



## HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE  
**Molina Healthcare of Ohio, Inc.**

NAIC Group Code 1531 (Current) 1531 (Prior) 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 (Street and Number) Columbus, OH, US 43231 (City or Town, State, Country and Zip Code)

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

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

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

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

Cassie Lighton

Jeffrey Don Barlow  
Secretary

Subscribed and sworn to before me this  
28th day of April, 2023

Linda A. GULLEY

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

Yes  No





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 (E-mail Address) (FAX Number)

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**DIRECTORS OR TRUSTEES**  
 Ami Lee Cole, Mark William Bloom M.D., John Patrick Sivori

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

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Jeffrey Don Barlow  
Secretary

Ami Lee Cole  
President

Cassie Lynn Lighton  
Chief Financial Officer

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

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

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 5th  
day of May, 2023, 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 reads "Sandra Moses".

STATEMENT AS OF MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	396,612,049		396,612,049	316,593,240
2. Stocks:				0
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				0
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				0
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ 32,673,722 ), cash equivalents (\$ 294,644,101 ) and short-term investments (\$ 29,767 ) .....	327,347,590		327,347,590	305,129,875
6. Contract loans (including \$ premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....	28,058		28,058	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) .....	723,987,697	0	723,987,697	621,723,115
13. Title plants less \$ charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	3,439,019		3,439,019	2,735,424
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	41,386,469		41,386,469	27,392,495
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ 5,768,878 ) and contracts subject to redetermination (\$ 109,589,676 ) .....	115,358,554		115,358,554	78,376,826
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	2,929,207		2,929,207	1,902,568
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 .....			0	10,931,018
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	7,370,584
18.2 Net deferred tax asset .....	13,611,642	575,752	13,035,890	9,924,710
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 (\$ ) .....	64,526	64,526	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ 53,558,199 ) and other amounts receivable .....	92,009,475	38,451,276	53,558,199	45,560,659
25. Aggregate write-ins for other than invested assets .....	2,555,449	2,555,449	0	105,118
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	995,342,038	41,647,003	953,695,035	806,022,517
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	995,342,038	41,647,003	953,695,035	806,022,517
<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 .....	2,555,449	2,555,449	0	0
2502. Prepaid state income tax .....			0	105,118
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) .....	2,555,449	2,555,449	0	105,118

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded) .....	311,437,014	1,857,966	313,294,980	277,605,754
2. Accrued medical incentive pool and bonus amounts .....	16,792,548		16,792,548	16,796,286
3. Unpaid claims adjustment expenses .....	1,827,941	12,700	1,840,641	1,619,478
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act .....	68,659,546		68,659,546	66,293,073
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 .....	48,012,301		48,012,301	3,245,057
9. General expenses due or accrued .....	64,804,490		64,804,490	63,221,442
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) .....	10,547,118		10,547,118	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 .....			0	44,546
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	16,677,055		16,677,055	17,499,005
16. Derivatives .....			0	0
17. Payable for securities .....	15,166,606		15,166,606	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 .....	2,842,887		2,842,887	1,801,308
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	25,002,071		25,002,071	22,221,257
23. Aggregate write-ins for other liabilities (including \$ 10,067,006 current) .....	10,067,006	0	10,067,006	5,714,346
24. Total liabilities (Lines 1 to 23) .....	591,836,583	1,870,666	593,707,249	476,061,552
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	277,097,786	247,070,965
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	359,987,786	329,960,965
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	953,695,035	806,022,517
<b>DETAILS OF WRITE-INS</b>				
2301. Amounts due to government agencies .....	10,047,128		10,047,128	5,700,164
2302. Member premium due .....	19,878		19,878	14,182
2303. .....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	10,067,006	0	10,067,006	5,714,346
2501. .....	XXX	XXX		
2502. .....	XXX	XXX		
2503. .....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. .....	XXX	XXX		
3002. .....	XXX	XXX		
3003. .....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	....XXX.....	1,195,171	1,223,366	4,893,103
2. Net premium income ( including \$ non-health premium income).....	....XXX.....	880,145,701	1,009,471,079	3,591,631,553
3. Change in unearned premium reserves and reserve for rate credits.....	....XXX.....	(6,112,841)	3,260,632	75,839,244
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.....	874,032,860	1,012,731,711	3,667,470,797
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		560,373,762	576,346,203	2,086,267,048
10. Other professional services .....		58,654,151	60,155,965	238,874,480
11. Outside referrals .....		21,731,366	26,528,849	90,816,817
12. Emergency room and out-of-area .....	4,853,615	33,468,149	67,019,306	154,108,256
13. Prescription drugs .....		17,514,396	123,783,996	402,627,756
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		371,813	413,332	17,315,836
16. Subtotal (Lines 9 to 15) .....	4,853,615	692,113,637	854,247,651	2,990,010,193
<b>Less:</b>				
17. Net reinsurance recoveries .....		2,487,180	2,119,112	6,569,622
18. Total hospital and medical (Lines 16 minus 17) .....	4,853,615	689,626,457	852,128,539	2,983,440,571
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ 24,749,747 cost containment expenses .....		28,876,522	26,822,569	115,596,497
21. General administrative expenses .....		84,175,764	92,565,825	367,355,005
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .....				0
23. Total underwriting deductions (Lines 18 through 22).....	4,853,615	802,678,743	971,516,933	3,466,392,073
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	....XXX.....	71,354,117	41,214,778	201,078,724
25. Net investment income earned .....		6,199,063	929,983	12,331,371
26. Net realized capital gains (losses) less capital gains tax of \$ (55,279) .....		(207,956)	(15)	(29,463)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	5,991,107	929,968	12,301,908
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	(408,766)	(1,786,059)	(712,822)
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.....	76,936,458	40,358,687	212,667,810
31. Federal and foreign income taxes incurred .....	....XXX.....	17,972,981	8,919,969	44,535,930
32. Net income (loss) (Lines 30 minus 31) .....	....XXX.....	58,963,477	31,438,718	168,131,880
<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 .....		(408,766)	(1,786,059)	(712,822)
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	(408,766)	(1,786,059)	(712,822)

**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.....	329,960,965	327,514,747	327,514,747
34. Net income or (loss) from Line 32 .....	58,963,477	31,438,718	168,131,880
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	21,141	79,531	(242,825)
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	3,008,002	(1,127,979)	768,735
39. Change in nonadmitted assets .....	(5,982,610)	6,802,501	(2,995,889)
40. Change in unauthorized and certified reinsurance .....	(1,041,579)	1,665,428	1,784,317
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 .....	(25,000,000)	(25,000,000)	(165,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	30,026,821	13,778,668	2,446,218
49. Capital and surplus end of reporting period (Line 33 plus 48)	359,987,786	341,293,415	329,960,965
<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 MARCH 31, 2023 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 .....	874,543,535	1,046,622,030	3,647,351,204
2. Net investment income .....	5,589,006	1,038,440	11,411,346
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	880,132,541	1,047,660,470	3,658,762,550
5. Benefit and loss related payments .....	667,581,240	787,294,791	2,985,208,807
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	97,912,184	87,218,464	438,470,813
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....(55,279) tax on capital gains (losses) .....	0	0	49,890,000
10. Total (Lines 5 through 9) .....	765,493,424	874,513,255	3,473,569,620
11. Net cash from operations (Line 4 minus Line 10) .....	114,639,117	173,147,215	185,192,930
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	22,405,073	8,843,228	52,781,019
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 .....	631	(19)	(23,082)
12.7 Miscellaneous proceeds .....	15,166,606	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	37,572,310	8,843,209	52,757,937
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	102,680,614	13,884,964	125,350,366
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 .....	28,058	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	102,708,672	13,884,964	125,350,366
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) .....	(65,136,362)	(5,041,755)	(72,592,429)
<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 .....	25,000,000	25,000,000	165,000,000
16.6 Other cash provided (applied) .....	(2,285,040)	34,109,802	36,173,790
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(27,285,040)	9,109,802	(128,826,210)
<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) .....	22,217,715	177,215,262	(16,225,709)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	305,129,875	321,355,584	321,355,584
19.2 End of period (Line 18 plus Line 19.1) .....	327,347,590	498,570,846	305,129,875

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

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## STATEMENT AS OF MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	408,252	42,580	0	0	0	0	0	18,775	346,897	0	0	0	0	0
2. First Quarter .....	398,168	34,973						18,292	344,903					
3. Second Quarter .....	0													
4. Third Quarter .....	0													
5. Current Year .....	0													
6. Current Year Member Months	1,195,171	107,013						54,524	1,033,634					
<b>Total Member Ambulatory Encounters for Period:</b>														
7 Physician .....	907,017	43,812						82,825	780,380					
8. Non-Physician .....	529,408	26,857						63,099	439,452					
9. Total .....	1,436,425	70,669	0	0	0	0	0	145,924	1,219,832	0	0	0	0	0
10. Hospital Patient Days Incurred	309,026	2,946						38,498	267,582					
11. Number of Inpatient Admissions	16,685	456						2,889	13,340					
12. Health Premiums Written (a) .....	882,259,446	69,327,436						114,116,998	698,815,012					
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	876,146,605	69,327,436						115,069,068	691,750,101					
16. Property/Casualty Premiums Earned .....	0													
17. Amount Paid for Provision of Health Care Services.....	668,666,230	49,625,607						95,035,256	524,005,367					
18. Amount Incurred for Provision of Health Care Services .....	692,113,637	43,435,200						94,727,802	553,950,635					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 114,116,998

STATEMENT AS OF MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.

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

## **Aging Analysis of Unpaid Claims**

STATEMENT AS OF MARCH 31, 2023 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
	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) individual .....	13,206,899	36,418,708	7,315,341	15,825,848	20,522,240	28,053,580
2. Comprehensive (hospital and medical) group .....					0	0
3. Medicare Supplement .....					0	0
4. Dental Only .....					0	0
5. Vision Only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....	25,223,326	69,474,577	16,399,108	37,246,982	41,622,434	50,218,980
8. Title XIX - Medicaid .....	124,175,483	397,680,057	50,199,343	186,308,358	174,374,826	199,333,194
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-term care .....					0	0
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	162,605,708	503,573,342	73,913,792	239,381,188	236,519,500	277,605,754
14. Health care receivables (a) .....	36,066,390	53,305,111		2,637,974	36,066,390	79,395,843
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	370,426	5,125	372,541	16,420,007	742,967	16,796,286
17. Totals (Lines 13 - 14 + 15 + 16)	126,909,744	450,273,356	74,286,333	253,163,221	201,196,077	215,006,197

(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, 2022. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2022 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 #	2023		2022	
<b>NET INCOME</b>							
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 58,963,477	\$	168,131,880	
(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	\$ 58,963,477	\$	168,131,880	
<b>SURPLUS</b>							
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 359,987,786	\$	329,960,965	
(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	\$ 359,987,786	\$	329,960,965	

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

#### C. Accounting Policy

(1) - (5) No significant changes.

#### (6) Basis for Loan-Backed Securities and Adjustment Methodology:

Loan-backed securities are stated at amortized cost or lower of amortized cost or fair value. The Plan's investments in loan-backed securities consist of asset-backed securities and mortgage-backed securities. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

(7) - (13) No significant changes.

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

### NOTE 2 Accounting Changes and Corrections of Errors

None.

### NOTE 3 Business Combinations and Goodwill

None.

### NOTE 4 Discontinued Operations

None.

### NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities

As of March 31, 2023, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

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

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

(4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

a) The aggregate amount of unrealized losses:  
 1. Less than 12 Months \$ 666,088  
 2. 12 Months or Longer \$ 5,535,838

b) The aggregate related fair value of securities with unrealized losses:  
 1. Less than 12 Months \$ 35,358,992  
 2. 12 Months or Longer \$ 59,478,170

(5) Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at March 31, 2023.

## NOTES TO FINANCIAL STATEMENTS

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- 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 23, 2023.
- C. Transactions with related party who are not reported on Schedule Y: None.
- D. - O. No significant changes.

**NOTE 11 Debt**

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

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

- A. - D. Defined Benefit Plan: None.
- E. Defined Contribution Plan: See Note 12G.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- H. - I. None.

**NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

- A. - C. No significant changes.
- D. Refer to Note 10B.
- E. - M. No significant changes.

**NOTE 14 Liabilities, Contingencies and Assessments**

No significant changes.

**NOTE 15 Leases**

No significant changes.

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

None.

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

## NOTES TO FINANCIAL STATEMENTS

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

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

- A. - B. None.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract: No significant change.

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

None.

### **NOTE 20 Fair Value Measurements**

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

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Industrial and miscellaneous	\$ -	\$ 7,376,074	\$ -	\$ -	\$ 7,376,074
Exempt money market mutual funds	\$ 45,400,000	\$ -	\$ -	\$ -	\$ 45,400,000
Other money market mutual funds	\$ 249,244,101	\$ -	\$ -	\$ -	\$ 249,244,101
Total assets at fair value/NAV	\$ 294,644,101	\$ 7,376,074	\$ -	\$ -	\$ 302,020,175

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

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

### C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of March 31, 2023 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	\$ 8,367,841	\$ 8,400,928	\$ -	\$ 8,367,841	\$ -	\$ -	\$ -
States, territories, and po	\$ 2,891,100	\$ 3,203,695	\$ -	\$ 2,891,100	\$ -	\$ -	\$ -
Political subdivisions	\$ 4,566,023	\$ 4,835,323	\$ -	\$ 4,566,023	\$ -	\$ -	\$ -
Special revenue & assess	\$ 54,909,380	\$ 60,383,072	\$ -	\$ 54,909,380	\$ -	\$ -	\$ -
Industrial and miscellan	\$ 310,855,490	\$ 319,818,798	\$ -	\$ 310,855,490	\$ -	\$ -	\$ -
Exempt money market m	\$ 45,400,000	\$ 45,400,000	\$ 45,400,000	\$ -	\$ -	\$ -	\$ -
Other money market mutu	\$ 249,244,101	\$ 249,244,101	\$ 249,244,101	\$ -	\$ -	\$ -	\$ -
Open depositories	\$ (34,098,505)	\$ (34,098,505)	\$ (34,098,505)	\$ -	\$ -	\$ -	\$ -
Short term certificates of	\$ 66,800,285	\$ 66,800,285	\$ 66,800,285	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 708,935,715	\$ 723,987,697	\$ 327,345,881	\$ 381,589,834	\$ -	\$ -	\$ -

- D. - E. None.

### **NOTE 21 Other Items**

- A. - B. No significant changes.
- C. Other Disclosures:

The recently passed Consolidated Appropriations Act of 2023 authorizes states to resume redeterminations and terminate coverage for ineligible enrollees starting on April 1, 2023, irrespective of the status of the Public Health Emergency. Consequently, the Plan's Medicaid enrollment continued to benefit from the pause on membership redeterminations through March 31, 2023, and then is expected to decline as the state resumes normal enrollment and renewal operations on April 1, 2023.

- D. - I. No significant changes.

### **NOTE 22 Events Subsequent**

Subsequent events were considered through May 12, 2023, the date the statutory financial statements were available to be issued.

### **NOTE 23 Reinsurance**

- A. - D. No significant changes.

## NOTES TO FINANCIAL STATEMENTS

**Reinsurance Credit:** For 2023 the Plan has a reinsurance agreement with Odyssey Reinsurance Company, a non-affiliated company which provides coverage of 90% of individual claims above deductibles of \$1,000,000 for Medicaid and \$500,000 for Medicare Medicaid Plans (MMP) including MMP opt-out Medicaid only business up to \$2,000,000 per member per agreement period. The reinsurance agreement provides coverage for calendar year 2023.

E. The reinsurance agreement with our affiliate, Oceangate Reinsurance Inc. was terminated as of December 31, 2022. The Plan will have reinsurance coverage by a non-affiliate for 2023. OGR will continue to pay losses incurred by the Plan during 2022.

### NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D. No significant changes.

E. Risk Sharing Provisions of the Affordable Care Act

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

Yes [X] No [ ]

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

		Amount
a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)		\$ 816,201
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$ 149,131
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		\$ 393,789
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$ 3,141,798
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$ (23,535)
b. Transitional ACA Reinsurance Program		
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		
5. Ceded reinsurance premiums payable due to ACA Reinsurance		
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		
Operations (Revenue & Expense)		
7. Ceded reinsurance premiums due to ACA Reinsurance		
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		
9. ACA Reinsurance contributions – not reported as ceded premium		
c. Temporary ACA Risk Corridors Program		
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		
Operations (Revenue & Expense)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		
4. Effect of ACA Risk Corridors on change in reserves for rate credits		

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 612,683	\$(2,754,252)	\$ 577,817		\$ 34,866	\$(2,754,252)	\$ 781,335	\$ 2,754,252	A	\$ 816,201	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 612,683	\$(2,754,252)	\$ 577,817	\$ -	\$ 34,866	\$(2,754,252)	\$ 781,335	\$ 2,754,252		\$ 816,201	\$ -
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid					\$ -	\$ -			C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					\$ -	\$ -			F	\$ -	\$ -
5. Ceded reinsurance premiums payable					\$ -	\$ -			G	\$ -	\$ -
6. Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
c. Temporary ACA Risk Corridors Program											

## NOTES TO FINANCIAL STATEMENTS

1. Accrued retrospective premium					\$	-	\$	-		I	\$	-	\$	-		
2. Reserve for rate credits or policy experience rating refunds					\$	-	\$	-		J	\$	-	\$	-		
3. Subtotal ACA Risk Corridors Program	\$	-	\$	-	\$	-	\$	-	\$		\$	-	\$	-		
d. Total for ACA Risk Sharing Provisions	\$ 612,683		\$ (2,754,252)		\$ 577,817		\$ -		\$ 34,866		\$ (2,754,252)		\$ 781,335		\$ 2,754,252	
															\$ 816,201	\$ -

A. Adjustments are changes in estimates based on additional information since December 31, 2022.

(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 provision for claims incurred in prior years represents favorable development in claims experience as of March 31, 2023. Original estimates are increased or decreased as additional information becomes known regarding incurred reported claims. Claims unpaid activity during the current period is summarized below:

	Three months ended 3/31/2023
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 296,021,518
Add provision for claims, net of reinsurance:	
Current year	701,963,500
Prior years	<u>(12,337,043)</u>
Net incurred claims during the current year	<u>689,626,457</u>
Deduct paid claims, net of reinsurance:	
Current year	504,975,532
Prior years	<u>162,605,708</u>
Net paid claims during the current year	<u>667,581,240</u>
Change in claims adjustment expenses	221,163
Change in health care receivables	12,613,632
Change in amounts due from reinsurers	<u>1,026,639</u>
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 331,928,169</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 March 31, 2023.

### 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 MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

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

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

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

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

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

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

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
 Molina Healthcare of Kansas, Inc. has been added to the organizational chart.

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

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

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

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.  
 .....  
 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2021

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

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

6.4 By what department or departments?  
 Ohio Department of Insurance .....  
 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]

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

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

7.2 If yes, give full information:  
 .....  
 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
 .....  
 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]

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

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

STATEMENT AS OF MARCH 31, 2023 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 [ X ]  
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 [ X ]

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

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

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

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

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]  
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
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. ....	\$ .....	0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....	0
16.3 Total payable for securities lending reported on the liability page. ....	\$ .....	0

**STATEMENT AS OF MARCH 31, 2023 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. .....	KUR85E5PS4GQFZTFC130 .....	SEC .....	NO.....

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

18.2 If no, list exceptions:  
.....

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

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

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

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

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

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

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

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

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

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

## 1. Operating Percentages:

1.1 A&amp;H loss percent ..... 81.7 %

1.2 A&amp;H cost containment percent ..... 2.8 %

1.3 A&amp;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 MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

**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 .....	69,327,436 .....	114,116,998 .....	698,815,012 .....				882,259,446 .....	
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 .....	69,327,436 .....	114,116,998 .....	698,815,012 .....	0 .....	0 .....	0 .....	882,259,446 .....	0 .....
60. Reporting Entity Contributions for Employee Benefit Plans .....		XXX .....								0 .....
61. Totals (Direct Business)		XXX .....	69,327,436 .....	114,116,998 .....	698,815,012 .....	0 .....	0 .....	0 .....	882,259,446 .....	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:

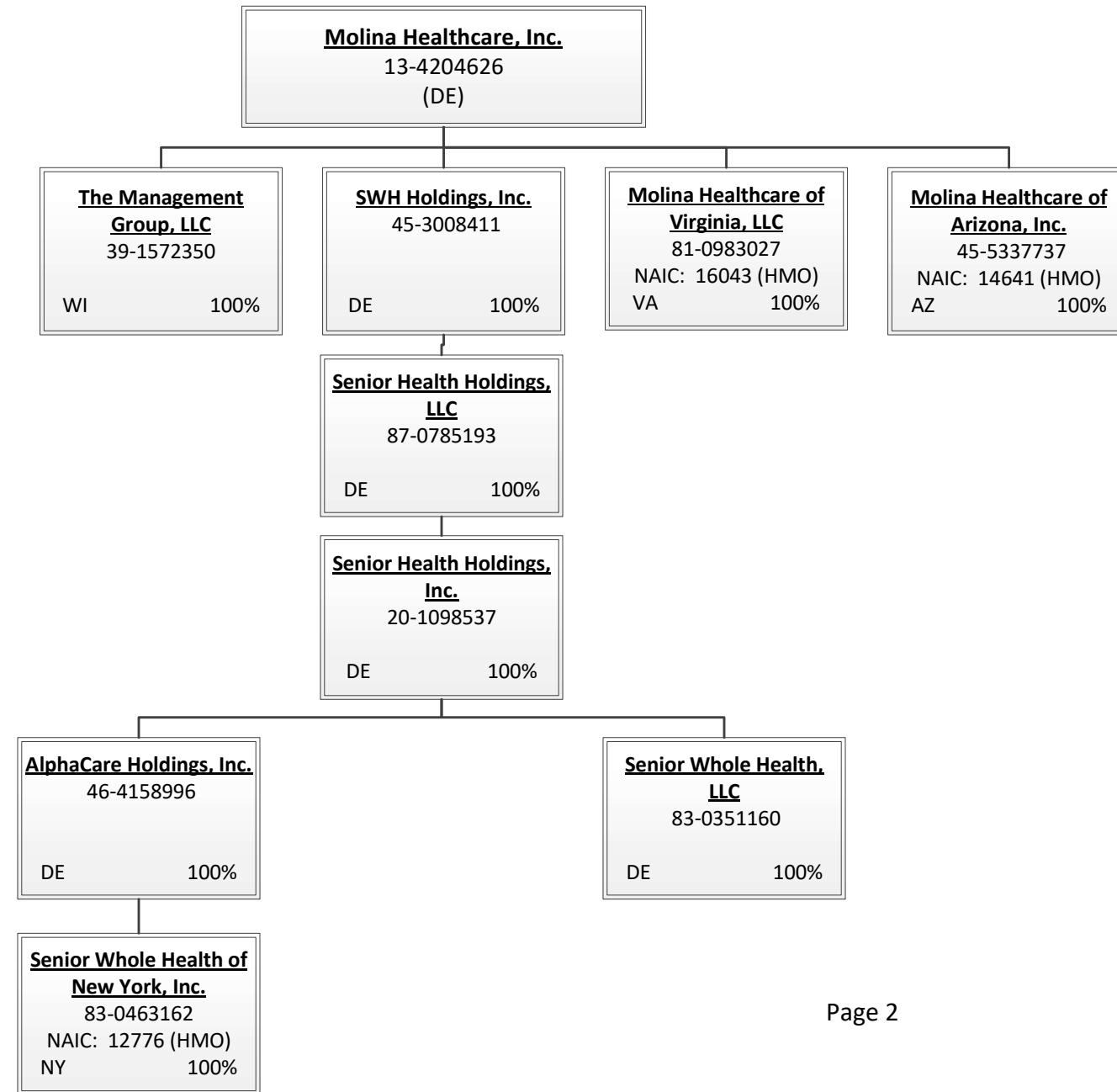
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1 4. Q - Qualified - Qualified or accredited reinsurer..... 0  
 2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 56  
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0

Molina Healthcare, Inc.

13-4204626

(DE)

<u>Molina Healthcare of California</u> 33-0342719 (HMO) CA 100%	<u>Molina Healthcare of Wisconsin, Inc.</u> 20-0813104 NAIC: 12007 (HMO) WI 100%	<u>Molina Healthcare of Florida, Inc.</u> 26-0155137 NAIC: 13128 (HMO) FL 100%	<u>Molina Healthcare of Illinois, Inc.</u> 27-1823188 NAIC: 14104 (HMO) IL 100%	<u>Molina Healthcare of Michigan, Inc.</u> 38-3341599 NAIC: 52630 (HMO) MI 100%	<u>Molina Healthcare of New Mexico, Inc.</u> 85-0408506 NAIC: 95739 (HMO) NM 100%	<u>Molina Healthcare of Ohio, Inc.</u> 20-0750134 NAIC: 12334 (HMO) OH 100%	<u>Molina Healthcare of Puerto Rico, Inc.</u> 66-0817946 NAIC: 15600 (HMO PR) PR & NV 100%
<u>Molina Healthcare of Texas, Inc.</u> 20-1494502 NAIC: 10757 (HMO) TX 100%	<u>Molina Healthcare of South Carolina, Inc.</u> 46-2992125 NAIC: 15329 (HMO) SC 100%	<u>Molina Healthcare of Utah, Inc.</u> 33-0617992 NAIC: 95502 (HMO) UT 100%	<u>Molina Healthcare of Washington, Inc.</u> 91-1284790 NAIC: 96270 (HMO) WA 100%	<u>Molina Healthcare of New York, Inc.</u> 27-1603200 (MCO) NY 100%	<u>Molina Healthcare of Texas Insurance Company</u> 27-0522725 NAIC: 13778 (A&H) TX 100%	<u>Molina Healthcare of Mississippi, Inc.</u> 26-4390042 NAIC: 16301 (HMO) MS 100%	<u>Molina Healthcare of Kentucky, Inc.</u> 83-3866292 NAIC: 16596 (HMO) KY 100%
<u>Molina Clinical Services, LLC</u> 81-2824030 DE 100%	<u>Oceangate Reinsurance, Inc.</u> 84-4039542 NAIC: 16808 (captive insurer) UT 100%	<u>Molina Healthcare Data Center, LLC</u> 45-2634351 NM 100%	<u>2028 West Broadway, LLC</u> 85-3111408 DE 100%	<u>Molina Healthcare of Indiana, Inc.</u> 38-4187664 NAIC: 17424 (HMO) IN 100%	<u>Molina Healthcare of Nevada, Inc.</u> 20-3567602 NAIC: 17064 (HMO) NV 100%	<u>Molina Healthcare of Nebraska, Inc.</u> 88-2279643 NAIC: 17357 (HMO) NE 100%	<u>Molina Healthcare of Oklahoma, Inc.</u> 81-0864563 NAIC: 17066 (HMO) OK 100%
<u>Molina Healthcare of Tennessee, Inc.</u> 84-3288805 TN 100%	<u>Molina Healthcare of Georgia, Inc.</u> 80-0800257 NAIC: 15714 (HMO) GA 100%	<u>Molina Healthcare of Louisiana, Inc.</u> 81-4229476 LA 100%	<u>Molina Healthcare of Pennsylvania, Inc.</u> 81-0855820 PA 100%	<u>Molina Healthcare of Iowa, Inc.</u> 38-4187674 NAIC: 17197 (HMO) IA 100%	<u>MHAZ, Inc.</u> 30-0876771 AZ 100%	<u>Molina Healthcare of Rhode Island Holding Company, Inc.</u> 87-2979541 DE 100%	<u>Molina Care Connections, LLC</u> 47-2296708 TX 100%
<u>Molina Healthcare of Kansas, Inc.</u> 92-3336788 KS 100%	<u>Molina Healthcare of Wisconsin CMO, Inc.</u> 88-2992962 WI 100%	<b>Continued on Page 2</b>				<u>Molina Healthcare of Rhode Island, Inc.</u> 87-2738451 NAIC: 17290 (HMO) RI 100%	



## STATEMENT AS OF MARCH 31, 2023 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)	*		
		00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	..DE...	...UDP...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	..AZ...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	..FL...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	..GA...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	..IL...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	17424	38-4187664				Molina Healthcare of Indiana, Inc.	..IN...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	..IA...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	..KY...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	..MI...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	..MS...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	17357	88-2279643				Molina Healthcare of Nebraska, Inc.	..NE...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	..NV...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	..NM...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	..OH...	...RE...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	..OK...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	..PR...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
							Molina Healthcare of Rhode Island Holding										
..1531 ...	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	..RI...	...IA...	Company, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	..SC...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
							Molina Healthcare of Texas Insurance Company										
..1531 ...	Molina Healthcare, Inc.	13778	27-0522725					..TX...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	10757	20-1494502					..TX...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	95502	33-0617992					..UT...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	16043	81-0983027					..VA...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	96270	91-1284790					..WA...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	12007	20-0813104					..WI...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	16808	84-4039542					..UT...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
..1531 ...	Molina Healthcare, Inc.	12776	83-0463162					..NY...	...IA...	AlphaCare Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
		00000	85-3111408														
		00000	46-4158996					..DE...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...			
		00000	30-0876771						..DE...	...NIA...	Senior Health Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	47-2296708						..AZ...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	81-2824030						..TX...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	45-2634351						..DE...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	33-0342719						..NM...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	92-3336788						..CA...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	81-4229476						..KS...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	27-1603200						..LA...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	81-0855820						..NY...	...IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	87-2979541						..PA...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	84-3288805						..DE...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	88-2992962						..TN...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	20-1098537						..WI...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	87-0785193						..DE...	...NIA...	Senior Health Holdings, LLC	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...		
		00000	83-0351160							..DE...	...NIA...	SIH Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...	
		00000	45-3008411							..DE...	...NIA...	Senior Health Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...	
		00000	39-1572350							..DE...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...	
										..WI...	...NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	...NO...	

STATEMENT AS OF MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.

Asterisk	Explanation

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

NO

### 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**

## STATEMENT AS OF MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.

**SCHEDULE A - VERIFICATION**

Real Estate

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

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

Mortgage Loans

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

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

Other Long-Term Invested Assets

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

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

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	316,593,240	245,228,231
2. Cost of bonds and stocks acquired .....	102,680,614	125,350,364
3. Accrual of discount .....	193,633	344,713
4. Unrealized valuation increase (decrease) .....	100,095	(306,675)
5. Total gain (loss) on disposals .....	(263,289)	(14,911)
6. Deduct consideration for bonds and stocks disposed of .....	22,406,151	52,804,968
7. Deduct amortization of premium .....	287,171	1,227,463
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 .....	1,078	23,949
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	396,612,049	316,593,240
12. Deduct total nonadmitted amounts .....	0	
13. Statement value at end of current period (Line 11 minus Line 12) .....	396,612,049	316,593,240

## STATEMENT AS OF MARCH 31, 2023 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) .....	269,343,095	90,974,738	19,662,249	(93,883)	340,561,701	0	0	269,343,095
2. NAIC 2 (a) .....	32,931,176	10,325,003	2,216,131	207,782	41,247,830	0	0	32,931,176
3. NAIC 3 (a) .....	14,442,846	1,380,872	750,989	(240,445)	14,832,284	0	0	14,442,846
4. NAIC 4 (a) .....	0	0	133,939	133,939	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds .....	316,717,117	102,680,613	22,763,308	7,393	396,641,815	0	0	316,717,117
<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 .....	316,717,117	102,680,613	22,763,308	7,393	396,641,815	0	0	316,717,117

(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 \$ .....29,767 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SI02

STATEMENT AS OF MARCH 31, 2023 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
770999999999 Totals	29,767	XXX	29,571	623	0

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	123,877	74,593,255
2. Cost of short-term investments acquired .....	0	51,332,555
3. Accrual of discount .....	259	44,123
4. Unrealized valuation increase (decrease) .....	578	(699)
5. Total gain (loss) on disposals .....	53	(5,248)
6. Deduct consideration received on disposals .....	95,000	125,836,263
7. Deduct amortization of premium .....	0	3,846
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	29,767	123,877
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	29,767	123,877

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 MARCH 31, 2023 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 .....	264,686,257	259,778,501
2. Cost of cash equivalents acquired .....	919,763,951	4,453,031,733
3. Accrual of discount .....	0	59,390
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	(10,428)
6. Deduct consideration received on disposals .....	889,806,107	4,448,172,939
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	294,644,101	264,686,257
11. Deduct total nonadmitted amounts .....	0	0
<b>12. Statement value at end of current period (Line 10 minus Line 11)</b>	<b>294,644,101</b>	<b>264,686,257</b>

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

## STATEMENT AS OF MARCH 31, 2023 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
3133KQ-FT-8	UMBs - POOL RA8278		02/27/2023	CANTOR FITZGERALD & CO.	968,699	982,205		1,637	1.FE
<b>0909999999. Subtotal - Bonds - U.S. Special Revenues</b>					968,699	982,205		1,637	XXX
013092-AC-5	ALBERTSONS COS/SAFEWAY		03/28/2023	DIRECT	47,739	50,000		482	3.C FE
013090-AA-6	ALBERTSONS COS/SAFEWAY		02/06/2023	DIRECT	10,000	10,000		0	3.C FE
023610-AS-9	AMEREN ILLINOIS CO		02/23/2023	KEYBANC CAPITAL MARKETS INC.	1,191,850	1,250,000		13,458	1.F FE
02665W-EC-1	AMERICAN HONDA FINANCE		01/10/2023	WELLS FARGO SECURITIES LLC	999,420	1,000,000		0	1.G FE
031162-CJ-7	AMGEN INC		03/28/2023	U.S. BANCORP INVESTMENTS INC.	1,877,160	2,000,000		5,922	2.A FE
03465G-AA-4	ANGEL OAK MORTGAGE TRUST 23-2 A1		03/08/2023	MORGAN STANLEY & CO. LLC	2,600,913	2,750,000		15,274	1.A FE
058498-AV-8	BALL CORP		02/23/2023	DIRECT	29,100	30,000		658	3.A FE
06051G-HV-4	BANK OF AMERICA CORP		03/28/2023	BOFA SECURITIES INC.	884,570	1,000,000		5,944	1.G FE
06644E-AG-3	23-SYR1 A3		03/30/2023	WELLS FARGO SECURITIES LLC	4,119,920	4,000,000		12,520	1.A FE
10568M-AA-2	BRAVO RESIDENTIAL FUNDING TRUS 23-NQM1 A		01/20/2023	BARCLAYS CAPITAL INC.	1,999,999	2,000,000		7,996	1.A FE
12547D-AA-4	CIFC FUNDING LTD 21-4A A		03/24/2023	WELLS FARGO SECURITIES LLC	4,120,200	4,200,000		47,713	1.A FE
126650-DS-6	CVS HEALTH CORP		02/13/2023	BOFA SECURITIES INC.	747,450	750,000		0	2.B FE
12770R-AA-1	COLT MERGER SUB INC		03/02/2023	DIRECT	74,906	75,000		759	3.C FE
134429-BG-3	CAMPBELL SOUP CO		02/23/2023	HSBC SECURITIES (USA) INC.	1,198,000	1,250,000		23,344	2.B FE
194162-AQ-6	COLGATE-PALMOLIVE CO		02/27/2023	BNP PARIBAS SECURITIES CORP.	998,840	1,000,000		0	1.D FE
19685W-AA-9	COLT FUNDING LLC 21-2 A1		01/11/2023	J.P. MORGAN SECURITIES LLC	790,594	973,414		300	1.A FE
19688M-AA-8	COLT FUNDING LLC 22-6 A1		03/21/2023	BOFA SECURITIES INC.	1,895,395	1,885,672		7,452	1.A FE
222070-AE-4	COTY INC		01/26/2023	DIRECT	33,688	35,000		510	3.B FE
24381Y-AB-0	DEEPHAVEN RESIDENTIAL MORTGAGE 22-3 A2		02/16/2023	J.P. MORGAN SECURITIES LLC	926,284	947,681		2,790	1.C FE
24422E-IT-2	JOHN DEERE CAPITAL CORP		02/27/2023	BARCLAYS CAPITAL INC.	1,249,863	1,250,000		0	1.F FE
344928-AD-8	FORD CREDIT AUTO OWNER TRUST 23-A A3		03/28/2023	BNP PARIBAS SECURITIES CORP.	1,499,844	1,500,000		0	1.A FE
345397-C4-3	FORD MOTOR CREDIT CO LLC		01/18/2023	DIRECT	205,250	200,000		541	3.B FE
34960P-AB-7	FORTRESS TRANS & INFRAST		01/10/2023	DIRECT	71,801	75,000		1,335	3.C FE
38013J-AD-5	GM FINANCIAL SECURITIZED TERM 23-1 A3		01/09/2023	CITIGROUP GLOBAL MARKETS INC.	749,886	750,000		0	1.A FE
38141G-YA-6	GOLDMAN SACHS GROUP INC		03/24/2023	HSBC SECURITIES (USA) INC.	897,870	1,000,000		755	1.F FE
38141G-YM-0	GOLDMAN SACHS GROUP INC		03/07/2023	CITIGROUP GLOBAL MARKETS INC.	2,189,700	2,500,000		18,668	1.F FE
40428H-VL-3	HSBC USA INC		03/09/2023	HSBC SECURITIES (USA) INC.	998,300	1,000,000		0	1.G FE
431318-AS-3	HILCORP ENERGY I/HILCORP		01/11/2023	DIRECT	38,700	40,000		500	3.C FE
46653P-BM-8	JP MORGAN MORTGAGE TRUST 21-6 A15		01/18/2023	J.P. MORGAN SECURITIES LLC	1,010,944	1,235,684		1,630	1.A FE
482850N-AC-9	KFC HLD/PIZZA HUT/TACO		03/28/2023	DIRECT	24,250	25,000		393	3.B FE
49177J-AC-6	KENVEU INC		03/29/2023	VARIOUS	5,830,872	5,750,000		4,013	1.F FE
49327M-3F-9	KEY BANK NA		03/14/2023	MARKETAXESS	1,487,940	1,500,000		29,494	1.G FE
49327M-3G-7	KEY BANK NA		03/21/2023	VARIOUS	4,083,515	4,250,000		31,627	1.G FE
494368-CB-7	KIMBERLY-CLARK CORP		03/29/2023	J.P. MORGAN SECURITIES LLC	1,844,260	2,000,000		861	1.F FE
517834-AG-2	LAS VEGAS SANDS CORP		03/23/2023	DIRECT	38,675	40,000		171	3.A FE
548661-EP-8	LIONES COS INC		03/28/2023	J.P. MORGAN SECURITIES LLC	749,873	750,000		0	2.A FE
58769J-AF-4	MERCEDES-BENZ FIN NA		03/27/2023	CITIGROUP GLOBAL MARKETS INC.	3,495,345	3,500,000		0	1.G FE
59980D-AB-7	MILL CITY MORTGAGE TRUST 23-NQM1 A2		02/24/2023	GOLDMAN SACHS & CO. LLC	979,333	1,000,000		4,538	1.C FE
61747Y-EZ-4	MORGAN STANLEY		02/24/2023	BARCLAYS CAPITAL INC.	988,980	1,000,000		5,471	1.G FE
629377-CE-0	NRG ENERGY INC		01/23/2023	DIRECT	38,100	40,000		64	3.B FE
641062-BK-9	NESTLE HOLDINGS INC		03/29/2023	VARIOUS	5,599,305	5,500,000		9,917	1.D FE
64952W-FB-4	NEW YORK LIFE GLOBAL FDG		03/29/2023	GOLDMAN SACHS & CO. LLC	4,994,800	5,000,000		0	1.B FE
65473P-AN-5	N1SOURCE INC		03/21/2023	J.P. MORGAN SECURITIES LLC	748,718	750,000		0	2.B FE
670001-AG-1	NOVELIS CORP		03/23/2023	DIRECT	40,500	45,000		536	3.C FE
670855-AA-3	ONSLOW BAY FINANCIAL LLC 23-NQM1 A1		03/21/2023	WELLS FARGO SECURITIES LLC	1,469,652	1,467,789		5,490	1.A FE
67114V-AA-1	ONSLOW BAY FINANCIAL LLC 22-NQM1 A1		03/30/2023	GOLDMAN SACHS & CO. LLC	1,407,255	1,660,095		213	1.A FE

## STATEMENT AS OF MARCH 31, 2023 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
67115D-AA-0	ONSLOW BAY FINANCIAL LLC 21-NOM4 A1		03/31/2023	J.P. MORGAN SECURITIES LLC	831,732	1,025,642	167	1.A FE	
675947-AA-3	OCT61 2023-2A A		03/16/2023	RBC CAPITAL MARKETS LLC	3,800,000	3,800,000	0	1.A FE	
682691-AB-6	ONEMAIN FINANCE CORP		01/09/2023	DIRECT	39,038	45,000	770	3.B FE	
693475-BK-0	PNC FINANCIAL SERVICES		03/29/2023	CITIGROUP GLOBAL MARKETS INC.	998,570	1,000,000	17,698	1.G FE	
693475-BL-8	PNC FINANCIAL SERVICES		03/15/2023	BOFA SECURITIES INC.	1,217,075	1,250,000	8,756	1.G FE	
69354N-AC-0	PRA GROUP INC		01/26/2023	DIRECT	44,775	45,000	1,374	3.B FE	
74456Q-BU-9	PUBLIC SERVICE ELECTRIC		03/22/2023	KEYBANC CAPITAL MARKETS INC.	967,260	1,000,000	14,697	1.F FE	
74841C-AA-9	QUICKEN LOANS LLC/QUICKN		02/02/2023	DIRECT	39,150	45,000	702	3.A FE	
75513E-CQ-2	RAYTHEON TECH CORP		02/23/2023	MORGAN STANLEY & CO. LLC	749,790	750,000	0	2.A FE	
77313L-AA-1	ROCKETMTG CO-ISSUER INC		01/12/2023	DIRECT	31,063	35,000	257	3.A FE	
780153-BS-0	ROYAL CARIBBEAN CRUISES	D.	01/05/2023	DIRECT	25,500	25,000	533	3.C FE	
78410G-AD-6	SBA COMMUNICATIONS CORP		03/29/2023	DIRECT	78,825	85,000	421	3.B FE	
78442P-GE-0	SLM CORP		01/11/2023	DIRECT	39,763	45,000	277	3.A FE	
810064-AA-3	23-SFS A		02/24/2023	GOLDMAN SACHS & CO. LLC	2,000,000	2,000,000	5,253	1.A FE	
812127-AA-6	SEALED AIR CORP		03/23/2023	DIRECT	100,313	100,000	533	3.B FE	
81725W-AK-9	SENSATA TECHNOLOGIES BV	D.	02/27/2023	DIRECT	44,489	50,000	756	3.C FE	
81749B-AA-9	SEQUOIA MORTGAGE TRUST 23-1 A1		01/18/2023	WELLS FARGO SECURITIES LLC	989,375	1,000,000	3,611	1.A FE	
845011-AH-8	SOUTHWEST GAS CORP		03/21/2023	BOFA SECURITIES INC.	748,898	750,000	0	2.B FE	
85207U-AK-1	SPRINT CORP		02/27/2023	DIRECT	46,913	45,000	0	3.A FE	
853496-AC-1	STANDARD INDUSTRIES INC		01/26/2023	DIRECT	52,663	55,000	1,260	3.B FE	
855244-BE-8	STARBUCKS CORP		03/28/2023	VARIOUS	2,755,813	2,750,000	11,611	2.A FE	
87267T-AB-7	TOORAK MORTGAGE CORP 21-INV2 A2		01/19/2023	WELLS FARGO SECURITIES LLC	558,743	651,357	843	1.C FE	
87724R-AA-0	TAYLOR MORRISON COMM		01/09/2023	DIRECT	34,213	35,000	149	3.C FE	
88258M-AA-3	TEXAS NATURAL GAS SECURITIZTN		03/10/2023	JEFFERIES LLC	750,000	750,000	0	1.A FE	
89181P-CL-0	TOWID POINT HE TRUST 23-1 A1A		02/24/2023	J.P. MORGAN SECURITIES LLC	1,251,035	1,250,000	7,639	1.A FE	
89236T-KN-4	TOYOTA MOTOR CREDIT CORP		01/09/2023	CITIGROUP GLOBAL MARKETS INC.	1,499,355	1,500,000	0	1.E FE	
89788M-AD-4	TRUIST FINANCIAL CORP		03/29/2023	KEYBANC CAPITAL MARKETS INC.	1,310,520	1,500,000	1,531	1.G FE	
911365-BF-0	UNITED RENTALS NORTH AM		03/16/2023	DIRECT	73,688	75,000	401	3.A FE	
91153L-AA-5	UNITED SHORE FINAN SERVI		01/04/2023	DIRECT	77,775	85,000	662	3.C FE	
91324P-EU-2	UNITEDHEALTH GROUP INC		03/23/2023	WELLS FARGO SECURITIES LLC	4,242,010	4,250,000	0	1.G FE	
92538H-AA-8	VERUS SECURITIZATION TRUST 21-4 A1		01/11/2023	BOFA SECURITIES INC.	430,604	524,927	164	1.A FE	
92539B-AA-0	VERUS SECURITIZATION TRUST 23-1 A1		01/11/2023	MORGAN STANLEY & CO. LLC	749,996	750,000	2,194	1.A FE	
92539P-AB-9	VERUS SECURITIZATION TRUST 23-INV1 A2		02/13/2023	J.P. MORGAN SECURITIES LLC	1,499,994	1,500,000	5,737	1.C FE	
92912V-AY-1	VOYA CLO LTD 14-2A A1RR		03/27/2023	WELLS FARGO SECURITIES LLC	1,728,972	1,746,437	20,020	1.A FE	
95000U-2K-8	WELLS FARGO & COMPANY		03/24/2023	VARIOUS	2,125,440	2,250,000	12,308	1.E FE	
969457-CH-1	WILLIAMS COMPANIES INC		02/27/2023	MIZUHO SECURITIES USA LLC	749,303	750,000	0	2.B FE	
98164J-AD-6	WORLD OMNI AUTO RECEIVABLES TR 23-A A3		02/07/2023	MIZUHO SECURITIES USA LLC	1,749,703	1,750,000	0	1.A FE	
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						101,711,915	104,303,698	381,663	XXX
2509999997. Total - Bonds - Part 3						102,680,614	105,285,903	383,300	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999. Total - Bonds						102,680,614	105,285,903	383,300	XXX
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

STATEMENT AS OF MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Admini- stra-tive Symbol
5989999999. Total - Common Stocks					0	XXX	0	XXX	
5999999999. Total - Preferred and Common Stocks					0	XXX	0	XXX	
6009999999 - Totals					102,680,614	XXX	383,300	XXX	

## STATEMENT AS OF MARCH 31, 2023 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 Modifer 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									
.912820-BG-5	US TREASURY N/B	.....	01/31/2023	MATURITY at 100.0000	3,000,000	3,000,000	2,990,283	2,999,270	0	730	0	730	0	0	3,000,000	0	0	0	1,875	01/31/2023	1.A	.....	
0109999999. Subtotal - Bonds - U.S. Governments					3,000,000	3,000,000	2,990,283	2,999,270	0	730	0	730	0	0	3,000,000	0	0	0	1,875	XXX	XXX		
.045167-FG-3	ASIAN DEVELOPMENT BANK	D.....	03/30/2023	GOLDMAN SACHS & CO. LLC			1,888,340	2,000,000	1,998,920	1,999,362	0	.90	0	.90	0	1,999,451	0	(111,111)	(111,111)	6,007	10/08/2024	1.A FE	.....
.4581X0-DF-2	INTER-AMERICAN DEVEL BK	D.....	03/28/2023	BNP PARIBAS SECURITIES CORP.			737,760	750,000	791,656	767,090	0	(4,051)	0	(4,051)	0	763,039	0	(25,279)	(25,279)	13,891	01/16/2024	1.A FE	.....
.459058-JV-6	INTL BK RECON & DEVELOP	D.....	03/28/2023	WELLS FARGO SECURITIES LLC			1,994,600	2,000,000	1,995,860	1,999,372	0	513	0	513	0	1,999,885	0	(5,285)	(5,285)	1,111	04/20/2023	1.A FE	.....
.500769-JN-5	KFW	D.....	03/28/2023	CIBC WORLD MARKETS CORP.			3,986,680	4,000,000	3,999,200	3,999,875	0	.98	0	.98	0	3,999,973	0	(13,293)	(13,293)	4,306	04/25/2023	1.A FE	.....
0309999999. Subtotal - Bonds - All Other Governments					8,607,380	8,750,000	8,785,636	8,765,699	0	(3,350)	0	(3,350)	0	0	8,762,348	0	(154,968)	(154,968)	25,315	XXX	XXX		
.3132CII-HM-9	UMBs - POOL SB0236	.....	03/01/2023	MBS PAYDOWN			96,562	96,562	101,103	96,697	0	(135)	0	(135)	0	96,562	0	0	0	432	05/01/2033	1.A FE	.....
.3132D5-4L-3	UMBs - POOL SB8027	.....	03/01/2023	MBS PAYDOWN			7,062	7,062	7,243	7,065	0	(2)	0	(2)	0	7,062	0	0	0	33	01/01/2035	1.A FE	.....
.3133KY-R2-7	FHLMC POOL RB5005	.....	03/01/2023	MBS PAYDOWN			12,155	12,305	12,155	12,156	0	(1)	0	(1)	0	12,155	0	0	0	55	07/01/2039	1.A FE	.....
.3133KY-VY-2	UMBs - FR RB5131	.....	03/01/2023	MBS PAYDOWN			47,458	47,458	48,741	47,472	0	(14)	0	(14)	0	47,458	0	0	0	158	10/01/2041	1.A FE	.....
.3133KY-WA-3	UMBs - POOL RB5141	.....	03/01/2023	MBS PAYDOWN			15,088	15,088	15,286	15,091	0	(2)	0	(2)	0	15,088	0	0	0	50	01/01/2042	1.A FE	.....
.3136AG-FU-1	FANNIE MAE 13-92 DA	.....	03/01/2023	MBS PAYDOWN			31,049	31,049	32,606	31,086	0	(37)	0	(37)	0	31,049	0	0	0	218	05/25/2042	1.A FE	.....
.3136B4-KK-9	FANNIE MAE 19-32 PA	.....	03/01/2023	MBS PAYDOWN			57,308	57,308	59,583	57,336	0	(28)	0	(28)	0	57,308	0	0	0	321	10/25/2048	1.A FE	.....
.3140Q7-SII-8	UMBs - POOL CA0532	.....	03/01/2023	MBS PAYDOWN			12,694	12,694	13,061	12,696	0	(3)	0	(3)	0	12,694	0	0	0	78	10/01/2047	1.A FE	.....
.3140QK-ZZ-4	UMBs - POOL CB0759	.....	03/01/2023	MBS PAYDOWN			21,524	21,524	21,537	21,537	0	(13)	0	(13)	0	21,524	0	0	0	73	06/01/2036	1.A FE	.....
.3140X4-M4-5	UMBs - POOL FM1278	.....	03/01/2023	MBS PAYDOWN			31,731	31,731	32,594	31,747	0	(16)	0	(16)	0	31,731	0	0	0	142	07/01/2034	1.A FE	.....
.3140XB-TR-1	UMBs - POOL FM7759	.....	03/01/2023	MBS PAYDOWN			57,531	57,531	59,545	57,559	0	(28)	0	(28)	0	57,531	0	0	0	201	07/01/2036	1.A FE	.....
.3140XJ-HG-1	UMBs - POOL FS2930	.....	03/01/2023	MBS PAYDOWN			78,191	78,191	75,638	78,135	0	.56	0	.56	0	78,191	0	0	0	544	09/01/2037	1.A FE	.....
.31418D-FM-9	UMBs - POOL MA3771	.....	03/01/2023	MBS PAYDOWN			20,251	20,251	20,735	20,256	0	(5)	0	(5)	0	20,251	0	0	0	90	09/01/2039	1.A FE	.....
.31418D-GG-1	UMBs - POOL MA3798	.....	03/01/2023	MBS PAYDOWN			11,946	11,946	12,220	11,949	0	(3)	0	(3)	0	11,946	0	0	0	63	10/01/2034	1.A FE	.....
.31418D-LL-4	UMBs - POOL MA3930	.....	03/01/2023	MBS PAYDOWN			28,403	28,403	28,927	28,409	0	(6)	0	(6)	0	28,403	0	0	0	117	02/01/2035	1.A FE	.....
.31418D-MD-1	UMBs - POOL MA3955	.....	03/01/2023	MBS PAYDOWN			24,226	24,226	24,700	24,231	0	(5)	0	(5)	0	24,226	0	0	0	99	03/01/2035	1.A FE	.....
.31418D-YH-9	UMBs - POOL MA4311	.....	03/01/2023	MBS PAYDOWN			170,292	170,292	173,911	170,332	0	(40)	0	(40)	0	170,292	0	0	0	576	04/01/2041	1.A FE	.....
.31418D-Z9-6	UMBs - POOL MA4367	.....	03/01/2023	MBS PAYDOWN			63,774	63,774	65,216	63,805	0	(31)	0	(31)	0	63,774	0	0	0	157	06/01/2031	1.A FE	.....
.31418E-GC-8	UMBs - POOL MA4694	.....	03/01/2023	MBS PAYDOWN			148,079	148,079	146,413	148,054	0	.25	0	.25	0	148,079	0	0	0	857	08/01/2037	1.A FE	.....
0909999999. Subtotal - Bonds - U.S. Special Revenues					935,324	935,324	952,139	935,613	0	(288)	0	(288)	0	935,324	0	0	0	0	4,264	XXX	XXX		
.013817-AW-1	ARCONIC INC	.....	03/29/2023	SECURITY CALLED AT 100.78500000			10,078	10,000	9,790	9,815	0	.25	0	.25	0	9,839	0	161	161	332	10/01/2024	3.A FE	.....
.034656-AA-4	ANGEL OAK MORTGAGE TRUST 23-2 A1	.....	03/27/2023	MBS PAYDOWN			6,792	6,792	6,424	0	0	.14	0	.14	0	6,792	0	0	0	26	10/25/2067	1.A FE	.....
.037833-CU-2	APPLE INC	.....	03/28/2023	MARKETEXSS			982,770	1,000,000	1,068,160	1,028,084	0	(5,799)	0	(5,799)	0	1,022,285	0	(39,515)	(39,515)	11,004	05/11/2024	1.B FE	.....
.04016L-AQ-0	ARES CLO LTD 17-42A AR	D.....	01/22/2023	MBS PAYDOWN			61,426	61,426	61,426	0	0	0	0	0	61,426	0	0	0	814	01/22/2028	1.A FE	.....	
.058498-AT-3	BALL CORP	.....	01/10/2023	DIRECT			119,400	120,000	122,822	118,500	3,833	(27)	0	3,806	0	122,305	0	(2,905)	(2,905)	3,343	07/01/2025	3.A FE	.....
.06406R-AM-9	BANK OF NY MELLON CORP	.....	01/27/2023	MATURITY at 100.0000			1,000,000	1,000,000	999,300	999,983	0	.17	0	.17	0	1,000,000	0	0	0	9,250	01/27/2023	1.F FE	.....
.10568K-AA-6	BRAVO RESIDENTIAL FUNDING TRUS 22-NQM2 A	.....	03/01/2023	MBS PAYDOWN			30,011	30,011	30,011	0	0	0	0	0	30,011	0	0	0	206	11/25/2061	1.A FE	.....	
.10568M-AA-2	BRAVO RESIDENTIAL FUNDING TRUS 23-NQM1 A	.....	03/01/2023	MBS PAYDOWN			23,417	23,417	23,417	0	0	0	0	0	23,417	0	0	0	160	01/25/2063	1.A FE	.....	
.12659Y-AA-2	COLT FUNDING LLC 22-3 A1	.....	03/01/2023	MBS PAYDOWN			16,516	16,516	15,136	16,507	0	9	0	9	0	16,516	0	0	0	101	02/25/2067	1.A FE	.....
.14043M-AC-5	CAPITAL ONE PRIME AUTO RECEIVA 20-1 A3	.....	03/15/2023	MBS PAYDOWN			240,454	240,454	240,403	240,329	0	125	0	125	0	240,454	0	0	0	631	11/15/2024	1.A FE	.....
.164110-AG-6	CHENIERA ENERGY PARTNERS	.....	01/05/2023	DIRECT			13,524	15,000	14,440	14,477	0	1	0	1	0	14,479	0	(954)	(954)	184	10/01/2029	2.C FE	.....
.16411R-AK-5	CHENIERA ENERGY INC	.....	01/05/2023	DIRECT			41,555	45,															

STATEMENT AS OF MARCH 31, 2023 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

E05.

## STATEMENT AS OF MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.

**SCHEDULE D - PART 4**

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

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admi- nistrative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other Than Temporary Impairment Recogn- ized	13 Current Year's Temporar- y Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
5989999999. Total - Common Stocks							0	XXX	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	XXX	XXX
6009999999 - Totals							22,406,149	XXX	22,767,272	22,532,122	17,051	(6,788)	0	10,263	0	22,668,361	0	(263,288)	(263,288)	129,455	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 MARCH 31, 2023 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 ..... Columbus, OH	SD.....	0.000	.....0	.....0	.....6,397	.....6,397	.....6,397	....XXX
HUNTINGTON NATIONAL BANK (HCDA) ..... Columbus, OH		0.000	.....583,702	.....0	.....66,402,757	.....66,586,336	.....66,793,888	....XXX
HUNTINGTON NATIONAL BANK (HCDA) ..... Columbus, OH					.....(15,157,457)	.....(15,160,946)	.....(15,164,809)	....XXX
US BANK ..... St. Paul, MN					.....(2,823,722)	.....(2,188,836)	.....(1,937,467)	....XXX
US BANK ..... St. Paul, MN					.....124,046	.....129,208	.....123,868	....XXX
JP MORGAN CHASE ..... Columbus, OH					.....3,764,202	.....5,863,913	.....523,078	....XXX
JP MORGAN CHASE ..... Columbus, OH					.....101,241	.....112,894	.....72,965	....XXX
JP MORGAN CHASE ..... Columbus, OH					.....7,147,685	.....5,977,697	.....4,262,044	....XXX
JP MORGAN CHASE ..... Columbus, OH					.....(4,751)	.....(3,126)	.....(2,027)	....XXX
US BANK ..... St. Paul, MN					.....(22,569,591)	.....(18,061,733)	.....(21,614,619)	....XXX
US BANK ..... St. Paul, MN					.....(642,215)	.....(514,853)	.....(389,596)	....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	583,702	0	36,348,592	42,746,951	32,673,722	....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	583,702	0	36,348,592	42,746,951	32,673,722	....XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	.....0	.....0	.....0	....XXX
.....	.....	.....	.....	.....	.....	.....	.....	.....
0599999. Total - Cash	XXX	XXX	583,702	0	36,348,592	42,746,951	32,673,722	....XXX

STATEMENT AS OF MARCH 31, 2023 OF THE Molina Healthcare of Ohio, Inc.

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

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0109999999. Total - U.S. Government Bonds						0	0	0
0309999999. Total - All Other Government Bonds						0	0	0
0509999999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
0709999999. Total - U.S. Political Subdivisions Bonds						0	0	0
0909999999. Total - U.S. Special Revenues Bonds						0	0	0
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	0	0
1309999999. Total - Hybrid Securities						0	0	0
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
1909999999. Subtotal - Unaffiliated Bank Loans						0	0	0
2419999999. Total - Issuer Obligations						0	0	0
2429999999. Total - Residential Mortgage-Backed Securities						0	0	0
2439999999. Total - Commercial Mortgage-Backed Securities						0	0	0
2449999999. Total - Other Loan-Backed and Structured Securities						0	0	0
2459999999. Total - SVO Identified Funds						0	0	0
2469999999. Total - Affiliated Bank Loans						0	0	0
2479999999. Total - Unaffiliated Bank Loans						0	0	0
2509999999. Total Bonds						0	0	0
31846V-54-2 .....	FIRST AMER TREASURY OBLIG-Z .....		03/23/2023	0.000		0	29,285	0
82525-40-6 .....	AIM SHORT TERM INVESTMENT TRUST TREASURY .....		03/23/2023	0.000		45,400.000	95,489	0
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						45,400.000	124,774	0
262006-20-8 .....	DREYFUS GOVERNMENT CASH MGMT-INS .....		03/23/2023	0.000		0	18,232	0
31846V-33-6 .....	FIRST AMERICAN GOVT OBLIG-X .....		03/23/2023	0.000		0	5,460	0
31846V-56-7 .....	FIRST AMERICAN GOV OBLIG-Z .....		03/23/2023	0.000		47,492,280	212,566	0
38141W-27-3 .....	GOLDMAN SACHS FIN SQ GOVT-FS .....		03/23/2023	0.000		.375,528	58,533	0
481200-67-0 .....	JPMORGAN U.S. GOVT MONEY MARKET .....		03/23/2023	0.000		0	49,867	0
52470G-79-1 .....	WESTERN ASSET INST GOVT MONEY MARKET .....		03/23/2023	0.000		49,300,000	115,158	0
608919-71-8 .....	FEDERATED GOVT OBLIGATIONS FUND .....		03/23/2023	0.000		1	0	0
61747C-70-7 .....	MSILF GOVERNMENT PORT-INST .....		03/23/2023	0.000		.100,100,000	245,476	0
82525-88-5 .....	INVESTCO GOVT & AGENCY - INST MMF .....		03/23/2023	0.000		51,976,292	202,065	0
857492-57-3 .....	STATE ST INST US GOV MM-INST .....		03/23/2023	0.000		0	0	0
949921-12-6 .....	ALLSPRING GOVT MONEY MKT FD - SELECT .....		03/23/2023	0.000		0	.27,778	0
8309999999. Subtotal - All Other Money Market Mutual Funds						249,244,101	935,135	0
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8609999999 - Total Cash Equivalents						294,644,101	1,059,909	0