



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 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, Columbus, OH, US 43231
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta, 614-540-3488
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com, (E-mail Address) (FAX Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Mark William Bloom M.D. John Patrick Sivori Ami Lee Cole

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

Ami Lee Cole
President

Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
31st day of July 2023

Linda A. Guley

a. Is this an original filing?

Yes No

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....





HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 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 [X]					
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 (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)		888-562-5442 (Area Code) (Telephone Number)			
Internet Website Address	www.molinahealthcare.com					
Statutory Statement Contact	Aarati M Mehta (Name)		614-540-3488 (Area Code) (Telephone Number)			
	aarati.mehta@molinahealthcare.com (E-mail Address)		(FAX Number)			
OFFICERS						
President	Ami Lee Cole		Secretary	Jeffrey Don Barlow		
Chief Financial Officer	Cassie Lynn Lighton		Actuary			
OTHER						
DIRECTORS OR TRUSTEES						
Mark William Bloom M.D.	John Patrick Sivori		Ami Lee Cole			

State of Ohio County of Franklin SS: _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Ami Lee Cole
President

Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
day of _____

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

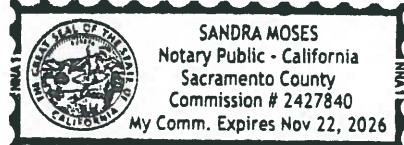
Yes [X] No []

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

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 19th
day of July, 2023, by Jeff Barlow

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



(Seal)

Signature Sandra (WxL)

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	427,341,843		427,341,843	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 (\$ 39,428,083), cash equivalents (\$ 234,174,397) and short-term investments (\$ 30,000)	273,632,480		273,632,480	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			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	700,974,323	0	700,974,323	621,723,115
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	3,762,059		3,762,059	2,735,424
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	50,675,662		50,675,662	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 (\$ 6,330,257) and contracts subject to redetermination (\$ 103,364,415)	109,694,672		109,694,672	78,376,826
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	55,794		55,794	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	13,962,011	581,110	13,380,901	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 (\$)	56,537	56,537	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 (\$ 53,793,369) and other amounts receivable	93,035,737	39,242,368	53,793,369	45,560,659
25. Aggregate write-ins for other than invested assets	2,375,666	2,375,666	0	105,118
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	974,592,461	42,255,681	932,336,780	806,022,517
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	974,592,461	42,255,681	932,336,780	806,022,517
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepays, deposits, and other assets	2,375,666	2,375,666	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)	2,375,666	2,375,666	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)	298,324,481	1,996,555	300,321,036	277,605,754
2. Accrued medical incentive pool and bonus amounts	17,195,305		17,195,305	16,796,286
3. Unpaid claims adjustment expenses	1,733,889	13,631	1,747,520	1,619,478
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	88,300,871		88,300,871	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	48,744,871		48,744,871	3,245,057
9. General expenses due or accrued	37,470,146		37,470,146	63,221,442
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	25,178,183		25,178,183	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	13,777,611		13,777,611	17,499,005
16. Derivatives			0	0
17. Payable for securities			0	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			0	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	6,555,170		6,555,170	22,221,257
23. Aggregate write-ins for other liabilities (including \$ 6,554,173 current)	6,554,173	0	6,554,173	5,714,346
24. Total liabilities (Lines 1 to 23)	543,834,700	2,010,186	545,844,886	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	303,601,894	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	386,491,894	329,960,965
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	932,336,780	806,022,517
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	6,531,959		6,531,959	5,700,164
2302. Member premium due	22,214		22,214	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)	6,554,173	0	6,554,173	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.....	2,380,742	2,445,992	4,893,103
2. Net premium income (including \$ non-health premium income).....	....XXX.....	1,565,093,295	1,886,974,902	3,591,631,553
3. Change in unearned premium reserves and reserve for rate credits.....	....XXX.....	(20,617,635)	75,393,398	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.....	1,544,475,660	1,962,368,300	3,667,470,797
Hospital and Medical:				
9. Hospital/medical benefits		947,468,457	1,064,239,199	2,086,267,048
10. Other professional services		119,238,036	121,683,110	238,874,480
11. Outside referrals	9,459,621	34,065,420	44,658,562	90,816,817
12. Emergency room and out-of-area		58,553,149	131,143,271	154,108,256
13. Prescription drugs		33,099,112	257,172,759	402,627,756
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		905,153	642,347	17,315,836
16. Subtotal (Lines 9 to 15)	9,459,621	1,193,329,327	1,619,539,248	2,990,010,193
Less:				
17. Net reinsurance recoveries		2,783,475	4,479,304	6,569,622
18. Total hospital and medical (Lines 16 minus 17)	9,459,621	1,190,545,852	1,615,059,944	2,983,440,571
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 48,685,133 cost containment expenses		57,713,502	55,890,164	115,596,497
21. General administrative expenses		166,018,057	180,862,844	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).....	9,459,621	1,414,277,411	1,851,812,952	3,466,392,073
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	....XXX.....	130,198,249	110,555,348	201,078,724
25. Net investment income earned		13,521,060	2,713,311	12,331,371
26. Net realized capital gains (losses) less capital gains tax of \$ (55,597)		(209,154)	(13,775)	(29,463)
27. Net investment gains (losses) (Lines 25 plus 26)	0	13,311,906	2,699,536	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	2,018,027	(1,276,699)	(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.....	145,528,182	111,978,185	212,667,810
31. Federal and foreign income taxes incurred .....	....XXX.....	32,604,364	24,011,206	44,535,930
32. Net income (loss) (Lines 30 minus 31) .....	....XXX.....	112,923,818	87,966,979	168,131,880
DETAILS OF WRITE-INS				
0601. ....	....XXX.....			
0602. ....	....XXX.....			
0603. ....	....XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	....XXX.....	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	....XXX.....	0	0	0
0701. ....	....XXX.....			
0702. ....	....XXX.....			
0703. ....	....XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	....XXX.....	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	....XXX.....	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Fines and penalties		2,018,027	(1,276,699)	(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	2,018,027	(1,276,699)	(712,822)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	329,960,965	327,514,747	327,514,747
34. Net income or (loss) from Line 32	112,923,818	87,966,979	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 \$	12,571	47,290	(289,967)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	3,349,801	(32,669)	768,735
39. Change in nonadmitted assets	(6,591,288)	913,490	(2,995,889)
40. Change in unauthorized and certified reinsurance	1,801,308	178,728	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	(55,000,000)	(55,000,000)	(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)	56,530,929	33,736,561	2,446,218
49. Capital and surplus end of reporting period (Line 33 plus 48)	386,491,894	361,251,308	329,960,965
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 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
Cash from Operations			
1. Premiums collected net of reinsurance	1,558,222,086	1,946,802,240	3,647,351,204
2. Net investment income	12,508,998	2,439,419	11,411,346
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	1,570,731,084	1,949,241,659	3,658,762,550
5. Benefit and loss related payments	1,179,224,671	1,576,937,287	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	252,006,978	228,481,240	438,470,813
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	14,219,998	49,890,000
10. Total (Lines 5 through 9)	1,431,231,649	1,819,638,525	3,473,569,620
11. Net cash from operations (Line 4 minus Line 10)	139,499,435	129,603,134	185,192,930
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	35,981,626	27,284,949	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	752	(27,055)	(23,082)
12.7 Miscellaneous proceeds	0	11,041,155	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	35,982,378	38,299,049	52,757,937
13. Cost of investments acquired (long-term only):			
13.1 Bonds	146,950,444	95,939,691	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	0	8,247	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	146,950,444	95,947,938	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)	(110,968,066)	(57,648,889)	(72,592,429)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	55,000,000	55,000,000	165,000,000
16.6 Other cash provided (applied)	(5,028,764)	36,489,691	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)	(60,028,764)	(18,510,309)	(128,826,210)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(31,497,395)	53,443,936	(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)	273,632,480	374,799,520	305,129,875

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

--	--	--	--

STATEMENT AS OF JUNE 30, 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
Total Members at end of:														
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	0	0	0	0	0	18,292	344,903	0	0	0	0	0
3. Second Quarter	386,667	33,534						17,726	335,407					
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	2,380,742	207,560						108,039	2,065,143					
Total Member Ambulatory Encounters for Period:														
7 Physician	2,193,103	100,514						197,842	1,894,747					
8. Non-Physician	1,341,135	58,652						154,522	1,127,961					
9. Total	3,534,238	159,166	0	0	0	0	0	352,364	3,022,708	0	0	0	0	0
10. Hospital Patient Days Incurred	858,662	7,607						110,067	740,988					
11. Number of Inpatient Admissions	45,699	1,075						8,112	36,512					
12. Health Premiums Written (a)	1,569,512,951	128,876,364						222,416,833	1,218,219,754					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	1,548,895,316	128,876,364						224,713,706	1,195,305,246					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	1,183,349,286	94,594,675						181,549,631	907,204,980					
18. Amount Incurred for Provision of Health Care Services	1,193,329,327	87,767,105						172,038,463	933,523,759					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 222,416,833

STATEMENT AS OF JUNE 30, 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 JUNE 30, 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 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	7,099,677	87,494,998	4,731,391	16,229,920	11,831,068	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	11,705,470	169,622,830	11,552,559	38,151,702	23,258,029	50,218,980
8. Title XIX - Medicaid	129,549,137	775,093,699	40,930,149	188,725,315	170,479,286	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)	148,354,284	1,032,211,527	57,214,099	243,106,937	205,568,383	277,605,754
14. Health care receivables (a)	13,691,524	76,544,785		2,799,428	13,691,524	79,395,843
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	304,217	201,417	16,373,041	822,264	16,677,258	16,796,286
17. Totals (Lines 13 - 14 + 15 + 16)	134,966,977	955,868,159	73,587,140	241,129,773	208,554,117	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	
NET INCOME							
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 112,923,818	\$ 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	\$ 112,923,818	\$ 168,131,880		
SURPLUS							
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 386,491,894	\$ 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	\$ 386,491,894	\$ 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 June 30, 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	\$ 1,543,413
2. 12 Months or Longer	\$ 6,213,394
b) The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 73,647,960
2. 12 Months or Longer	\$ 63,849,962

(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 June 30, 2023.

NOTES TO FINANCIAL STATEMENTS

- 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. The Plan also paid Molina an ordinary dividend in cash amounting to \$30,000,000 on May 30, 2023.
The reinsurance agreement with its affiliate, Oceangate Reinsurance Inc. (OGR) was terminated as of December 31, 2022. Refer to Note 23E.
- 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
- (2) Fair Value Measurements in Level 3 of the Fair Value hierarchy: None.
- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.
- (5) Derivative Assets and Liabilities: None.
- B. Fair Value Reporting under Statement of Statutory Accounting Principles No. 100, Fair Value Measurements, and Other Accounting Pronouncements: In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.
- C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of June 30, 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	\$ 8,394,666	\$ 8,420,294	\$ -	\$ 8,394,666	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 2,880,887	\$ 3,203,500	\$ -	\$ 2,880,887	\$ -	\$ -	\$ -
Political subdivisions	\$ 4,563,627	\$ 4,847,032	\$ -	\$ 4,563,627	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 57,135,535	\$ 63,130,317	\$ -	\$ 57,135,535	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 335,303,992	\$ 347,770,701	\$ -	\$ 335,303,992	\$ -	\$ -	\$ -
Exempt money market mutual fund	\$ 22,643,479	\$ 22,643,479	\$ 22,643,479	\$ -	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 211,530,918	\$ 211,530,918	\$ 211,530,918	\$ -	\$ -	\$ -	\$ -
Open depositories	\$ (28,036,952)	\$ (28,036,952)	\$ (28,036,952)	\$ -	\$ -	\$ -	\$ -
Short term certificates of deposit	\$ 67,465,034	\$ 67,465,034	\$ 67,465,034	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 681,881,186	\$ 700,974,323	\$ 273,602,479	\$ 408,278,707	\$ -	\$ -	\$ -

- 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 Medicaid coverage for ineligible enrollees starting on April 1, 2023, irrespective of the status of the Public Health Emergency. Consequently, during the second quarter of 2023, the state began disenrolling members.

- D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through August 14, 2023, the date the statutory financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

NOTE 23 Reinsurance

A. - D. No significant changes.

E. Reinsurance Credit: The reinsurance agreement with its affiliate, OGR 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.

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 business up to \$2,000,000 per member per agreement period. The reinsurance agreement provides coverage for calendar year 2023.

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)		\$ 2,796,080
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$ 171,252
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		\$ 3,890,709
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$ 1,624,756
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$ (45,656)
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)	\$ 577,816		\$ 34,867	\$(2,754,252)	\$ 22,224	\$(1,136,457)	A	\$ 57,091	\$(3,890,709)
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 612,683	\$(2,754,252)	\$ 577,816	\$ -	\$ 34,867	\$(2,754,252)	\$ 22,224	\$(1,136,457)		\$ 57,091	\$(3,890,709)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid					\$ -	\$ -			C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					\$ -	\$ -			F	\$ -	\$ -
5. Ceded reinsurance premiums payable					\$ -	\$ -			G	\$ -	\$ -
6. Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

7. Subtotal ACA Transitional Reinsurance Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
c. Temporary ACA Risk Corridors Program																				
1. Accrued retrospective premium																				
2. Reserve for rate credits or policy experience rating refunds																				
3. Subtotal ACA Risk Corridors Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
d. Total for ACA Risk Sharing Provisions	\$ 612,683		\$ (2,754,252)		\$ 577,816		\$ -		\$ 34,867		\$ (2,754,252)		\$ 22,224		\$ (1,136,457)		\$ 57,091		\$ (3,890,709)	

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

Claims unpaid activity during the current period is summarized below:

	Six months ended 6/30/2023
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	1,198,475,734
Prior years	<u>(7,929,882)</u>
Net incurred claims during the current year	<u>1,190,545,852</u>
Deduct paid claims, net of reinsurance:	
Current year	1,030,870,387
Prior years	<u>148,354,284</u>
Net paid claims during the current year	<u>1,179,224,671</u>
Change in claims adjustment expenses	128,042
Change in health care receivables	13,639,894
Change in amounts due from reinsurers	<u>(1,846,774)</u>
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 319,263,861</u>

The provision for claims incurred in prior years represents favorable development in claims experience as of June 30, 2023. Original estimates are increased or decreased as additional information becomes known regarding incurred reported claims.

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

None.

NOTE 31 Anticipated Salvage and Subrogation

None.

STATEMENT AS OF JUNE 30, 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 [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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 [X] No [] 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. 12/31/2021

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). 05/26/2023

6.4 By what department or departments?
 Ohio Department of Insurance _____

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

STATEMENT AS OF JUNE 30, 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	\$	\$

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 []
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 JUNE 30, 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&H loss percent 80.2 %

1.2 A&H cost containment percent 3.2 %

1.3 A&H expense percent excluding cost containment expenses 11.3 %

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

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

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

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

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

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

STATEMENT AS OF JUNE 30, 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	128,876,364	222,416,833	1,218,219,754				1,569,512,951	
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	128,876,364	222,416,833	1,218,219,754				1,569,512,951	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX								0
61. Totals (Direct Business)		XXX	128,876,364	222,416,833	1,218,219,754	0	0	0	1,569,512,951	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

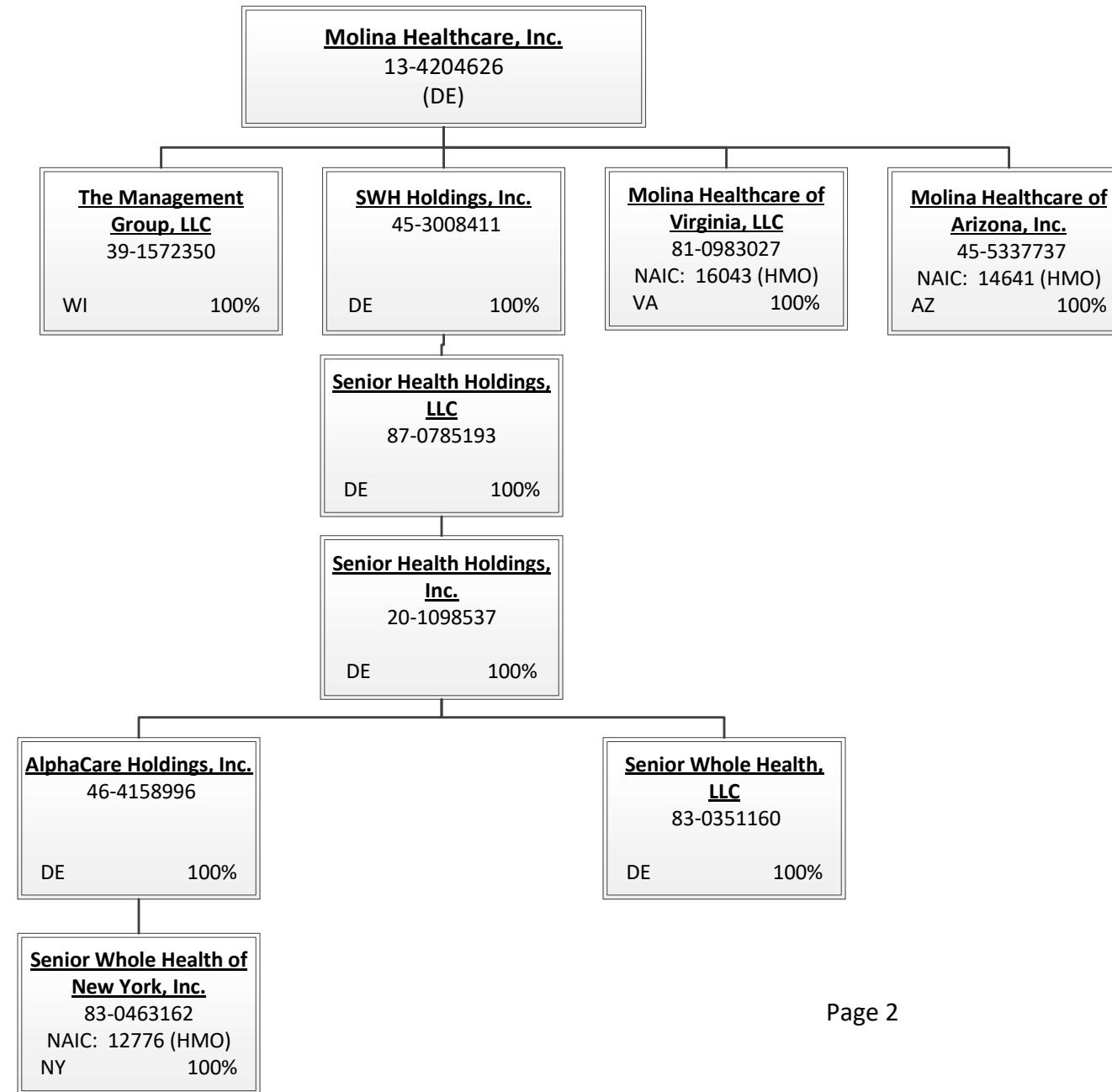
Molina Healthcare, Inc.

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%	Continued on Page 2				<u>Molina Healthcare of Rhode Island, Inc.</u> 87-2738451 NAIC: 17290 (HMO) RI 100%	

STATEMENT AS OF JUNE 30, 2023 OF THE Molina Healthcare of Ohio, Inc.



STATEMENT AS OF JUNE 30, 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	
..1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island Holding								
..1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of Rhode Island, Inc.	..RI...	... IA...	Company, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
..1531	Molina Healthcare, Inc.						Molina Healthcare of South Carolina, Inc.	..SC...	... IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
..1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas Insurance Company								
..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				.. TX...	... IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO		
..1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Utah, Inc.	..UT...	... IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
..1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Virginia, LLC	..VA...	... IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
..1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Washington, Inc.	..WA...	... IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
..1531	Molina Healthcare, Inc.	16808	84-4039542				Molina Healthcare of Wisconsin, Inc.	..WI...	... IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
..1531	Molina Healthcare, Inc.	12776	83-0463162				Oceangate Reinsurance, Inc.	..UT...	... IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	85-3111408				Senior Whole Health of New York, Inc.	..NY...	... IA...	AlphaCare Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	46-4158996				2028 West Broadway, LLC	..DE...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	30-0876771				AlphaCare Holdings, Inc.	..DE...	... NIA...	Senior Health Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	47-2296708				MHAZ, Inc.	..AZ...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	81-2824030				Molina Care Connections, LLC	..TX...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	45-2634351				Molina Clinical Services, LLC	..DE...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	33-0342719				Molina Healthcare Data Center, LLC	..NM...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	92-3336788				Molina Healthcare of California	..CA...	... IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	81-4229476				Molina Healthcare of Kansas, Inc.	..KS...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	27-1603200				Molina Healthcare of Louisiana, Inc.	..LA...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	81-0855820				Molina Healthcare of New York, Inc.	..NY...	... IA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	87-2979541				Molina Healthcare of Pennsylvania, Inc.	..PA...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	84-3288805				Molina Healthcare of Rhode Island Holding Company, Inc.	..DE...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	88-2992962				Molina Healthcare of Tennessee, Inc.	..TN...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	20-1098537				Molina Healthcare of Wisconsin CMO, Inc.	..WI...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	87-0785193				Senior Health Holdings, Inc.	..DE...	... NIA...	Senior Health Holdings, LLC	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	83-0351160				Senior Health Holdings, LLC	..DE...	... NIA...	SIH Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	45-3008411				Senior Whole Health, LLC	..DE...	... NIA...	Senior Health Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	39-1572350				SIH Holdings, Inc.	..DE...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	
							The Management Group, LLC	..WI...	... NIA...	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc.	... NO	

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

Explanation:

1.

Bar Code:

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



1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2 3 3 6 5 0 0 0 0 0 2

1 2 3 3 4 2 0 2

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	316,593,240	245,228,231
2. Cost of bonds and stocks acquired	146,950,444	125,350,364
3. Accrual of discount	560,934	344,713
4. Unrealized valuation increase (decrease)	59,162	(306,675)
5. Total gain (loss) on disposals	(264,804)	(14,911)
6. Deduct consideration for bonds and stocks disposed of	35,984,889	52,804,968
7. Deduct amortization of premium	575,507	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	3,263	23,949
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	427,341,843	316,593,240
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	427,341,843	316,593,240

STATEMENT AS OF JUNE 30, 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
BONDS								
1. NAIC 1 (a)	340,561,701	34,278,811	9,445,668	(1,953,587)	340,561,701	363,441,257	0	269,343,095
2. NAIC 2 (a)	41,247,830	9,634,915	4,046,722	2,610,518	41,247,830	49,446,541	0	32,931,176
3. NAIC 3 (a)	14,832,284	356,106	85,678	(618,668)	14,832,284	14,484,044	0	14,442,846
4. NAIC 4 (a)	0	0	0	0	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	396,641,815	44,269,832	13,578,068	38,263	396,641,815	427,371,842	0	316,717,117
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	396,641,815	44,269,832	13,578,068	38,263	396,641,815	427,371,842	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 \$30,000 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

STATEMENT AS OF JUNE 30, 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	30,000	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	371	44,123
4. Unrealized valuation increase (decrease)	699	(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)	30,000	123,877
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	30,000	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 JUNE 30, 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	1,649,998,610	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	1,680,510,470	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)	234,174,397	264,686,257
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	234,174,397	264,686,257

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

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

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

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

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

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

STATEMENT AS OF JUNE 30, 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
3140XL-A4-0	UMBs - POOL FS4526		06/06/2023	WELLS FARGO SECURITIES LLC	4,017,810	3,962,093	7,264	1.A FE	XXX
0909999999. Subtotal - Bonds - U.S. Special Revenues					4,017,810	3,962,093	7,264		XXX
025816-DE-6	AMERICAN EXPRESS CO		04/26/2023	CITIGROUP GLOBAL MARKETS INC.	1,000,000	1,000,000	0	1.F FE	
03690A-AD-8	ANTERO MIDSTREAM PART/FI		06/27/2023	DIRECT	28,809	30,000	565	3.C FE	
06406R-BP-1	BANK OF NY MELLON CORP		04/18/2023	TRUST SECURITIES INC.	1,981,480	2,000,000	20,916	1.E FE	
06406R-BQ-9	BANK OF NY MELLON CORP		04/19/2023	GOLDMAN SACHS & CO. LLC	750,000	750,000	0	1.E FE	
1248EP-BX-0	CCO HLDS LLC/CAP CORP		06/09/2023	DIRECT	18,325	20,000	367	3.C FE	
12570D-AA-4	CIM TRUST 23-11 A1		04/04/2023	NOMURA SECURITIES INTERNATIONAL INC.	749,986	750,000	4,398	1.A FE	
131347-CM-6	CALPINE CORP		06/27/2023	DIRECT	13,668	15,000	251	3.A FE	
159864-AE-7	CHARLES RIVER LABORATORI		06/08/2023	DIRECT	41,288	45,000	218	3.B FE	
16159A-AC-2	CHASE MORTGAGE FINANCE CORP A 23-RPL1 A		05/02/2023	J.P. MORGAN SECURITIES LLC	904,807	1,000,000	3,208	1.A FE	
17291N-AA-9	CITIGROUP COMMERCIAL MORTGAGE 23-SMRT A		05/10/2023	CITIGROUP GLOBAL MARKETS INC.	1,030,000	1,000,000	3,843	1.A FE	
17888H-AA-1	CIVITAS RESOURCES INC		06/22/2023	DIRECT	10,000	10,000	0	3.C FE	
19688N-AB-4	COLT FUNDING LLC 23-1 A2		04/18/2023	BARCLAYS CAPITAL INC.	749,990	750,000	3,658	1.C FE	
20030N-BS-9	COMCAST CORP		05/31/2023	U.S. BANCORP INVESTMENTS INC.	724,755	750,000	5,972	1.G FE	
22404A-CG-0	COX COMMUNICATIONS INC		04/18/2023	WELLS FARGO SECURITIES LLC	2,379,750	2,500,000	8,142	2.B FE	
29260F-AE-0	ENDEAVOR ENERGY RESOURCE		04/05/2023	DIRECT	54,656	55,000	615	3.A FE	
29362U-AC-8	ENTEGRIS INC		06/23/2023	DIRECT	41,110	45,000	394	3.B FE	
362583-AD-8	GM FINANCIAL SECURITIZED TERM 23-2 A3		04/04/2023	BOFA SECURITIES INC.	1,499,959	1,500,000	0	1.A FE	
42824C-BK-4	HP ENTERPRISE CO		04/18/2023	WELLS FARGO SECURITIES LLC	2,760,420	3,000,000	2,771	2.B FE	
487836-BW-7	KELLOGG CO		06/08/2023	BARCLAYS CAPITAL INC.	972,420	1,000,000	3,225	2.B FE	
548661-EP-8	LOWES COS INC		05/03/2023	UBS FINANCIAL SERVICES INC.	2,018,080	2,000,000	9,333	2.A FE	
57629W-6F-2	MASSMUTUAL GLOBAL FUNDIN		04/04/2023	J.P. MORGAN SECURITIES LLC	1,998,620	2,000,000	0	1.B FE	
58769J-AF-4	MERCEDES-BENZ FIN NA		04/25/2023	J.P. MORGAN SECURITIES LLC	1,011,400	1,000,000	3,600	1.F FE	
67114V-AA-1	ONSLOW BAY FINANCIAL LLC 22-NQM1 A1		04/12/2023	VARIOUS	1,229,406	1,432,271	1,200	1.A FE	
67115D-AA-0	ONSLOW BAY FINANCIAL LLC 21-NQM4 A1		03/31/2023	J.P. MORGAN SECURITIES LLC	(5,871)	(7,240)	(1)	1.A FE	
69327R-AJ-0	PDC ENERGY INC		05/04/2023	DIRECT	68,250	70,000	1,934	3.C FE	
756109-BS-2	REALTY INCOME CORP		04/17/2023	GOLDMAN SACHS & CO. LLC	1,715,403	1,750,000	1,142	1.G FE	
89173U-AD-9	TOWD POINT MORTGAGE TRUST 17-4 M2		06/20/2023	BARCLAYS CAPITAL INC.	626,484	750,000	1,422	1.C FE	
89180N-AB-0	TOWD POINT MORTGAGE TRUST 22-3 A2		05/12/2023	BOFA SECURITIES INC.	1,592,158	1,750,000	3,120	1.D FE	
89180Y-AF-7	TOWD POINT MORTGAGE TRUST 22-4 A2		05/12/2023	J.P. MORGAN SECURITIES LLC	1,830,234	2,000,000	3,595	1.D FE	
89236T-KT-1	TOYOTA MOTOR CREDIT CORP		05/31/2023	BOFA SECURITIES INC.	993,550	1,000,000	1,731	1.E FE	
89788M-AD-4	TRUIST FINANCIAL CORP		04/17/2023	MORGAN STANLEY & CO. LLC	1,766,840	2,000,000	3,308	1.G FE	
91159H-JK-7	US BANCORP		04/18/2023	U.S. BANCORP INVESTMENTS INC.	1,220,113	1,250,000	12,763	1.F FE	
92332Y-AA-9	VENTURE GLOBAL LNG INC		05/24/2023	DIRECT	80,000	80,000	0	3.C FE	
92539G-AB-7	VERUS SECURITIZATION TRUST 23-3 A2		04/14/2023	J.P. MORGAN SECURITIES LLC	749,990	750,000	3,487	1.C FE	
92539L-AB-6	VERUS SECURITIZATION TRUST 21-3 A2		05/11/2023	SG AMERICAS SECURITIES LLC	678,983	805,914	402	1.B FE	
92539T-AB-9	VERUS SECURITIZATION TRUST 23-4 A2		05/15/2023	MORGAN STANLEY & CO. LLC	749,994	750,000	2,803	1.C FE	
92826C-AD-4	VISA INC		04/25/2023	BOFA SECURITIES INC.	1,463,445	1,500,000	17,456	1.D FE	
92939U-AK-2	WEC ENERGY GROUP INC		04/04/2023	BARCLAYS CAPITAL INC.	1,504,245	1,500,000	16,823	2.A FE	
98164Q-AD-0	WORLD OMNI AUTO RECEIVABLES TR 23-B A3		04/11/2023	WELLS FARGO SECURITIES LLC	3,249,275	3,250,000	0	1.A FE	
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					40,252,022	41,850,945	142,661		XXX
2509999997. Total - Bonds - Part 3					44,269,832	45,813,038	149,925		XXX
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX		XXX
2509999999. Total - Bonds					44,269,832	45,813,038	149,925		XXX
4509999997. Total - Preferred Stocks - Part 3					0	XXX	0		XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX		XXX

STATEMENT AS OF JUNE 30, 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	8	9	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
4509999999. Total - Preferred Stocks					0	XXX		0	XXX
5989999997. Total - Common Stocks - Part 3					0	XXX		0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX		XXX	XXX
5989999999. Total - Common Stocks					0	XXX		0	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX		0	XXX
6009999999 - Totals					44,269,832	XXX		149,925	XXX

STATEMENT AS OF JUNE 30, 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	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22						
										11	12	13	14	15													
CUSIP Ident- ification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's Amor- tization/ Accretion	Current Year's Other Than Temporary Impairment Recognition	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designa- tion, NAIC Designa- tion Modifier and SVO Adminis- trative Symbol						
..3132C5W-HM-9	UMBs - POOL SB0236		06/01/2023	MBS PAYDOWN		111,130	111,356	111,772	0	(642)	0	0	(642)	0	111,130	0	0	0	0	1,216	05/01/2033	1.A FE					
..3132D5-4L-3	UMBs - POOL SB8027		06/01/2023	MBS PAYDOWN		7,538	7,538	7,731	0	0	0	0	(10)	0	0	0	0	0	0	0	0	0	01/01/2035	1.A FE			
..3133KQ-FT-8	UMBs - POOL RA8278		06/01/2023	MBS PAYDOWN		15,011	15,011	14,804	0	0	1	0	0	0	15,011	0	0	0	0	0	0	132	12/01/2052	1.A FE			
..3133KY-R2-7	FHLMC POOL RB5005		06/01/2023	MBS PAYDOWN		14,057	14,057	14,230	0	0	0	0	(5)	0	0	14,057	0	0	0	0	0	0	164	07/01/2039	1.A FE		
..3133KY-VY-2	UMBs - FR RB5131		06/01/2023	MBS PAYDOWN		53,655	53,655	55,106	0	0	0	0	(64)	0	0	53,655	0	0	0	0	0	0	452	10/01/2041	1.A FE		
..3133KY-WA-3	UMBs - POOL RB5141		06/01/2023	MBS PAYDOWN		17,088	17,088	17,312	0	0	0	0	(10)	0	0	17,088	0	0	0	0	0	0	143	01/01/2042	1.A FE		
..3136AG-FU-1	FANNIE MAE 13-92 DA		06/01/2023	MBS PAYDOWN		38,207	38,207	38,380	0	0	0	0	(172)	0	0	38,207	0	0	0	0	0	0	657	05/25/2042	1.A FE		
..3136BA-KK-9	FANNIE MAE 19-32 PA		06/01/2023	MBS PAYDOWN		49,744	49,744	51,719	0	0	0	0	(95)	0	0	49,744	0	0	0	0	0	0	699	10/25/2048	1.A FE		
..314007-SW-8	UMBs - POOL CA0532		06/01/2023	MBS PAYDOWN		6,446	6,446	6,633	0	0	0	0	(6)	0	0	6,446	0	0	0	0	0	0	94	10/01/2047	1.A FE		
..3140QK-ZZ-4	UMBs - POOL CB0759		06/01/2023	MBS PAYDOWN		23,441	23,441	24,299	0	0	0	0	(53)	0	0	23,441	0	0	0	0	0	0	193	06/01/2036	1.A FE		
..3140X4-M4-5	UMBs - POOL FM1278		06/01/2023	MBS PAYDOWN		22,175	22,175	22,219	0	0	0	0	(44)	0	0	22,175	0	0	0	0	0	0	290	07/01/2034	1.A FE		
..3140XB-TR-1	UMBs - POOL FM7759		06/01/2023	MBS PAYDOWN		63,786	63,786	66,019	0	0	0	0	(119)	0	0	63,786	0	0	0	0	0	0	517	07/01/2036	1.A FE		
..3140XJ-HG-1	UMBs - POOL FS2930		06/01/2023	MBS PAYDOWN		75,877	75,877	75,676	0	0	0	0	201	0	0	75,877	0	0	0	0	0	0	1,190	09/01/2037	1.A FE		
..31418D-FM-9	UMBs - POOL MA3771		06/01/2023	MBS PAYDOWN		20,950	20,950	21,451	0	0	0	0	(21)	0	0	20,950	0	0	0	0	0	0	242	09/01/2039	1.A FE		
..31418D-GG-1	UMBs - POOL MA3798		06/01/2023	MBS PAYDOWN		15,913	15,913	16,279	0	0	0	0	(20)	0	0	15,913	0	0	0	0	0	0	198	10/01/2034	1.A FE		
..31418D-LL-4	UMBs - POOL MA3930		06/01/2023	MBS PAYDOWN		28,170	28,170	28,689	0	0	0	0	(23)	0	0	28,170	0	0	0	0	0	0	294	02/01/2035	1.A FE		
..31418D-MD-1	UMBs - POOL MA3955		06/01/2023	MBS PAYDOWN		30,251	30,251	30,841	0	0	0	0	(26)	0	0	30,251	0	0	0	0	0	0	316	03/01/2035	1.A FE		
..31418D-YH-9	UMBs - POOL MA4311		06/01/2023	MBS PAYDOWN		198,884	198,884	203,110	0	0	0	0	(178)	0	0	198,884	0	0	0	0	0	0	1,648	04/01/2041	1.A FE		
..31418D-Z9-6	UMBs - POOL MA4367		06/01/2023	MBS PAYDOWN		65,939	65,939	67,430	0	0	0	0	(129)	0	0	65,939	0	0	0	0	0	0	411	06/01/2031	1.A FE		
..31418E-GC-8	UMBs - POOL MA4694		06/01/2023	MBS PAYDOWN	SINKING FUND REDEMPTION	200,499	200,499	198,243	0	0	0	0	140	0	0	140	0	0	0	0	0	0	2,863	08/01/2037	1.A FE		
..997100-AC-0	WISCONSIN ST GEN FUND ANNUAL A		05/01/2023			135,000	135,000	141,965	0	0	(389)	0	0	(389)	0	0	135,000	0	0	0	0	0	0	3,848	05/01/2026	1.C FE	
0909999999. Subtotal - Bonds - U.S. Special Revenues										1,193,761	1,193,761	1,218,518	1,180,416	0	(1,664)	0	(1,664)	0	1,193,761	0	0	0	0	15,664	XXX	XXX	
..03465G-AA-4	ANGEL OAK MORTGAGE TRUST 23-2 A1		06/01/2023	MBS PAYDOWN		75,706	75,706	71,602	0	0	0	0	(48)	0	0	75,706	0	0	0	0	0	0	891	10/25/2067	1.A FE		
..04016L-AQ-0	ARES CLO LTD 17-242A AR	D...	04/22/2023	MBS PAYDOWN		246,776	246,776	246,776	0	0	0	0	0	0	0	246,776	0	0	0	0	0	0	3,272	01/22/2028	1.A FE		
..05565E-AW-5	BMM US CAPITAL LLC		04/12/2023	MATURITY at 100.0000		4,000,000	4,000,000	4,135,280	0	0	(7,582)	0	0	(7,582)	0	0	4,000,000	0	0	0	0	0	0	69,000	04/12/2023	1.F FE	
..10568K-AA-6	BRAVO RESIDENTIAL FUNDING TRUS 22-NQM2 A		06/01/2023	MBS PAYDOWN		31,148	31,148	31,147	0	0	0	0	0	0	0	31,148	0	0	0	0	0	0	546	11/25/2061	1.A FE		
..10568M-AA-2	BRAVO RESIDENTIAL FUNDING TRUS 23-NQM1 A		06/01/2023	MBS PAYDOWN		91,016	91,016	91,016	0	0	0	0	0	0	0	91,016	0	0	0	0	0	0	1,798	01/25/2063	1.A FE		
..12570D-2A-1	CIM TRUST 23-11 A1		06/01/2023	MBS PAYDOWN		14,333	14,333	14,300	0	0	0	0	0	0	0	14,333	0	0	0	0	0	0	166	04/25/2058	1.A FE		
..12659Y-AA-2	COLT FUNDING LLC 22-3 A1		06/01/2023	MBS PAYDOWN		19,267	19,267	19,657	0	0	0	0	(52)	0	0	19,267	0	0	0	0	0	0	362	02/25/2067	1.A FE		
..14043M-AC-5	CAPITAL ONE PRIME AUTO RECEIVA 20-1 A3		06/15/2023	MBS PAYDOWN		231,745	231,745	231,696	0	0	0	0	(18)	0	0	231,745	0	0	0	0	0	0	1,531	11/15/2024	1.A FE		
..14310K-AS-0	CARLYLE GLOBAL MARKET STRATEGI 13-4A A1R		04/15/2023	MBS PAYDOWN		13,492	13,492	13,384	0	0	0	0	(36)	0	0	13,492	0	0	0	0	0	0	370	01/15/2031	1.A FE		
..16159L-AC-2	CHASE MORTGAGE FINANCE CORP 23-RPL1 A		06/01/2023	MBS PAYDOWN		19,715	19,715	19,738	0	0	0	0	(13)	0	0	19,715	0	0	0	0	0	0	80	06/25/2062	1.A FE		
..17296T-LZ-2	CITI GROUP INC		06/01/2023	PREREFUNDED		2,000,000	2,000,000	2,115,700	0	0	(12,872)	0	0	(12,872)	0	0	2,000,000	0	0	0	0	0	0	40,440	06/01/2024	2.A FE	
..19685W-AA-9	COLT FUNDING LLC 21-2 A1		06/01/2023	MBS PAYDOWN		15,929	15,929	12,937	0	0	0	0	(61)	0	0	15,929	0	0	0	0	0	0	49	08/25/2066	1.A FE		
..19688M-AA-8	COLT FUNDING LLC 22-8 A1		06/01/2023	MBS PAYDOWN		28,311	28,311	28,457	0	0	0	0	(1)	0	0	28,311	0	0	0	0	0	0	381	08/25/2067	1.A FE		
..19688N-AB-4	COLT FUNDING LLC 23-1 A2		06/01/2023	MBS PAYDOWN		27,696	27,696	27,696	0	0	0	0	0	0	0	27,696	0	0	0	0	0	0	266	04/25/2068	1.C FE		
..24381V-AA-8	DEEPHAVEN RESIDENTIAL MORTGAGE 21-3 A1		06/01/2023	MBS PAYDOWN		18,074	18,074	15,222	0	0	0	0	0	0	0	18,074	0	0	0	0	0	0	85	08/25/2066	1.A FE		
..24381Y-AB-0	DEEPHAVEN RESIDENTIAL MORTGAGE 22-3 A2		06/01/2023	MBS PAYDOWN		52,435	52,435	51,251	0	0	0	0	(19)	0	0	52,435	0	0	0	0	0	0	841	07/25/2067	1.C FE		
..26249B-AQ-4	DYDEN SENIOR LOAN FUND 13-30A AR		05/15/2023	MBS PAYDOWN		157,291	157,291	156,682	0	0	0	0	203	0	0	157,291	0	0	0	0	0	0	4,409	11/15/2028	1.A FE		
..31573E-AA-9	ELLINGTON FINANCIAL MORTGAGE T 22-3 A1		06/01/2023	MBS PAYDOWN		67,560	67,560	66,819	0	0	0	0	(67,522)	0	0	67,560	0	0	0	0	0	0	1,475	08/25/2067	1.A FE		
..34534L-AB-3	FORD CREDIT AUTO OWNER TRUST 22-B A2A		06/15/2023	MBS PAYDOWN		178,961	178,961	178,827	0	0	0	0	134	0	0	178,961	0	0	0	0	0	0	2,539	02/15/2025	1.A FE		
..40390J-AA-0	HGI CRE CLO LTD 21-FL2 A	D...	04/19/2023	MBS PAYDOWN		9,441	9,441	9,441	0	0	0	0	0	0	0	9,441	0	0	0	0	0	0	0	179	09/17/2036	1.A FE	
..404280-BG-7	HSBC HOLDINGS PLC	D...	05/18/2023	PREREFUNDED		2,000,000	2,000,000	2,135,660	0	0	2,024,318	0	0	(24,318)	0	0	2,000,000	0	0	0	0	0	0	0	39,500	05/18/2024	1.G FE
..40441L-AA-4	HGI CRE CLO LTD 21-FL1 A		06/16/2023	MBS PAYDOWN		34,878	34,878	34,878	0	0	0	0	0	0	0	34,878	0	0	0	0	0	0	0	1,012	06/16/2036	1.A FE	
..42824C-BF-8	HP ENTERPRISE CO		04/01/2023	MATURITY at 100.0000		2,000,000	2,000,000	1,999,580	0	0	30	0	0	30	0	0	2,000,000	0	0	0	0	0	0	0	22,500	04/01/2023	2.B FE

四

STATEMENT AS OF JUNE 30, 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	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22				
										11	12	13	14	15											
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol				
..43813R-AC-1	HONDA AUTO RECEIVABLES OWNER T 20-1 A3		06/21/2023	MBS PAYDOWN		53,970	53,970	53,959	0	(15)	0	(15)	0	0	53,970	0	0	0	0	359	04/22/2024	1.A FE			
..46653P-BM-8	JP MORGAN MORTGAGE TRUST 21-6 A15		06/01/2023	MBS PAYDOWN		15,551	15,551	12,723	0	0	0	0	0	0	15,551	0	0	0	0	132	10/25/2051	1.A FE			
..55400U-AA-1	MVW OWNER TRUST 22-1A A		06/20/2023	MBS PAYDOWN		81,801	81,801	81,779	0	0	162	0	0	0	81,801	0	0	0	0	1,417	11/21/2039	1.A FE			
..59980D-AB-7	MILL CITY MORTGAGE TRUST 23-NQM1 A2		06/01/2023	MBS PAYDOWN		24,915	24,915	24,400	0	0	0	0	0	0	24,915	0	0	0	0	388	10/25/2067	1.C FE			
..60162P-AE-2	MILOS CLO LTD 17-1A AR		04/20/2023	MBS PAYDOWN		84,474	84,474	84,474	0	0	0	0	0	0	84,474	0	0	0	0	2,388	10/20/2030	1.A FE			
..670855-AA-3	ONSLOW BAY FINANCIAL LLC 23-NQM1 A1		06/01/2023	MBS PAYDOWN		51,936	51,936	52,002	0	0	0	0	(1)	0	51,936	0	0	0	0	499	11/25/2062	1.A FE			
..67114V-AA-1	ONSLOW BAY FINANCIAL LLC 22-NQM1 A1		06/01/2023	MBS PAYDOWN		28,201	28,201	24,045	0	0	0	0	0	0	28,201	0	0	0	0	73	11/25/2061	1.A FE			
..67115D-AA-0	ONSLOW BAY FINANCIAL LLC 21-NQM4 A1		06/01/2023	MBS PAYDOWN		20,327	20,327	16,484	0	0	0	0	0	0	20,327	0	0	0	0	58	10/25/2061	1.A FE			
..74166M-AB-2	PRIME SECURVC BRW/FINANC		05/02/2023	100,0000000		46,000	46,000	46,237	0	0	1,148	(43)	0	0	1,105	0	0	46,128	0	(128)	(128)	1,724	04/15/2024	3.C FE	
..74331U-AA-6	PROGRESS RESIDENTIAL TRUST 22-SFR3 A		06/01/2023	MBS PAYDOWN		1,058	1,058	1,013	0	0	3	0	0	0	1,058	0	0	0	0	0	13	04/17/2039	1.A FE		
..74333E-AA-0	PROGRESS RESIDENTIAL TRUST 21-SFR4 A		05/01/2023	MBS PAYDOWN		2,231	2,231	2,031	0	0	0	0	0	0	2,231	0	0	0	0	0	14	05/17/2038	1.A FE		
..780153-AZ-5	ROYAL CARIBBEAN CRUISES	D....	06/21/2023	105,7500000		40,185	38,000	40,898	0	0	(736)	0	0	0	(736)	0	0	39,551	0	(1,551)	(1,551)	6,264	06/01/2025	3.C FE	
..81749B-AA-9	SEQUOIA MORTGAGE TRUST 23-1 A1		06/01/2023	MBS PAYDOWN		17,586	17,586	17,399	0	0	0	0	0	0	17,586	0	0	0	0	0	252	01/25/2053	1.A FE		
..82652M-AA-8	SIERRA RECEIVABLES FUNDING CO 19-2A A		06/20/2023	MBS PAYDOWN		9,362	9,362	9,360	0	0	0	0	0	0	9,362	0	0	0	0	0	102	05/20/2036	1.A FE		
..85207U-AK-1	SPRINT CORP		06/09/2023	DIRECT		46,885	45,000	46,913	0	0	(190)	0	0	0	(190)	0	0	46,722	0	0	0	1,017	03/01/2026	2.C FE	
..87267T-AB-7	TOORAK MORTGAGE CORP 21-INV2 A2		06/01/2023	MBS PAYDOWN		17,646	17,646	15,137	0	0	0	0	0	0	17,646	0	0	0	0	0	131	11/25/2056	1.C FE		
..89181P-CL-0	TOWD POINT HE TRUST 23-1 A1A		06/01/2023	MBS PAYDOWN		96,223	96,303	0	0	0	(11)	0	0	0	(11)	0	0	96,223	0	0	0	0	1,532	02/25/2063	1.A FE
..92348T-AA-2	VERIZON OWNER TRUST 20-A A1A		04/20/2023	MBS PAYDOWN		29,950	29,950	29,947	0	0	(66)	0	0	0	(66)	0	0	29,950	0	0	0	0	185	07/22/2024	1.A FE
..92348T-AB-0	VERIZON OWNER TRUST 20-A A1B		04/20/2023	MBS PAYDOWN		52,413	52,413	52,413	0	0	0	0	0	0	52,413	0	0	0	0	0	848	07/22/2024	1.A FE		
..924921-AA-7	VERUS SECURITIZATION TRUST 22-5 A1		06/01/2023	MBS PAYDOWN		20,804	20,804	20,785	0	0	0	0	0	0	20,804	0	0	0	0	0	364	04/25/2067	1.A FE		
..92538H-AA-8	VERUS SECURITIZATION TRUST 21-4 A1		06/01/2023	MBS PAYDOWN		10,919	10,919	8,957	0	0	0	0	0	0	8,957	0	0	0	0	0	32	07/25/2066	1.A FE		
..92539B-AA-0	VERUS SECURITIZATION TRUST 23-1 A1		06/01/2023	MBS PAYDOWN		41,629	41,629	41,629	0	0	0	0	0	0	41,629	0	0	0	0	0	897	12/25/2067	1.A FE		
..92539F-AB-9	VERUS SECURITIZATION TRUST 23-INV1 A2		06/01/2023	MBS PAYDOWN		67,461	67,461	67,461	0	0	0	0	0	0	67,461	0	0	0	0	0	1,073	02/25/2068	1.C FE		
..92539G-AB-7	VERUS SECURITIZATION TRUST 23-3 A2		06/01/2023	MBS PAYDOWN		21,894	21,894	21,894	0	0	0	0	0	0	21,894	0	0	0	0	0	163	03/25/2068	1.C FE		
..92539L-AB-6	VERUS SECURITIZATION TRUST 21-3 A2		06/01/2023	MBS PAYDOWN		15,472	15,472	13,035	0	0	0	0	0	0	15,472	0	0	0	0	0	17	06/25/2066	1.B FE		
..92539T-AB-9	VERUS SECURITIZATION TRUST 23-4 A2		06/01/2023	MBS PAYDOWN		15,856	15,856	15,856	0	0	0	0	0	0	15,856	0	0	0	0	0	81	05/25/2027	1.C FE		
..92912V-AI-1	VOYA CLO LTD 14-2A 4TR		04/17/2023	MBS PAYDOWN		112,386	112,386	111,569	0	0	237	0	0	0	112,386	0	0	0	0	0	2,033	04/17/2030	1.A FE		
..95003A-AC-8	WELLS FARGO MORTGAGE BACKED SE 21-1 A3		06/01/2023	MBS PAYDOWN		24,069	24,069	20,897	0	0	132	0	0	0	24,069	0	0	0	0	0	241	12/25/2050	1.A		
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)										12,384,978	12,380,908	12,733,144	11,528,533	1,148	(44,151)	0	(43,003)	0	12,384,309	0	(1,517)	(1,517)	213,990	XXX	XXX
2509999997. Total - Bonds - Part 4										13,578,739	13,574,669	13,951,662	12,708,949	1,148	(45,815)	0	(44,667)	0	13,578,070	0	(1,517)	(1,517)	229,654	XXX	XXX
2509999998. Total - Bonds - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2509999999. Total - Bonds										13,578,739	13,574,669	13,951,662	12,708,949	1,148	(45,815)	0	(44,667)	0	13,578,070	0	(1,517)	(1,517)	229,654	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4										0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		
4509999998. Total - Preferred Stocks - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4509999999. Total - Preferred Stocks										0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		
5989999997. Total - Common Stocks - Part 4										0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		
5989999998. Total - Common Stocks - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5989999999. Total - Common Stocks										0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		
5999999999. Total - Preferred and Common Stocks										0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		
6009999999 - Totals										13,578,739	XXX	13,951,662	12,708,949	1,148	(45,815)	0	(44,667)	0	13,578,070	0	(1,517)	(1,517)	229,654	XXX	XXX

E05.

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

STATEMENT AS OF JUNE 30, 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	.....6,477	.....12,794	.....12,794	....XXX
HUNTINGTON NATIONAL BANK (HCDA) Columbus, OH		0.000	.....658,472	.....0	.....67,003,396	.....67,230,324	.....67,452,240	....XXX
HUNTINGTON NATIONAL BANK (HCDA) Columbus, OH					.....(15,168,548)	.....(15,172,413)	.....(15,176,154)	....XXX
US BANK St. Paul, MN					.....(3,375,680)	.....(16,040,775)	.....(3,809,815)	....XXX
US BANK St. Paul, MN					.....115,354	.....166,604	.....157,418	....XXX
JP MORGAN CHASE Columbus, OH					.....592,205	.....424,567	.....292,866	....XXX
JP MORGAN CHASE Columbus, OH					.....73,157	.....114,734	.....298,801	....XXX
JP MORGAN CHASE Columbus, OH					.....2,823,425	.....3,870,753	.....4,786,476	....XXX
JP MORGAN CHASE Columbus, OH					.....(325)	.....(596)	.....(583)	....XXX
US BANK St. Paul, MN					.....(20,357,724)	.....(26,910,860)	.....(14,184,024)	....XXX
US BANK St. Paul, MN					.....(442,465)	.....(459,021)	.....(401,936)	....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	.....658,472	.....0	31,269,272	13,236,111	39,428,083	....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	.....658,472	.....0	31,269,272	13,236,111	39,428,083	....XXX
0499999. Cash in Company's Office	XXX	XXX	.....XXX	.....XXX	.....0	.....0	.....0	....XXX
.....
0599999. Total - Cash	XXX	XXX	.....658,472	.....0	31,269,272	13,236,111	39,428,083	....XXX

STATEMENT AS OF JUNE 30, 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
09248U-70-0	BLACKROCK LIQ FDS FED FUND-IN		06/09/2023	0.000			25,202	0
825252-40-6	AIM SHORT TERM INVESTMENT TRUST TREASURY		06/09/2023	0.000		22,643.479	216,062	0
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						22,643.479	241,264	0
31846V-56-7	FIRST AMERICAN GOV OBLIG-Z		06/09/2023	0.000		5,134,590	26,198	0
38141W-27-3	GOLDMAN SACHS FIN SQ GOVT - INSTL SHARES		06/09/2023	0.000		52,380,045	8,717	0
481200-67-0	JPMORGAN U.S. GOVT MONEY MARKET		06/09/2023	0.000		0	21,658	0
52470G-79-1	WESTERN ASSET INST GOVT MONEY MARKET		06/09/2023	0.000		11	0	0
61747C-70-7	MSILF GOVERNMENT PORT-INST		06/09/2023	0.000		54,700,000	.75,281	0
825252-88-5	INVESTCO GOVT & AGENCY - INST MF		06/09/2023	0.000		99,316,272	406,588	0
8309999999. Subtotal - All Other Money Market Mutual Funds						211,530,918	538,442	0
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
8609999999 - Total Cash Equivalents						234,174,397	779,706	0