



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022
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
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) (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)
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) (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)
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

Cassie Lynn Lighton

Ami Lee Cole
President

Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
1st day of August, 2022

Linda A. Gulley

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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Jeffrey Don Barlow
Secretary

Ami Lee Cole
President

Cassie Lynn Lighton
Chief Financial Officer

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 1st
day of August, 2022, by Jeff Barlow

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



(Seal)

Signature

A handwritten signature in black ink, appearing to read "Michelle Leventon".

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	312,960,841		312,960,841	245,228,231
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 \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 38,728,330), cash equivalents (\$ 335,468,709) and short-term investments (\$ 602,482)	374,799,521		374,799,521	321,355,584
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities	8,247		8,247	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)	687,768,609	0	687,768,609	566,583,815
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,771,243		1,771,243	932,648
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	87,302,637		87,302,637	159,449,198
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 (\$ 5,571,543) and contracts subject to redetermination (\$ 19,119,062)	24,690,605		24,690,605	23,622,019
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	3,508,158		3,508,158	3,475,525
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	7,787,937		7,787,937	28,088,283
18.1 Current federal and foreign income tax recoverable and interest thereon			0	2,008,683
18.2 Net deferred tax asset	9,835,908	578,271	9,257,637	9,349,786
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 (\$)	654,950	654,950	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	26,789,178
24. Health care (\$ 50,538,570) and other amounts receivable	79,874,748	29,336,178	50,538,570	45,084,717
25. Aggregate write-ins for other than invested assets	1,218,462	1,185,614	32,848	89,629
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	904,413,257	31,755,013	872,658,244	865,473,481
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	904,413,257	31,755,013	872,658,244	865,473,481
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepays, deposits, and other assets	1,185,614	1,185,614	0	0
2502. Prepaid state income tax	32,848		32,848	89,629
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)	1,218,462	1,185,614	32,848	89,629

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	335,019,059	677,073	335,696,132	293,879,216
2. Accrued medical incentive pool and bonus amounts	681,296		681,296	365,502
3. Unpaid claims adjustment expenses	2,271,442	6,149	2,277,591	2,064,900
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	66,719,114		66,719,114	145,164,685
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	2,911,050		2,911,050	18,831,861
9. General expenses due or accrued	47,521,405		47,521,405	57,287,872
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	7,778,864		7,778,864	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	27,039		27,039	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	18,328,622		18,328,622	8,101,653
16. Derivatives			0	0
17. Payable for securities	11,041,155		11,041,155	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 (\$ 3,406,897) companies	3,406,897		3,406,897	3,585,625
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 \$ 15,017,771 current)	15,017,771	0	15,017,771	8,677,420
24. Total liabilities (Lines 1 to 23)	510,723,714	683,222	511,406,936	537,958,734
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	278,361,308	244,624,747
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	361,251,308	327,514,747
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	872,658,244	865,473,481
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	14,977,188		14,977,188	8,575,761
2302. Member premium due	40,583		40,583	101,659
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)	15,017,771	0	15,017,771	8,677,420
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	2,445,992	2,212,826	4,516,791
2. Net premium income (including \$ non-health premium income).....	XXX	1,886,974,902	1,738,292,450	3,537,682,384
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	75,393,398	(35,742,959)	(22,458,347)
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	1,962,368,300	1,702,549,491	3,515,224,037
Hospital and Medical:				
9. Hospital/medical benefits		1,064,239,199	965,547,590	1,971,509,634
10. Other professional services		121,683,110	110,693,286	230,576,543
11. Outside referrals	4,507,760	44,658,562	39,058,743	79,487,893
12. Emergency room and out-of-area		131,143,271	80,382,376	172,760,395
13. Prescription drugs		257,172,759	218,153,301	439,972,306
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		642,347	812,589	1,121,235
16. Subtotal (Lines 9 to 15)	4,507,760	1,619,539,248	1,414,647,885	2,895,428,006
Less:				
17. Net reinsurance recoveries		4,479,304	3,832,393	7,225,709
18. Total hospital and medical (Lines 16 minus 17)	4,507,760	1,615,059,944	1,410,815,492	2,888,202,297
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 41,697,762 cost containment expenses		55,890,164	49,055,362	100,589,884
21. General administrative expenses		180,862,844	148,767,096	319,781,309
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22).....	4,507,760	1,851,812,952	1,608,637,950	3,308,573,490
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	110,555,348	93,911,541	206,650,547
25. Net investment income earned		2,713,311	1,908,552	3,662,996
26. Net realized capital gains (losses) less capital gains tax of \$ (3,661)		(13,775)	(25,522)	687,742
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,699,536	1,883,030	4,350,738
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	(1,276,699)	(678,615)	(2,620,640)
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	111,978,185	95,115,956	208,380,645
31. Federal and foreign income taxes incurred	XXX	24,011,206	19,048,052	43,014,878
32. Net income (loss) (Lines 30 minus 31)	XXX	87,966,979	76,067,904	165,365,767
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Fines and penalties		(1,276,699)	(678,615)	(2,620,640)
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	(1,276,699)	(678,615)	(2,620,640)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	327,514,747	297,233,665	297,233,665
34. Net income or (loss) from Line 32	87,966,979	76,067,904	165,365,767
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(77,080)	(289,967)	
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax	(32,669)	(3,221,422)	(2,171,767)
39. Change in nonadmitted assets	913,490	13,572,473	10,672,707
40. Change in unauthorized and certified reinsurance	178,728	(2,252,797)	(3,585,625)
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	(55,000,000)	(80,000,000)	(140,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	33,736,561	4,166,158	30,281,082
49. Capital and surplus end of reporting period (Line 33 plus 48)	361,251,308	301,399,823	327,514,747
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2022 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
Cash from Operations			
1. Premiums collected net of reinsurance	1,946,802,240	1,702,109,387	3,543,917,909
2. Net investment income	2,439,419	2,375,814	4,786,452
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	1,949,241,659	1,704,485,201	3,548,704,361
5. Benefit and loss related payments	1,576,937,287	1,424,432,271	2,883,448,144
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	228,481,240	219,711,200	437,419,183
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$(3,661) tax on capital gains (losses)	14,219,998	10,220,000	25,760,000
10. Total (Lines 5 through 9)	1,819,638,525	1,654,363,471	3,346,627,327
11. Net cash from operations (Line 4 minus Line 10)	129,603,134	50,121,730	202,077,034
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	27,284,949	22,690,715	66,739,144
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	(27,055)	422	564
12.7 Miscellaneous proceeds	11,041,155	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	38,299,049	22,691,137	66,739,708
13. Cost of investments acquired (long-term only):			
13.1 Bonds	95,939,691	76,608,464	140,465,114
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	8,247	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	95,947,938	76,608,464	140,465,114
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)	(57,648,889)	(53,917,327)	(73,725,406)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	55,000,000	80,000,000	140,000,000
16.6 Other cash provided (applied)	36,489,691	(5,300,241)	(18,610,905)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(18,510,309)	(85,300,241)	(158,610,905)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	53,443,936	(89,095,838)	(30,259,277)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	321,355,584	351,614,861	351,614,861
19.2 End of period (Line 18 plus Line 19.1)	374,799,520	262,519,023	321,355,584

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

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STATEMENT AS OF JUNE 30, 2022 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							
Total Members at end of:										
1. Prior Year	384,685	26,029	0	0	0	0	0	18,011	340,645	0
2. First Quarter	408,332	42,128	0	0	0	0	0	18,670	347,534	0
3. Second Quarter	406,166	40,653						18,871	346,642	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,445,992	250,004						13,169	2,182,819	
Total Member Ambulatory Encounters for Period:										
7. Physician	2,369,717	117,637						202,729	2,049,351	
8. Non-Physician	1,481,139	77,691						163,648	1,239,800	
9. Total	3,850,856	195,328	0	0	0	0	0	366,377	3,289,151	0
10. Hospital Patient Days Incurred	847,684	5,926						94,923	746,835	
11. Number of Inpatient Admissions	47,973	1,019						7,458	39,496	
12. Health Premiums Written (a)	1,889,171,625	135,969,161						215,156,725	1,538,045,739	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,964,565,023	135,969,161						216,537,523	1,612,058,339	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,581,057,404	102,964,372						181,963,070	1,296,129,962	
18. Amount Incurred for Provision of Health Care Services	1,619,539,248	109,378,098						188,413,213	1,321,747,937	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 215,156,725

STATEMENT AS OF JUNE 30, 2022 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
Claims Unpaid (Reported)						
CVS Caremark	30,949,376					30,949,376
0199999. Individually listed claims unpaid	30,949,376	0	0	0	0	30,949,376
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	29,364,111	18,395,267	402,992	247,023	5,569,465	53,978,858
0499999 Subtotals	60,313,487	18,395,267	402,992	247,023	5,569,465	84,928,234
0599999 Unreported claims and other claim reserves						250,767,898
0699999 Total amounts withheld						
0799999 Total claims unpaid						335,696,132
0899999 Accrued medical incentive pool and bonus amounts						681,296

STATEMENT AS OF JUNE 30, 2022 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)	9,568,207	93,301,139	4,842,733	25,250,416	14,410,940	20,221,142
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	17,971,937	162,880,875	5,754,498	44,282,558	23,726,435	43,551,353
7. Title XIX - Medicaid	179,145,602	1,113,710,340	13,208,565	242,357,363	192,354,167	230,106,721
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	206,685,746	1,369,892,354	23,805,796	311,890,337	230,491,542	293,879,216
10. Healthcare receivables (a)	24,788,213	52,342,113		2,744,422	24,788,213	75,897,328
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	326,553		442,989	238,307	769,542	365,502
13. Totals (Lines 9-10+11+12)	182,224,086	1,317,550,241	24,248,785	309,384,222	206,472,871	218,347,390

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

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Ohio, Inc. (the Plan) for the fiscal year ended December 31, 2021. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2021 annual statement or audited financial statements have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

Organization and Operations

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 Department of Insurance (the Department).

A. Accounting Practices

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 #	2022	2021
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 87,966,979	\$ 165,365,767
(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	<u><u>\$ 87,966,979</u></u>	<u><u>\$ 165,365,767</u></u>
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 361,251,308	\$ 327,514,747
(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	<u><u>\$ 361,251,308</u></u>	<u><u>\$ 327,514,747</u></u>

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

C. Accounting Policy

- (1) Basis for Short-Term Investments: 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 June 30, 2022, 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 OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI 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	\$ 4,896,204
2. 12 Months or Longer	\$ 19,502
 - b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 76,207,142
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NOTES TO FINANCIAL STATEMENTS

2.	12 Months or Longer	\$ 1,280,598
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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 June 30, 2022.

- 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. - K. None.
- L. Restricted Assets: No significant change.
- M. Working Capital Finance Investments: None.
- N. Offsetting and Netting of Assets and Liabilities: None.
- O. - P. None.
- Q. Prepayment Penalty and Acceleration Fees: None.
- 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 \$25,000,000 on March 22, 2022 and the Plan paid Molina an ordinary dividend in cash amounting to \$30,000,000 on May 27, 2022.
- 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.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- H. - I. 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.

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

NOTES TO FINANCIAL STATEMENTS

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. Medicare or Similarly Structured Cost Based Reimbursement Contract: No significant change.

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

None.

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	\$ 335,468,709	\$ -	\$ -	\$ -	\$ 335,468,709
Industrial and miscellaneous	\$ -	\$ 12,736,613	\$ -	\$ -	\$ 12,736,613
Total assets at fair value/NAV	\$ 335,468,709	\$ 12,736,613	\$ -	\$ -	\$ 348,205,322

- (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 June 30, 2022 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)
US Governments	\$ 11,354,339	\$ 11,400,615	\$ -	\$ 11,354,339	\$ -	\$ -	\$ -
Other governments	\$ 8,519,936	\$ 8,772,462	\$ -	\$ 8,519,936	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 5,971,510	\$ 6,242,370	\$ -	\$ 5,971,510	\$ -	\$ -	\$ -
Political subdivisions	\$ 4,607,400	\$ 4,800,670	\$ -	\$ 4,607,400	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 54,330,856	\$ 58,825,683	\$ -	\$ 54,330,856	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 215,355,090	\$ 223,521,522	\$ -	\$ 215,355,090	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 335,468,709	\$ 335,468,710	\$ 335,468,709	\$ -	\$ -	\$ -	\$ -
Open depositories	\$ (26,737,662)	\$ (26,737,662)	\$ (26,737,662)	\$ -	\$ -	\$ -	\$ -
Short term certificates of deposit	\$ 65,465,992	\$ 65,465,992	\$ 65,465,992	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 674,336,170	\$ 687,760,362	\$ 374,197,039	\$ 300,139,131	\$ -	\$ -	\$ -

- D. - E. None.

NOTE 21 Other Items

- A. - B. No significant changes.

- C. Other Disclosures and Unusual Items:

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

- D. - I. No significant changes.

NOTES TO FINANCIAL STATEMENTS

NOTE 22 Events Subsequent

Subsequent events were considered through August 12, 2022, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

A. - D. No significant changes.

E. Reinsurance Credit: No significant change.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D. No significant changes.

E. Risk Sharing Provisions of the Affordable Care Act

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

Yes [X] No []

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

		Amount
a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)		\$ 5,768,370
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$ 136,502
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		\$ 3,118,531
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$ (5,395,864)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$ (62,297)
b. Transitional ACA Reinsurance Program		
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		
5. Ceded reinsurance premiums payable due to ACA Reinsurance		
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		
Operations (Revenue & Expense)		
7. Ceded reinsurance premiums due to ACA Reinsurance		
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		
9. ACA Reinsurance contributions – not reported as ceded premium		
c. Temporary ACA Risk Corridors Program		
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		
Operations (Revenue & Expense)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		
4. Effect of ACA Risk Corridors on change in reserves for rate credits		

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 8,045,703				\$ 8,045,703	\$ -	\$ (2,277,333)		A	\$ 5,768,370	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 8,045,703	\$ -	\$ -	\$ -	\$ 8,045,703	\$ -	\$ (2,277,333)	\$ -		\$ 5,768,370	\$ -
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid					\$ -	\$ -			C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					\$ -	\$ -			F	\$ -	\$ -
5. Ceded reinsurance premiums payable					\$ -	\$ -			G	\$ -	\$ -
6. Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

7. Subtotal ACA Transitional Reinsurance Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
c. Temporary ACA Risk Corridors Program																					
1. Accrued retrospective premium																	I	\$	-	\$	-
2. Reserve for rate credits or policy experience rating refunds																	J	\$	-	\$	-
3. Subtotal ACA Risk Corridors Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
d. Total for ACA Risk Sharing Provisions	\$ 8,045,703	\$	-	\$	-	\$	-	\$ 8,045,703	\$	-	\$ (2,277,333)	\$	-	\$	-	\$	-	\$ 5,768,370	\$	-	

A. Adjustments are changes in estimates based on additional information since December 31, 2021.

(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/unfavorable 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:

Six months ended 6/30/2022	
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 296,309,618
Add provision for claims, net of reinsurance:	
Current year	1,638,447,181
Prior years	<u>(23,387,237)</u>
Net incurred claims during the current year	<u>1,615,059,944</u>
Deduct paid claims, net of reinsurance:	
Current year	1,370,251,541
Prior years	<u>206,685,746</u>
Net paid claims during the current year	<u>1,576,937,287</u>
Change in claims adjustment expenses	212,691
Change in health care receivables	3,977,420
Change in amounts due from reinsurers	<u>32,633</u>
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 338,655,019</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 June 30, 2022.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

No significant change.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

No significant change.

NOTE 31 Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

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

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

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

2.2 If yes, date of change: _____

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

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 Nebraska, Inc. and Molina Healthcare of Wisconsin CMO, Inc. were added to the organizational chart.

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

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

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021

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 JUNE 30, 2022 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: \$

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	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
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	\$	\$

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
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 [] No []

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

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$
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 JUNE 30, 2022 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	84.4 %
1.2 A&H cost containment percent	2.1 %
1.3 A&H expense percent excluding cost containment expenses	9.9 %
2.1 Do you act as a custodian for health savings accounts?	Yes [] No [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 JUNE 30, 2022 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 135,969,161	215,156,725	1,538,045,740					1,889,171,626	
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	135,969,161	215,156,725	1,538,045,740	0	0	0	1,889,171,626	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX								0
61. Totals (Direct Business)		XXX	135,969,161	215,156,725	1,538,045,740	0	0	0	1,889,171,626	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

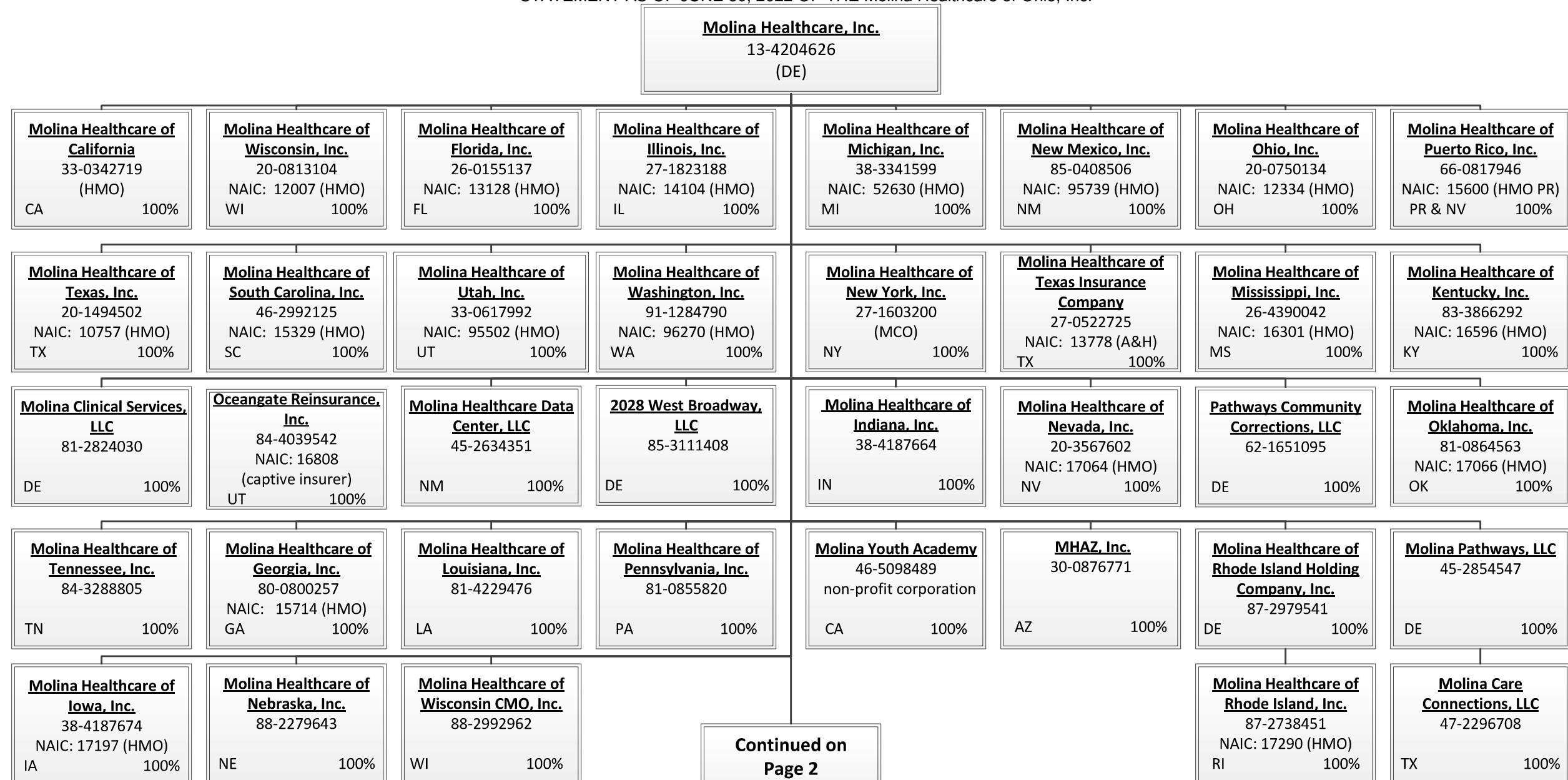
(a) Active Status Counts:

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

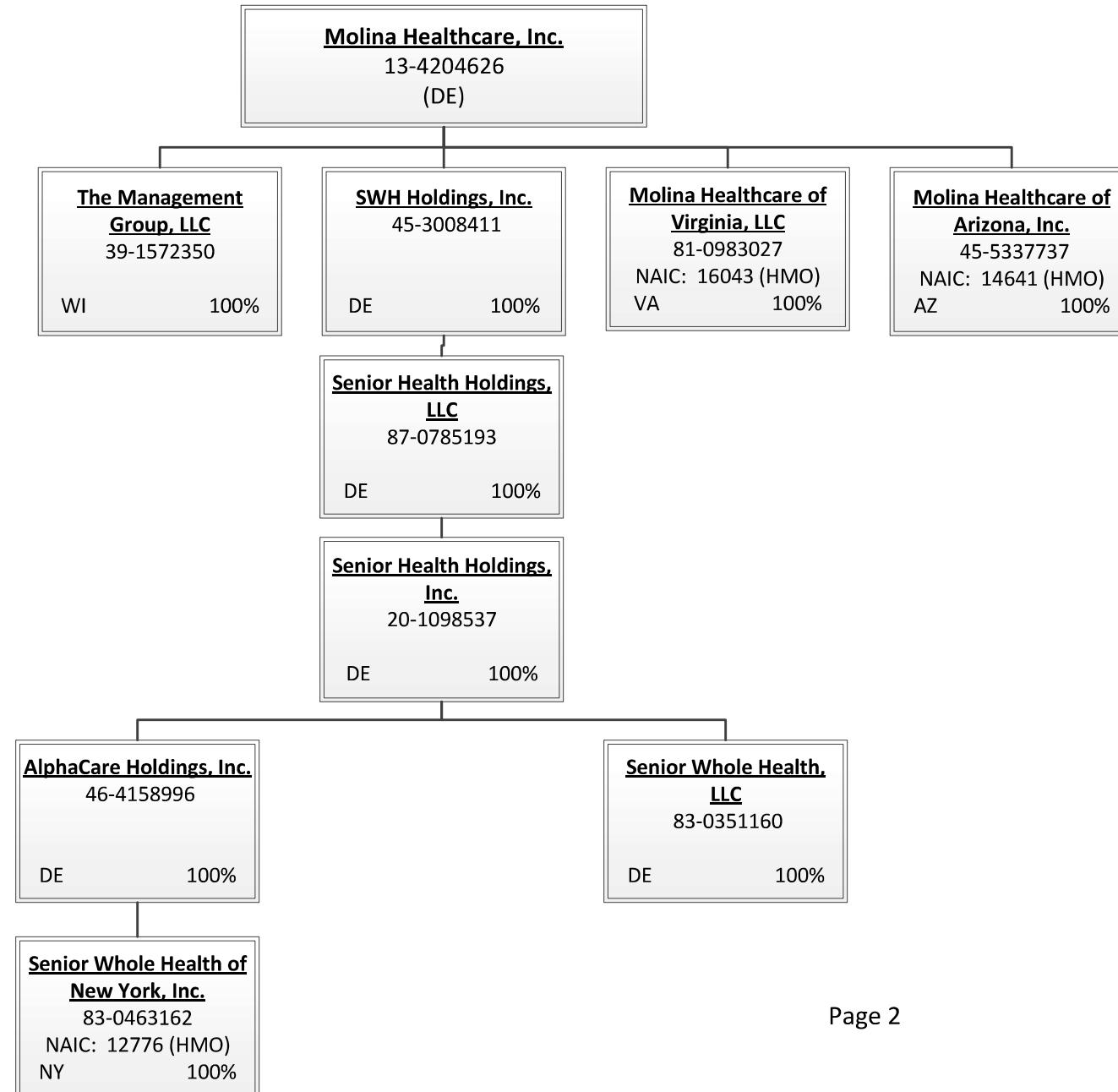
N - None of the above - Not allowed to write business in the state..... 56

STATEMENT AS OF JUNE 30, 2022 OF THE Molina Healthcare of Ohio, Inc.



Continued on
Page 2

STATEMENT AS OF JUNE 30, 2022 OF THE Molina Healthcare of Ohio, Inc.



STATEMENT AS OF JUNE 30, 2022 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? (Yes/No)	*
..1531	Molina Healthcare, Inc.	00000	13-4204626		1179929	New York Stock Exchange ..	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	30-0876771				MHAZ, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California ..	CA	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	38-4187664				Molina Healthcare of Indiana, Inc.	IN	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	IA	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	88-2279643				Molina Healthcare of Nebraska, Inc.	NE	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	NV	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	RE	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Texas Insurance Company								
..1531	Molina Healthcare, Inc.	13778	27-0522725					TX	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	88-2992962				Molina Healthcare of Wisconsin CMO, Inc.	WI	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Pathways, LLC	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	46-5098489				Molina Youth Academy ..	CA	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.00	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	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	RI	IA	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	62-1651095				Pathways Community Corrections, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	45-3008411				SIH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	87-0785193				Senior Health Holdings, LLC	DE	NIA	SIH Holdings, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	
..1531	Molina Healthcare, Inc.	00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.00	Molina Healthcare, Inc.	NO	

STATEMENT AS OF JUNE 30, 2022 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
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES

Explanation:

1.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	245,228,231	171,819,648
2. Cost of bonds and stocks acquired	95,939,691	140,465,114
3. Accrual of discount	72,061	44,309
4. Unrealized valuation increase (decrease)	(357,680)	
5. Total gain (loss) on disposals	253	869,996
6. Deduct consideration for bonds and stocks disposed of	27,284,949	66,897,053
7. Deduct amortization of premium	636,766	1,231,692
8. Total foreign exchange change in book/adjusted carrying value	0	
9. Deduct current year's other than temporary impairment recognized	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	157,909
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	312,960,841	245,228,231
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	312,960,841	245,228,231

STATEMENT AS OF JUNE 30, 2022 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	290,621,327	128,454,210	153,181,274	(146,203)	290,621,327	265,748,060	0	290,554,429
2. NAIC 2 (a)	32,122,434	7,608,950	5,750,000	(49,994)	32,122,434	33,931,390	0	31,266,543
3. NAIC 3 (a)	0	14,054,525	0	(364,275)	0	13,690,250	0	0
4. NAIC 4 (a)	0	198,836	0	(2,137)	0	196,699	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	322,743,761	150,316,521	158,931,274	(562,609)	322,743,761	313,566,399	0	321,820,972
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	322,743,761	150,316,521	158,931,274	(562,609)	322,743,761	313,566,399	0	321,820,972

(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 \$0 ; NAIC 2 \$0 ; NAIC 3 \$523,082 NAIC 4 \$79,400 ; NAIC 5 \$0 ; NAIC 6 \$0

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STATEMENT AS OF JUNE 30, 2022 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
7709999999 Totals	602,482	XXX	612,382	0	15,494

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	74,593,255	
2. Cost of short-term investments acquired	51,302,984	162,853,788
3. Accrual of discount	43,144	38,791
4. Unrealized valuation increase (decrease)	(9,366)	
5. Total gain (loss) on disposals	(7,261)	(38)
6. Deduct consideration received on disposals	125,319,717	88,299,286
7. Deduct amortization of premium	557	
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)	602,482	74,593,255
11. Deduct total nonadmitted amounts	0	
12. Statement value at end of current period (Line 10 minus Line 11)	602,482	74,593,255

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 JUNE 30, 2022 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	259,778,501	367,198,848
2. Cost of cash equivalents acquired	2,346,190,054	3,442,421,989
3. Accrual of discount	59,390	29,693
4. Unrealized valuation increase (decrease)	0	.....
5. Total gain (loss) on disposals	(10,428)	602
6. Deduct consideration received on disposals	2,270,548,808	3,549,872,631
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)	335,468,709	259,778,501
11. Deduct total nonadmitted amounts	0	.....
12. Statement value at end of current period (Line 10 minus Line 11)	335,468,709	259,778,501

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 JUNE 30, 2022 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	8	9	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
912828-16-1	UNITED STATES TREASURY NOTE		.06/30/2022	HSBC SECURITIES (USA) INC.	2,994,502		3,000,000	34,413	1.A
0109999999. Subtotal - Bonds - U.S. Governments					2,994,502		3,000,000	34,413	XXX
49474F-F4-7	KING CNTY WA		.06/17/2022	BOFA SECURITIES INC.	1,330,085		1,380,000	.491	1.A FE
663532-KK-4	NORTHAMPTON CNTY PA		.06/17/2022	BOFA SECURITIES INC.	728,286		.750,000	.3,564	1.B FE
0709999999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					2,058,365		2,130,000	4,055	XXX
207758-KM-4	CONNECTICUT ST SPL TAX OBLIG R		.06/24/2022	MORGAN STANLEY & CO. LLC	1,591,665		1,500,000	12,965	1.D FE
31418E-GC-8	UNIBS - POOL MA4694		.06/29/2022	TRUST SECURITIES INC.	5,932,500		6,000,000	9,917	1.A FE
438701-XD-1	HONOLULU CITY & CNTY HI WSTWTR		.06/23/2022	UBS FINANCIAL SERVICES INC.	1,288,613		1,250,000	26,956	1.A FE
59334P-JA-6	MIAMI-DADE CNTY FL TRANSIT SAL		.06/16/2022	PNC CAPITAL MARKETS LLC	228,600		.250,000	1,063	1.C FE
64972C-3K-7	NEW YORK CITY NY HSG DEV CORP		.06/16/2022	FHN FINANCIAL SECURITIES CORP.	247,360		.250,000	1,256	1.C FE
650009-R9-6	NEW YORK ST THRUWAY AUTH		.06/23/2022	WELLS FARGO SECURITIES LLC	727,875		.750,000	8,272	1.F FE
73358W-4V-3	PORT AUTH OF NEW YORK & NEW JE		.06/16/2022	J.P. MORGAN SECURITIES LLC	244,845		.250,000	1,282	1.E FE
0909999999. Subtotal - Bonds - U.S. Special Revenues					10,261,458		10,250,000	61,711	XXX
00206R-MJ-8	AT&T INC		.06/17/2022	CITIGROUP GLOBAL MARKETS INC.	711,840		.750,000	.1,631	2.B FE
00253X-AA-9	AMERICAN AIRLINES/AADVAN	D.	.06/21/2022	DIRECT	359,131		.375,000	3,304	3.B FE
013092-AD-8	ALBERTSONS COS/SAFEWAY		.06/21/2022	DIRECT	162,299		.180,000	1,506	3.C FE
02005N-BF-6	ALLY FINANCIAL INC		.06/21/2022	DIRECT	234,979		.235,000	1,034	3.A FE
025816-BR-9	AMERICAN EXPRESS CO		.06/17/2022	GOLDMAN SACHS & CO. LLC	1,961,520		2,000,000	8,667	1.F FE
03674X-AN-6	ANTERO RESOURCES CORP		.06/21/2022	DIRECT	128,820		.120,000	4,262	3.B FE
03690A-AD-8	ANTERO MIDSTREAM PART/FI		.06/03/2022	DIRECT	79,712		.80,000	1,227	3.C FE
03690E-AA-6	ANTERO MIDSTREAM PART/FI		.06/21/2022	DIRECT	121,878		.120,000	.998	3.C FE
03966V-AB-3	ARCONIC CORP		.06/24/2022	DIRECT	123,767		.125,000	.790	3.A FE
05352T-AA-7	AVANTOR FUNDING INC		.06/21/2022	DIRECT	42,091		.45,000	.883	3.C FE
058498-AS-5	BALL CORP		.06/30/2022	DIRECT	29,775		.30,000	.167	3.A FE
058498-AT-3	BALL CORP		.06/21/2022	DIRECT	278,961		.275,000	6,688	3.A FE
073685-FA-6	BEACON ROOFING SUPPLY IN		.06/21/2022	DIRECT	75,513		.80,000	.330	3.C FE
08576P-AA-9	BERRY GLOBAL INC		.06/21/2022	DIRECT	.85,065		.90,000	1,380	3.B FE
10568K-AA-6	BRAVO RESIDENTIAL FUNDING TRUS 22-NOM2 A		.05/25/2022	BOFA SECURITIES INC.	1,249,981		1,250,000	4,598	1.A FE
118230-AK-7	BUCKEYE PARTNERS LP		.06/30/2022	DIRECT	.29,471		.30,000	.429	3.B FE
118230-AT-8	BUCKEYE PARTNERS LP		.06/21/2022	DIRECT	119,757		.125,000	1,531	3.B FE
1248EP-BR-3	CCO HLDS LLC/CAP CORP		.06/27/2022	DIRECT	236,016		.240,000	.867	3.C FE
1248EP-BT-9	CCO HLDS LLC/CAP CORP		.06/21/2022	DIRECT	181,791		.190,000	1,258	3.C FE
12653C-AC-2	CNX RESOURCES CORP		.06/21/2022	DIRECT	150,559		.150,000	2,830	3.B FE
131347-CK-0	CALPINE CORP		.06/21/2022	DIRECT	115,699		.120,000	.292	3.B FE
14040H-CQ-6	CAPITAL ONE FINANCIAL CO		.05/09/2022	J.P. MORGAN SECURITIES LLC	1,504,005		1,500,000	.347	2.B FE
14317H-AC-5	CARMAX AUTO OWNER TRUST 22-2 A3		.04/21/2022	BOFA SECURITIES INC.	1,499,772		1,500,000	.0	1.A FE
143658-BQ-4	CARNIVAL CORP	D.	.06/21/2022	DIRECT	103,526		.120,000	1,822	3.C FE
14686J-AC-4	CARVANA AUTO RECEIVABLES TRUST 22-P2 A3		.05/19/2022	WELLS FARGO SECURITIES LLC	999,885		1,000,000	.0	1.A FE
14913R-2V-8	CATERPILLAR FINL SERVICE		.05/10/2022	BOFA SECURITIES INC.	998,730		1,000,000	.0	1.F FE
156700-AX-4	CENTURYLINK INC		.06/21/2022	DIRECT	.80,372		.80,000	.255	4.C FE
156700-BC-9	CENTURYLINK INC		.06/03/2022	DIRECT	.73,612		.80,000	.996	3.C FE
164110-AG-6	CHENIERE ENERGY PARTNERS		.06/03/2022	DIRECT	.14,440		.15,000	.124	3.B FE
16411R-4K-5	CHENIERE ENERGY INC		.06/21/2022	DIRECT	.42,156		.45,000	.362	3.C FE
165167-DF-1	CHESAPEAKE ESCROW ISSUER		.06/21/2022	DIRECT	148,652		.150,000	.3,095	3.C FE
184496-AN-7	CLEAN HARBORS INC		.06/24/2022	DIRECT	.37,800		.40,000	.883	3.C FE
18538R-AH-6	CLEARWATER PAPER CORP		.06/21/2022	DIRECT	.78,244		.80,000	1,636	3.C FE
18539U-AC-9	CLEARWAY ENERGY OP LLC		.06/21/2022	DIRECT	.83,439		.90,000	1,100	3.B FE
185899-AG-6	CLEVELAND CLIFFS INC		.06/21/2022	DIRECT	.179,670		.175,000	.3,036	3.B FE
19240C-AC-7	COGET CO COMMUNICATIONS GR		.06/21/2022	DIRECT	.96,311		.105,000	.476	3.C FE
20030N-BL-4	COMCAST CORP		.04/11/2022	BOFA SECURITIES INC.	1,006,470		1,000,000	5,438	1.G FE
22819K-AB-6	CROWN AMER/CAP CORP V		.06/21/2022	DIRECT	.171,483		.180,000	1,650	3.C FE
23311V-AG-2	DCP MIDSTREAM OPERATING		.06/21/2022	DIRECT	.159,141		.160,000	3,643	3.A FE
23311V-AJ-6	DCP MIDSTREAM OPERATING		.06/21/2022	DIRECT	.63,966		.65,000	.1,555	3.A FE
237266-AH-4	DARLING INGREDIENTS INC		.06/21/2022	DIRECT	.132,532		.135,000	1,234	3.C FE
24422E-WF-2	JOHN DEERE CAPITAL CORP		.06/01/2022	GOLDMAN SACHS & CO. LLC	.999,770		1,000,000	.0	1.F FE
247361-ZU-5	DELTA AIR LINES INC		.06/21/2022	DIRECT	.211,496		.225,000	.900	3.A FE

STATEMENT AS OF JUNE 30, 2022 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	8	9	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
25461L-AA-0	DIRECTV HOLDINGS/FING		.06/03/2022	DIRECT	.18,953	.20,000			.366 3.C FE
26138E-AS-8	KEURIG DR PEPPER INC		.06/17/2022	BARCLAYS CAPITAL INC.	.1,457,565	.1,500,000			.5,242 2.B FE
26884A-BF-9	ERP OPERATING LP		.06/22/2022	TRUST SECURITIES INC.	.944,450	.1,000,000			.4,196 1.G FE
26885B-AB-6	EQM MIDSTREAM PARTNERS L		.06/21/2022	DIRECT	.251,484	.280,000			.568 3.C FE
29260F-AF-7	ENDEAVOR ENERGY RESOURCE		.06/21/2022	DIRECT	.167,830	.165,000			.4,798 3.B FE
29336U-AB-3	ENLINK MIDSTREAM PARTNER		.06/21/2022	DIRECT	.162,440	.165,000			.1,546 3.A FE
303250-AE-4	FAIR ISAAC CORP		.06/21/2022	DIRECT	.84,285	.85,000			.401 3.B FE
33767P-AA-6	FIRSTKEY HOMES TRUST 22-SFR2 A		.06/15/2022	MORGAN STANLEY & CO. LLC	.1,929,187	.2,000,000			.0 1.A FE
33768N-AA-0	FIRSTKEY HOMES TRUST 22-SFR1 A		.04/05/2022	MORGAN STANLEY & CO. LLC	.249,989	.250,000			.0 1.A FE
337932-AH-0	FIRSTENERGY CORP		.06/21/2022	DIRECT	.90,933	.95,000			.1,776 3.B FE
34534L-AB-3	FORD CREDIT AUTO OWNER TRUST 22-B A2A		.06/22/2022	RBC CAPITAL MARKETS LLC	.749,957	.750,000			.0 1.A FE
34534L-AD-9	FORD CREDIT AUTO OWNER TRUST 22-B A3		.06/22/2022	RBC CAPITAL MARKETS LLC	.1,499,919	.1,500,000			.0 1.A FE
345370-CR-9	FORD MOTOR COMPANY		.06/03/2022	DIRECT	.135,467	.140,000			.3,025 3.B FE
345397-BB-5	FORD MOTOR CREDIT CO LLC		.06/21/2022	DIRECT	.269,025	.300,000			.3,124 3.B FE
359694-AB-2	HB FULLER CO		.06/21/2022	DIRECT	.79,221	.85,000			.1,156 3.C FE
38869P-AM-6	GRAPHIC PACKAGING INTERN		.06/21/2022	DIRECT	.122,483	.125,000			.760 3.B FE
40428H-TA-0	HSBC USA INC		.05/17/2022	HSBC SECURITIES (USA) INC.	.749,970	.750,000			.0 1.G FE
410345-AJ-1	HANESBRANDS INC		.06/21/2022	DIRECT	.133,329	.135,000			.567 3.C FE
428102-AC-1	HESS MIDSTREAM OPERATION		.06/21/2022	DIRECT	.153,148	.155,000			.2,975 3.B FE
428291-AM-0	HEXCEL CORP		.06/03/2022	DIRECT	.14,983	.15,000			.231 3.A FE
431318-AS-3	HILCORP ENERGY I/HILCORP		.06/21/2022	DIRECT	.118,378	.120,000			.972 3.C FE
432833-AG-6	HILTON DOMESTIC OPERATIN		.06/21/2022	DIRECT	.84,844	.85,000			.588 3.B FE
436440-AM-3	HOLISTIC INC		.06/03/2022	DIRECT	.29,629	.30,000			.486 3.B FE
443201-AA-6	HOIMET AEROSPACE INC		.06/21/2022	DIRECT	.245,430	.235,000			.2,089 3.A FE
449934-AD-0	QUINTILES IMS INC		.06/03/2022	DIRECT	.200,030	.200,000			.1,444 3.C FE
45031U-CF-6	ISTAR INC		.06/21/2022	DIRECT	.97,847	.100,000			.945 3.C FE
451102-BT-3	ICAHN ENTERPRISES/FIN		.06/21/2022	DIRECT	.92,555	.95,000			.543 3.C FE
451102-BW-6	ICAHN ENTERPRISES/FIN		.06/21/2022	DIRECT	.216,025	.225,000			.2,793 3.C FE
460599-AC-7	INTERNATIONAL GAME TECH		.06/03/2022	DIRECT	.205,780	.200,000			.4,044 3.C FE
46284V-AC-5	IRON MOUNTAIN INC		.06/21/2022	DIRECT	.107,712	.115,000			.1,439 3.C FE
48250N-AC-9	KFC HLD/PIZZA HUT/TACO		.06/21/2022	DIRECT	.29,082	.30,000			.66 3.B FE
501797-AU-8	L BRANDS INC		.06/21/2022	DIRECT	.120,794	.115,000			.4,984 3.B FE
527298-BH-5	LEVEL 3 FINANCING INC		.06/03/2022	DIRECT	.34,914	.35,000			.502 3.C FE
55342U-AG-9	MPT OPER PARTNERSP/FINL		.06/21/2022	DIRECT	.126,613	.130,000			.2,587 3.A FE
55400U-AA-1	MVW OWNER TRUST 22-1A A		.05/12/2022	CREDIT SUISSE SECURITIES (USA) LLC	.1,499,614	.1,500,000			.0 1.A FE
55903V-AE-3	MAGALLANES INC		.06/22/2022	MORGAN STANLEY & CO. LLC	.1,936,440	.2,000,000			.20,009 2.C FE
57164P-AG-1	MARRIOTT OWNERSHIP RESORTS		.06/21/2022	DIRECT	.95,762	.95,000			.519 3.A FE
57665R-AG-1	MATCH GROUP HLD II LLC		.06/03/2022	DIRECT	.29,319	.30,000			.717 3.C FE
577081-BE-1	MATTEL INC		.06/21/2022	DIRECT	.150,564	.160,000			.1,140 3.A FE
58933Y-BC-8	MERCK & CO INC		.06/28/2022	GOLDMAN SACHS & CO. LLC	.901,710	.1,000,000			.944 1.F FE
59001A-AY-8	MERITAGE HOMES CORP		.06/23/2022	DIRECT	.59,966	.60,000			.177 3.A FE
59217G-FB-0	MET LIFE GLOB FUNDING I		.06/27/2022	BOFA SECURITIES INC	.749,430	.750,000			.0 1.D FE
615394-AM-5	MOOG INC		.06/21/2022	DIRECT	.78,423	.85,000			.661 3.C FE
61747Y-EQ-4	MORGAN STANLEY		.04/18/2022	MORGAN STANLEY & CO. LLC	.1,500,000	.1,500,000			.0 1.G FE
626717-AJ-1	MURPHY OIL CORP		.06/21/2022	DIRECT	.120,418	.120,000			.2,351 3.B FE
626738-AD-0	MURPHY OIL USA INC		.06/03/2022	DIRECT	.35,443	.35,000			.197 3.B FE
629377-CC-4	NRG ENERGY INC		.06/21/2022	DIRECT	.54,629	.55,000			.1,599 3.B FE
629377-CE-0	NRG ENERGY INC		.06/03/2022	DIRECT	.49,923	.50,000			.1,134 3.B FE
63938C-AE-8	NAVIENT CORP		.06/21/2022	DIRECT	.74,831	.75,000			.1,329 3.C FE
63938C-AH-1	NAVIENT CORP		.06/03/2022	DIRECT	.15,090	.15,000			.456 3.C FE
644393-AA-8	NEW FORTRESS ENERGY INC		.06/03/2022	DIRECT	.44,332	.45,000			.692 3.C FE
651229-AW-6	NEWELL BRANDS INC		.06/21/2022	DIRECT	.244,860	.255,000			.2,407 3.C FE
65342Q-AL-6	NEXTERA ENERGY OPERATING		.06/21/2022	DIRECT	.206,318	.220,000			.1,481 3.B FE
65480L-AD-7	NISSAN AUTO LEASE TRUST 22-A A3		.06/23/2022	CITIGROUP GLOBAL MARKETS INC	.3,499,969	.3,500,000			.0 1.A FE
65558R-AA-7	NORDEA BANK ABP		.05/31/2022	J.P. MORGAN SECURITIES LLC	.1,999,840	.2,000,000			.0 1.D FE
67059T-AQ-0	NUSTAR LOGISTICS LP		.06/21/2022	DIRECT	.122,104	.125,000			.1,535 3.C FE
674599-DY-8	OCCIDENTAL PETROLEUM COR		.06/21/2022	DIRECT	.236,473	.220,000			.7,422 3.A FE

STATEMENT AS OF JUNE 30, 2022 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
674599-DZ-5	Occidental Petroleum COR		.06/21/2022	DIRECT	106,562	.95,000		.3,374	3.A FE
680665-AJ-5	OLIN CORP		.06/21/2022	DIRECT	58,019	.60,000		.769	3.A FE
69331C-AH-1	PG&E CORP		.06/21/2022	DIRECT	75,193	.85,000		.1,964	3.C FE
74166M-AB-2	PRIME SECSRVC BRI/FINANC		.06/21/2022	DIRECT	162,242	.165,000		.2,952	3.C FE
74331U-AA-6	PROGRESS RESIDENTIAL TRUST 22-SFR3 A		.04/05/2022	RBC CAPITAL MARKETS LLC	239,398	.250,000		.0	1.A FE
74333E-AA-0	PROGRESS RESIDENTIAL TRUST 21-SFR4 A		.05/12/2022	BOFA SECURITIES INC.	910,703	1,000,000		.649	1.A FE
756109-BE-3	REALTY INCOME CORP		.06/22/2022	TRUST SECURITIES INC.	1,767,378	1,750,000		.11,916	1.G FE
77313L-AA-1	ROCKETMGE CO-ISSUER INC		.06/03/2022	DIRECT	13,277	.15,000		.62	3.A FE
78442F-ET-1	NAVIENT LLC		.06/21/2022	DIRECT	122,781	.125,000		.1,695	3.C FE
78454L-AL-4	SM ENERGY CO		.06/21/2022	DIRECT	38,458	.40,000		.138	4.C FE
81211K-AX-8	SEALED AIR CORP		.06/21/2022	DIRECT	55,861	.55,000		.775	3.C FE
81725W-AG-8	SENSATA TECHNOLOGIES BV	D.	.06/21/2022	DIRECT	119,700	.120,000		.1,018	3.C FE
82967N-BL-1	SIRIUS XM RADIO INC		.06/21/2022	DIRECT	112,662	.125,000		.1,160	3.C FE
845467-AL-3	SOUTHWESTERN ENERGY CO		.06/21/2022	DIRECT	101,057	.100,000		.2,387	3.B FE
84859B-AA-9	SPIRIT LOYALTY KY LTD/IP	D.	.06/21/2022	DIRECT	150,411	.145,000		.1,852	3.B FE
85172F-AF-6	ONEMAIN FINANCE CORP		.06/21/2022	DIRECT	45,349	.45,000		.846	3.B FE
85172F-AM-1	SPRINGLEAF FINANCE CORP		.06/03/2022	DIRECT	25,344	.25,000		.391	3.B FE
85172F-AP-4	SPRINGLEAF FINANCE CORP		.06/21/2022	DIRECT	222,585	.225,000		.3,493	3.B FE
85207U-AJ-4	SPRINT CORP		.06/21/2022	DIRECT	422,700	.400,000		.10,438	3.B FE
85571B-AS-4	STARWOOD PROPERTY TRUST		.06/21/2022	DIRECT	159,418	.160,000		.1,137	3.C FE
85571B-AW-5	STARWOOD PROPERTY TRUST		.06/21/2022	DIRECT	69,897	.75,000		.1,435	3.C FE
857477-AT-0	STATE STREET CORP		.06/17/2022	CITIGROUP GLOBAL MARKETS INC.	4,192,795	.4,250,000		.51,968	1.G FE
858912-AF-5	STERICYCLE INC		.06/21/2022	DIRECT	.93,415	.95,000		.2,169	3.C FE
86614R-AM-9	SUMMIT MATERIALS LLC/FIN		.06/21/2022	DIRECT	.29,644	.30,000		.502	3.C FE
86765L-AQ-0	SUNCO LP/FINANCE CORP		.06/21/2022	DIRECT	.73,934	.75,000		.770	3.C FE
86959L-AJ-2	SVENSKA HANDELSBANKEN AB	D.	.06/01/2022	MORGAN STANLEY & CO. LLC	1,997,800	2,000,000		.0	1.D FE
86959L-AL-7	SVENSKA HANDELSBANKEN AB	D.	.06/01/2022	BOFA SECURITIES INC.	2,246,670	.2,250,000		.0	1.D FE
871503-AU-2	SYMANTEC CORP		.06/21/2022	DIRECT	.89,123	.90,000		.850	3.C FE
87264A-BU-8	T-MOBILE USA INC		.06/21/2022	DIRECT	283,838	.310,000		.1,438	3.B FE
87470L-AH-4	TALLGRASS NRG PRTRN/FIN		.06/21/2022	DIRECT	104,563	.105,000		.1,677	3.C FE
879369-AF-3	TELEFLEX INC		.06/03/2022	DIRECT	.29,746	.30,000		.85	3.C FE
88033G-CY-4	TENET HEALTHCARE CORP		.06/21/2022	DIRECT	230,156	.240,000		.5,417	3.C FE
88104L-AE-3	TERRAFORM POWER OPERATIN		.06/21/2022	DIRECT	.83,989	.90,000		.1,721	3.C FE
89238F-AD-5	TOYOTA AUTO RECEIVABLES OWNER 22-B A3		.04/07/2022	MUFG SECURITIES AMERICAS INC.	.999,977	1,000,000		.0	1.A FE
89616T-AA-3	TRICON RESIDENTIAL 22-SFR2 A		.06/27/2022	MORGAN STANLEY & CO. LLC	1,999,966	2,000,000		.0	1.A FE
90932L-AG-2	UNITED AIRLINES INC		.06/21/2022	DIRECT	162,839	.175,000		.1,330	3.C FE
911365-BF-0	UNITED RENTALS NORTH AM		.06/21/2022	DIRECT	.104,837	.105,000		.1,968	3.B FE
91337C-AA-4	UNIVAR SOLUTIONS USA INC		.06/21/2022	DIRECT	.82,121	.85,000		.198	3.B FE
91911K-AN-2	VALEANT PHARMACEUTICALS	A.	.06/21/2022	DIRECT	.150,586	.165,000		.1,176	3.C FE
924921-AA-7	VERUS SECURITIZATION TRUST 22-5 A1		.05/27/2022	CREDIT SUISSE SECURITIES (USA) LLC	.733,943	.750,000		.2,454	1.A FE
92826C-AD-4	VISA INC		.06/17/2022	J.P. MORGAN SECURITIES LLC	3,911,680	.4,000,000		.2,800	1.D FE
92840V-AA-0	VISTRA OPERATIONS CO LLC		.06/21/2022	DIRECT	.124,599	.130,000		.2,224	3.B FE
92840V-AB-8	VISTRA OPERATIONS CO LLC		.06/03/2022	DIRECT	.84,685	.85,000		.1,488	3.B FE
928668-BP-2	VOLKSWAGEN GROUP AMERICA		.05/31/2022	MORGAN STANLEY & CO. LLC	1,999,100	.2,000,000		.0	2.A FE
95000U-2X-0	WELLS FARGO & COMPANY		.04/18/2022	WELLS FARGO SECURITIES LLC	1,500,000	.1,500,000		.0	1.E FE
950810-AN-4	WESCO DISTRIBUTION INC		.06/21/2022	DIRECT	.146,443	.145,000		.230	3.C FE
958254-AE-4	WESTERN MIDSTREAM OPERAT		.06/21/2022	DIRECT	.193,441	.200,000		.360	3.A FE
96926J-AC-1	WILLIAM CARTER		.06/21/2022	DIRECT	.34,017	.35,000		.511	3.B FE
98310W-AS-7	WYNDHAM DESTINATIONS INC		.06/21/2022	DIRECT	.233,704	.235,000		.5,934	3.C FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						66,740,412	67,715,000	309,928	XXX
2509999997. Total - Bonds - Part 3						82,054,737	83,095,000	410,107	XXX
2509999998. Total - Bonds - Part 5							XXX	XXX	XXX
2509999999. Total - Bonds						82,054,737	83,095,000	410,107	XXX
4509999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX

STATEMENT AS OF JUNE 30, 2022 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- strative Symbol
4509999999. Total - Preferred Stocks					0	XXX		0	XXX
5989999997. Total - Common Stocks - Part 3					0	XXX		0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX		0	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX		0	XXX
6009999999 - Totals					82,054,737	XXX		410,107	XXX

STATEMENT AS OF JUNE 30, 2022 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

STATEMENT AS OF JUNE 30, 2022 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 (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 Admi- nistrative 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								
	5999999999. Total - Preferred and Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	6009999999 - Totals				18,441,722	XXX	18,538,910	18,362,448	0	(8,356)	0	(8,356)	0	18,441,469	0	0	253	253	208,005	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

STATEMENT AS OF JUNE 30, 2022 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
HUNTINGTON NATIONAL BANK (HCD)	Columbus, OH	#SD	0.000	44,193	0	284,033	50,284,009	50,327,748
US BANK	St. Paul, MN .....	.....	.....	.....	.....	(1,992,083)	(4,025,955)	(2,707,104)
US BANK	St. Paul, MN .....	.....	.....	.....	.....	14,648,636	185,931	197,569
JP Morgan Chase	Columbus, OH .....	.....	.....	.....	.....	2,120,187	3,770,839	3,830,919
JP Morgan Chase	Columbus, OH .....	.....	.....	.....	.....	406,761	406,831	89,035
JP Morgan Chase	Columbus, OH .....	.....	.....	.....	.....	27,089,637	9,327,924	10,775,293
JP Morgan Chase	Columbus, OH .....	.....	.....	.....	.....	(5,058)	(4,753)	(7,395)
US BANK	St. Paul, MN .....	.....	.....	.....	.....	(25,736,813)	(28,560,665)	(23,198,384)
US BANK	St. Paul, MN .....	.....	.....	.....	.....	(539,718)	(621,015)	(579,351)
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	0 XXX
0199999. Totals - Open Depositories	XXX	XXX	44,193	0	16,275,582	30,763,146	38,728,330	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	0 XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	0 XXX
0399999. Total Cash on Deposit	XXX	XXX	44,193	0	16,275,582	30,763,146	38,728,330	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	0 XXX
.....
.....
.....
0599999. Total - Cash	XXX	XXX	44,193	0	16,275,582	30,763,146	38,728,330	XXX

STATEMENT AS OF JUNE 30, 2022 OF THE Molina Healthcare of Ohio, Inc.
SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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