



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Ohio, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

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

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

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

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

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

Internet Website Address www.molinahealthcare.com

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

OFFICERS

President Ami Lee Cole Secretary Jeffrey Don Barlow
Chief Financial Officer Cassie Lynn Lighton #

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

Ami Lee Cole
President

Cassie Lynn Lighton

Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this 31st day of January, 2022

Linda A. Gulley

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





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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)

OFFICERS

President Ami Lee Cole Secretary Jeffrey Don Barlow
Chief Financial Officer Cassie Lynn Lighton #

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
President

Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this _____ day of _____

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

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 31st
day of January, 2021, by Jeff Barlow

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



(Seal)

Signature

Michelle L

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	18,610,112					18,610,112
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	12,475					12,475
0499999. Premiums due and unpaid from Medicaid entities	9,596,611	8,935,461	7,921,506	114,373,033		140,826,611
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	28,219,198	8,935,461	7,921,506	114,373,033	0	159,449,198

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	21,922,459	17,409,221	639,670	26,298,173	22,562,129	23,582,066
2. Claim overpayment receivables	36,271,677	31,011,065	4,788,881	32,914,704	41,060,558	30,710,658
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables	21,485,992	125,437,594	(5,536,668)	14,835,390	15,949,324	21,408,517
5. Risk sharing receivables					0	0
6. Other health care receivables.....	1,248,383			1,957,178	1,248,383	1,481,161
7. Totals (Lines 1 through 6)	80,928,511	173,857,880	(108,117)	76,005,445	80,820,394	77,182,402

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,109,082		2,104,400	4,682	4,682	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	4,401,011		3,533,383	867,628	867,628	
6. Total	6,510,093	0	5,637,783	872,310	872,310	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Molina Healthcare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Molina Healthcare of Ohio, Inc.

2. Columbus, OH

NAIC Group Code	1531	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
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	384,685	26,029						18,011	340,645			
6. Current Year Member Months	4,516,791	296,533						203,700	4,016,558			
Total Member Ambulatory Encounters for Year:												
7. Physician	4,993,355	151,827						432,123	4,409,405			
8. Non-Physician	3,181,393	107,219						358,848	2,715,326			
9. Total	8,174,748	259,046	0	0	0	0	0	790,971	7,124,731	0		
10. Hospital Patient Days Incurred	1,874,014	10,270						229,021	1,634,723			
11. Number of Inpatient Admissions	99,758	1,370						16,200	82,188			
12. Health Premiums Written (b)	3,543,442,884	167,827,863						372,709,773	3,002,905,248			
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	3,520,984,537	168,271,149						381,236,121	2,971,477,267			
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	2,890,575,977	129,451,654						339,280,538	2,421,843,785			
18. Amount Incurred for Provision of Health Care Services	2,895,428,006	129,445,757						329,890,248	2,436,092,001			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$372,709,773

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Molina Healthcare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Molina Healthcare of Ohio, Inc.

2. Columbus, OH

NAIC Group Code	1531	BUSINESS IN THE STATE OF		Grand Total							(LOCATION)	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
				2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	351,547	18,224	0	0	0	0	0	16,193	317,130	0		
2. First Quarter	363,499	23,153	0	0	0	0	0	15,358	324,988	0		
3. Second Quarter	372,177	24,081	0	0	0	0	0	17,168	330,928	0		
4. Third Quarter	380,697	26,027	0	0	0	0	0	18,174	336,496	0		
5. Current Year	384,685	26,029	0	0	0	0	0	18,011	340,645	0		
6. Current Year Member Months	4,516,791	296,533	0	0	0	0	0	203,700	4,016,558	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	4,993,355	151,827	0	0	0	0	0	432,123	4,409,405	0		
8. Non-Physician	3,181,393	107,219	0	0	0	0	0	358,848	2,715,326	0		
9. Total	8,174,748	259,046	0	0	0	0	0	790,971	7,124,731	0		
10. Hospital Patient Days Incurred	1,874,014	10,270	0	0	0	0	0	229,021	1,634,723	0		
11. Number of Inpatient Admissions	99,758	1,370	0	0	0	0	0	16,200	82,188	0		
12. Health Premiums Written (b)	3,543,442,884	167,827,863	0	0	0	0	0	372,709,773	3,002,905,248	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	3,520,984,537	168,271,149	0	0	0	0	0	381,236,121	2,971,477,267	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,890,575,977	129,451,654	0	0	0	0	0	339,280,538	2,421,843,785	0		
18. Amount Incurred for Provision of Health Care Services	2,895,428,006	129,445,757	0	0	0	0	0	329,890,248	2,436,092,001	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$372,709,773

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
23680	47-0698507	01/01/2020	Odyssey Reinsurance Company	CT	SSL/I	MC	(7,852)						
23680	47-0698507	01/01/2020	Odyssey Reinsurance Company	CT	SSL/I	CMM	(1,464)						
0899999. General Account - Authorized U.S. Non-Affiliates							(9,316)	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							(9,316)	0	0	0	0	0	0
1199999. Total General Account Authorized							(9,316)	0	0	0	0	0	0
16808	84-4039542	12/01/2020	Oceangate Reinsurance, Inc.	UT	SSL/I	MC	5,000,480						
16808	84-4039542	12/01/2020	Oceangate Reinsurance, Inc.	UT	SSL/I	MR	454,473						
16808	84-4039542	12/01/2020	Oceangate Reinsurance, Inc.	UT	SSL/I	CMM	314,863						
1299999. General Account - Unauthorized U.S. Affiliates - Captive							5,769,816	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							5,769,816	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							5,769,816	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							5,769,816	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							5,760,500	0	0	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							5,760,500	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
9299999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999	Totals						5,760,500	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999			Total General Account - Life and Annuity U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999			Total General Account - Life and Annuity Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999			Total General Account - Life and Annuity Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999			Total General Account - Life and Annuity Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999			Total General Account Life and Annuity	0	0	0	0	0	XXX	0	0	0	0	0
16808	84-4039542	12/01/2020	Oceangate Reinsurance, Inc.		3,585,625		3,585,625							0
1299999			General Account - Accident and Health U.S. Affiliates - Captive	0	3,585,625	0	3,585,625	0	XXX	0	0	0	0	0
1499999			Total General Account - Accident and Health U.S. Affiliates	0	3,585,625	0	3,585,625	0	XXX	0	0	0	0	0
1799999			Total General Account - Accident and Health Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1899999			Total General Account - Accident and Health Affiliates	0	3,585,625	0	3,585,625	0	XXX	0	0	0	0	0
2199999			Total General Account - Accident and Health Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2299999			Total General Account Accident and Health	0	3,585,625	0	3,585,625	0	XXX	0	0	0	0	0
2399999			Total General Account	0	3,585,625	0	3,585,625	0	XXX	0	0	0	0	0
2699999			Total Separate Accounts - U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2999999			Total Separate Accounts - Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999			Total Separate Accounts - Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3399999			Total Separate Accounts - Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3499999			Total Separate Accounts	0	0	0	0	0	XXX	0	0	0	0	0
3599999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	3,585,625	0	3,585,625	0	XXX	0	0	0	0	0
3699999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	0	0	0	0	XXX	0	0	0	0	0
9999999			Totals	0	3,585,625	0	3,585,625	0	XXX	0	0	0	0	0

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	313	207	147	196	85
2. Title XVIII - Medicare	454	332	(87)	79	106
3. Title XIX - Medicaid	4,993	4,652	4,645	3,900	2,530
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	3,476	4,495	1,216	2,092	214
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		0	0	0	0
18. Funds deposited by and withheld from (F)		0	0	0	0
19. Letters of credit (L)		0	0	0	0
20. Trust agreements (T)		0	0	0	0
21. Other (O)		0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	566,583,815		566,583,815
2. Accident and health premiums due and unpaid (Line 15)	183,071,217		183,071,217
3. Amounts recoverable from reinsurers (Line 16.1)	3,475,525	(3,475,525)	0
4. Net credit for ceded reinsurance	XXX	(110,100)	(110,100)
5. All other admitted assets (Balance)	112,342,924		112,342,924
6. Total assets (Line 28)	865,473,481	(3,585,625)	861,887,856
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	293,879,216		293,879,216
8. Accrued medical incentive pool and bonus payments (Line 2)	365,502		365,502
9. Premiums received in advance (Line 8)	18,831,861		18,831,861
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	3,585,625	(3,585,625)	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	221,296,530		221,296,530
15. Total liabilities (Line 24)	537,958,734	(3,585,625)	534,373,109
16. Total capital and surplus (Line 33)	327,514,747	XXX	327,514,747
17. Total liabilities, capital and surplus (Line 34)	865,473,481	(3,585,625)	861,887,856
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	3,475,525		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	3,475,525		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	3,585,625		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	3,585,625		
31. Total net credit for ceded reinsurance	(110,100)		

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
1531	Molina Healthcare, Inc.	00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	30-0876771				MHAZ, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	38-4187664				Molina Healthcare of Indiana, Inc.	IN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	IA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	NV	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas Insurance Company	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	45-2854547				Molina Pathways, LLC	TX	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	46-5098489				Molina Youth Academy	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	87-2979541				Molina Healthcare of Rhode Island Holding Company, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	87-2738451				Molina Healthcare of Rhode Island, Inc.	RI	NIA	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	62-1651095				Pathways Community Corrections, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	45-3008411				SIH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	87-0785193				Senior Health Holdings, LLC	DE	NIA	SIH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	13-4204626	Molina Healthcare, Inc.	403,552,131	(284,138,131)			1,619,829,118				1,739,243,118	0
00000	33-0342719	Molina Healthcare of California	(100,000,000)	22,000,000			(214,993,748)	(4,994,432)			(297,988,180)	461,929
00000	45-2634351	Molina Healthcare Data Center, Inc.	0	2,000,000							2,000,000	
14641	45-5337737	Molina Healthcare of Arizona, Inc.	0	0			(17,966,429)				(17,966,429)	
13128	26-0155137	Molina Healthcare of Florida, Inc.	0	(77,000,000)			(84,897,688)	(824,300)			(162,721,988)	1,110,775
15714	80-0800257	Molina Healthcare of Georgia, Inc.	0	25,000			0				25,000	
14104	27-1823188	Molina Healthcare of Illinois, Inc.	(11,552,131)	(23,447,869)			(103,859,573)	7,485,411			(131,374,162)	7,166,970
16596	83-3866292	Molina Healthcare of Kentucky, Inc.	0	100,000,000			(88,901,611)	4,496,922			15,595,311	4,296,290
17066	81-0864563	Molina Healthcare of Oklahoma, Inc.	0	1,550,000			(219,628)				1,330,372	
00000	81-4229476	Molina Healthcare of Louisiana, Inc.	0	0			0				0	
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(20,000,000)	0			(138,871,998)				(158,871,998)	
16301	26-4390042	Molina Healthcare of Mississippi, Inc.	(15,000,000)	(10,000,000)			(46,780,425)	(778,047)			(72,558,472)	
17064	20-3567602	Molina Healthcare of Nevada, Inc.	0	3,011,000			0				3,011,000	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.	0	(10,000,000)			(14,636,761)	(173,493)			(24,810,254)	274,971
00000	27-1603200	Molina Healthcare of New York, Inc.	0	290,000,000			(39,752,062)				250,247,938	
12776	83-0463162	Senior Whole Health of New York, Inc.	0	0			(20,830,648)				(20,830,648)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(140,000,000)	0			(201,854,719)	1,455,893			(340,398,826)	3,585,625
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.	0	0			8,681,838				8,681,838	
15329	46-2992125	Molina Healthcare of South Carolina, Inc	(5,000,000)	0			(67,635,310)	(19,302)			(72,654,612)	
10757	20-1494502	Molina Healthcare of Texas, Inc.	0	25,000,000			(256,362,913)	(599,311)			(231,962,224)	1,135,301
13778	27-0522725	Molina Healthcare of Texas Insurance Com	0	0				(3,444,829)			(3,444,829)	876,782
95502	33-0617992	Molina Healthcare of Utah, Inc.	(48,000,000)	0			(70,778,998)	(3,114,769)			(121,893,767)	633,358
00000	26-1769086	Molina Healthcare of Virginia, LLC	0	(40,000,000)			(47,146,305)				(87,146,305)	
96270	91-1284790	Molina Healthcare of Washington, Inc.	(20,000,000)	0			(314,136,272)	2,086,806			(332,049,466)	7,004,093
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.	(44,000,000)	0			(48,747,006)	(1,883,739)			(94,630,745)	
16808	84-4039542	Oceangate Reinsurance, Inc.	0	0			(1,565,619)	307,190			(1,258,429)	(26,546,094)
17197	34-4187674	Molina Healthcare of Iowa, Inc.	0	1,000,000			0				1,000,000	
00000	81-2824030	Molina Clinical Services, LLC	0	0			151,426,757				151,426,757	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Molina Healthcare of Florida, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Georgia, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Illinois, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Kentucky, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Michigan, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Mississippi, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Nevada, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of New Mexico, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Ohio, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Oklahoma, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Puerto Rico, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of South Carolina, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Texas, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Texas Insurance Company	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Utah, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Washington, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Wisconsin, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Oceangate Reinsurance, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Virginia, LLC	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Arizona, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Iowa, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Senior Whole Health of New York, Inc.	AlphaCare Holdings, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.










	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
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Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]

