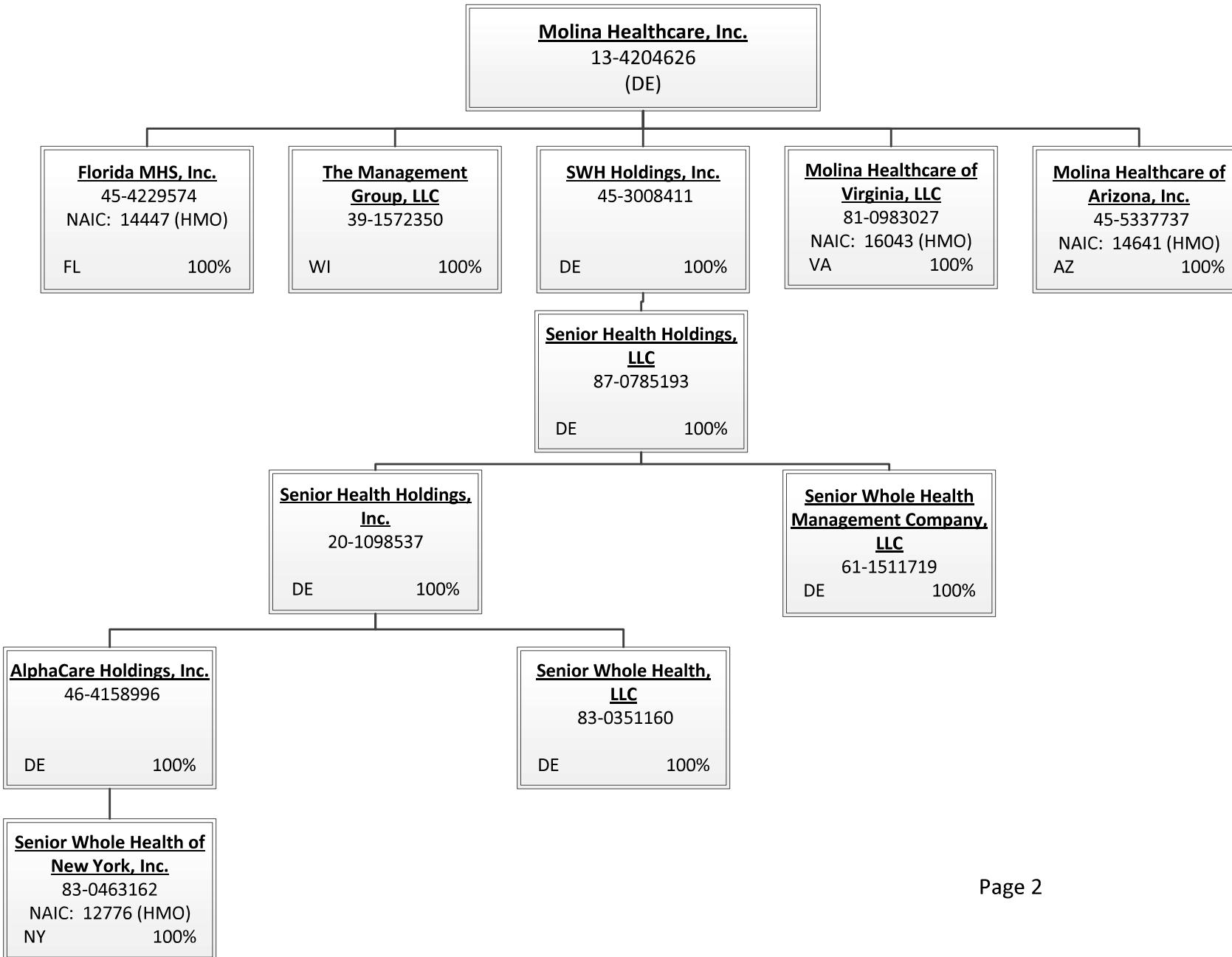
13-4204626

(DE)

<b>Molina Healthcare of California</b> 33-0342719 (HMO) CA 100%	<b>Molina Healthcare of Wisconsin, Inc.</b> 20-0813104 NAIC: 12007 (HMO) WI 100%	<b>Molina Healthcare of Florida, Inc.</b> 26-0155137 NAIC: 13128 (HMO) FL 100%	<b>Molina Healthcare of Illinois, Inc.</b> 27-1823188 NAIC: 14104 (HMO) IL 100%	<b>Molina Healthcare of Michigan, Inc.</b> 38-3341599 NAIC: 52630 (HMO) MI 100%	<b>Molina Healthcare of New Mexico, Inc.</b> 85-0408506 NAIC: 95739 (HMO) NM 100%	<b>Molina Healthcare of Ohio, Inc.</b> 20-0750134 NAIC: 12334 (HMO) OH 100%	<b>Molina Healthcare of Puerto Rico, Inc.</b> 66-0817946 NAIC: 15600 (HMO PR) PR & NV 100%
<b>Molina Healthcare of Texas, Inc.</b> 20-1494502 NAIC: 10757 (HMO) TX 100%	<b>Molina Healthcare of South Carolina, Inc.</b> 46-2992125 NAIC: 15329 (HMO) SC 100%	<b>Molina Healthcare of Utah, Inc.</b> 33-0617992 NAIC: 95502 (HMO) UT 100%	<b>Molina Healthcare of Washington, Inc.</b> 91-1284790 NAIC: 96270 (HMO) WA 100%	<b>Molina Healthcare of New York, Inc.</b> 27-1603200 (MCO) NY 100%	<b>Molina Healthcare of Texas Insurance Company</b> 27-0522725 NAIC: 13778 (A&H) TX 100%	<b>Molina Healthcare of Mississippi, Inc.</b> 26-4390042 NAIC: 16301 (HMO) MS 100%	<b>Molina Healthcare of Kentucky, Inc.</b> 83-3866292 NAIC: 16596 (HMO) KY 100%
<b>Molina Clinical Services, LLC</b> 81-2824030 DE 100%	<b>Oceangate Reinsurance, Inc.</b> 84-4039542 NAIC: 16808 (captive insurer) UT 100%	<b>Molina Healthcare Data Center, LLC</b> 45-2634351 NM 100%	<b>2028 West Broadway, LLC</b> 85-3111408 DE 100%	<b>Molina Healthcare of Indiana, Inc.</b> 38-4187664 IN 100%	<b>Molina Healthcare of Nevada, Inc.</b> 20-3567602 NAIC: 17064 (HMO) NV 100%	<b>Pathways Community Corrections, LLC</b> 62-1651095 DE 100%	<b>Molina Healthcare of Oklahoma, Inc.</b> 81-0864563 NAIC: 17066 (HMO) OK 100%
<b>Molina Healthcare of Tennessee, Inc.</b> 84-3288805 TN 100%	<b>Molina Healthcare of Georgia, Inc.</b> 80-0800257 NAIC: 15714 (HMO) GA 100%	<b>Molina Healthcare of Louisiana, Inc.</b> 81-4229476 LA 100%	<b>Molina Healthcare of Pennsylvania, Inc.</b> 81-0855820 PA 100%	<b>Molina Youth Academy</b> 46-5098489 non-profit corporation CA 100%	<b>MHAZ, Inc.</b> 30-0876771 AZ 100%	<b>Molina Healthcare of Rhode Island Holding Company, Inc.</b> 87-2979541 DE 100%	<b>Molina Pathways, LLC</b> 45-2854547 DE 100%
<b>Molina Healthcare of Iowa, Inc.</b> 38-4187674 IA 100%				<b>Molina Healthcare of Rhode Island, Inc.</b> 87-2738451 RI 100%		<b>Molina Care Connections, LLC</b> 47-2296708 TX 100%	

Continued on  
Page 2

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.



STATEMENT AS OF SEPTEMBER 30, 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 Loca-tion	Rela-tion-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 Owner-ship Provide Percen-tage	Ultimate Controlling Entity(es)/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.	.UD.	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				MHAZ, 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.	.00000	38-4187664				Molina Healthcare of Indiana, Inc.	.IN.	.NIA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	38-4187674				Molina Healthcare of Iowa, Inc.	.IA.	.NIA.	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.	.17064	20-3567602				Molina Healthcare of Nevada, Inc.	.NV.	.IA.	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.	.17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	.OK.	.IA.	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	.TX.	.IA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.13778	27-0522725				Molina Healthcare of Utah, Inc.	.UT.	.IA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.95502	33-0617992				Molina Healthcare of Washington, Inc.	.WA.	.IA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.96270	91-1284790				Molina Healthcare of Wisconsin, Inc.	.WI.	.IA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.12007	20-0813104				Molina Pathways, LLC	.DE.	.NIA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	45-2854547				Molina Care Connections, LLC	.TX.	.NIA.	Molina Pathways, LLC	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	47-2296708				Molina Youth Academy ..	.CA.	.NIA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	46-5098489				2028 West Broadway, LLC ..	.DE.	.NIA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	85-3111408				Oceangate Reinsurance, Inc.	.UT.	.IA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.16808	84-4039542				Molina Healthcare of Rhode Island Holding Company, Inc.	.DE.	.NIA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	87-2979541				Molina Healthcare of Rhode Island, Inc. Company, Inc.	.RI.	.NIA.	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	87-2738451				Molina Healthcare of Rhode Island, Inc. Pathways Community Corrections, LLC ..	.DE.	.NIA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	62-1651095				Florida MHS, Inc.	.FL.	.IA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.14447	45-4229574				SIH Holdings, Inc.	.DE.	.NIA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	45-3008411				Molina Healthcare of Virginia, LLC ..	.VA.	.IA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.16043	81-0983027				Molina Healthcare of Arizona, Inc.	.AZ.	.IA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.14641	45-5337737				Senior Health Holdings, LLC ..	.DE.	.NIA.	SIH Holdings, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	87-0785193				Senior Health Holdings, Inc.	.DE.	.NIA.	Senior Health Holdings, LLC ..	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	20-1098537				AlphaCare Holdings, Inc.	.DE.	.NIA.	Senior Health Holdings, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	46-4158996				Senior Whole Health of New York, Inc.	.NY.	.IA.	AlphaCare Holdings, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.12776	83-0463162				The Management Group, LLC ..	.WI.	.NIA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	39-1572350				Senior Whole Health Management Company, LLC ..	.DE.	.NIA.	Senior Health Holdings, LLC ..	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	61-1511719				Senior Whole Health, LLC ..	.DE.	.NIA.	Senior Health Holdings, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	N.	
.1531	Molina Healthcare, Inc.	.00000	83-0351160												

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

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]



STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE****SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	171,819,648	206,105,563
2. Cost of bonds and stocks acquired .....	124,704,953	24,313,472
3. Accrual of discount .....	28,300	37,505
4. Unrealized valuation increase (decrease) .....	869,996	479,426
5. Total gain (loss) on disposals .....	59,561,132	57,973,775
6. Deduct consideration for bonds and stocks disposed of .....	895,715	1,158,093
7. Deduct amortization of premium .....	157,909	0
8. Total foreign exchange change in book/adjusted carrying value .....	237,123,959	171,819,648
9. Deduct current year's other than temporary impairment recognized .....	237,123,959	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	237,123,959	171,819,648
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) .....		

## STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	257,398,523	185,194,181	141,107,848	(255,282)	263,238,536	257,398,523	301,229,574	261,183,392
2. NAIC 2 (a) .....	21,541,373	9,181,986	0	(42,348)	20,948,424	21,541,373	30,681,011	23,801,722
3. NAIC 3 (a) .....	0				0	0	0	0
4. NAIC 4 (a) .....	0				0	0	0	0
5. NAIC 5 (a) .....	0				0	0	0	0
6. NAIC 6 (a) .....	0				0	0	0	0
7. Total Bonds .....	278,939,896	194,376,167	141,107,848	(297,630)	284,186,960	278,939,896	331,910,585	284,985,114
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock .....	278,939,896	194,376,167	141,107,848	(297,630)	284,186,960	278,939,896	331,910,585	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 \$ .....92,786,973 ; NAIC 2 \$ .....1,999,653 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SI02

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

## SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	82,287,028	XXX	82,280,094	0	0

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of short-term investments acquired .....	151,759,347	19,636,730
3. Accrual of discount .....	27,135	113,270
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....	(23)	0
6. Deduct consideration received on disposals .....	69,499,431	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) .....	.82,287,028	0
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	82,287,028	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**

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

## SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	367,198,848	161,687,241
2. Cost of cash equivalents acquired	2,630,723,910	3,406,811,670
3. Accrual of discount	29,042	382,558
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	602	671
6. Deduct consideration received on disposals	2,769,433,832	3,201,683,292
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	228,518,570	367,198,848
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	228,518,570	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 SEPTEMBER 30, 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 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
912828-YF-1	UNITED STATES TREASURY NOTE		.08/20/2021	DIRECT	416,289	410,000		2,691	1.A
0599999. Subtotal - Bonds - U.S. Governments					416,289		410,000		2,691 XXX
045167-FG-3	ASIAN DEVELOPMENT BANK	D.	.09/28/2021	NOMURA SECURITIES INTERNATIONAL INC.	1,998,920		2,000,000		0 1.A FE
1099999. Subtotal - Bonds - All Other Governments					1,998,920		2,000,000		0 XXX
419792-B2-1	HAWAII ST		.09/30/2021	BOFA SECURITIES INC.	1,500,000		1,500,000		0 1.C FE
97705M-UK-9	WISCONSIN ST		.09/22/2021	MORGAN STANLEY & CO. LLC	299,658		300,000		1,013 1.B FE
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions					1,799,658		1,800,000		1,013 XXX
3133KY-VY-2	UMBs - FR RB5131		.09/22/2021	FHN FINANCIAL SECURITIES CORP.	3,081,094		3,000,000		2,167 1.A FE
31400K-ZZ-4	UMBs - POOL CB0759		.08/06/2021	TRUST SECURITIES INC.	1,014,229		978,417		870 1.A FE
38122N-A7-7	GOLDEN ST TOBACCO SECURITIZATI		.09/30/2021	JEFFERIES LLC	550,000		550,000		0 1.E FE
491552-S7-1	KENTUCKY ST TURNPIKE AUTH ECON		.09/22/2021	J.P. MORGAN SECURITIES LLC	470,000		470,000		0 1.D FE
491552-S8-9	KENTUCKY ST TURNPIKE AUTH ECON		.09/22/2021	J.P. MORGAN SECURITIES LLC	510,000		510,000		0 1.D FE
59447T-CU-5	MICHIGAN ST FIN AUTH REVENUE		.09/29/2021	FIFTH THIRD SECURITIES INC.	2,451,105		2,250,000		6,368 1.C FE
631663-RJ-2	NASSAU CNTY NY INTERIM FIN AUT		.09/22/2021	GOLDMAN SACHS & CO. LLC	750,353		750,000		3,426 1.A FE
64971X-SZ-2	NEW YORK CITY NY TRANSITIONAL		.09/21/2021	GOLDMAN SACHS & CO. LLC	255,069		255,000		1,660 1.A FE
758911-4T-4	REGL TRANSPRTN AUTH IL		.09/28/2021	ROBERT W. BAIRD & CO. INCORPORATED	332,171		310,000		0 1.C FE
76913D-FX-0	RIVERSIDE CNTY CA INFRASTRUCTU		.09/29/2021	LOOP CAPITAL MARKETS LLC	250,000		250,000		0 1.D FE
3199999. Subtotal - Bonds - U.S. Special Revenues					9,664,021		9,323,417		14,491 XXX
00287Y-BZ-1	ABBVIE INC		.07/19/2021	MORGAN STANLEY & CO. LLC	1,056,740		1,000,000		4,333 2.B FE
03027X-BR-0	AMERICAN TOWER CORP		.09/23/2021	BARCLAYS CAPITAL INC	248,703		250,000		0 2.C FE
06051G-JS-9	BANK OF AMERICA CORP		.07/15/2021	BOFA SECURITIES INC.	504,535		500,000		2,143 1.F FE
14687J-FA-6	CARVANA AUTO RECEIVABLES TRUST 21-P3 A4		.09/21/2021	BNP PARIBAS SECURITIES CORP.	749,862		750,000		0 1.A FE
17327C-AM-5	CITIGROUP INC		.09/28/2021	GOLDMAN SACHS & CO. LLC	1,723,680		1,750,000		3,382 2.A FE
25746U-DJ-5	DOMINION ENERGY INC		.07/19/2021	BNP PARIBAS SECURITIES CORP.	1,518,000		1,500,000		6,404 2.B FE
36263H-AA-6	GM FINANCIAL REVOLVING RECEIVA 21-1 A		.09/14/2021	BARCLAYS CAPITAL INC	1,499,702		1,500,000		0 1.A FE
380140-AB-9	GM FINANCIAL SECURITIZED TERM 21-3 A2		.07/13/2021	WELLS FARGO SECURITIES LLC	2,999,679		3,000,000		0 1.A FE
40390J-AA-0	HGI CRE CLO LTD 21-FL2 A		.09/17/2021	GOLDMAN SACHS & CO. LLC	500,000		500,000		0 1.A FE
55284A-AA-6	MF1 MULTIFAMILY HOUSING MORTGA 21-FL7 A		.09/10/2021	J.P. MORGAN SECURITIES LLC	1,500,000		1,500,000		0 1.A FE
617446-8V-4	MORGAN STANLEY		.09/23/2021	MORGAN STANLEY & CO. LLC	1,968,820		2,000,000		5,855 1.F FE
654106-AJ-2	NIKE INC		.07/20/2021	CREDIT SUISSE SECURITIES (USA) LLC	542,260		500,000		4,392 1.E FE
68902V-AH-0	OTIS WORLDWIDE CORP		.07/28/2021	CITIGROUP GLOBAL MARKETS INC	1,040,750		1,000,000		6,568 2.B FE
693475-AX-3	PNC FINANCIAL SERVICES		.07/22/2021	KEYBANC CAPITAL MARKETS INC	803,313		750,000		54 1.G FE
693475-BB-0	PNC FINANCIAL SERVICES		.08/10/2021	PNC CAPITAL MARKETS LLC	998,110		1,000,000		0 1.G FE
69353R-EK-0	PNC BANK NA		.09/28/2021	KEYBANC CAPITAL MARKETS INC	2,132,600		2,000,000		6,064 1.F FE
74153W-CP-2	PRI COA GLOBAL FUNDING 1		.09/22/2021	J.P. MORGAN SECURITIES LLC	1,999,620		2,000,000		1,600 1.D FE
74456Q-CF-1	PUBLIC SERVICE ELECTRIC		.09/20/2021	WELLS FARGO SECURITIES LLC	1,998,520		2,000,000		369 1.F FE
756109-AZ-7	REALTY INCOME CORP		.07/14/2021	TRUST SECURITIES INC	246,088		250,000		630 1.G FE
824348-AV-8	SHERWIN-WILLIAMS CO		.08/20/2021	WELLS FARGO SECURITIES LLC	1,594,860		1,500,000		10,807 2.B FE
91159H-HN-3	US BANCORP		.09/27/2021	U.S. BANCORP INVESTMENTS INC	4,220,040		4,000,000		17,681 1.F FE
931142-EE-9	WALMART INC		.07/22/2021	VARIOUS	2,868,783		2,500,000		7,708 1.C FE
931142-ER-0	WALMART INC		.09/20/2021	J.P. MORGAN SECURITIES LLC	1,502,940		1,500,000		219 1.C FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					34,217,605		33,250,000		78,209 XXX
8399997. Total - Bonds - Part 3					48,096,493		46,783,417		96,404 XXX
8399998. Total - Bonds - Part 5					XXX		XXX		XXX XXX
8399999. Total - Bonds					48,096,493		46,783,417		96,404 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

STATEMENT AS OF SEPTEMBER 30, 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 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Admini- stra- tive Symbol
9899999. Total - Preferred and Common Stocks					0	XXX	0	XXX	
9999999 - Totals					48,096,493	XXX	96,404	XXX	

STATEMENT AS OF SEPTEMBER 30, 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	Foreign	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 Recognized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and SVO Administrative Symbol
.912826-IY-2	UNITED STATES TREASURY NOTE		07/31/2021	VARIOUS		410,000	410,000	420,122	.415,008	0	(5,008)	0	(5,008)	0	.410,000	0	0	0	0	0	0
0599999. Subtotal - Bonds - U.S. Governments						410,000	410,000	420,122	.415,008	0	(5,008)	0	(5,008)	0	410,000	0	0	0	0	0	9,225
.774285-7N-4	ROCKWALL TX INDEP SCH DIST		09/14/2021	RBC CAPITAL MARKETS LLC		510,165	450,000	495,869	488,650	0	(5,088)	0	(5,088)	0	483,562	0	26,603	26,603	19,550	02/15/2026	1.A FE
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						510,165	450,000	495,869	488,650	0	(5,088)	0	(5,088)	0	483,562	0	26,603	26,603	19,550	0	XXX
.160131-EE-4	CHARLESTON SC EDUCATIONAL EXCELLEN		09/15/2021	JEFFERIES LLC		1,523,715	1,500,000	1,477,020	0	0	1,191	0	1,191	0	1,478,211	0	45,504	45,504	22,272	12/01/2029	1.D FE
.3132CII-HM-9	UMB'S - POOL SB0236		09/01/2021	MBS PAYDOWN		93,904	.98,321	.94,671	0	(767)	0	(767)	0	.93,904	0	0	0	0	0	1,535	
.3132D5-4L-3	UMB'S - POOL SB8027		09/01/2021	MBS PAYDOWN		41,336	.41,336	.41,742	0	(405)	0	(405)	0	.41,336	0	0	0	0	0	819	
.3133KY-R2-4	FHLMC POOL RB5005		09/01/2021	MBS PAYDOWN		114,584	114,584	115,998	115,227	0	(644)	0	(644)	0	114,584	0	0	0	0	0	2,343
.3136AG-FU-1	FANNIE MAE 13-92 DA		09/01/2021	MBS PAYDOWN		129,596	129,596	136,096	130,860	0	(1,264)	0	(1,264)	0	129,596	0	0	0	0	0	3,457
.3136AV-SG-5	FANNIE MAE 17-11 DA		09/01/2021	MBS PAYDOWN		327,142	.327,142	.328,676	.327,802	0	(659)	0	(659)	0	.327,142	0	0	0	0	0	5,557
.3136BA-KK-9	FANNIE MAE 19-32 PA		09/01/2021	MBS PAYDOWN		391,272	391,272	406,801	394,377	0	(3,105)	0	(3,105)	0	.391,272	0	0	0	0	0	9,347
.3136B6-JF-1	FANNIE MAE 19-56 VC		09/01/2021	MBS PAYDOWN		1,498,949	1,498,949	1,536,891	1,525,054	0	(26,105)	0	(26,105)	0	1,498,949	0	0	0	0	0	29,870
	GOLDMAN SACHS & CO. LLC					665,289	620,000	636,784	.634,666	0	(1,982)	0	(1,982)	0	632,684	0	.32,605	.32,605	12,659	07/25/2026	1.A FE
.3137BR-QJ-7	FHLMC MULTIFAMILY STRUCTURED P -K057 A2		09/14/2021	GOLDMAN SACHS & CO. LLC																	
.3137BS-P7-2	FHLMC MULTIFAMILY STRUCTURED P -K058 A2		09/14/2021			1,445,787	1,340,000	1,382,608	.1,377,482	0	(4,798)	0	(4,798)	0	1,372,684	0	.73,103	.73,103	.28,242	08/25/2026	1.A FE
.3138LD-4J-9	FEDERAL NATIONAL MTG ASSOC #AN1724		09/14/2021	VARIOUS		4,343,957	4,083,204	4,211,123	.4,189,936	0	(14,744)	0	(14,744)	0	4,175,192	0	.168,765	.168,765	.81,170	06/01/2026	1.A FE
.314007-SW-8	UMB'S - POOL CA0532		09/01/2021	MBS PAYDOWN		152,080	152,080	156,482	.154,038	0	(1,958)	0	(1,958)	0	152,080	0	0	0	0	0	3,478
.31400K-ZZ-4	UMB'S - POOL CB0759		09/01/2021	MBS PAYDOWN		12,581	12,581	13,041	0	0	0	0	0	0	12,581	0	0	0	0	0	21
.3140X4-IM-5	UMB'S - POOL FM1278		09/01/2021	MBS PAYDOWN		119,765	119,765	123,021	.120,597	0	(832)	0	(832)	0	119,765	0	0	0	0	0	2,417
.3140X8-TR-1	UMB'S - POOL FM7759		09/01/2021	MBS PAYDOWN		79,186	79,186	.81,957	0	0	(25)	0	(25)	0	79,186	0	0	0	0	0	269
.31418D-FM-9	UMB'S - POOL M43771		09/01/2021	MBS PAYDOWN		144,109	144,109	147,554	.145,840	0	(1,731)	0	(1,731)	0	144,109	0	0	0	0	0	2,923
.31418D-GG-1	UMB'S - POOL M43798		09/01/2021	MBS PAYDOWN		73,838	73,838	.75,533	.74,519	0	(682)	0	(682)	0	.73,838	0	0	0	0	0	1,475
.31418D-LL-4	UMB'S - POOL M43900		09/01/2021	MBS PAYDOWN		177,194	177,194	180,461	.178,554	0	(1,360)	0	(1,360)	0	177,194	0	0	0	0	0	2,947
.31418D-MD-1	UMB'S - POOL M43955		09/01/2021	MBS PAYDOWN		162,309	162,309	165,480	.163,678	0	(1,369)	0	(1,369)	0	162,309	0	0	0	0	0	2,687
.31418D-YH-9	UMB'S - POOL M43111		09/01/2021	MBS PAYDOWN		265,877	265,877	271,527	0	0	(134)	0	(134)	0	265,877	0	0	0	0	0	2,261
.31418D-Z9-6	UMB'S - POOL M44367		09/01/2021	MBS PAYDOWN		.75,340	.75,340	.77,044	0	0	(40)	0	(40)	0	.75,340	0	0	0	0	0	288
.68442C-CY-0	ORANGE CNTY CA WTR DIST REVENU		09/14/2021	DUNCAN-WILLIAMS INC.		330,678	.315,000	.315,000	.315,000	0	0	0	0	0	315,000	0	15,678	15,678	.7,168	08/15/2025	1.A FE
	SMBC INVESTMENT SERVICES					263,653	250,000	250,000	250,000	0	0	0	0	0	250,000	0	13,653	13,653	.4,796	12/01/2025	1.G FE
3199999. Subtotal - Bonds - U.S. Special Revenues						12,432,141	11,967,266	12,229,814	10,234,043	0	(61,413)	0	(61,413)	0	12,082,833	0	349,308	349,308	228,001	XXX	XXX
.05492P-AA-6	BANC OF AMERICA MERRILL LYNCH 19-BPR ANM		09/15/2021	CITIGROUP GLOBAL MARKETS INC.		2,068,984	2,000,000	2,059,960	.2,047,659	0	(8,604)	0	(8,604)	0	2,039,055	0	.29,929	.29,929	.49,446	11/05/2032	1.A FE
.06406F-AC-7	BANK OF NY MELLON CORP		09/15/2021	MARKETAXESS		2,153,200	2,000,000	2,066,700	.2,054,522	0	(7,245)	0	(7,245)	0	2,047,277	0	.105,923	.105,923	.48,689	05/04/2026	1.FE
.08162C-AD-2	BENCHMARK MORTGAGE TRUST 18-B6 A4		09/15/2021	LLC		1,162,969	1,000,000	1,132,656	.1,118,063	0	(10,214)	0	(10,214)	0	1,107,849	0	.55,120	.55,120	.33,851	10/10/2051	1.D FM
.26249B-AQ-4	DYDRYN SENIOR LOAN FUND 13-30A AR		08/15/2021	MBS PAYDOWN		31,439	31,439	.31,317	.31,423	0	.16	0	.16	0	.31,439	0	0	0	0	0	241
.61747II-AL-3	MORGAN STANLEY		07/28/2021			4,000,000	4,000,000	4,589,080	.4,073,234	0	(73,234)	0	(73,234)	0	4,000,000	0	0	0	0	0	220,000
.67021C-AM-9	INSTAR ELECTRIC CO		09/15/2021	KEYBANC CAPITAL MARKETS INC.		1,097,600	1,000,000	1,053,090	.1,044,735	0	(4,864)	0	(4,864)	0	1,039,871	0	.57,729	.57,729	.26,844	05/15/2027	1.FE
.69353R-FP-8	PNC BANK NA		07/22/2021	CALLED AT		3,000,000	3,000,000	3,000,000	3,000,000	0	0	0	0	0	3,000,000	0	0	0	0	0	.66,960
.74153II-CL-1	PRICOA GLOBAL FUNDING 1		09/17/2021	WELLS FARGO SECURITIES LLC		1,579,065	1,500,000	1,499,865	.1,499,898	0	.19	0	.19	0	1,499,917	0	.79,148	.79,148	.35,800	09/23/2024	1.D FE
.75625Q-AE-9	RECKITT BENCKISER TSY	D.	09/15/2021	MARKETAXESS		1,084,340	1,000,000	1,029,420	.1,024,473	0	(2,598)	0	(2,598)	0	1,021,875	0	.62,465	.62,465	.21,750	06/26/2027	1.G FE
.82652H-AA-8	SIERRA RECEIVABLES FUNDING CO 19-2A A		09/20/2021	MBS PAYDOWN		.22,644	.22,644	.22,638	.22,621	0	.24	0	.24	0	.22,644	0	0	0	0	0	.388
.94988J-ST-0	WELLS FARGO BANK NA		09/21/2021	CALLED AT		4,000,000	4,000,000	4,113,200	.4,037,179	0	(37,179)	0	(37,179)	0	4,000,000	0	0	0	0	0	.132,514
.95002M-AW-9	WELLS FARGO COMMERCIAL MORTGAG 19-C52 A4		09/15/2021	BOFA SECURITIES INC.		3,159,961	3,000,000	3,029,676	.3,025,658	0	(2,198)	0	(2,198)	0	3,023,460	0	.136,501	.136,501	.62,992	08/15/2052	1.D FM
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						23,360,202	22,554,083	23,627,696	22,979,465	0	(146,077)	0	(146,077)	0	22,833,387	0	526,815	526,815	.699,475	XXX	XXX
8399997. Total - Bonds - Part 4						36,712,508	35,381,349	36,773,491	34,117,166	0	(217,586)	0	(217,586)	0	35,309,782	0	902,726	902,726	.956,251	XXX	XXX

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## STATEMENT AS OF SEPTEMBER 30, 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 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain or Loss on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
8399998. Total - Bonds - Part 5							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999. Total - Bonds					36,712,508		35,381,349	36,773,491	34,117,166	0	(217,586)	0	(217,586)	0	35,809,782	0	902,726	902,726	956,251	XXX	XXX		
8999997. Total - Preferred Stocks - Part 4					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998. Total - Preferred Stocks - Part 5					XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5					XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals					36,712,508		XXX	36,773,491	34,117,166	0	(217,586)	0	(217,586)	0	35,809,782	0	902,726	902,726	956,251	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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
US Bank .....	St. Paul, MN .....				(1,868,843)	(1,829,796)	(1,492,663)	XXX
US Bank .....	St. Paul, MN .....				160,315	105,168	149,077	XXX
JP Morgan Chase .....	Columbus, Ohio .....				2,306,557	3,130,299	2,443,587	XXX
JP Morgan Chase .....	Columbus, Ohio .....				2,157,002	2,157,093	304,896	XXX
JP Morgan Chase .....	Columbus, Ohio .....				2,884,081	2,884,445	4,362,036	XXX
JP Morgan Chase .....	Columbus, Ohio .....				(13,936)	(9,593)	(11,610)	XXX
Huntington National Bank .....	Columbus, Ohio .....	0.000	7		284,372	284,334	284,297	XXX
US Bank .....	St. Paul, MN .....				(21,766,651)	(21,836,199)	(20,871,337)	XXX
US Bank .....	St. Paul, MN .....				(402,980)	(349,402)	(516,632)	XXX
US Bank .....	St. Paul, MN .....				4,612	419,225	0	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	(16,255,471)	(15,044,426)	(15,348,349)	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	(16,255,471)	(15,044,426)	(15,348,349)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	7	0	(16,255,471)	(15,044,426)	(15,348,349)	XXX

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Molina Healthcare of Ohio, Inc.

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
.....	CASH MGMT BILL		08/10/2021	.050	10/05/2021	10,499.945	0	.713
01999999.	Subtotal - Bonds - U.S. Governments - Issuer Obligations					10,499.945	0	713
05999999.	Total - U.S. Government Bonds					10,499.945	0	713
10999999.	Total - All Other Government Bonds					0	0	0
17999999.	Total - U.S. States, Territories and Possessions Bonds					0	0	0
24999999.	Total - U.S. Political Subdivisions Bonds					0	0	0
31999999.	Total - U.S. Special Revenues Bonds					0	0	0
.....	AMERICAN HONDA FINANCE CORP		08/17/2021	.0160	11/09/2021	1,999.653	0	.400
32999999.	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					1,999.653	0	400
38999999.	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					1,999.653	0	400
48999999.	Total - Hybrid Securities					0	0	0
55999999.	Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
60999999.	Subtotal - SVO Identified Funds					0	0	0
65999999.	Subtotal - Unaffiliated Bank Loans					0	0	0
76999999.	Total - Issuer Obligations					12,499.598	0	1,113
77999999.	Total - Residential Mortgage-Backed Securities					0	0	0
78999999.	Total - Commercial Mortgage-Backed Securities					0	0	0
79999999.	Total - Other Loan-Backed and Structured Securities					0	0	0
80999999.	Total - SVO Identified Funds					0	0	0
81999999.	Total - Affiliated Bank Loans					0	0	0
82999999.	Total - Unaffiliated Bank Loans					0	0	0
83999999.	Total Bonds					12,499.598	0	1,113
09248U-70-0	BLACKROCK LIQ FDS FED FUND-IN					3,803.654	.85	0
25160K-20-7	DWS GOVT MMKT SER-INST		09/17/2021	.000		40,811.598	1,220	0
31607A-70-3	FIDELITY GOVERNMENT INST MONEY MARKET		09/17/2021	.000		.56	0	0
316175-10-8	FIDELITY GOVERNMENT PORT-I		09/17/2021	.000		0	0	0
31846V-56-7	FIRST AMERICAN GOV OBLIG-Z		09/17/2021	.000		.199,919	196	0
38141W-27-3	GOLDMAN SACHS FIN SQ GOVT-FS		09/17/2021	.000		.367,070	.8	0
40428X-10-7	HSBC US GOVT MMKT-I		09/17/2021	.000		.9,504,799	279	0
481200-67-0	JPMORGAN U.S. GOVT MONEY MARKET		09/17/2021	.000		.15,109,517	.215	0
608919-71-8	FEDERATED GOVT OBLIGATIONS FUND		09/17/2021	.000		.36,704,738	.360	0
61747C-70-7	MSILF GOVERNMENT PORT-INST		09/17/2021	.000		.44,804,181	.866	0
825252-88-5	INVESTCO GOVT & AGENCY - INST MMF		09/17/2021	.000		.3,801,894	.84	0
857492-70-6	STATE STATE INST US GOV MMF - PREM		09/17/2021	.000		.38,810,019	1,003	0
90262Y-74-5	UBS SELECT GOVT PREF-A		09/17/2021	.000		.0	0	0
949921-12-6	WELLS FARGO GOVT MM FUND SELECT 3802		09/17/2021	.000		.22,101,525	.327	0
86999999.	Subtotal - All Other Money Market Mutual Funds					216,018,972	4,643	0
.....								
99999999.	Total Cash Equivalents					228,518,570	4,643	1,113