



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Ohio, Inc.

NAIC Group Code 1531 1531 NAIC Company Code 12334 Employer's ID Number 20-0750134

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes No

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

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

Main Administrative Office 3000 Corporate Exchange Drive, 888-562-5442
(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

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
25th day of October, 2023

Linda A. Golley

a. Is this an original filing?

Yes No

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....





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AS OF SEPTEMBER 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				
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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)								
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: _____

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Ami Lee Cole
President

Cassie Lynn Lighton
Chief Financial Officer


Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
day of _____

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

Yes [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 27th
day of October, 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 Moses

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	434,458,985		434,458,985	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 (\$ 30,547,593), cash equivalents (\$ 202,224,658) and short-term investments (\$ 0)	232,772,251		232,772,251	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)	667,231,236	0	667,231,236	621,723,115
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	3,873,430		3,873,430	2,735,424
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	67,938,063		67,938,063	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 (\$ 6,195,184) and contracts subject to redetermination (\$ 127,304,378)	133,499,562		133,499,562	78,376,826
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	880,446		880,446	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	14,366,658	659,063	13,707,595	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 (\$)	170,882	170,882	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 (\$ 50,630,603) and other amounts receivable	91,258,858	40,628,255	50,630,603	45,560,659
25. Aggregate write-ins for other than invested assets	2,066,665	2,066,665	0	105,118
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	981,285,800	43,524,865	937,760,935	806,022,517
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	981,285,800	43,524,865	937,760,935	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. Prepaid, deposits, and other assets	2,066,665	2,066,665	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)	2,066,665	2,066,665	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)	291,359,045	2,199,790	293,558,835	277,605,754
2. Accrued medical incentive pool and bonus amounts	11,393,580		11,393,580	16,796,286
3. Unpaid claims adjustment expenses	1,735,777	15,057	1,750,834	1,619,478
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	64,240,569		64,240,569	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	44,021,847		44,021,847	3,245,057
9. General expenses due or accrued	46,040,520		46,040,520	63,221,442
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	44,173,411		44,173,411	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	12,287,376		12,287,376	17,499,005
16. Derivatives			0	0
17. Payable for securities	40,870		40,870	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	8,738,348		8,738,348	22,221,257
23. Aggregate write-ins for other liabilities (including \$ 5,187,671 current)	5,187,671	0	5,187,671	5,714,346
24. Total liabilities (Lines 1 to 23)	529,219,014	2,214,847	531,433,861	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	323,437,074	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	406,327,074	329,960,965
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	937,760,935	806,022,517
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	5,171,813		5,171,813	5,700,164
2302. Member premium due	15,858		15,858	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)	5,187,671	0	5,187,671	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.....	3,489,016	3,667,249	4,893,103
2. Net premium income (including \$ non-health premium income).....	....XXX.....	2,311,082,473	2,808,382,544	3,591,631,553
3. Change in unearned premium reserves and reserve for rate credits.....	....XXX.....	(1,526,035)	71,497,230	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.....	2,309,556,438	2,879,879,774	3,667,470,797
Hospital and Medical:				
9. Hospital/medical benefits		1,406,422,436	1,587,017,057	2,086,267,048
10. Other professional services		175,691,365	182,977,936	238,874,480
11. Outside referrals	15,253,376	52,768,018	70,248,401	90,816,817
12. Emergency room and out-of-area		87,193,536	131,037,826	154,108,256
13. Prescription drugs		48,109,765	386,262,508	402,627,756
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		(5,588,226)	825,147	17,315,836
16. Subtotal (Lines 9 to 15)	15,253,376	1,764,596,894	2,358,368,875	2,990,010,193
Less:				
17. Net reinsurance recoveries		3,644,325	6,663,746	6,569,622
18. Total hospital and medical (Lines 16 minus 17)	15,253,376	1,760,952,569	2,351,705,129	2,983,440,571
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 72,582,681 cost containment expenses		85,428,865	82,247,161	115,596,497
21. General administrative expenses		251,721,474	271,932,171	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).....	15,253,376	2,098,102,908	2,705,884,461	3,466,392,073
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	....XXX.....	211,453,530	173,995,313	201,078,724
25. Net investment income earned		20,727,548	6,767,149	12,331,371
26. Net realized capital gains (losses) less capital gains tax of \$ (51,276)		(192,892)	(9,897)	(29,463)
27. Net investment gains (losses) (Lines 25 plus 26)	0	20,534,656	6,757,252	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	3,370,042	(1,245,444)	(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.....	235,358,228	179,507,121	212,667,810
31. Federal and foreign income taxes incurred .....	....XXX.....	51,595,271	39,819,658	44,535,930
32. Net income (loss) (Lines 30 minus 31) .....	....XXX.....	183,762,957	139,687,463	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		3,370,042	(1,245,444)	(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	3,370,042	(1,245,444)	(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	183,762,957	139,687,463	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 \$	(16,708)	(62,853)	(409,926)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	3,725,169	2,174,297	768,735
39. Change in nonadmitted assets	(7,860,472)	(2,192,991)	(2,995,889)
40. Change in unauthorized and certified reinsurance	1,801,308	(752,006)	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	(105,000,000)	(105,000,000)	(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)	76,366,109	33,506,837	2,446,218
49. Capital and surplus end of reporting period (Line 33 plus 48)	406,327,074	361,021,584	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 SEPTEMBER 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	2,252,085,745	2,909,863,121	3,647,351,204
2. Net investment income	19,481,917	5,935,661	11,411,346
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	2,271,567,662	2,915,798,782	3,658,762,550
5. Benefit and loss related payments	1,761,243,087	2,319,703,396	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	353,290,652	341,802,501	438,470,813
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	33,300,000	49,890,000
10. Total (Lines 5 through 9)	2,114,533,739	2,694,805,897	3,473,569,620
11. Net cash from operations (Line 4 minus Line 10)	157,033,923	220,992,885	185,192,930
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	43,856,024	42,740,841	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	(19,350)	(23,082)
12.7 Miscellaneous proceeds	40,870	7,461,154	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	43,897,646	50,182,645	52,757,937
13. Cost of investments acquired (long-term only):			
13.1 Bonds	161,938,626	113,540,034	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	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	161,938,626	113,540,034	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)	(118,040,980)	(63,357,389)	(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	105,000,000	105,000,000	165,000,000
16.6 Other cash provided (applied)	(6,350,567)	32,942,293	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)	(111,350,567)	(72,057,707)	(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)	(72,357,624)	85,577,789	(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)	232,772,251	406,933,373	305,129,875

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

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STATEMENT AS OF SEPTEMBER 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	0	0	0	0	0	17,726	335,407	0	0	0	0	0
4. Third Quarter	362,845	35,357						17,148	310,340					
5. Current Year	0													
6. Current Year Member Months	3,489,016	310,904						159,925	3,018,187					
Total Member Ambulatory Encounters for Period:														
7 Physician	3,447,621	158,330						311,727	2,977,564					
8. Non-Physician	2,145,035	96,883						245,925	1,802,227					
9. Total	5,592,656	255,213	0	0	0	0	0	557,652	4,779,791	0	0	0	0	0
10. Hospital Patient Days Incurred	1,446,364	12,850						182,240	1,251,274					
11. Number of Inpatient Admissions	75,622	1,774						60,741	13,107					
12. Health Premiums Written (a)	2,317,279,303	200,581,397						321,234,600	1,795,463,306					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	2,315,753,268	200,581,397						323,368,364	1,791,803,507					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	1,766,095,052	141,070,001						254,267,428	1,370,757,623					
18. Amount Incurred for Provision of Health Care Services	1,764,596,892	135,207,590						244,389,278	1,385,000,024					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 321,234,600

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

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

Aging Analysis of Unpaid Claim

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

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	9,054,453	132,015,548	1,666,845	21,456,228	10,721,298	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	18,143,522	235,889,416	3,779,796	47,079,649	21,923,318	50,218,980
8. Title XIX - Medicaid	158,008,052	1,209,339,736	7,414,961	212,161,356	165,423,013	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)	185,206,027	1,577,244,700	12,861,602	280,697,233	198,067,629	277,605,754
14. Health care receivables (a)	10,667,531	77,828,982		2,762,345	10,667,531	79,395,843
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	702,642	(888,162)	11,083,889	309,691	11,786,531	16,796,286
17. Totals (Lines 13 - 14 + 15 + 16)	175,241,138	1,498,527,556	23,945,491	278,244,579	199,186,629	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.

	SSAP #	F/S Page	F/S Line #	2023	2022
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 183,762,957	\$ 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	\$ 183,762,957	\$ 168,131,880
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 406,327,074	\$ 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	\$ 406,327,074	\$ 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 September 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	\$ 1,872,040
2. 12 Months or Longer	\$ 7,613,100

b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 59,590,399
2. 12 Months or Longer	\$ 78,002,065

NOTES TO FINANCIAL STATEMENTS

(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 September 30, 2023.

- 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

The Plan is included in the consolidated federal income tax return with its parent, Molina. The Plan does not expect to be liable for the Corporate Alternative Minimum Tax in 2023.

- A. - I. No significant changes.

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 plan also paid Molina an ordinary dividend in cash amounting to \$50,000,000 on September 11, 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.

NOTES TO FINANCIAL STATEMENTS

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

None.

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

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

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

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

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

None.

NOTE 20 Fair Value Measurements

- A. Fair Value Measurements

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

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Industrial and miscellaneous	\$ -	\$ 12,671,363	\$ -	\$ -	\$ 12,671,363
Exempt money market mutual funds	\$ 19,568,858	\$ -	\$ -	\$ -	\$ 19,568,858
Other money market mutual funds	\$ 182,655,800	\$ -	\$ -	\$ -	\$ 182,655,800
Total assets at fair value/NAV	\$ 202,224,658	\$ 12,671,363	\$ -	\$ -	\$ 214,896,021

- (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 the financial instruments listed below, the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

- C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of September 30, 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	\$ 5,433,940	\$ 5,439,028	\$ -	\$ 5,433,940	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 2,867,010	\$ 3,203,304	\$ -	\$ 2,867,010	\$ -	\$ -	\$ -
Political subdivisions	\$ 4,579,694	\$ 4,858,828	\$ -	\$ 4,579,694	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 57,720,411	\$ 64,882,445	\$ -	\$ 57,720,411	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 342,141,487	\$ 356,075,380	\$ -	\$ 342,141,487	\$ -	\$ -	\$ -
Exempt money market mutual fund	\$ 19,568,858	\$ 19,568,858	\$ 19,568,858	\$ -	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 182,655,800	\$ 182,655,800	\$ 182,655,800	\$ -	\$ -	\$ -	\$ -
Open depositories	\$ (37,627,137)	\$ (37,627,137)	\$ (37,627,137)	\$ -	\$ -	\$ -	\$ -
Short term certificates of deposit	\$ 68,174,730	\$ 68,174,730	\$ 68,174,730	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 645,514,793	\$ 667,231,236	\$ 232,772,251	\$ 412,742,542	\$ -	\$ -	\$ -

- D. - E. None.

NOTE 21 Other Items

- A. - B. No significant changes.

- C. Other Disclosures:

The 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.

NOTES TO FINANCIAL STATEMENTS

NOTE 22 Events Subsequent

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

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)		\$ 11,482,692
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$ 194,036
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		\$ (942,920)
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$ 10,318,153
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$ (68,440)
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	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 612,683	\$ (2,754,252)	\$ 577,817	\$ (4,826,845)	\$ 34,866	\$ 2,072,593	\$ 29,181	\$ (1,129,673)	A	\$ 64,047	\$ 942,920
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 612,683	\$ (2,754,252)	\$ 577,817	\$ (4,826,845)	\$ 34,866	\$ 2,072,593	\$ 29,181	\$ (1,129,673)		\$ 64,047	\$ 942,920
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	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

5. Ceded reinsurance premiums payable					\$	-	\$	-		G	\$	-	\$	-
6. Liability for amounts held under uninsured plans					\$	-	\$	-		H	\$	-	\$	-
7. Subtotal ACA Transitional Reinsurance Program	\$	-	\$	-	\$	-	\$	-	\$		\$	-	\$	-
c. Temporary ACA Risk Corridors Program														
1. Accrued retrospective premium					\$	-	\$	-		I	\$	-	\$	-
2. Reserve for rate credits or policy experience rating refunds					\$	-	\$	-		J	\$	-	\$	-
3. Subtotal ACA Risk Corridors Program	\$	-	\$	-	\$	-	\$	-	\$		\$	-	\$	-
d. Total for ACA Risk Sharing Provisions	\$ 612,683	\$(2,754,252)	\$ 577,817	\$(4,826,845)	\$ 34,866	\$ 2,072,593	\$ 29,181	\$(1,129,673)	\$ 64,047		\$ 942,920			

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:

	Nine months ended 9/30/2023
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	1,775,946,831
Prior years	(14,994,262)
Net incurred claims during the current year	<u>1,760,952,569</u>
Deduct paid claims, net of reinsurance:	
Current year	1,609,527,726
Prior years	151,715,361
Net paid claims during the current year	<u>1,761,243,087</u>
Change in claims adjustment expenses	131,356
Change in health care receivables	11,863,015
Change in amounts due from reinsurers	(1,022,122)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 306,703,249</u>

The provision for claims incurred in prior years represents favorable development in claims experience as of September 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 September 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 SEPTEMBER 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 []
 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 SEPTEMBER 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	\$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
N/A [X]

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$0
16.3 Total payable for securities lending reported on the liability page.	\$0

STATEMENT AS OF SEPTEMBER 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. Yes [X] No []
 Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
 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-P6TD 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 [X]
 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 [X] 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 [X] 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.	KUR85E5PS4GQFZTFC 130	SEC	NO

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

18.2 If no, list exceptions:

.....

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	79.4 %
1.2 A&H cost containment percent	3.1 %
1.3 A&H expense percent excluding cost containment expenses	11.5 %

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

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

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

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

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

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

STATEMENT AS OF SEPTEMBER 30, 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									2,317,279,3	
	OH	L	200,581,397	321,234,600	1,795,463,3				03	
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					1,795,463,3				2,317,279,3	
60. Reporting Entity Contributions for Employee Benefit Plans		XXX	200,581,397	321,234,600	06	0	0	0	03	0
61. Totals (Direct Business)		XXX	200,581,397	321,234,600	06	1,795,463,3	0	0	2,317,279,3	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

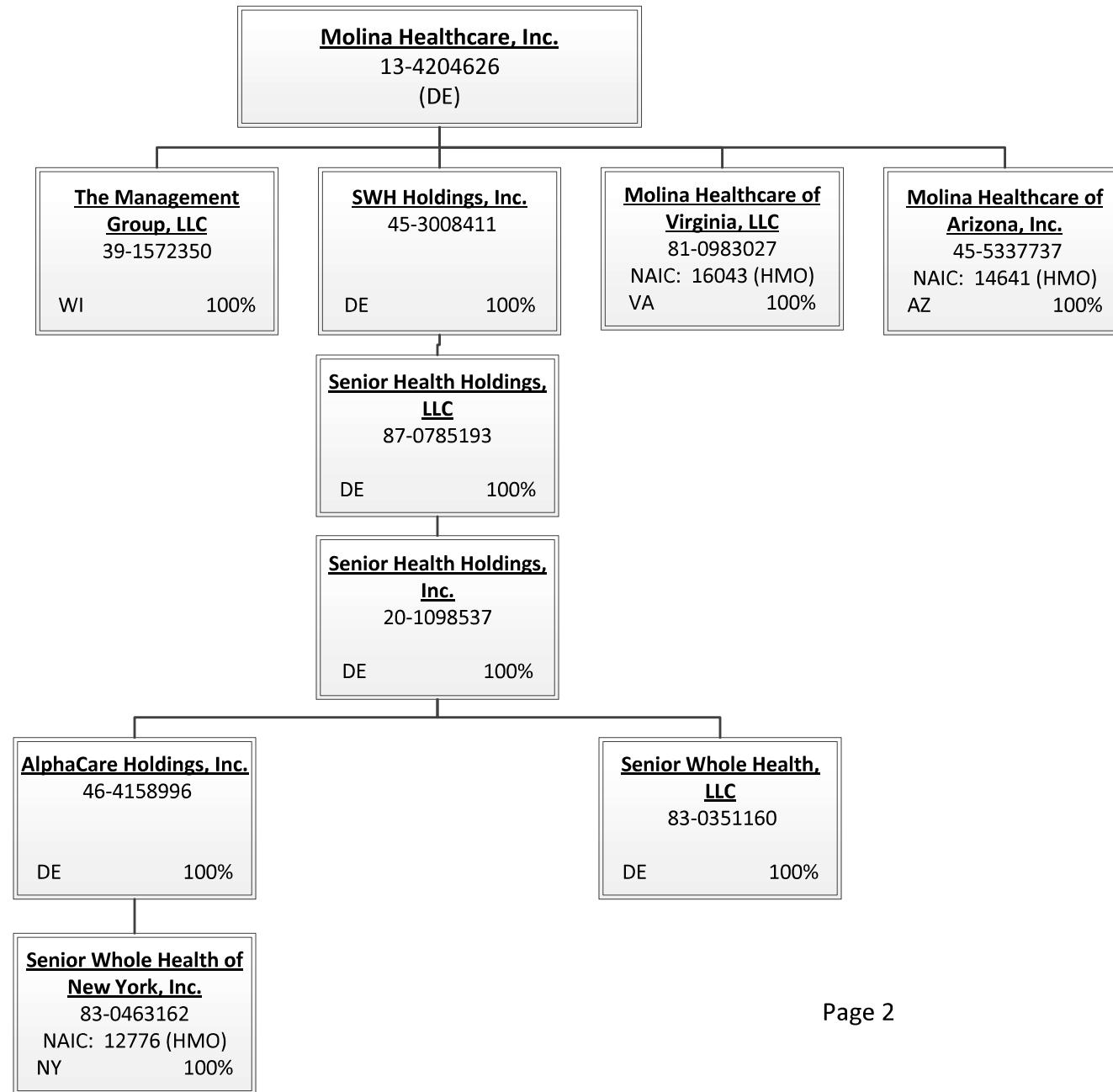
Molina Healthcare, Inc.

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 SEPTEMBER 30, 2023 OF THE Molina Healthcare of Ohio, Inc.



STATEMENT AS OF SEPTEMBER 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 Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
		00000	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	5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	13128	0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	15714	0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	14104	1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	17424	4187664				Molina Healthcare of Indiana, Inc.	IN	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	17197	4187674				Molina Healthcare of Iowa, Inc.	IA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	16596	3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	52630	3341599				Molina Healthcare of Michigan, Inc.	MI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	16301	4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	17357	2279643				Molina Healthcare of Nebraska, Inc.	NE	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	17064	3567602				Molina Healthcare of Nevada, Inc.	NV	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	95739	0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	12334	0750134				Molina Healthcare of Ohio, Inc.	OH	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	17066	0864563				Molina Healthcare of Oklahoma, Inc.	OK	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	15600	0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	17290	2738451				Molina Healthcare of Rhode Island, Inc.	RI	IA	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	15329	2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	13778	0522725				Molina Healthcare of Texas Insurance Company	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	10757	1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	95502	0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	16043	0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	96270	1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	12007	0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531 ..	Molina Healthcare, Inc.	16808	4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

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

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
.1531 ..	Molina Healthcare, Inc.	12776 ..	0463162 ..			83-85-46-30-47-81-45-33-92-81-4229476 ..	Senior Whole Health of New York, Inc.	NY.....IA.....	AlphaCare Holdings, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	3111408 ..			.....	2028 West Broadway, LLC	DE.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	4158996 ..			.....	AlphaCare Holdings, Inc.	DE.....NIA.....	Senior Health Holdings, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	0876771 ..			.....	MHAZ, Inc.	AZ.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	2296708 ..			.....	Molina Care Connections, LLC	TX.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	2824030 ..			.....	Molina Clinical Services, LLC	DE.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	2634351 ..			.....	Molina Healthcare Data Center, LLC	NM.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	0342719 ..			.....	Molina Healthcare of California	CA.....IA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	3336788 ..			.....	Molina Healthcare of Kansas, Inc.	KS.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	4229476 ..			.....	Molina Healthcare of Louisiana, Inc.	LA.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	1603200 ..			.....	Molina Healthcare of New York, Inc.	NY.....IA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	0855820 ..			.....	Molina Healthcare of Pennsylvania, Inc.	PA.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	2979541 ..			.....	Molina Healthcare of Rhode Island Holding Company, Inc.	DE.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	3288805 ..			.....	Molina Healthcare of Tennessee, Inc.	TN.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	2992962 ..			.....	Molina Healthcare of Wisconsin CMO, Inc.	WI.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	1098537 ..			.....	Senior Health Holdings, Inc.	DE.....NIA.....	Senior Health Holdings, LLC	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	0785193 ..			.....	Senior Health Holdings, LLC	DE.....NIA.....	SWH Holdings, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	0351160 ..			.....	Senior Whole Health, LLC	DE.....NIA.....	Senior Health Holdings, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	3008411 ..			.....	SWH Holdings, Inc.	DE.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	
		00000 ..	1572350 ..			.....	The Management Group, LLC	WI.....NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ..	Molina Healthcare, Inc. ....	..NO.....	

16.1

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.	N/A

Explanation:

1.

Bar Code:

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

***1233420233650
0003***

OVERFLOW PAGE FOR WRITE-INS

NONE

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

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	316,593,240	245,228,231
2. Cost of bonds and stocks acquired	161,938,626	125,350,364
3. Accrual of discount	971,850	344,713
4. Unrealized valuation increase (decrease)	(80,260)	(306,675)
5. Total gain (loss) on disposals	(261,391)	(14,911)
6. Deduct consideration for bonds and stocks disposed of	43,866,241	52,804,968
7. Deduct amortization of premium	847,056	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	10,217	23,949
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	434,458,985	316,593,240
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	434,458,985	316,593,240

STATEMENT AS OF SEPTEMBER 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)	363,441,257	12,543,957	7,011,264	(1,393,935)	340,561,701	363,441,257	367,580,015	269,343,095
2. NAIC 2 (a)	49,446,541	1,387,345	0	1,496,834	41,247,830	49,446,541	52,330,720	32,931,176
3. NAIC 3 (a)	14,484,044	1,056,880	854,137	(231,296)	14,832,284	14,484,044	14,455,491	14,442,846
4. NAIC 4 (a)	0	0	35,584	128,343	0	0	92,759	.....
5. NAIC 5 (a)	0	0	0	0	0	0	0	.....
6. NAIC 6 (a)	0	0	0	0	0	0	0	.....
7. Total Bonds	427,371,842	14,988,182	7,900,985	(54)	396,641,815	427,371,842	434,458,985	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	427,371,842	14,988,182	7,900,985	(54)	396,641,815	427,371,842	434,458,985	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 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

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STATEMENT AS OF SEPTEMBER 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
7709999999 Totals		XXX			

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	125,000	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)	0	123,877
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	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 SEPTEMBER 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	2,275,277,660	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	2,337,739,259	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)	202,224,658	264,686,257
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	202,224,658	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 SEPTEMBER 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
3132DQ-YU-4	UMBs - POOL SD3423		08/02/2023	WELLS FARGO SECURITIES LLC	1,218,028	1,247,061	2,252	1.A FE	
3140QR-XA-6	UMBs - POOL CB6072		09/05/2023	WELLS FARGO SECURITIES LLC	1,937,896	1,949,165	3,871	1.A FE	
0909999999. Subtotal - Bonds - U.S. Special Revenues					3,155,924	3,196,226	6,123	XXX	
00109L-AA-1	ADT SEC CORP		09/05/2023	DIRECT	43,688	50,000	206	3.C FE	
00206R-MM-1	AT&T INC		07/19/2023	BOFA SECURITIES INC	388,675	500,000	1,771	2.B FE	
023771-T3-2	AMERICAN AIRLINES INC		09/05/2023	DIRECT	39,200	40,000	177	3.C FE	
024747-AF-4	ABC SUPPLY CO INC		09/21/2023	DIRECT	35,751	40,000	311	3.B FE	
03465R-AA-0	ANGEL OAK MORTGAGE TRUST 23-5 A1		08/16/2023	GOLDMAN SACHS & CO. LLC	976,576	1,025,000	2,870	1.A FE	
05352T-AA-7	AVANTOR FUNDING INC		08/22/2023	DIRECT	36,750	40,000	200	3.B FE	
097793-AE-3	BONANZA CREEK ENERGY INC		08/28/2023	DIRECT	37,884	40,000	750	3.C FE	
131347-CM-6	CALPINE CORP		08/31/2023	DIRECT	27,863	30,000	75	3.A FE	
143658-BQ-4	CARNIVAL CORP	D.	09/21/2023	DIRECT	75,119	85,000	510	3.C FE	
17888H-AA-1	CIVITAS RESOURCES INC		09/18/2023	DIRECT	87,426	85,000	1,129	3.C FE	
22758C-AB-7	CROSS 23-H1 A2		07/31/2023	GOLDMAN SACHS & CO. LLC	2,749,947	2,750,000	20,081	1.C FE	
432917-AA-0	HILTON GRAND VACATIONS TRUST 23-1A A		08/01/2023	WELLS FARGO SECURITIES LLC	749,828	750,000	0	1.A FE	
46284V-AG-6	IRON MOUNTAIN INC		08/31/2023	DIRECT	32,523	35,000	243	3.C FE	
501797-AN-4	L BRANDS INC		07/18/2023	DIRECT	109,538	115,000	2,834	3.B FE	
576485-AE-6	MATADOR RESOURCES CO		09/21/2023	DIRECT	33,917	35,000	57	3.C FE	
57665R-AN-6	MATCH GROUP INC		07/28/2023	DIRECT	37,150	40,000	308	3.C FE	
61747Y-FE-0	MORGAN STANLEY		09/25/2023	CITIGROUP GLOBAL MARKETS INC.	1,175,250	1,250,000	28,440	1.E FE	
670001-AG-1	NOVELIS CORP		09/28/2023	DIRECT	58,401	65,000	717	3.C FE	
69331C-AH-1	PG&E CORP		09/29/2023	DIRECT	9,072	10,000	128	3.C FE	
74166M-AC-0	PRIME SECURVC BRI/FINANC		08/08/2023	DIRECT	44,170	45,000	1,042	3.C FE	
74456Q-CN-4	PUBLIC SERVICE ELECTRIC		08/03/2023	WELLS FARGO SECURITIES LLC	1,248,375	1,250,000	0	1.F FE	
78454L-AW-0	SM ENERGY CO		09/05/2023	DIRECT	49,226	50,000	469	3.C FE	
816943-BF-0	SEQUOIA MORTGAGE TRUST 23-3 A1		08/08/2023	J.P. MORGAN SECURITIES LLC	989,688	1,000,000	3,667	1.A FE	
82967N-BJ-6	SIRIUS XM RADIO INC		08/15/2023	DIRECT	64,783	75,000	267	3.C FE	
85172F-AM-1	SPRINGLEAF FINANCE CORP		09/27/2023	DIRECT	49,563	50,000	134	3.B FE	
87901J-AJ-4	TEGNA INC		08/31/2023	DIRECT	31,500	35,000	764	3.A FE	
88033G-DH-0	TENET HEALTHCARE CORP		07/13/2023	DIRECT	118,438	125,000	514	3.C FE	
89180Y-AF-7	TOID POINT MORTGAGE TRUST 22-4 A2		05/12/2023	J.P. MORGAN SECURITIES LLC	0	0	73	1.D FE	
92332Y-AA-9	VENTURE GLOBAL LNG INC		09/21/2023	DIRECT	34,922	35,000	940	3.C FE	
927804-GM-0	VIRGINIA ELEC & POWER CO		08/08/2023	SMBC NIKKO SECURITIES AMERICA INC.	1,498,365	1,500,000	0	1.F FE	
98389B-BA-7	XCEL ENERGY INC		07/31/2023	PNC CAPITAL MARKETS LLC	998,670	1,000,000	0	2.A FE	
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					11,832,258	12,150,000	68,677	XXX	
2509999997. Total - Bonds - Part 3					14,988,182	15,346,226	74,800	XXX	
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	
2509999999. Total - Bonds					14,988,182	15,346,226	74,800	XXX	
4509999997. Total - Preferred Stocks - Part 3					0	XXX	0	XXX	
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	
4509999999. Total - Preferred Stocks					0	XXX	0	XXX	
5989999997. Total - Common Stocks - Part 3					0	XXX	0	XXX	
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	
5989999999. Total - Common Stocks					0	XXX	0	XXX	
5999999999. Total - Preferred and Common Stocks					0	XXX	0	XXX	
6009999999 - Totals					14,988,182	XXX	74,800	XXX	

STATEMENT AS OF SEPTEMBER 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 CUSIP Ident- ification	2 Description	For- eign	Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- nation, NAIC Design- nation Modifi- er and SVO Adminis- trative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
.912828-16-1	UNITED STATES TREASURY NOTE		07/31/2023	MATURITY at 100.0000			3,000,000	3,000,000	2,994,502	2,997,051	0	2,949	0	2,949	0	3,000,000	0	0	0	82,500	07/31/2023	1.A	
0109999999. Subtotal - Bonds - U.S. Governments							3,000,000	3,000,000	2,994,502	2,997,051	0	2,949	0	2,949	0	3,000,000	0	0	0	82,500	XXX	XXX	
.3132C1-HM-9	UMBs - POOL SB0236		09/01/2023	MBS PAYDOWN			72,385	72,385	75,789	73,112	0	0	(727)	0	0	72,385	0	0	0	1,220	05/01/2033	1.A FE	
.3132D5-4L-3	UMBs - POOL SB0207		09/01/2023	MBS PAYDOWN			6,800	6,800	6,974	6,816	0	0	(16)	0	0	6,800	0	0	0	138	01/01/2035	1.A FE	
.3132D0-YU-4	UMBs - POOL SD3423		09/01/2023	MBS PAYDOWN			1,507	1,507	1,472	0	0	0	0	0	0	0	0	0	0	0	6	07/01/2053	1.A FE
.3133KQ-FT-8	UMBs - POOL RA8278		09/01/2023	MBS PAYDOWN			16,256	16,033	0	0	0	0	5	0	0	16,256	0	0	0	349	12/01/2052	1.A FE	
.3133KY-R2-7	FHLMC POOL RB5005		09/01/2023	MBS PAYDOWN			16,356	16,356	16,368	0	0	(12)	0	0	16,356	0	0	0	329	07/01/2039	1.A FE		
.3133KY-YV-2	UMBs - FR RB5131		09/01/2023	MBS PAYDOWN			60,843	60,843	62,488	60,968	0	0	(125)	0	0	60,843	0	0	0	816	01/01/2041	1.A FE	
.3133KY-IA-3	UMBs - POOL RB5141		09/01/2023	MBS PAYDOWN			18,450	18,450	18,692	18,468	0	0	(18)	0	0	18,450	0	0	0	246	01/01/2042	1.A FE	
.3136AG-FU-1	FANNIE MAE 13-92 DA		09/01/2023	MBS PAYDOWN			35,302	35,302	37,073	35,578	0	0	(276)	0	0	35,302	0	0	0	964	05/25/2042	1.A FE	
.3136B4-XK-9	FANNIE MAE 19-32 PA		09/01/2023	MBS PAYDOWN			48,658	48,658	50,589	48,812	0	0	(154)	0	0	48,658	0	0	0	1,212	10/25/2048	1.A FE	
.314007-SW-8	UMBs - POOL CA0532		09/01/2023	MBS PAYDOWN			10,937	10,937	11,254	10,952	0	0	(15)	0	0	10,937	0	0	0	247	01/01/2047	1.A FE	
.3140QK-ZZ-4	UMBs - POOL CB0759		09/01/2023	MBS PAYDOWN			20,077	20,077	20,812	20,156	0	0	(79)	0	0	20,077	0	0	0	279	06/01/2036	1.A FE	
.3140X4-IM-5	UMBs - POOL FM1278		09/01/2023	MBS PAYDOWN			36,041	37,021	36,166	0	0	(125)	0	0	36,041	0	0	0	719	07/01/2034	1.A FE		
.3140XB-TR-1	UMBs - POOL FM7759		09/01/2023	MBS PAYDOWN			59,500	59,500	61,583	59,696	0	0	(196)	0	0	59,500	0	0	0	777	07/01/2036	1.A FE	
.3140XJ-HG-1	UMBs - POOL FS2390		09/01/2023	MBS PAYDOWN			94,674	94,674	91,582	94,210	0	0	464	0	0	94,674	0	0	0	2,600	09/01/2037	1.A FE	
.3140XL-A4-0	UMBs - POOL FS4526		09/01/2023	MBS PAYDOWN			57,416	57,416	58,224	0	0	(3)	0	0	57,416	0	0	0	470	05/01/2053	1.A FE		
.31418D-FM-9	UMBs - POOL MA3771		09/01/2023	MBS PAYDOWN			24,173	24,173	24,219	0	0	(47)	0	0	24,173	0	0	0	484	09/01/2039	1.A FE		
.31418D-GG-1	UMBs - POOL MA3798		09/01/2023	MBS PAYDOWN			12,858	12,858	13,154	12,890	0	0	(32)	0	0	12,858	0	0	0	257	10/01/2034	1.A FE	
.31418D-LL-4	UMBs - POOL MA3930		09/01/2023	MBS PAYDOWN			28,061	28,061	28,579	28,102	0	0	(41)	0	0	28,061	0	0	0	462	02/01/2035	1.A FE	
.31418D-MD-1	UMBs - POOL MA3955		09/01/2023	MBS PAYDOWN			27,921	27,921	28,467	27,966	0	0	(45)	0	0	27,921	0	0	0	460	03/01/2035	1.A FE	
.31418D-YH-9	UMBs - POOL MA4311		09/01/2023	MBS PAYDOWN			195,860	195,860	200,022	196,157	0	0	(297)	0	0	195,860	0	0	0	2,610	04/01/2041	1.A FE	
.31418D-Z9-6	UMBs - POOL MA4367		09/01/2023	MBS PAYDOWN			64,682	64,682	66,145	64,901	0	0	(219)	0	0	64,682	0	0	0	644	06/01/2031	1.A FE	
.31418E-GC-8	UMBs - POOL MA4694		09/01/2023	MBS PAYDOWN			173,561	173,561	171,608	173,342	0	0	218	0	0	173,561	0	0	0	4,008	08/01/2037	1.A FE	
.7335BW-IV-3	PORT AUTH OF NEW YORK & NEW JE		07/01/2023	MATURITY at 100.0000			250,000	250,000	244,845	247,472	0	0	2,528	0	0	250,000	0	0	0	2,715	07/01/2023	1.A FE	
0909999999. Subtotal - Bonds - U.S. Special Revenues							1,332,318	1,332,318	1,343,714	1,256,351	0	0	788	0	0	788	0	0	0	22,012	XXX	XXX	
.00253X-AA-9	AMERICAN AIRLINES/AADVAN	D...	07/20/2023	SINKING FUND REDEMPTION			31,250	31,250	29,928	30,699	283	0	551	0	0	31,250	0	0	0	1,289	04/20/2026	3.A FE	
.013817-AW-1	ARCONIC INC		09/28/2023	SECURITY CALLED AT 100.00000000			14,000	14,000	13,706	13,740	0	0	106	0	0	13,847	0	153	153	.712	10/01/2024	3.A FE	
.03465G-AA-4	ANGEL OAK MORTGAGE TRUST 23-2 A1		09/01/2023	MBS PAYDOWN			56,566	56,566	53,499	0	0	125	0	0	56,566	0	0	0	1,373	10/25/2067	1.A FE		
.03465R-AA-0	ANGEL OAK MORTGAGE TRUST 23-5 A1		09/01/2023	MBS PAYDOWN			31,648	31,648	30,153	0	0	0	0	0	0	31,648	0	0	0	127	09/25/2067	1.A FE	
.03966V-AB-3	ARCONIC CORP		08/18/2023	101.50000000			126,875	126,875	123,767	122,887	1,067	0	230	0	0	124,185	0	815	815	7,563	05/15/2025	3.A FE	
.04016L-AQ-0	ARES CLO LTD 17-42A AR	D...	07/22/2023	MBS PAYDOWN			130,462	130,462	130,462	130,462	0	0	0	0	0	130,462	0	0	0	6,255	01/22/2028	1.A FE	
.10568K-AA-6	BRAVO RESIDENTIAL FUNDING TRUS 22-NQM2 A		09/01/2023	MBS PAYDOWN			25,926	25,926	25,925	25,926	0	0	0	0	0	25,926	0	0	0	.718	11/25/2061	1.A FE	
.10568M-AA-2	BRAVO RESIDENTIAL FUNDING TRUS 23-NQM1 A		09/01/2023	MBS PAYDOWN			69,818	69,818	69,818	0	0	0	0	0	0	69,818	0	0	0	2,388	01/25/2063	1.A FE	
.118230-AK-7	BUCKEYE PARTNERS LP		07/01/2023	MATURITY at 100.0000			30,000	30,000	29,471	29,474	255	0	527	0	0	30,000	0	0	0	1,245	07/01/2023	3.C FE	
.12570D-AA-4	CIM TRUST 23-11 A1		09/01/2023	MBS PAYDOWN			32,204	32,204	32,205	0	0	0	0	0	0	32,204	0	0	0	857	04/25/2058	1.A FE	
.12659Y-AA-2	COLT FUNDING LLC 22-3 A1		09/01/2023	MBS PAYDOWN			15,997	15,997	14,660	15,913	0	0	.84	0	0	15,997	0	0	0	414	02/25/2067	1.A FE	
.14043M-AC-5	CAPITAL ONE PRIME AUTO RECEIVA 20-1 A3		08/15/2023	MBS PAYDOWN			107,241	107,241	107,218	107,368	0	0	(127)	0	0	107,241	0	0	0	1,052	11/15/2024	1.A FE	
.14310K-AS-0	CARLYLE GLOBAL MARKET STRATEGI 13-4A A1R		07/15/2023	MBS PAYDOWN			22,832	22,832	22,650	22,769	0	0	.64	0	0	22,832	0	0	0	.988	01/15/2031	1.A FE	
.16159L-AC-2	CHASE MORTGAGE FINANCE CORPORA 23-RPL1 A		09/01/2023	MBS PAYDOWN			19,311	19,311	17,473	0	0	.63	0	0	19,311	0	0	0	.				

STATEMENT AS OF SEPTEMBER 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

STATEMENT AS OF SEPTEMBER 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 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admi- nistrative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recog- nized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
2509999997. Total - Bonds - Part 4					7,881,350		7,875,512	7,826,351	6,624,405	14,133	7,153	0	21,286	0	7,870,983		0	3,412	3,412	242,484	XXX	XXX	
2509999998. Total - Bonds - Part 5					XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds					7,881,350		7,875,512	7,826,351	6,624,405	14,133	7,153	0	21,286	0	7,870,983		0	3,412	3,412	242,484	XXX	XXX	
4509999997. Total - Preferred Stocks - Part 4					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks					0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals					7,881,350		XXX	7,826,351	6,624,405	14,133	7,153	0	21,286	0	7,870,983		0	3,412	3,412	242,484	XXX	XXX	

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

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

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

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

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

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

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

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

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

STATEMENT AS OF SEPTEMBER 30, 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	12,794	12,794	12,794	XXX.
HUNTINGTON NATIONAL BANK (HCDA) Columbus, OH		0.000	709,836	0	67,683,933	67,926,320	68,161,936	XXX.
HUNTINGTON NATIONAL BANK (HCDA) Columbus, OH					(15,180,020)	(15,183,888)	(15,187,632)	XXX.
US BANK St. Paul, MN					(3,151,322)	(3,393,060)	(2,743,633)	XXX.
US BANK St. Paul, MN					177,605	192,311	124,938	XXX.
JP MORGAN CHASE Columbus, OH					278,454	1,147,093	365,458	XXX.
JP MORGAN CHASE Columbus, OH					299,657	29,298	58,551	XXX.
JP MORGAN CHASE Columbus, OH					1,950,869	2,819,489	583,157	XXX.
JP MORGAN CHASE Columbus, OH					(1,489)	(1,776)	(644)	XXX.
US BANK St. Paul, MN					(19,068,731)	(23,913,882)	(20,438,961)	XXX.
US BANK St. Paul, MN					(366,958)	(594,329)	(388,371)	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	709,836	0	32,634,792	29,040,370	30,547,593	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	709,836	0	32,634,792	29,040,370	30,547,593	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....								
0599999. Total - Cash	XXX	XXX	709,836	0	32,634,792	29,040,370	30,547,593	XXX

STATEMENT AS OF SEPTEMBER 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
61747C-58-2	MORGAN STANLEY LIQ TREAS-INS		09/14/2023	0.000		19,500.000	5,527	0
825252-40-6	AIM SHORT TERM INVESTMENT TRUST TREASURY		09/14/2023	0.000		60,920	88,530	0
857492-55-7	STATE STREET INST TREASURY MONEY MKT		09/14/2023	0.000		7,938	30	0
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						19,568,858	94,087	0
31846V-33-6	FIRST AMERICAN GOVT OBLIG-X		09/14/2023	0.000		0	18,375	0
31846V-56-7	FIRST AMERICAN GOV OBLIG-Z		09/14/2023	0.000		1,998,098	10,329	0
38141W-27-3	GOLDMAN SACHS FIN SQ GOVT - INSTL SHARES		09/14/2023	0.000		384,942	1,542	0
608919-71-8	FEDERATED GOVT OBLIGATIONS FUND		09/14/2023	0.000		0	419	0
61747C-70-7	MSILF GOVERNMENT PORT-INST		09/14/2023	0.000		65,587,384	231,313	0
825252-88-5	INVESTCO GOVT & AGENCY - INST MMF		09/14/2023	0.000		78,599	69,176	0
857492-57-3	STATE ST INST US GOV MM-INST		09/14/2023	0.000		37,921,158	90,329	0
949921-12-6	ALLSPRING GOVT MONEY MKT FD - SELECT		09/14/2023	0.000		76,685,619	244,767	0
8309999999. Subtotal - All Other Money Market Mutual Funds						182,655,800	666,250	0
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8609999999 - Total Cash Equivalents						202,224,658	760,337	0