

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



## HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 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](mailto: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  
17th day of October, 2022

Linda A. Golley

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

Yes  No





## HEALTH QUARTERLY STATEMENT

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OF THE CONDITION AND AFFAIRS OF THE

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(Current) (Prior)

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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)

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#### OTHER

#### DIRECTORS OR TRUSTEES

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State of Ohio SS: \_\_\_\_\_  
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Ami Lee Cole  
President

Cassie Lynn Lighton  
Chief Financial Officer

Jeffrey Don Barlow  
Secretary

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

a. Is this an original filing? \_\_\_\_\_  
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 17th  
day of October, 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 blue ink that appears 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 .....	314,750,100		314,750,100	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 \$ <span style="padding-left: 20px;">encumbrances) .....</span>			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ <span style="padding-left: 20px;">36,636,172</span> ), cash equivalents (\$ <span style="padding-left: 20px;">369,740,354</span> ) and short-term investments (\$ <span style="padding-left: 20px;">556,847</span> ) .....	406,933,373		406,933,373	321,355,584
6. Contract loans (including \$ <span style="padding-left: 20px;">premium notes) .....</span>			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	721,683,473	0	721,683,473	566,583,815
13. Title plants less \$ <span style="padding-left: 20px;">charged off (for Title insurers only) .....</span>			0	0
14. Investment income due and accrued .....	2,529,389		2,529,389	932,648
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	15,526,254		15,526,254	159,449,198
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ <span style="padding-left: 20px;">earned but unbilled premiums) .....</span>			0	0
15.3 Accrued retrospective premiums (\$ <span style="padding-left: 20px;">5,232,354</span> ) and contracts subject to redetermination (\$ <span style="padding-left: 20px;">102,577,300</span> ) .....	107,809,654		107,809,654	23,622,019
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	4,438,891		4,438,891	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 .....	8,834,183		8,834,183	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 .....	12,074,762	590,604	11,484,158	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 (\$ <span style="padding-left: 20px;">) .....</span>	547,340	547,340	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 (\$ <span style="padding-left: 20px;">47,970,770</span> ) and other amounts receivable .....	80,613,410	32,642,640	47,970,770	45,084,717
25. Aggregate write-ins for other than invested assets .....	1,081,492	1,080,911	581	89,629
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	955,138,848	34,861,495	920,277,353	865,473,481
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	955,138,848	34,861,495	920,277,353	865,473,481
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Prepays, deposits, and other assets .....	1,080,911	1,080,911	0	0
2502. Prepaid state income tax .....	581		581	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) .....	1,081,492	1,080,911	581	89,629

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded) .....	330,107,734	1,152,358	331,260,092	293,879,216
2. Accrued medical incentive pool and bonus amounts .....	665,807		665,807	365,502
3. Unpaid claims adjustment expenses .....	2,179,339	10,511	2,189,850	2,064,900
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	70,767,281		70,767,281	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 .....	44,267,618		44,267,618	18,831,861
9. General expenses due or accrued .....	52,962,138		52,962,138	57,287,872
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	4,508,342		4,508,342	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 .....	34,244		34,244	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	14,669,314		14,669,314	8,101,653
16. Derivatives .....			0	0
17. Payable for securities .....	7,461,154		7,461,154	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....	4,337,631		4,337,631	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 \$ ..... 26,132,298 current) .....	26,132,298	0	26,132,298	8,677,420
24. Total liabilities (Lines 1 to 23) .....	558,092,900	1,162,869	559,255,769	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	278,131,584	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	361,021,584	327,514,747
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	920,277,353	865,473,481
<b>DETAILS OF WRITE-INS</b>				
2301. Amounts due to government agencies .....	26,119,740		26,119,740	8,575,761
2302. Member premium due .....	12,558		12,558	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) .....	26,132,298	0	26,132,298	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	3,667,249	3,356,781	4,516,791
2. Net premium income ( including \$ non-health premium income).....	XXX	2,808,382,544	2,597,147,298	3,537,682,384
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	71,497,230	8,926,045	(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	2,879,879,774	2,606,073,343	3,515,224,037
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		1,587,017,057	1,455,871,385	1,971,509,634
10. Other professional services .....		182,977,936	170,927,091	230,576,543
11. Outside referrals .....	11,513,562	70,248,401	57,991,082	79,487,893
12. Emergency room and out-of-area .....		131,037,826	125,408,156	172,760,395
13. Prescription drugs .....		386,262,508	327,357,123	439,972,306
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		825,147	877,803	1,121,235
16. Subtotal (Lines 9 to 15) .....	11,513,562	2,358,368,875	2,138,432,640	2,895,428,006
<b>Less:</b>				
17. Net reinsurance recoveries .....		6,663,746	5,761,567	7,225,709
18. Total hospital and medical (Lines 16 minus 17) .....	11,513,562	2,351,705,129	2,132,671,073	2,888,202,297
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ 62,233,910 cost containment expenses .....		82,247,161	74,683,120	100,589,884
21. General administrative expenses .....		271,932,171	233,304,209	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).....	11,513,562	2,705,884,461	2,440,658,402	3,308,573,490
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	173,995,313	165,414,941	206,650,547
25. Net investment income earned .....		6,767,149	2,804,460	3,662,996
26. Net realized capital gains (losses) less capital gains tax of \$ (2,630) .....		(9,897)	687,755	687,742
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	6,757,252	3,492,215	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	(1,245,444)	(2,099,779)	(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	179,507,121	166,807,377	208,380,645
31. Federal and foreign income taxes incurred .....	XXX	39,819,658	34,089,673	43,014,878
32. Net income (loss) (Lines 30 minus 31) .....	XXX	139,687,463	132,717,704	165,365,767
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. Fines and penalties .....		(1,245,444)	(2,099,779)	(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	(1,245,444)	(2,099,779)	(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
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	327,514,747	297,233,665	297,233,665
34. Net income or (loss) from Line 32 .....	139,687,463	132,717,704	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 \$ .....	(108,968)	(409,926)	
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax .....	2,174,297	(3,102,059)	(2,171,767)
39. Change in nonadmitted assets .....	(2,192,991)	13,542,511	10,672,707
40. Change in unauthorized and certified reinsurance .....	(752,006)	(3,974,105)	(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 .....	(105,000,000)	(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) .....	33,506,837	59,184,051	30,281,082
49. Capital and surplus end of reporting period (Line 33 plus 48)	361,021,584	356,417,716	327,514,747
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 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
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	2,909,863,121	2,549,307,777	3,543,917,909
2. Net investment income .....	5,935,661	3,497,900	4,786,452
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	2,915,798,782	2,552,805,677	3,548,704,361
5. Benefit and loss related payments .....	2,319,703,396	2,126,849,724	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 .....	341,802,501	326,030,106	437,419,183
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....(2,630) tax on capital gains (losses) .....	33,300,000	9,009,999	25,760,000
10. Total (Lines 5 through 9) .....	2,694,805,897	2,461,889,829	3,346,627,327
11. Net cash from operations (Line 4 minus Line 10) .....	220,992,885	90,915,848	202,077,034
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	42,740,841	59,403,223	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 .....	(19,350)	579	564
12.7 Miscellaneous proceeds .....	7,461,154	11,151,824	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	50,182,645	70,555,626	66,739,708
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	113,540,034	124,704,953	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 .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	113,540,034	124,704,953	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) .....	(63,357,389)	(54,149,327)	(73,725,406)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	105,000,000	80,000,000	140,000,000
16.6 Other cash provided (applied) .....	32,942,293	(12,924,133)	(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) .....	(72,057,707)	(92,924,133)	(158,610,905)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	85,577,789	(56,157,612)	(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) .....	406,933,373	295,457,249	321,355,584

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

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## STATEMENT AS OF SEPTEMBER 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							
<b>Total Members at end of:</b>										
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	0	0	0	0	0	18,871	346,642	0
4. Third Quarter	406,420	41,710						19,005	345,705	
5. Current Year	0									
6. Current Year Member Months	3,667,249	373,935						168,080	3,125,234	
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician	3,693,792	189,065						326,000	3,178,727	
8. Non-Physician	2,369,629	126,035						266,050	1,977,544	
9. Total	6,063,421	315,100	0	0	0	0	0	592,050	5,156,271	0
10. Hospital Patient Days Incurred	1,430,469	12,436						158,626	1,259,407	
11. Number of Inpatient Admissions	78,689	1,924						12,485	64,280	
12. Health Premiums Written (a)	2,811,685,027	201,963,471						316,227,376	2,293,494,180	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,883,182,257	201,963,471						317,349,413	2,363,869,373	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,324,878,933	166,559,995						270,707,406	1,887,611,532	
18. Amount Incurred for Provision of Health Care Services	2,358,368,875	168,290,678						275,370,280	1,914,707,917	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 316,227,376

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

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

## **Aging Analysis of Unpaid Claim**

STATEMENT AS OF SEPTEMBER 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) .....	15,028,114	151,436,855	3,253,046	25,410,414	18,281,160	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 .....	20,769,174	248,842,418	1,147,160	48,548,699	21,916,334	43,551,353
7. Title XIX - Medicaid .....	169,199,275	1,712,939,351	13,010,453	239,890,321	182,209,728	230,106,721
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	204,996,563	2,113,218,624	17,410,659	313,849,434	222,407,222	293,879,216
10. Healthcare receivables (a) .....	22,401,477	55,286,286		2,925,647	22,401,477	75,897,328
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	1,127,377	(602,535)	399,008	266,799	1,526,385	365,502
13. Totals (Lines 9-10+11+12)	183,722,463	2,057,329,803	17,809,667	311,190,586	201,532,130	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.

	F/S SSAP #	F/S Page	F/S Line #	2022	2021
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 139,687,463	\$ 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	\$ 139,687,463	\$ 165,365,767
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 361,021,584	\$ 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	\$ 361,021,584	\$ 327,514,747

#### 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

Under the Medicaid pay for performance program, the Plan may receive additional premium if it meets certain performance criteria. Until last quarter, the pay for performance receivables were incorrectly reported on Page 2 line 15.1, "Uncollected premiums and agents balances in the course of collection" instead of Page 2 line 15.3, "Accrued retrospective premiums and contracts subject to redetermination". Starting Q3 2022, the pay for performance receivable in the amount of \$95,590,502 is being reported on Page 2 line 15.3 and is included in the inset amount for contracts subject to redetermination. This change has no impact to total assets, total liabilities, surplus or net income. Prior period numbers have not been restated.

### NOTE 3 Business Combinations and Goodwill

None.

### NOTE 4 Discontinued Operations

None.

### NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities

As of September 30, 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:

## NOTES TO FINANCIAL STATEMENTS

1. Less than 12 Months	\$ 4,715,183
2. 12 Months or Longer	\$ 2,660,747
b) The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 75,708,149
2. 12 Months or Longer	\$ 15,422,502

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at September 30, 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: No significant change.
- R. Reporting Entity's Share of Cash Pool by Asset Type: None.

### **NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

None.

### **NOTE 7 Investment Income**

No significant change.

### **NOTE 8 Derivative Instruments**

None.

### **NOTE 9 Income Taxes**

No significant change.

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

- A. No significant change.
- B. The Plan paid Molina an ordinary dividend in cash amounting to \$25,000,000 on March 22, 2022, an ordinary dividend in cash amounting to \$30,000,000 on May 27, 2022 and an ordinary dividend in cash amounting to \$50,000,000 on September 6, 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.

## NOTES TO FINANCIAL STATEMENTS

### 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

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: 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	\$ 369,740,354	\$ -	\$ -	\$ -	\$ 369,740,354
Industrial and miscellaneous	\$ -	\$ 12,827,560	\$ -	\$ -	\$ 12,827,560
Total assets at fair value/NAV	\$ 369,740,354	\$ 12,827,560	\$ -	\$ -	\$ 382,567,914

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

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

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

- (5) Derivative Assets and Liabilities: None.

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

#### C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of September 30, 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	\$ 11,293,863	\$ 11,359,818	\$ -	\$ 11,293,863	\$ -	\$ -	\$ -
Other governments	\$ 8,467,260	\$ 8,769,081	\$ -	\$ 8,467,260	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 5,821,056	\$ 6,219,320	\$ -	\$ 5,821,056	\$ -	\$ -	\$ -
Political subdivisions	\$ 4,485,165	\$ 4,812,157	\$ -	\$ 4,485,165	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 54,685,987	\$ 61,532,332	\$ -	\$ 54,685,987	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 210,135,756	\$ 222,614,239	\$ -	\$ 210,135,756	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 369,740,354	\$ 369,740,354	\$ 369,740,354	\$ -	\$ -	\$ -	\$ -
Open depositories	\$ (29,507,786)	\$ (29,507,786)	\$ (29,507,786)	\$ -	\$ -	\$ -	\$ -
Short term certificates of deposit	\$ 66,143,958	\$ 66,143,958	\$ 66,143,958	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 701,265,613	\$ 721,683,473	\$ 406,376,526	\$ 294,889,087	\$ -	\$ -	\$ -

- D. - E. None.

### NOTE 21 Other Items

- A. - B. No significant changes.

- C. Other Disclosures and Unusual Items:

## NOTES TO FINANCIAL STATEMENTS

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.

### NOTE 22 Events Subsequent

Subsequent events were considered through November 15, 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									
<b>a. Permanent ACA Risk Adjustment Program</b>									
Assets									
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)									
\$ 1,800,384									
Liabilities									
2. Risk adjustment user fees payable for ACA Risk Adjustment									
\$ 93,280									
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)									
\$ 4,272,351									
Operations (Revenue & Expense)									
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment									
\$ (7,831,162)									
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)									
\$ (93,402)									
<b>b. Transitional ACA Reinsurance Program</b>									
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									
<b>c. Temporary ACA Risk Corridors Program</b>									
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									
<b>(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.</b>									

	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		\$ 2,686,508		\$ 5,359,195	\$ -	\$ (3,558,811)		A	\$ 1,800,384	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 8,045,703	\$ -	\$ 2,686,508	\$ -	\$ 5,359,195	\$ -	\$ (3,558,811)	\$ -		\$ 1,800,384	\$ -
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid					\$ -	\$ -			C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -

## NOTES TO FINANCIAL STATEMENTS

4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium													
5. Ceded reinsurance premiums payable													
6. Liability for amounts held under uninsured plans													
7. Subtotal ACA Transitional Reinsurance Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$
c. Temporary ACA Risk Corridors Program													
1. Accrued retrospective premium													
2. Reserve for rate credits or policy experience rating refunds													
3. Subtotal ACA Risk Corridors Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$
d. Total for ACA Risk Sharing Provisions	\$ 8,045,703	\$ -	\$ 2,686,508	\$ -	\$ 5,359,195	\$ -	\$ (3,558,811)	\$ -	\$ -		\$ 1,800,384	\$ -	

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 development in claims experience. Original estimates are increased or decreased as additional information becomes known, and as claims payments are processed. Claims unpaid activity during the current period is summarized below:

		Nine months ended 9/30/2022
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	2,381,548,495	
Prior years	(29,843,366)	
Net incurred claims during the current year		<u>2,351,705,129</u>
Deduct paid claims, net of reinsurance:		
Current year	2,114,706,833	
Prior years	204,996,563	
Net paid claims during the current year		<u>2,319,703,396</u>
Change in claims adjustment expenses	124,950	
Change in health care receivables	4,716,082	
Change in amounts due from reinsurers	963,366	
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period		<u>\$ 334,115,749</u>

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

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Molina Healthcare of Ohio, Inc.  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

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

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

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

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

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

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

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
 Molina Pathways, LLC and Pathways Community Corrections, LLC were removed from 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 SEPTEMBER 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 SEPTEMBER 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:

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

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

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

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

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

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

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

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

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

1. Operating Percentages:

1.1 A&H loss percent .....	83.8 %
1.2 A&H cost containment percent .....	2.2 %
1.3 A&H expense percent excluding cost containment expenses .....	10.1 %

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

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

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

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

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

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ X ]

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

## **SCHEDULE S - CEDDED 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 201,963,471	316,227,376	2,293,494,180					2,811,685,027	
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	201,963,471	316,227,376	2,293,494,180	0	0	0	2,811,685,027	0
60. Reporting Entity Contributions for Employee Benefit Plans .....		XXX								0
61. Totals (Direct Business) .....		XXX	201,963,471	316,227,376	2,293,494,180	0	0	0	2,811,685,027	0
DETAILS OF WRITE-INS										
58001 .....		XXX								
58002 .....		XXX								
58003 .....		XXX								
58998. Summary of remaining write-ins for line 58 from overflow page .....		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

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

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

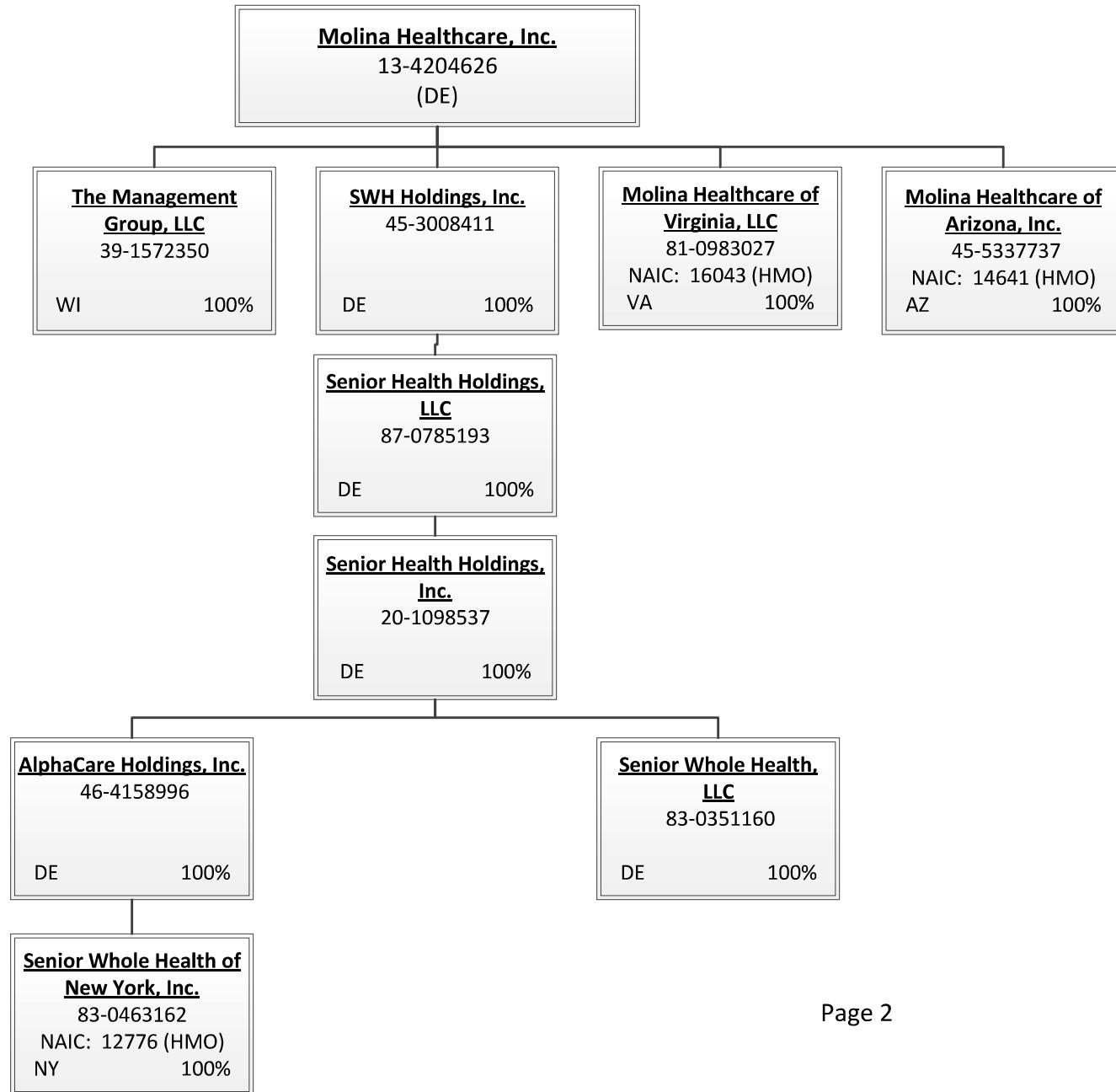
STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Molina Healthcare of Ohio, Inc.

**Molina Healthcare, Inc.**

13-4204626  
(DE)

<b>Molina Healthcare of California</b> 33-0342719 (HMO) CA 100%	<b>Molina Healthcare of Wisconsin, Inc.</b> 20-0813104 NAIC: 12007 (HMO) WI 100%	<b>Molina Healthcare of Florida, Inc.</b> 26-0155137 NAIC: 13128 (HMO) FL 100%	<b>Molina Healthcare of Illinois, Inc.</b> 27-1823188 NAIC: 14104 (HMO) IL 100%	<b>Molina Healthcare of Michigan, Inc.</b> 38-3341599 NAIC: 52630 (HMO) MI 100%	<b>Molina Healthcare of New Mexico, Inc.</b> 85-0408506 NAIC: 95739 (HMO) NM 100%	<b>Molina Healthcare of Ohio, Inc.</b> 20-0750134 NAIC: 12334 (HMO) OH 100%	<b>Molina Healthcare of Puerto Rico, Inc.</b> 66-0817946 NAIC: 15600 (HMO PR) PR & NV 100%
<b>Molina Healthcare of Texas, Inc.</b> 20-1494502 NAIC: 10757 (HMO) TX 100%	<b>Molina Healthcare of South Carolina, Inc.</b> 46-2992125 NAIC: 15329 (HMO) SC 100%	<b>Molina Healthcare of Utah, Inc.</b> 33-0617992 NAIC: 95502 (HMO) UT 100%	<b>Molina Healthcare of Washington, Inc.</b> 91-1284790 NAIC: 96270 (HMO) WA 100%	<b>Molina Healthcare of New York, Inc.</b> 27-1603200 (MCO) NY 100%	<b>Molina Healthcare of Texas Insurance Company</b> 27-0522725 NAIC: 13778 (A&H) TX 100%	<b>Molina Healthcare of Mississippi, Inc.</b> 26-4390042 NAIC: 16301 (HMO) MS 100%	<b>Molina Healthcare of Kentucky, Inc.</b> 83-3866292 NAIC: 16596 (HMO) KY 100%
<b>Molina Clinical Services, LLC</b> 81-2824030 DE 100%	<b>Oceangate Reinsurance, Inc.</b> 84-4039542 NAIC: 16808 (captive insurer) UT 100%	<b>Molina Healthcare Data Center, LLC</b> 45-2634351 NM 100%	<b>2028 West Broadway, LLC</b> 85-3111408 DE 100%	<b>Molina Healthcare of Indiana, Inc.</b> 38-4187664 IN 100%	<b>Molina Healthcare of Nevada, Inc.</b> 20-3567602 NAIC: 17064 (HMO) NV 100%	<b>Molina Youth Academy</b> 46-5098489 non-profit corporation CA 100%	<b>Molina Healthcare of Oklahoma, Inc.</b> 81-0864563 NAIC: 17066 (HMO) OK 100%
<b>Molina Healthcare of Tennessee, Inc.</b> 84-3288805 TN 100%	<b>Molina Healthcare of Georgia, Inc.</b> 80-0800257 NAIC: 15714 (HMO) GA 100%	<b>Molina Healthcare of Louisiana, Inc.</b> 81-4229476 LA 100%	<b>Molina Healthcare of Pennsylvania, Inc.</b> 81-0855820 PA 100%	<b>Molina Healthcare of Iowa, Inc.</b> 38-4187674 NAIC: 17197 (HMO) IA 100%	<b>MHAZ, Inc.</b> 30-0876771 AZ 100%	<b>Molina Healthcare of Rhode Island Holding Company, Inc.</b> 87-2979541 DE 100%	<b>Molina Care Connections, LLC</b> 47-2296708 TX 100%
<b>Molina Healthcare of Nebraska, Inc.</b> 88-2279643 NAIC: 17357 (HMO) NE 100%	<b>Molina Healthcare of Wisconsin CMO, Inc.</b> 88-2992962 WI 100%	<b>Continued on Page 2</b>		<b>Molina Healthcare of Rhode Island, Inc.</b> 87-2738451 NAIC: 17290 (HMO) RI 100%			

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



## STATEMENT AS OF SEPTEMBER 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(ies)/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.	.UD.	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.	.17357	88-2279643				Molina Healthcare of Nebraska, Inc.	.NE.	.IA.	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	47-2296708				Molina Care Connections, LLC	.TX.	.NIA.	Molina Healthcare, Inc.	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. Company, Inc.	.RI.	.IA.	Molina Healthcare of Rhode Island Holding	Ownership.	100.00	Molina Healthcare, Inc.	NO	
.1531	Molina Healthcare, Inc.	.00000	45-3008411				SIWH 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.	SIWH 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	

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

### AUGUST FILING

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. ....

N/A

Explanation:

1.

Bar Code:

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



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

**SCHEDULE A - VERIFICATION**

Real Estate

	1 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 .....	113,540,034	140,465,114
3. Accrual of discount .....	191,409	44,309
4. Unrealized valuation increase (decrease) .....	(516,979)	
5. Total gain (loss) on disposals .....	4,908	869,996
6. Deduct consideration for bonds and stocks disposed of .....	42,748,607	66,897,053
7. Deduct amortization of premium .....	956,662	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 .....	7,766	157,909
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	314,750,100	245,228,231
12. Deduct total nonadmitted amounts .....	0	
13. Statement value at end of current period (Line 11 minus Line 12) .....	314,750,100	245,228,231

## STATEMENT AS OF SEPTEMBER 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
<b>BONDS</b>								
1. NAIC 1 (a) .....	265,748,060	15,580,613	13,347,707	(180,480)	290,621,327	265,748,060	267,800,486	290,554,429
2. NAIC 2 (a) .....	33,931,390	60,975	784,560	469,513	32,122,434	33,931,390	33,677,318	31,266,543
3. NAIC 3 (a) .....	13,690,250	1,988,325	1,247,927	(716,956)	0	13,690,250	13,713,692	
4. NAIC 4 (a) .....	196,699	0	151,189	73,017	0	196,699	118,527	
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	
7. Total Bonds .....	313,566,399	17,629,913	15,531,383	(354,906)	322,743,761	313,566,399	315,310,023	321,820,972
<b>PREFERRED STOCK</b>								
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 .....	313,566,399	17,629,913	15,531,383	(354,906)	322,743,761	313,566,399	315,310,023	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 \$ .....556,847 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SI02

STATEMENT AS OF SEPTEMBER 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	556,847	XXX	561,748	17,741	14,705

## 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 .....	51,332,554	162,853,788
3. Accrual of discount .....	43,680	38,791
4. Unrealized valuation increase (decrease) .....	(1,915)	.....
5. Total gain (loss) on disposals .....	(7,008)	(38)
6. Deduct consideration received on disposals .....	125,400,117	88,299,286
7. Deduct amortization of premium .....	3,602	.....
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) .....	556,847	74,593,255
11. Deduct total nonadmitted amounts .....	0	.....
12. Statement value at end of current period (Line 10 minus Line 11)	556,847	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 SEPTEMBER 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	3,490,469,336	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	3,380,556,445	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)	369,740,354	259,778,501
11. Deduct total nonadmitted amounts	0	.....
12. Statement value at end of current period (Line 10 minus Line 11)	369,740,354	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 SEPTEMBER 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
912828-5K-2	UNITED STATES TREASURY NOTE		.09/30/2022	VARIOUS	5,366,836		5,445,000	.65,874	1.A
0109999999. Subtotal - Bonds - U.S. Governments					5,366,836		5,445,000	.65,874	XXX
3140XJ-HG-1	UMB'S - POOL FS2930		.09/30/2022	WELLS FARGO SECURITIES LLC	1,934,688		2,000,000	.3,778	1.A FE
64972H-6N-7	NEW YORK CITY NY TRANSITIONAL		.07/22/2022	TD SECURITIES (USA) LLC	1,000,250		1,000,000	.0	1.C FE
977100-AC-0	WISCONSIN ST. GEN FUND ANNUAL A		.07/22/2022	CITIGROUP GLOBAL MARKETS INC.	1,051,590		1,000,000	.13,458	1.C FE
0909999999. Subtotal - Bonds - U.S. Special Revenues					3,986,528		4,000,000	.17,236	XXX
013092-AF-8	ALBERTSONS COS/SAFEWAY		.09/07/2022	DIRECT	.27,175		.30,000	.469	3.C FE
013817-AW-1	ARCONIC INC		.09/30/2022	DIRECT	.73,427		.75,000	.32	3.A FE
03690A-AD-8	ANTERO MIDSTREAM PART/FI		.08/12/2022	DIRECT	.29,925		.30,000	.791	3.C FE
118230-AK-7	BUCKEYE PARTNERS LP		.06/30/2022	DIRECT	.0		.0	.415	3.B FE
1248EP-CS-0	CCO HLDGS LLC/CAP CORP		.08/12/2022	DIRECT	.40,100		.40,000	.50	3.C FE
143658-BQ-4	CARNIVAL CORP		.08/16/2022	DIRECT	.8,750		.10,000	.19	3.C FE
184496-AN-7	CLEAN HARBORS INC		.09/13/2022	DIRECT	.86,564		.90,000	.318	3.C FE
194162-AM-5	COLGATE-PALMOLIVE CO		.08/01/2022	J.P. MORGAN SECURITIES LLC	.749,310		.750,000	.0	1.D FE
222070-AE-4	COTY INC		.09/29/2022	DIRECT	.95,785		.100,000	.1,710	3.C FE
23311V-AJ-6	DCP MIDSTREAM OPERATING		.07/26/2022	DIRECT	.60,975		.60,000	.122	2.C FE
237266-AH-4	DARLING INGREDIENTS INC		.08/15/2022	DIRECT	.15,056		.15,000	.267	3.A FE
247361-ZU-5	DELTA AIR LINES INC		.09/13/2022	DIRECT	.9,399		.10,000	.110	3.A FE
25461L-AA-0	DIRECTV HOLDINGS/FING		.07/29/2022	DIRECT	.18,700		.20,000	.545	3.B FE
29260F-AE-0	ENDEAVOR ENERGY RESOURCE		.08/03/2022	DIRECT	.45,288		.45,000	.23	3.A FE
29336T-AA-8	ENLINK MIDSTREAM LLC		.08/16/2022	DIRECT	.62,400		.65,000	.747	3.A FE
29336U-AE-7	ENLINK MIDSTREAM PARTNER		.09/29/2022	DIRECT	.69,761		.75,000	.1,055	3.A FE
31573E-AA-9	ELLINGTON FINANCIAL MORTGAGE T 22-3 A1		.07/22/2022	NOMURA SECURITIES INTERNATIONAL INC.	1,978,052		2,000,000	.7,222	1.A FE
337932-AH-0	FIRSTENERGY CORP		.09/29/2022	DIRECT	.60,232		.65,000	.620	3.A FE
451102-BZ-9	IAHN ENTERPRISES/FIN		.08/12/2022	DIRECT	.38,800		.40,000	.531	3.C FE
46284V-AC-5	IRON MOUNTAIN INC		.07/19/2022	DIRECT	.23,375		.25,000	.427	3.C FE
517834-AE-7	LAS VEGAS SANDS CORP		.08/05/2022	DIRECT	.74,400		.80,000	.1,330	3.A FE
517834-AG-2	LAS VEGAS SANDS CORP		.09/29/2022	DIRECT	.128,359		.135,000	.457	3.A FE
527298-BM-4	LEVEL 3 FINANCING INC		.07/20/2022	DIRECT	.39,000		.40,000	.566	3.B FE
644393-AA-8	NEW FORTRESS ENERGY INC		.09/29/2022	DIRECT	.61,597		.65,000	.219	3.C FE
651229-BC-9	NEWELL BRANDS INC		.09/13/2022	DIRECT	.20,100		.20,000	.2	3.A FE
668771-AK-4	NORTON LIFELOCK INC		.09/08/2022	DIRECT	.40,000		.40,000	.0	3.C FE
680665-AJ-5	OLIN CORP		.08/08/2022	DIRECT	.33,731		.35,000	.722	3.A FE
73179P-AM-8	POLYONE CORP		.08/05/2022	DIRECT	.55,035		.55,000	.738	3.C FE
74166M-AB-2	PRIME SECSRVC BRI/FINANC		.09/29/2022	DIRECT	.48,695		.50,000	.350	3.C FE
74166M-AC-0	PRIME SECSRVC BRI/FINANC		.09/29/2022	DIRECT	.60,947		.65,000	.187	3.C FE
74334D-AA-1	PROGRESS RESIDENTIAL TRUST 22-SFR6 A		.07/25/2022	RBC CAPITAL MARKETS LLC	1,249,952		1,250,000	.0	1.A FE
75281A-AS-8	RANGE RESOURCES CORP		.09/29/2022	DIRECT	.94,515		.100,000	.1,869	3.C FE
77313L-AA-1	ROCKETMIG CO-ISSUER INC		.08/08/2022	DIRECT	.99,600		.110,000	.1,001	3.A FE
780153-AZ-5	ROYAL CARIBBEAN CRUISES		.08/03/2022	DIRECT	.53,813		.50,000	.319	3.C FE
81725W-AG-8	SENSATA TECHNOLOGIES BV		.07/05/2022	DIRECT	.39,800		.40,000	.444	3.C FE
82967N-BA-5	SIRIUS XM RADIO INC		.07/28/2022	DIRECT	.73,781		.75,000	.0	3.C FE
845467-AR-0	SOUTHWESTERN ENERGY CO		.07/28/2022	DIRECT	.29,250		.30,000	.0	3.A FE
85172F-AM-1	SPRINGLEAF FINANCE CORP		.08/12/2022	DIRECT	.20,250		.20,000	.577	3.B FE
853496-AC-1	STANDARD INDUSTRIES INC		.07/21/2022	DIRECT	.52,319		.55,000	.1,222	3.B FE
85571B-AU-9	STARWOOD PROPERTY TRUST		.08/12/2022	DIRECT	.92,850		.100,000	.272	3.C FE
89788M-AH-5	TRUIST FINANCIAL CORP		.07/25/2022	TRUIST SECURITIES INC.	1,000,000		1,000,000	.0	1.G FE
911365-BG-8	UNITED RENTALS NORTH AM		.07/28/2022	DIRECT	.29,775		.30,000	.65	3.A FE
92348K-AZ-6	VERIZON MASTER TRUST 22-6 A		.08/02/2022	BOFA SECURITIES INC.	1,249,935		1,250,000	.0	1.A FE
92552V-AL-4	VIASAT INC		.08/15/2022	DIRECT	.19,350		.20,000	.381	3.B FE
92840V-AF-9	VISTRA OPERATIONS CO LLC		.07/26/2022	DIRECT	.86,850		.90,000	.2,225	3.B FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					8,246,978		8,350,000	.27,599	XXX
2509999997. Total - Bonds - Part 3					17,600,342		17,795,000	.110,699	XXX
2509999998. Total - Bonds - Part 5					XXX		XXX	XXX	XXX
2509999999. Total - Bonds					17,600,342		17,795,000	.110,699	XXX

## STATEMENT AS OF SEPTEMBER 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
4509999997. Total - Preferred Stocks - Part 3					0	XXX		0	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	
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	
5989999999. Total - Common Stocks					0	XXX		0	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX		0	XXX
6009999999 - Totals					17,600,342	XXX		110,699	XXX

## STATEMENT AS OF SEPTEMBER 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	For- eign	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 Design- nation, NAIC Design- nation Modifi- cation and SVO Adminis- trative 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													
.912828-YF-1	UNITED STATES TREASURY NOTE		.09/15/2022	MATURITY at 100.0000			.410,000	.410,000	.416,289	.414,154	0	(4,154)	0	(4,154)	0	.410,000	0	0	0	0	0	0	.6,150	.09/15/2022	1.A		
.91282C-AC-5	US TREASURY N/B		.07/31/2022	VARIOUS			5,000,000	5,000,000	5,001,384	5,000,742	0	(742)	0	(742)	0	5,000,000	0	0	0	0	0	0	.6,250	.07/31/2022	1.A		
<b>0109999999. Subtotal - Bonds - U.S. Governments</b>																								12,400	XXX	XXX	
.3132CWI-HM-9	UMBs - POOL SB0236		.09/01/2022	MBS PAYDOWN			.53,863	.53,863	.56,396	.54,379	0	(515)	0	(515)	0	.53,863	0	0	0	0	0	0	0	.891	.05/01/2033	1.A FE	
.3132D5-4L-3	UMBs - POOL SB0207		.09/01/2022	MBS PAYDOWN			.11,779	.11,779	.12,080	.11,836	0	(57)	0	(57)	0	11,779	0	0	0	0	0	0	0	.232	.01/01/2035	1.A FE	
.3133KY-R2-2	FHLMC POOL RB5005		.09/01/2022	MBS PAYDOWN			.25,783	.25,783	.26,101	.25,837	0	(54)	0	(54)	0	25,783	0	0	0	0	0	0	0	.512	.01/01/2039	1.A FE	
.3133KY-VY-2	UMBs - FR RB5131		.09/01/2022	MBS PAYDOWN			.62,901	.62,901	.64,601	.63,019	0	(118)	0	(118)	0	62,901	0	0	0	0	0	0	0	.840	.10/01/2041	1.A FE	
.3133KY-WA-3	UMBs - POOL RB5141		.09/01/2022	MBS PAYDOWN			.20,170	.20,170	.20,434	.20,183	0	(13)	0	(13)	0	20,170	0	0	0	0	0	0	0	.270	.01/01/2042	1.A FE	
.3136AG-FU-1	FANNIE MAE 13-92 DA		.09/01/2022	MBS PAYDOWN			.69,303	.69,303	.72,779	.69,853	0	(551)	0	(551)	0	69,303	0	0	0	0	0	0	0	.1,812	.05/25/2042	1.A FE	
.3136AV-SG-5	FANNIE MAE 17-11 DA		.08/01/2022	MBS PAYDOWN			.57,543	.57,543	.57,813	.57,543	0	0	0	0	0	57,543	0	0	0	0	0	0	0	.872	.07/25/2040	1.A FE	
.3136BA4-KK-9	FANNIE MAE 19-32 PA		.09/01/2022	MBS PAYDOWN			.91,336	.91,336	.94,961	.92,154	0	(818)	0	(818)	0	91,336	0	0	0	0	0	0	0	.1,996	.10/25/2048	1.A FE	
.3140Q7-SII-8	UMBs - POOL CA0532		.09/01/2022	MBS PAYDOWN			.26,841	.26,841	.27,618	.26,974	0	(133)	0	(133)	0	26,841	0	0	0	0	0	0	0	.648	.10/01/2047	1.A FE	
.3140QK-ZZ-4	UMBs - POOL CB0759		.09/01/2022	MBS PAYDOWN			.32,022	.32,022	.33,194	.32,186	0	(165)	0	(165)	0	32,022	0	0	0	0	0	0	0	.416	.06/01/2036	1.A FE	
.3140QX4-M4-5	UMBs - POOL FM1278		.09/01/2022	MBS PAYDOWN			.33,167	.33,167	.34,068	.33,324	0	(157)	0	(157)	0	33,167	0	0	0	0	0	0	0	.647	.07/01/2034	1.A FE	
.3140XB-TR-1	UMBs - POOL FM7759		.09/01/2022	MBS PAYDOWN			.86,750	.86,750	.89,787	.87,072	0	(322)	0	(322)	0	86,750	0	0	0	0	0	0	0	.1,149	.07/01/2036	1.A FE	
.31418D-FM-9	UMBs - POOL MA3771		.09/01/2022	MBS PAYDOWN			.27,434	.27,434	.28,090	.27,527	0	(93)	0	(93)	0	27,434	0	0	0	0	0	0	0	.554	.09/01/2039	1.A FE	
.31418D-GG-1	UMBs - POOL MA3798		.09/01/2022	MBS PAYDOWN			.19,328	.19,328	.19,772	.19,408	0	(80)	0	(80)	0	19,328	0	0	0	0	0	0	0	.388	.10/01/2034	1.A FE	
.31418D-LL-4	UMBs - POOL MA3930		.09/01/2022	MBS PAYDOWN			.40,976	.40,976	.41,731	.41,092	0	(116)	0	(116)	0	40,976	0	0	0	0	0	0	0	.685	.02/01/2035	1.A FE	
.31418D-MD-1	UMBs - POOL MA3955		.09/01/2022	MBS PAYDOWN			.38,753	.38,753	.39,510	.38,880	0	(127)	0	(127)	0	38,753	0	0	0	0	0	0	0	.640	.03/01/2035	1.A FE	
.31418D-YH-9	UMBs - POOL MA4311		.09/01/2022	MBS PAYDOWN			.248,042	.248,042	.253,312	.248,552	0	(511)	0	(511)	0	248,042	0	0	0	0	0	0	0	.3,307	.04/01/2041	1.A FE	
.31418D-Z9-6	UMBs - POOL MA4367		.09/01/2022	MBS PAYDOWN			.72,489	.72,489	.74,128	.72,750	0	(261)	0	(261)	0	72,489	0	0	0	0	0	0	0	.721	.06/01/2031	1.A FE	
.31418E-GC-8	UMBs - POOL MA4694		.09/01/2022	MBS PAYDOWN			.183,488	.183,488	.181,423	0	0	29	0	0	29	0	183,488	0	0	0	0	0	0	0	.887	.08/01/2037	1.A FE
<b>0909999999. Subtotal - Bonds - U.S. Special Revenues</b>																									17,467	XXX	XXX
.03674X-AN-6	ANTERO RESOURCES CORP		.08/11/2022	TENDER OFFER			.130,800	.130,800	.128,820	.128,458	0	(362)	0	(362)	0	128,458	0	0	0	0	0	0	0	.2,342	.07/15/2026	3.B FE	
.04016L-AQ-0	ARES CLO LTD 17-42A AR	D	.07/22/2022	MBS PAYDOWN			.92,116	.92,116	.92,116	.92,116	0	0	0	0	0	92,116	0	0	0	0	0	0	0	.996	.01/22/2028	1.A FE	
.10568K-RH-6	BRAVO RESIDENTIAL FUNDING TRUS 22-NQM2 A		.09/01/2022	MBS PAYDOWN			.105,100	.105,100	.105,098	.105,100	0	(11)	0	(11)	0	105,100	0	0	0	0	0	0	0	.1,123	.11/25/2061	1.A FE	
.12653C-AC-2	CNX RESOURCES CORP		.09/23/2022	TENDER OFFER			.139,400	.139,400	.136,769	.136,769	0	(132)	0	(132)	0	136,637	0	0	0	0	0	0	0	.2,763	.03/14/2027	3.B FE	
.14043M-AC-5	CAPITAL ONE PRIME AUTO RECEIV 20-1 A3		.09/15/2022	MBS PAYDOWN			.304,063	.304,063	.303,998	.303,973	0	89	0	89	0	304,063	0	0	0	0	0	0	0	.3,236	.11/15/2024	1.A FE	
.26249B-OF-4	DYDRY SENIOR LOAN FUND 13-30A AR		.08/15/2022	MBS PAYDOWN			.39,054	.39,054	.38,903	.38,982	0	73	0	73	0	39,054	0	0	0	0	0	0	0	.447	.11/15/2028	1.A FE	
.29260F-AF-7	ENDEAVOR ENERGY RESOURCE		.07/15/2022	SECURITY CALLED AT			.170,466	.170,466	.165,830	.167,599	0	(71)	0	(71)	0	167,599	0	(2,759)	(2,759)	0	0	0	0	0	.10,932	.07/15/2025	3.B FE
.29336U-AB-3	ENLINK MIDSTREAM PARTNER		.08/31/2022	TENDER OFFER			.166,444	.166,444	.165,000	.162,440	0	256	0	256	0	162,696	0	3,748	3,748	0	0	0	0	0	.3,025	.04/01/2024	3.A FE
.31573E-YH-9	ELL ILLION FINANCIAL MORTGAGE T 22-3 A1		.09/01/2022	MBS PAYDOWN			.21,394	.21,394	.21,159	.21,394	0	0	0	0	0	21,394	0	0	0	0	0	0	0	.102	.02/25/2067	1.A FE	
.33767P-JA-6	FIRSTKEY HOMES TRUST 22-SFR2 A		.09/01/2022	MBS PAYDOWN			.3,020	.3,020	.2,913	.3,020	0	3	0	3	0	3,020	0	0	0	0	0	0	0	.22	.07/17/2039	1.A FE	
.33768J-AA-9	FIRSTKEY HOMES 2021-SFR3 TRUS 21-SFR3 A		.08/01/2022	MBS PAYDOWN			.4,074	.4,074	.4,074	.4,074	0	0	0	0	0	4,074	0	0	0	0	0	0	0	.51	.12/17/2038	1.A FE	
.33768N-AA-1	FIRSTKEY HOMES TRUST 22-SFR1 A		.08/01/2022	MBS PAYDOWN			.447	.447	.447	.447	0	0	0	0	0	447	0	0	0	0	0	0	0	.4	.11/17/2039	1.A FE	
.380140-AB-9	GM FINANCIAL SECURITIZED TERM 21-3 A2		.09/16/2022	MBS PAYDOWN			.611,522	.611,522</td																			

## STATEMENT AS OF SEPTEMBER 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 Design- ation, NAIC Design- ation Modifier and SVO Adminis- trative 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								
.95000U-2B-8	WELLS FARGO & COMPANY .....	.07/22/2022 ..	MATURITY at 100.0000 .....		500,000	500,000	508,295	501,897	0	(1,897)	0	0	(1,897)	0	500,000	0	0	0	0	13,125	.07/22/2022 ..	2.A FE .....
.98162H-AC-4	WORLD OMNI AUTOMOBILE LEASE SE 20-A A3 .....	.09/15/2022 ..	MBS PAYDOWN .....		478,473	478,473	478,428	478,790	0	0	(317)	0	(317)	0	478,473	0	0	0	0	5,138	.01/17/2023 ..	1.A FE .....
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					8,851,693	8,864,742	8,840,953	6,989,280	0	(432)	0	(432)	0	8,839,271	0	4,656	4,656	174,808	XXX	XXX		
2509999997. Total - Bonds - Part 4					15,463,661	15,476,710	15,486,424	13,426,745	0	(9,390)	0	(9,390)	0	15,451,239	0	4,656	4,656	204,675	XXX	XXX		
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2509999999. Total - Bonds					15,463,661	15,476,710	15,486,424	13,426,745	0	(9,390)	0	(9,390)	0	15,451,239	0	4,656	4,656	204,675	XXX	XXX		
4509999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4509999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5989999999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
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					15,463,661	XXX	15,486,424	13,426,745	0	(9,390)	0	(9,390)	0	15,451,239	0	4,656	4,656	204,675	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 SEPTEMBER 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	
CASH HELD - STATE DEPOSIT .....	#SD..	0.000	.0	.0	0	0	413,075	XXX
HUNTINGTON NATIONAL BANK (HCDA) .....	#SD..				(15,139,530)	(15,140,816)	(15,142,143)	XXX
HUNTINGTON NATIONAL BANK (HCDA) Columbus, OH .....		0.000	.265,010	.0	.65,531,354	.65,623,789	.65,730,883	XXX
US BANK St. Paul, MN .....					(2,967,154)	(2,159,657)	(2,347,451)	XXX
US BANK St. Paul, MN .....					.112,324	.162,522	.158,439	XXX
JP Morgan Chase Columbus, OH .....					3,092,876	1,800,563	1,586,665	XXX
JP Morgan Chase Columbus, OH .....					.529,373	.65,571	.61,039	XXX
JP Morgan Chase Columbus, OH .....					6,759,367	.6,357,368	.6,586,608	XXX
JP Morgan Chase Columbus, OH .....					(5,017)	(5,775)	(8,761)	XXX
US BANK St. Paul, MN .....					(28,152,284)	(22,248,431)	(19,896,864)	XXX
US BANK St. Paul, MN .....					(604,682)	(754,972)	(505,318)	XXX
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	XXX
0199999. Totals - Open Depositories	XXX	XXX	265,010	0	29,156,627	33,700,162	36,636,172	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	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	265,010	0	29,156,627	33,700,162	36,636,172	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
0599999. Total - Cash	XXX	XXX	265,010	0	29,156,627	33,700,162	36,636,172	XXX

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

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

### Show Investments Owned End of Current Quarter