



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
Molina Healthcare of Ohio, Inc.

NAIC Group Code 1531 (Current) 1531 (Prior) NAIC Company Code 12334 Employer's ID Number 20-0750134

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes No

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

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

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

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

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

Internet Website Address www.molinahealthcare.com

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

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

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

State of Ohio SS: _____
County of Franklin

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

Ami Cole

Ami Lee Cole
President

Cassie Lighton

Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
31st day of July, 2024

Linda A. Guley

a. Is this an original filing?
b. If no,

1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Yes No





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AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
Molina Healthcare of Ohio, Inc.

NAIC Group Code	1531 (Current)	1531 (Prior)	NAIC Company Code	12334	Employer's ID Number	20-0750134
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	11/19/2003		Commenced Business	10/24/2005		
Statutory Home Office	3000 Corporate Exchange Drive (Street and Number)		Columbus, OH, US 43231 (City or Town, State, Country and Zip Code)			
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Primary Location of Books and Records	3000 Corporate Exchange Drive (Street and Number)		Columbus, OH, US 43231 (Area Code) (Telephone Number)			
Internet Website Address	www.molinahealthcare.com					
Statutory Statement Contact	Aarati M Mehta (Name) aarati.mehta@molinahealthcare.com (E-mail Address)		614-540-3488 (Area Code) (Telephone Number) (FAX Number)			
OFFICERS						
President	Ami Lee Cole		Secretary	Jeffrey Don Barlow		
Chief Financial Officer	Cassie Lynn Lighton		Actuary			
OTHER						
DIRECTORS OR TRUSTEES						
Mark William Bloom M.D. John Patrick Sivori Ami Lee Cole						

State of Ohio
County of Franklin SS:

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Ami Lee Cole
President

Cassie Lynn Lighton
Chief Financial Officer

Subscribed and sworn to before me this
day of _____

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

Jeffrey Don Barlow
Secretary

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

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 19th
day of July, 2024, 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	402,831,890		402,831,890	435,550,198
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 (\$ 30,997,261), cash equivalents (\$ 247,377,183) and short-term investments (\$)	278,374,444		278,374,444	61,715,079
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities	29,696		29,696	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)	681,236,030	0	681,236,030	497,265,277
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	3,776,417		3,776,417	3,528,174
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	126,348,540		126,348,540	105,735,199
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 (\$ 3,266,373) and contracts subject to redetermination (\$ 95,203,516)	98,469,889		98,469,889	154,304,727
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,165,057		1,165,057	1,787,780
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	4,430,630		4,430,630	2,812,962
18.1 Current federal and foreign income tax recoverable and interest thereon			0	11,005,494
18.2 Net deferred tax asset	15,355,166	557,636	14,797,530	12,773,943
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 (\$)	604,629	604,629	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 (\$ 57,580,882) and other amounts receivable	99,050,365	41,469,483	57,580,882	55,444,994
25. Aggregate write-ins for other than invested assets	1,305,943	1,305,943	0	30,909
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,031,742,666	43,937,691	987,804,975	844,689,459
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	1,031,742,666	43,937,691	987,804,975	844,689,459
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepays, deposits, and other assets	1,305,943	1,305,943	0	0
2502. Prepaid state income tax			0	30,909
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,305,943	1,305,943	0	30,909

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	325,685,126	2,182,468	327,867,594	272,629,534
2. Accrued medical incentive pool and bonus amounts	10,339,987		10,339,987	8,447,100
3. Unpaid claims adjustment expenses	1,842,882	14,675	1,857,557	1,563,052
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	90,317,987		90,317,987	73,997,687
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	5,417,148		5,417,148	5,123,836
9. General expenses due or accrued	42,475,390		42,475,390	52,912,367
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	4,794,799		4,794,799	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	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	12,941,420		12,941,420	12,123,815
16. Derivatives			0	0
17. Payable for securities	136,872		136,872	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	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	3,949,933		3,949,933	4,740,293
23. Aggregate write-ins for other liabilities (including \$ 18,659,500 current)	18,659,500	0	18,659,500	17,053,944
24. Total liabilities (Lines 1 to 23)	516,561,044	2,197,143	518,758,187	448,591,628
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	386,156,788	313,207,831
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	469,046,788	396,097,831
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	987,804,975	844,689,459
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	18,645,178		18,645,178	17,027,787
2302. Member premium due	14,322		14,322	7,464
2303. Due to Reinsurer			0	18,693
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)	18,659,500	0	18,659,500	17,053,944
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	....XXX.....	2,115,401	2,380,742	4,548,478
2. Net premium income (including \$ non-health premium income).....	....XXX.....	1,613,579,222	1,565,093,295	3,021,160,380
3. Change in unearned premium reserves and reserve for rate credits.....	....XXX.....	(13,778,033)	(20,617,635)	(9,022,622)
4. Fee-for-service (net of \$ medical expenses).....	....XXX.....			
5. Risk revenue .....	....XXX.....			
6. Aggregate write-ins for other health care related revenues .....	....XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues .....	....XXX.....	0	0	0
8. Total revenues (Lines 2 to 7) .....	....XXX.....	1,599,801,189	1,544,475,660	3,012,137,758
Hospital and Medical:				
9. Hospital/medical benefits		984,491,337	947,468,457	1,852,655,728
10. Other professional services		123,113,141	119,238,036	226,040,604
11. Outside referrals	10,218,095	39,079,581	34,065,420	70,483,906
12. Emergency room and out-of-area		58,196,222	58,553,149	115,084,133
13. Prescription drugs		34,850,828	33,099,112	66,554,840
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		2,632,403	905,153	(3,322,720)
16. Subtotal (Lines 9 to 15)	10,218,095	1,242,363,512	1,193,329,327	2,327,496,491
Less:				
17. Net reinsurance recoveries		1,358,896	2,783,475	5,690,357
18. Total hospital and medical (Lines 16 minus 17)	10,218,095	1,241,004,616	1,190,545,852	2,321,806,134
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 50,579,771 cost containment expenses		58,761,206	57,713,502	114,263,498
21. General administrative expenses		158,709,728	166,018,057	336,966,946
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).....	10,218,095	1,458,475,550	1,414,277,411	2,773,036,578
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	....XXX.....	141,325,639	130,198,249	239,101,180
25. Net investment income earned		12,538,539	13,521,060	26,967,276
26. Net realized capital gains (losses) less capital gains tax of \$ (21,102)		(79,383)	(209,154)	(207,108)
27. Net investment gains (losses) (Lines 25 plus 26)	0	12,459,156	13,311,906	26,760,168
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	(26,935)	2,018,027	2,586,477
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.....	153,757,860	145,528,182	268,447,825
31. Federal and foreign income taxes incurred .....	....XXX.....	34,480,276	32,604,364	57,135,208
32. Net income (loss) (Lines 30 minus 31) .....	....XXX.....	119,277,584	112,923,818	211,312,617
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		(26,935)	2,018,027	2,586,477
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	(26,935)	2,018,027	2,586,477

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.....	396,097,831	329,960,965	329,960,965
34. Net income or (loss) from Line 32	119,277,584	112,923,818	211,312,617
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	12,248	46,076	47,290
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	1,925,389	3,349,801	2,854,814
39. Change in nonadmitted assets	1,699,908	(6,591,288)	(9,973,206)
40. Change in unauthorized and certified reinsurance	0	1,801,308	1,801,308
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	(50,000,000)	(55,000,000)	(140,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	72,948,957	56,530,929	66,136,866
49. Capital and surplus end of reporting period (Line 33 plus 48)	469,046,788	386,491,894	396,097,831
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,653,260,547	1,558,222,086	2,878,771,451
2. Net investment income	11,984,273	12,508,998	25,862,247
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	1,665,244,820	1,570,731,084	2,904,633,698
5. Benefit and loss related payments	1,184,710,732	1,179,224,671	2,353,230,181
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	230,002,359	252,006,978	468,238,974
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ (21,102) tax on capital gains (losses)	18,658,881	0	60,715,063
10. Total (Lines 5 through 9)	1,433,371,972	1,431,231,649	2,882,184,218
11. Net cash from operations (Line 4 minus Line 10)	231,872,848	139,499,435	22,449,480
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	36,552,980	35,981,626	55,886,501
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	0	752	752
12.7 Miscellaneous proceeds	136,872	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	36,689,852	35,982,378	55,887,253
13. Cost of investments acquired (long-term only):			
13.1 Bonds	3,570,811	146,950,444	174,615,192
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	29,696	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,600,507	146,950,444	174,615,192
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)	33,089,345	(110,968,066)	(118,727,939)
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	50,000,000	55,000,000	140,000,000
16.6 Other cash provided (applied)	1,697,172	(5,028,764)	(7,136,337)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(48,302,828)	(60,028,764)	(147,136,337)
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)	216,659,365	(31,497,395)	(243,414,796)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	61,715,079	305,129,875	305,129,875
19.2 End of period (Line 18 plus Line 19.1)	278,374,444	273,632,480	61,715,079

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

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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	345,578	37,456	0	0	0	0	0	16,623	291,499	0	0	0	0	0
2. First Quarter	355,131	60,864	0	0	0	0	0	15,458	278,809	0	0	0	0	0
3. Second Quarter	352,252	73,811						14,610	263,831					
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	2,115,401	375,797						91,201	1,648,403					
Total Member Ambulatory Encounters for Period:														
7. Physician	2,085,992	141,847						171,974	1,772,171					
8. Non-Physician	1,370,267	86,960						124,170	1,159,137					
9. Total	3,456,259	228,807	0	0	0	0	0	296,144	2,931,308	0	0	0	0	0
10. Hospital Patient Days Incurred	847,063	8,651						98,568	739,844					
11. Number of Inpatient Admissions	42,819	1,240						6,719	34,860					
12. Health Premiums Written (a)	1,616,916,973	214,380,365						200,338,829	1,202,197,779					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	1,603,138,940	214,380,365						197,729,678	1,191,028,897					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,185,934,142	101,355,085						141,819,995	942,759,062					
18. Amount Incurred for Provision of Health Care Services	1,242,363,512	135,334,409						139,836,543	967,192,560					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 200,338,829

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

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

Aging Analysis of Unpaid Claims

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	6,851,623	94,503,462	2,997,716	50,263,452	9,849,339	19,409,840
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Vision only					0	0
5. Dental only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	16,458,428	124,665,464	3,469,991	44,435,977	19,928,419	50,504,865
8. Title XIX - Medicaid	178,482,576	763,613,693	13,378,991	213,321,467	191,861,567	202,714,829
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)	201,792,627	982,782,619	19,846,698	308,020,896	221,639,325	272,629,534
14. Health care receivables (a)	21,706,066	74,502,230		2,842,070	21,706,066	97,609,272
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	739,516		7,642,987	2,697,000	8,382,503	8,447,100
17. Totals (Lines 13 - 14 + 15 + 16)		180,826,077	908,280,389	27,489,685	307,875,826	208,315,762
						183,467,362

(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, 2023. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2023 annual statement or audited financial statements have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

Organization and Operations

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. (Molina, or the Parent). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the Department).

A. Accounting Practices

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio insurance law. The National Association of Insurance Commissioners' Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

Such prescribed accounting practices have no significant effect on the Plan's statutory basis financial statements for the periods presented.

	F/S SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 119,277,584	\$ 211,312,617
(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	\$ 119,277,584	\$ 211,312,617
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 469,046,788	\$ 396,097,831
(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	\$ 469,046,788	\$ 396,097,831

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

C. Accounting Policy

(1) - (5) No significant changes.

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

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

(7) - (13) No significant changes.

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

NOTE 2 Accounting Changes and Corrections of Errors

None.

NOTE 3 Business Combinations and Goodwill

None.

NOTE 4 Discontinued Operations

None.

NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities

As of June 30, 2024, 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	\$ 210,281
2. 12 Months or Longer	\$ 5,571,213
b) The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 18,093,772
2. 12 Months or Longer	\$ 79,630,851

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 June 30, 2024.

- 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 2024.

- 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 \$50,000,000 on June 4, 2024.
- C. Transactions with related party who are not reported on Schedule Y: None.
- D. - O. No significant changes.

NOTE 11 Debt

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

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

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

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

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

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes.

NOTE 15 Leases

No significant changes.

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

NOTES TO FINANCIAL STATEMENTS

None.

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

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

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

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

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

None.

NOTE 20 Fair Value Measurements

- A. Fair Value Measurements

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

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Industrial and miscellaneous	\$ -	\$ 7,400,770	\$ -	\$ -	\$ 7,400,770
Exempt money market mutual funds	\$ 47,068,961	\$ -	\$ -	\$ -	\$ 47,068,961
Other money market mutual funds	\$ 200,308,222	\$ -	\$ -	\$ -	\$ 200,308,222
Total assets at fair value/NAV	\$ 247,377,183	\$ 7,400,770	\$ -	\$ -	\$ 254,777,953

- (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 June 30, 2024 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	\$ 452,156	\$ 451,658	\$ -	\$ 452,156	\$ -	\$ -	\$ -
States, territories, and possessions	\$ 2,559,333	\$ 2,802,713	\$ -	\$ 2,559,333	\$ -	\$ -	\$ -
Political subdivisions	\$ 4,757,579	\$ 4,939,675	\$ -	\$ 4,757,579	\$ -	\$ -	\$ -
Special revenue & assessment obligations	\$ 60,728,173	\$ 65,795,766	\$ -	\$ 60,728,173	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ 322,654,504	\$ 328,811,473	\$ -	\$ 322,654,504	\$ -	\$ -	\$ -
Hybrid securities	\$ 31,112	\$ 30,605	\$ -	\$ 31,112	\$ -	\$ -	\$ -
Exempt money market mutual fund	\$ 47,068,961	\$ 47,068,961	\$ 47,068,961	\$ -	\$ -	\$ -	\$ -
Other money market mutual fund	\$ 200,308,222	\$ 200,308,222	\$ 200,308,222	\$ -	\$ -	\$ -	\$ -
Short-term certificates of deposit	\$ 65,940,403	\$ 65,940,403	\$ 65,940,403	\$ -	\$ -	\$ -	\$ -
Open depositories	\$ (34,943,142)	\$ (34,943,142)	\$ (34,943,142)	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 669,557,301	\$ 681,206,334	\$ 278,374,444	\$ 391,182,857	\$ -	\$ -	\$ -

- D. - E. None.

NOTE 21 Other Items

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

The Consolidated Appropriations Act of 2023 authorized 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. The loss in membership is on track with the Plan's expectations in 2024.

- D. - I. No significant changes.

NOTES TO FINANCIAL STATEMENTS

NOTE 22 Events Subsequent

Subsequent events were considered through August 14, 2024, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

A. - D. No significant changes.

E. Reinsurance Credit:

For 2024 the Plan has a reinsurance agreement with Odyssey Reinsurance Company, a non-affiliated company which provides coverage of 90% of individual claims above deductibles of \$1,000,000 for Medicaid and \$500,000 for Medicare-Medicaid Plans (MMP) business up to \$2,000,000 per member per agreement period. The reinsurance agreement provides coverage for calendar year 2024.

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)										
\$ 19,056,814										
Liabilities										
2. Risk adjustment user fees payable for ACA Risk Adjustment										
\$ 172,054										
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)										
\$ 5,783,958										
Operations (Revenue & Expense)										
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment										
\$ (2,758,917)										
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)										
\$ (78,867)										
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	
			Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$16,031,773				\$16,031,773	\$ -	\$ 3,025,041		A	\$19,056,814	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -	\$ 201,501		B	\$ -	\$ 201,501
3. Subtotal ACA Permanent Risk Adjustment Program	\$16,031,773	\$ -	\$ -	\$ -	\$16,031,773	\$ -	\$ 3,025,041	\$ 201,501		\$19,056,814	\$ 201,501
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid					\$ -	\$ -			C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					\$ -	\$ -			F	\$ -	\$ -
5. Ceded reinsurance premiums payable					\$ -	\$ -			G	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

6. Liability for amounts held under uninsured plans					\$	-	\$	-			H	\$	-	\$	-
7. Subtotal ACA Transitional Reinsurance Program	\$	-	\$	-	\$	-	\$	-	\$	-		\$	-	\$	-
c. Temporary ACA Risk Corridors Program											I	\$	-	\$	-
1. Accrued retrospective premium					\$	-	\$	-							
2. Reserve for rate credits or policy experience rating refunds					\$	-	\$	-			J	\$	-	\$	-
3. Subtotal ACA Risk Corridors Program	\$	-	\$	-	\$	-	\$	-	\$	-		\$	-	\$	-
d. Total for ACA Risk Sharing Provisions	\$16,031,773	\$	-	\$	-	\$16,031,773	\$	-	\$3,025,041	\$201,501		\$19,056,814	\$201,501		

A. Adjustments are changes in estimates based on additional information since December 31, 2023.
 B. Adjustments are changes in estimates based on additional information since December 31, 2023.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None.

(5) ACA Risk Corridors Receivable as of Reporting Date: None.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. The liabilities for claims unpaid, accrued medical incentive pool and bonus amounts, unpaid claims adjustment expenses, net of health care receivables, as of December 31, 2023 were \$183,555,832. As of June 30, 2024, \$200,763,056 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years, net of health care receivables, are now \$5,917,366, as a result of re-estimation of unpaid claims and claims adjustment expenses principally on Medicaid, Medicare, and Marketplace lines of business. Therefore, there has been a \$23,124,590 unfavorable prior-year development since December 31, 2023 to June 30, 2024. The unfavorable development is generally the result of ongoing analysis of recent loss development trends. Original estimates are FALSE, as additional information becomes known regarding individual claims.

B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claim adjustment expenses as of June 30, 2024.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

No significant change.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

None.

NOTE 31 Anticipated Salvage and Subrogation

None.

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change: _____

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

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

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

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

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

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

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

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

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

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2021

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/26/2023

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2024 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).
On January 24, 2024, Molina Healthcare, Inc. (Molina) amended its Code of Business Conduct and Ethics (the Code) to include a description of Molinas mandatory training process for employees on topics including but not limited to the Code, Molinas Compliance Program and its policies and procedures, and fraud, waste, and abuse. The amendments clarify that employees who fail to complete their required trainings on time may be subject to disciplinary action, up to and including termination.

In addition, Molina made certain other changes to the Code, including those of a technical, administrative and non-substantive nature.

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 JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.
GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank Institutional Trust & Custody	555 SW Oak Street 6th Flr, PD-OR-PGTD Portland, OR 97204

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
New England Asset Management, Inc.	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105900	New England Asset Management, Inc.	KUR85E5PS4GQFZTFC130	SEC	NO.....

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

18.2 If no, list exceptions:

.....

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent 80.7 %

1.2 A&H cost containment percent 3.2 %

1.3 A&H expense percent excluding cost containment expenses 10.4 %

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

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

None

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	L	214,380,365	200,338,829	1,202,197,779				1,616,916,973	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	214,380,365	200,338,829	1,202,197,779				1,616,916,973	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX								0
61. Totals (Direct Business)		XXX	214,380,365	200,338,829	1,202,197,779	0	0	0	1,616,916,973	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:

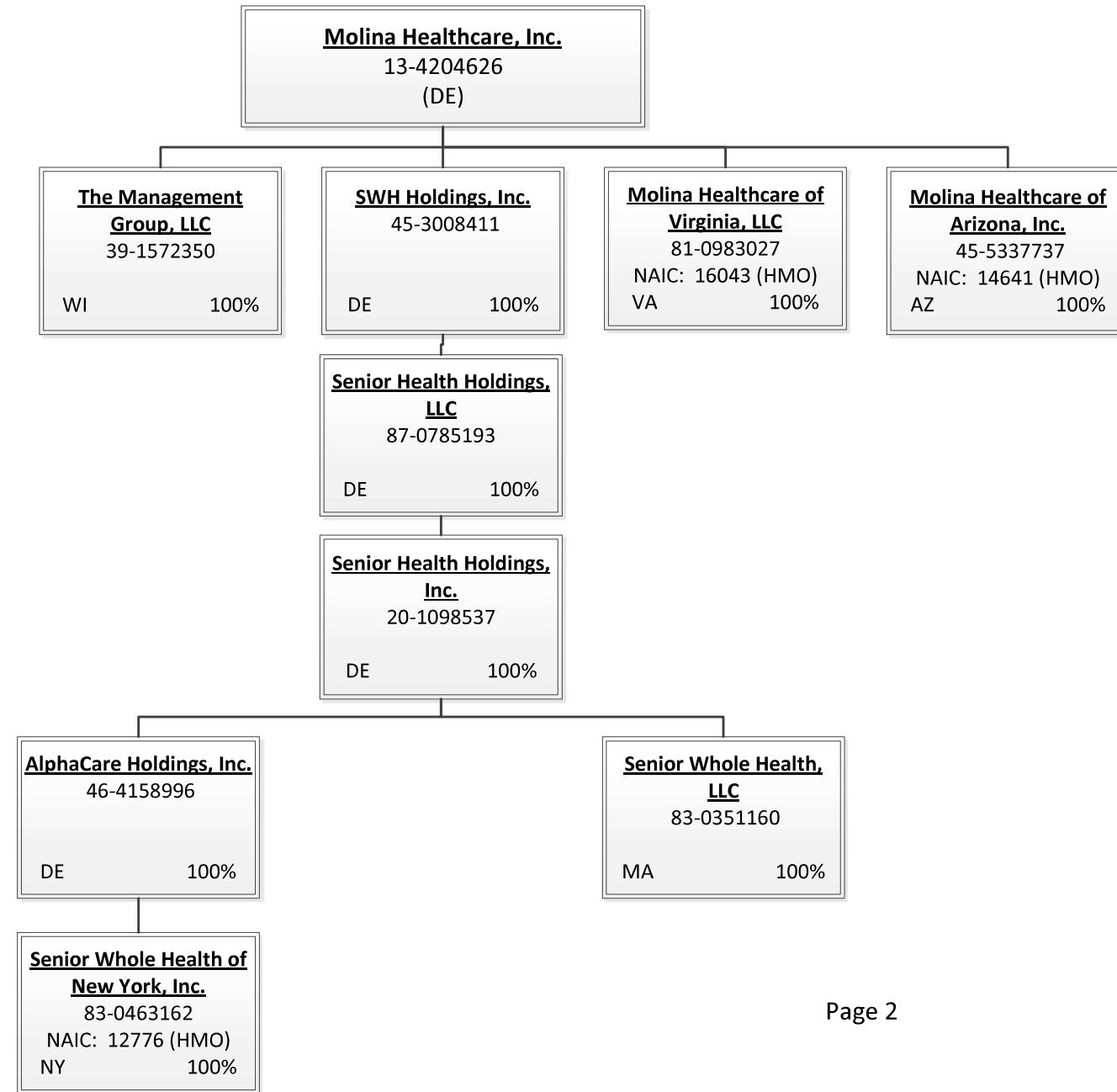
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1 4. Q - Qualified - Qualified or accredited reinsurer..... 0
 2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 56
 3. E - Eligible - Reporting entities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

Molina Healthcare, Inc.13-4204626
(DE)

Molina Healthcare of California 33-0342719 (HMO) CA 100%	Molina Healthcare of Wisconsin, Inc. 20-0813104 NAIC: 12007 (HMO) WI 100%	Molina Healthcare of Florida, Inc. 26-0155137 NAIC: 13128 (HMO) FL 100%	Molina Healthcare of Illinois, Inc. 27-1823188 NAIC: 14104 (HMO) IL 100%	Molina Healthcare of Michigan, Inc. 38-3341599 NAIC: 52630 (HMO) MI 100%	Molina Healthcare of New Mexico, Inc. 85-0408506 NAIC: 95739 (HMO) NM 100%	Molina Healthcare of Ohio, Inc. 20-0750134 NAIC: 12334 (HMO) OH 100%	Molina Healthcare of Puerto Rico, Inc. 66-0817946 NAIC: 15600 (HMO PR) PR & NV 100%
Molina Healthcare of Texas, Inc. 20-1494502 NAIC: 10757 (HMO) TX 100%	Molina Healthcare of South Carolina, Inc. 46-2992125 NAIC: 15329 (HMO) SC 100%	Molina Healthcare of Utah, Inc. 33-0617992 NAIC: 95502 (HMO) UT 100%	Molina Healthcare of Washington, Inc. 91-1284790 NAIC: 96270 (HMO) WA 100%	Molina Healthcare of New York, Inc. 27-1603200 (MCO) NY 100%	Molina Healthcare of Texas Insurance Company 27-0522725 NAIC: 13778 (A&H) TX 100%	Molina Healthcare of Mississippi, Inc. 26-4390042 NAIC: 16301 (HMO) MS 100%	Molina Healthcare of Kentucky, Inc. 83-3866292 NAIC: 16596 (HMO) KY 100%
Molina Clinical Services, LLC 81-2824030 DE 100%	Oceangate Reinsurance, Inc. 84-4039542 NAIC: 16808 (captive insurer) UT 100%	Molina Healthcare Data Center, LLC 45-2634351 NM 100%	2028 West Broadway, LLC 85-3111408 DE 100%	Molina Healthcare of Indiana, Inc. 38-4187664 NAIC: 17424 (HMO) IN 100%	Molina Healthcare of Nevada, Inc. 20-3567602 NAIC: 17064 (HMO) NV 100%	Molina Healthcare of Nebraska, Inc. 88-2279643 NAIC: 17357 (HMO) NE 100%	Molina Healthcare of Oklahoma, Inc. 81-0864563 NAIC: 17066 (HMO) OK 100%
Molina Healthcare of Tennessee, Inc. 84-3288805 TN 100%	Molina Healthcare of Georgia, Inc. 80-0800257 NAIC: 15714 (HMO) GA 100%	Molina Healthcare of Louisiana, Inc. 81-4229476 LA 100%	Molina Healthcare of Pennsylvania, Inc. 81-0855820 PA 100%	Molina Healthcare of Iowa, Inc. 38-4187674 NAIC: 17197 (HMO) IA 100%	MHAZ, Inc. 30-0876771 AZ 100%	Molina Healthcare of Rhode Island Holding Company, Inc. 87-2979541 DE 100%	Molina Care Connections, LLC 47-2296708 TX 100%
Universal Care Inc. 33-0012358 (HMO) CA 100%	Central Health Plan of California, Inc. 91-2155938 (HMO) CA 100%	Molina Healthcare of Kansas, Inc. 92-3336788 NAIC: 17545 (HMO) KS 100%				Molina Healthcare of North Carolina, Inc. 46-4148278 NC 100%	Molina Healthcare of Rhode Island, Inc. 87-2738451 NAIC: 17290 (HMO) RI 100%

Continued on
Page 2

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.



STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
		00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	..DE...	... UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	..AZ...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	..FL...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	..GA...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	..IL...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	17424	38-4187664				Molina Healthcare of Indiana, Inc.	..IN...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	..IA...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	17545	92-3336788				Molina Healthcare of Kansas, Inc.	..KS...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	..KY...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	..MI...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	..MS...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	17357	88-2279643				Molina Healthcare of Nebraska, Inc.	..NE...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	..NV...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	..NM...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	..OH...	... RE...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	..OK...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	..PR...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	..RI...	... IA...	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	..SC...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	13778	27-0522725					..TX...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	..TX...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	..UT...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	..VA...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	..WA...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	..WI...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	..UT...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
..1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	..NY...	... IA...	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	85-3111408				2028 West Broadway, LLC	..DE...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	46-4158996				AlphaCare Holdings, Inc.	..DE...	... NIA...	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	91-2155938				Central Health Plan of California, Inc.	..CA...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	30-0876771				MHAZ, Inc.	..AZ...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	47-2296708				Molina Care Connections, LLC	..TX...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	81-2824030				Molina Clinical Services, LLC	..DE...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	45-2634351				Molina Healthcare Data Center, LLC	..NM...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	33-0342719				Molina Healthcare of California	..CA...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	81-4229476				Molina Healthcare of Louisiana, Inc.	..LA...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	27-1603200				Molina Healthcare of New York, Inc.	..NY...	... IA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	46-4148278				Molina Healthcare of North Carolina, Inc.	..NC...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	..PA...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	87-2979541				Molina Healthcare of Rhode Island Holding Company, Inc.	..DE...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	84-3288805				Molina Healthcare of Tennessee, Inc.	..TN...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	20-1098537				Senior Health Holdings, Inc.	..DE...	... NIA...	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	87-0785193				Senior Health Holdings, LLC	..DE...	... NIA...	SIWH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	83-0351160				Senior Whole Health, LLC	..MA...	... NIA...	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	45-3008411				SIWH Holdings, Inc.	..DE...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	
		00000	39-1572350				The Management Group, LLC	..WI...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	...NO...	

STATEMENT AS OF JUNE 30, 2024 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 Domi-ciliary Loca-tion	10 Rela-tion-ship 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 Owner-ship Provide Percen-tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re-quired? (Yes/No)	16 *
.....	00000	33-0012358 ..	.....	.....	Universal Care, Inc. .....	.. CA.....	.. IA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc. .....	... NO.....	.....	.....

Asterisk	Explanation
.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

AUGUST FILING

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

YES

Explanation:

1.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF JUNE 30, 2024 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	435,550,198	316,593,240
2. Cost of bonds and stocks acquired	3,570,811	174,615,192
3. Accrual of discount .....	.797,296	1,432,033
4. Unrealized valuation increase/(decrease)	58,323	178,205
5. Total gain (loss) on disposals	(100,485)	(262,216)
6. Deduct consideration for bonds and stocks disposed of	36,556,453	55,900,448
7. Deduct amortization of premium .....	.491,273	1,119,757
8. Total foreign exchange change in book/adjusted carrying value	0	
9. Deduct current year's other than temporary impairment recognized	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	3,473	13,949
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	402,831,890	435,550,198
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	402,831,890	435,550,198

STATEMENT AS OF JUNE 30, 2024 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)	358,642,322	0	13,783,853	(5,925,762)	358,642,322	338,932,707	0	364,771,645
2. NAIC 2 (a)	50,788,320	0	7,348,745	6,242,168	50,788,320	49,681,743	0	56,755,630
3. NAIC 3 (a)	13,974,902	1,530,133	1,008,280	(361,785)	13,974,902	14,134,970	0	13,867,579
4. NAIC 4 (a)	1	82,238	219,930	220,163	1	82,472	0	155,344
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	423,405,545	1,612,371	22,360,808	174,784	423,405,545	402,831,892	0	435,550,198
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	423,405,545	1,612,371	22,360,808	174,784	423,405,545	402,831,892	0	435,550,198

(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 JUNE 30, 2024 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	0	123,877
2. Cost of short-term investments acquired	0	0
3. Accrual of discount	0	371
4. Unrealized valuation increase/(decrease)	0	699
5. Total gain (loss) on disposals	0	53
6. Deduct consideration received on disposals	0	125,000
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)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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

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	30,369,370	264,686,257
2. Cost of cash equivalents acquired	908,089,572	2,556,524,606
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	691,081,759	2,790,841,493
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)	247,377,183	30,369,370
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	247,377,183	30,369,370

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

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2024 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
00253X-AB-7	AMERICAN AIRLINES/ADVAN	D.	05/03/2024	DIRECT	43,932	45,000	122	3.A FE	
03690A-AH-9	ANTERO RESOURCES MIDSTRE		05/08/2024	DIRECT	48,143	50,000	1,082	3.C FE	
12008R-AN-7	BUILDERS FIRSTSOURCE INC		06/27/2024	DIRECT	33,129	35,000	569	3.C FE	
12653C-AJ-7	CNX RESOURCES CORP		05/03/2024	DIRECT	39,200	40,000	747	3.B FE	
15138A-AA-8	CENTENNIAL RESOURCE PROD		04/03/2024	DIRECT	14,850	15,000	179	3.C FE	
185899-4K-7	CLEVELAND CLIFFS INC		06/05/2024	DIRECT	51,822	55,000	554	3.C FE	
19416M-AB-5	PERMIAN RESOUR OPTG LLC		06/18/2024	DIRECT	39,458	40,000	1,103	3.C FE	
222070-AG-9	COTY/HFC PRESTIGE/INT US		06/18/2024	DIRECT	47,523	50,000	980	3.A FE	
23345M-AA-5	DT MIDSTREAM INC		05/09/2024	DIRECT	32,071	35,000	594	3.A FE	
235825-AF-3	DANA INC		06/27/2024	DIRECT	68,513	70,000	449	3.C FE	
29362U-AC-8	ENTEGRIS INC		05/03/2024	DIRECT	61,263	65,000	174	3.B FE	
29362U-AD-6	ENTEGRIS INC		06/05/2024	DIRECT	26,933	30,000	106	3.B FE	
38016L-AC-9	GO DADDY OPCO/FINCO		06/24/2024	DIRECT	81,900	90,000	998	3.C FE	
42704L-AE-4	HERC HOLDINGS INC		06/04/2024	DIRECT	65,000	65,000	0	3.C FE	
428102-AG-2	HESS MIDSTREAM OPERATION		06/05/2024	DIRECT	35,192	35,000	54	3.A FE	
45258L-AA-5	IMOLA MERGER CORP		06/26/2024	DIRECT	107,806	115,000	434	3.C FE	
46284V-AG-6	IRON MOUNTAIN INC		05/21/2024	DIRECT	33,494	35,000	622	3.C FE	
49461M-AB-6	KINETIK HOLDINGS LP		06/10/2024	DIRECT	40,638	40,000	1,362	3.A FE	
536797-AE-3	LITHIA MOTORS INC		05/21/2024	DIRECT	33,520	35,000	710	3.B FE	
536797-AG-8	LITHIA MOTORS INC		06/05/2024	DIRECT	18,052	20,000	11	3.B FE	
552953-CO-1	MGM RESORTS INTL		04/11/2024	DIRECT	82,238	85,000	480	4.A FE	
55617L-AP-7	MACY'S RETAIL HDGS LLC		05/03/2024	DIRECT	14,655	15,000	88	3.A FE	
58506D-AA-6	MEDLINE BORROWER/MEDL CO		06/10/2024	DIRECT	165,411	165,000	2,046	3.C FE	
615394-AM-5	MOOG INC		06/05/2024	DIRECT	37,756	40,000	661	3.C FE	
680665-AK-2	OLIN CORP		06/25/2024	DIRECT	18,975	20,000	403	3.A FE	
780153-BH-4	ROYAL CARIBBEAN CRUISES		06/25/2024	DIRECT	38,828	40,000	826	3.B FE	
852234-AP-8	BLOCK INC		06/28/2024	DIRECT	51,972	60,000	102	3.A FE	
86765L-AT-4	SUNOCO LP/FINANCE CORP		06/25/2024	DIRECT	116,411	125,000	483	3.A FE	
87724R-AB-8	TAYLOR MORRISON COMM		04/02/2024	DIRECT	39,600	40,000	505	3.A FE	
90138F-AC-6	TWILIO INC		06/28/2024	DIRECT	40,669	45,000	480	3.C FE	
92840V-AH-5	VISTRA OPERATIONS CO LLC		06/28/2024	DIRECT	27,938	30,000	219	3.B FE	
98310W-AS-7	TRAVEL + LEISURE CO		06/28/2024	DIRECT	55,479	55,000	1,440	3.C FE	
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,612,371	1,685,000	18,583	XXX	
2509999997. Total - Bonds - Part 3					1,612,371	1,685,000	18,583	XXX	
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	
2509999999. Total - Bonds					1,612,371	1,685,000	18,583	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					1,612,371	XXX	18,583	XXX	

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22			
										11	12	13	14	15										
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amor-tization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modification and SVO Administrative Symbol			
.68609T-N6-1	OREGON ST		05/01/2024	MATURITY at 100.0000			400,000	400,000	400,000	0	0	0	0	0	400,000	0	0	0	0	0	868	05/01/2024	1.B FE	
0509999999. Subtotal - Bonds - U.S. States, Territories and Possessions							400,000	400,000	400,000	0	0	0	0	0	400,000	0	0	0	0	0	868	XXX	XXX	
.3132CII-HM-9	UMBs - POOL SB0236		06/01/2024	MBS PAYDOWN			64,066	64,066	67,079	64,330	0	0	(264)	0	0	64,066	0	0	0	0	0	648	05/01/2033	1.A FE
.3132D5-4L-3	UMBs - POOL SB8027		06/01/2024	MBS PAYDOWN			5,741	5,741	5,888	5,749	0	0	(7)	0	0	5,741	0	0	0	0	0	71	01/01/2035	1.A FE
.3132D0-YU-4	UMBs - POOL SD3423		06/01/2024	MBS PAYDOWN			15,650	15,650	15,286	15,646	0	0	4	0	0	15,650	0	0	0	0	0	313	07/01/2053	1.A FE
.3133KQ-FT-8	UMBs - POOL RA8278		06/01/2024	MBS PAYDOWN			19,723	19,723	19,452	19,716	0	0	7	0	0	19,723	0	0	0	0	0	381	12/01/2052	1.A FE
.3133KY-R2-7	FHLMC POOL RB5005		06/01/2024	MBS PAYDOWN			15,020	15,020	15,205	15,026	0	0	(6)	0	0	15,020	0	0	0	0	0	206	07/01/2039	1.A FE
.3133KY-VY-2	UMBs - FR RB5131		06/01/2024	MBS PAYDOWN			51,373	51,373	52,762	51,429	0	0	(56)	0	0	51,373	0	0	0	0	0	435	10/01/2041	1.A FE
.3133KY-WA-3	UMBs - POOL RB5141		06/01/2024	MBS PAYDOWN			18,092	18,092	18,329	18,101	0	0	(10)	0	0	18,092	0	0	0	0	0	152	01/01/2042	1.A FE
.3136AG-FU-1	FANNIE MAE 13-92 DA		06/01/2024	MBS PAYDOWN			36,559	36,559	38,393	36,731	0	0	(172)	0	0	36,559	0	0	0	0	0	618	05/25/2042	1.A FE
.3136BA-XK-9	FANNIE MAE 19-32 PA		06/01/2024	MBS PAYDOWN			45,961	45,961	47,785	46,071	0	0	(110)	0	0	45,961	0	0	0	0	0	659	10/25/2048	1.A FE
.314007-SW-8	UMBs - POOL CA0532		06/01/2024	MBS PAYDOWN			16,958	16,958	17,449	16,973	0	0	(14)	0	0	16,958	0	0	0	0	0	257	10/01/2047	1.A FE
.31400K-ZZ-4	UMBs - POOL CB0759		06/01/2024	MBS PAYDOWN			22,033	22,033	22,840	22,082	0	0	(48)	0	0	22,033	0	0	0	0	0	185	06/01/2036	1.A FE
.31400R-XA-6	UMBs - POOL CB0672		06/01/2024	MBS PAYDOWN			44,567	44,567	44,310	44,558	0	0	10	0	0	44,567	0	0	0	0	0	1,011	04/01/2053	1.A FE
.3140X4-M4-5	UMBs - POOL FM1278		06/01/2024	MBS PAYDOWN			21,349	21,349	21,929	21,389	0	0	(40)	0	0	21,349	0	0	0	0	0	281	07/01/2034	1.A FE
.3140XB-TR-1	UMBs - POOL FM7759		06/01/2024	MBS PAYDOWN			61,228	61,228	63,371	61,341	0	0	(113)	0	0	61,228	0	0	0	0	0	510	07/01/2036	1.A FE
.3140XJ-HG-1	UMBs - POOL FS2930		06/01/2024	MBS PAYDOWN			38,287	38,287	37,036	38,192	0	0	95	0	0	38,287	0	0	0	0	0	647	09/01/2037	1.A FE
.3140XL-A4-0	UMBs - POOL FS4526		06/01/2024	MBS PAYDOWN			88,133	88,133	89,372	88,178	0	0	(45)	0	0	88,133	0	0	0	0	0	2,001	05/01/2053	1.A FE
.3140XM-TD-8	UMBs - POOL FS5947		06/01/2024	MBS PAYDOWN			127,929	127,929	128,589	127,956	0	0	(27)	0	0	127,929	0	0	0	0	0	2,927	07/01/2053	1.A FE
.31418D-FM-9	UMBs - POOL MA3771		06/01/2024	MBS PAYDOWN			15,715	15,715	15,715	15,729	0	0	(14)	0	0	15,715	0	0	0	0	0	202	09/01/2039	1.A FE
.31418D-GG-1	UMBs - POOL MA3798		06/01/2024	MBS PAYDOWN			9,566	9,566	9,785	9,576	0	0	(11)	0	0	9,566	0	0	0	0	0	117	10/01/2034	1.A FE
.31418D-LL-4	UMBs - POOL MA3930		06/01/2024	MBS PAYDOWN			28,044	28,044	28,561	28,066	0	0	(23)	0	0	28,044	0	0	0	0	0	296	02/01/2035	1.A FE
.31418D-MD-1	UMBs - POOL MA3955		06/01/2024	MBS PAYDOWN			27,010	27,010	27,537	27,035	0	0	(26)	0	0	27,010	0	0	0	0	0	284	03/01/2035	1.A FE
.31418D-YH-9	UMBs - POOL MA4311		06/01/2024	MBS PAYDOWN			197,419	197,419	201,614	197,574	0	0	(155)	0	0	197,419	0	0	0	0	0	1,621	04/01/2041	1.A FE
.31418D-Z9-6	UMBs - POOL MA4367		06/01/2024	MBS PAYDOWN			57,332	57,332	58,628	57,406	0	0	(75)	0	0	57,332	0	0	0	0	0	358	06/01/2031	1.A FE
.31418E-GC-8	UMBs - POOL MA4694		06/01/2024	MBS PAYDOWN			174,644	174,644	172,679	174,530	0	0	113	0	0	174,644	0	0	0	0	0	2,535	08/01/2037	1.A FE
.977100-AC-0 WISCONSIN ST GEN FUND ANNUAL A							255,000	255,000	268,155	255,166	0	0	(166)	0	0	255,000	0	0	0	0	0	7,268	05/01/2026	1.C FE
0909999999. Subtotal - Bonds - U.S. Special Revenues							1,457,399	1,457,399	1,488,125	1,458,550	0	(153)	0	(153)	0	1,457,399	0	0	0	0	0	23,983	XXX	XXX
.00253X-AA-9	AMERICAN AIRLINES/AADVAN		04/20/2024	SINKING FUND REDEMPTION			25,833	25,833	24,591	25,584	0	0	249	0	0	249	0	0	0	0	0	718	04/20/2026	3.A FE
.00208D-AC-3	ALLY AUTO RECEIVABLES TRUST 22-3 A3		06/15/2024	MBS PAYDOWN			30,877	30,877	30,875	30,817	0	0	60	0	0	30,877	0	0	0	0	0	783	04/15/2027	1.A FE
.03465G-AA-4	ANGEL OAK MORTGAGE TRUST 23-2 A1		06/01/2024	MBS PAYDOWN			87,289	87,289	82,557	87,031	0	0	258	0	0	87,289	0	0	0	0	0	1,591	10/25/2067	1.A FE
.03465R-AA-0	ANGEL OAK MORTGAGE TRUST 23-5 A1		06/01/2024	MBS PAYDOWN			24,126	24,126	22,986	24,049	0	0	77	0	0	24,126	0	0	0	0	0	496	09/25/2067	1.A FE
.03690E-AA-6	ANTERO MIDSTREAM PART/FI		05/16/2024	101,969,000,000			122,363	122,363	120,000	121,878	0	0	(248)	0	0	120,696	0	0	(696)	0	0	7,114	05/15/2026	3.A FE
.055983-AA-8	BSPT ISSUER LTD 22-FL8 A		06/15/2024	MBS PAYDOWN			39,342	39,342	39,342	39,342	0	0	0	0	0	39,342	0	0	0	0	0	1,142	02/15/2037	1.A FE
.10568K-AA-6	BRAVO RESIDENTIAL FUNDING TRUS 22-NQM2 A		06/01/2024	MBS PAYDOWN			49,339	49,339	49,339	49,339	0	0	0	0	0	49,339	0	0	0	0	0	889	11/25/2061	1.A FE
.10568M-AA-2	BRAVO RESIDENTIAL FUNDING TRUS 23-NQM1 A		06/01/2024	MBS PAYDOWN			78,262	78,262	78,261	78,262	0	0	0	0	0	78,262	0	0	0	0	0	1,710	01/25/2063	1.A FE
.12570D-AA-4	CIM TRUST 23-11 A1		06/01/2024	MBS PAYDOWN			26,293	26,293	26,294	26,294	0	0	0	0	0	26,293	0	0	0	0	0	645	04/25/2058	1.A FE
.12659Y-AA-2	COLT FUNDING LLC 22-3 A1		06/01/2024	MBS PAYDOWN			25,028	25,028	22,936	24,952	0	0	76	0	0	25,028	0	0	0	0	0	414	02/25/2067	1.A FE
.14040H-CQ-6	CAPITAL ONE FINANCIAL CO		05/09/2024	PREREFUNDED			1,500,000	1,500,000	1,504,005	1,500,736	0	0	(736)	0	0	1,500,000	0	0	0	0	0	31,245	05/09/2025	2.B FE
.14310K-AS-0	CARLYLE GLOBAL MARKET STRATEGI 13-4A A1R		04/15/2024	MBS PAYDOWN			184,284	184,284	182,810	183,764	0	0	521	0	0	184,284	0	0	0	0	0	6,164	01/15/2031	1.A FE
.14317H-AC-5	CARMAX AUTO OWNER TRUST 22-2 A3		06/15/2024	MBS PAYDOWN			224,725	224,725	224,691	224,491	0	0	234	0	0	224,725	0	0	0	0	0	3,257	02/16/2027	1.A FE
.14868J-AC-4	CARVANA AUTO RECEIVABLES TRUST 22-P2 A3		06/10/2024	MBS PAYDOWN			164,427	164,427	164,408	164,300	0	0	127	0	0	164,427	0	0	0	0	0	2,817	04/12/2027	1.A FE
.16159J-AC-2	CHASE MORTGAGE FINANCE CORPORA 23-RPL1 A		06/01/2024	MBS PAYDOWN			18,027	18,027	16,311	17,946	0	0	81	0	0	18,027	0	0	0	0	0	257	06/25/2062	1.A FE

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amor-tization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modified and SVO Administrative Symbol	
..19685W-AA-9	COLT FUNDING LLC 21-2 A1		06/01/2024	MBS PAYDOWN		19,795	19,795	16,077	19,647	0	148	0	148	0	19,795	0	0	0	0	0	0	08/25/2066 1.A FE
..19688N-AB-8	COLT FUNDING LLC 22-8 A1		06/01/2024	MBS PAYDOWN		64,039	64,039	64,369	64,069	0	(30)	0	(30)	0	64,039	0	0	0	0	0	0	08/25/2067 1.A FE
..19688N-AB-4	COLT FUNDING LLC 23-1 A2		06/01/2024	MBS PAYDOWN		34,426	34,426	34,426	34,426	0	0	0	0	0	34,426	0	0	0	0	0	0	04/25/2068 1.C FE
..22758C-AB-7	CROSS 23-H1 A2		06/01/2024	MBS PAYDOWN		174,590	174,590	174,587	174,590	0	0	0	0	0	174,590	0	0	0	0	0	0	04/25/2068 1.C FE
..24381V-AA-8	DEEPHAVEN RESIDENTIAL MORTGAGE 21-3 A1		06/01/2024	MBS PAYDOWN		46,953	46,953	38,233	46,479	0	474	0	474	0	46,953	0	0	0	0	0	0	08/25/2066 1.A FE
..24381V-AB-0	DEEPHAVEN RESIDENTIAL MORTGAGE 22-3 A2		06/01/2024	MBS PAYDOWN		56,378	56,378	55,105	56,301	0	.77	0	.77	0	56,378	0	0	0	0	0	0	07/25/2067 1.C FE
..25461L-AA-0	DIRECTV HOLDINGS/FING		06/12/2024	DIRECT		28,620	30,000	27,000	27,642	0	256	0	256	0	27,898	0	722	722	0	0	0	08/15/2027 3.B FE
..26249B-AQ-4	DRYDEN SENIOR LOAN FUND 13-30A AR		05/15/2024	MBS PAYDOWN		178,207	178,207	177,518	177,797	0	410	0	410	0	178,207	0	0	0	0	0	0	05/15/2028 1.A FE
..26251L-AC-8	DRYDEN SENIOR LOAN FUND 18-64A A		04/18/2024	MBS PAYDOWN		44,221	44,221	43,834	44,088	0	133	0	133	0	44,221	0	0	0	0	0	0	04/18/2031 1.A FE
..31573E-AA-9	ELLINGTON FINANCIAL MORTGAGE T 22-3 A1		06/01/2024	MBS PAYDOWN		50,220	50,220	49,669	50,200	0	.21	0	.21	0	50,220	0	0	0	0	0	0	08/25/2067 1.A FE
..33767P-AA-6	FIRSTKEY HOMES TRUST 22-SFR2 A		05/01/2024	MBS PAYDOWN		2,388	2,388	2,303	2,383	0	5	0	5	0	2,388	0	0	0	0	0	0	07/17/2039 1.A FE
..33768E-AA-0	FIRSTKEY HOMES TRUST 22-SFR3 A		06/01/2024	MBS PAYDOWN		799	799	749	794	0	5	0	5	0	799	0	0	0	0	0	0	07/17/2026 1.A FE
..33768N-AA-0	FIRSTKEY HOMES TRUST 22-SFR1 A		05/01/2024	MBS PAYDOWN		655	655	655	655	0	0	0	0	0	655	0	0	0	0	0	0	05/17/2039 1.A FE
..34534L-AD-9	FORD CREDIT AUTO OWNER TRUST 22-B A3		06/15/2024	MBS PAYDOWN		289,873	289,873	289,858	289,537	0	336	0	336	0	289,873	0	0	0	0	0	0	04/15/2026 1.A FE
..34960P-AB-7	FORTRUST TRANS & INFRAST		05/02/2024	100,000,000,000		115,000	115,000	110,651	112,155	0	515	0	515	0	112,670	0	2,330	2,330	0	0	0	10/01/2025 4.A FE
..36321J-AC-8	GALAXY CLO LTD 18-28A A1		04/15/2024	MBS PAYDOWN		169,030	169,030	167,961	168,540	0	491	0	491	0	169,030	0	0	0	0	0	0	06/22/2031 1.A FE
..375558-AW-3	GILEAD SCIENCES INC		04/01/2024	MATURITY AT 100,0000		4,000,000	4,000,000	4,200,560	4,000,000	0	0	0	0	0	4,000,000	0	0	0	0	0	0	04/01/2024 2.A FE
..40390J-AA-0	HGI CRE CLO LTD 21-FL2 A		06/19/2024	MBS PAYDOWN		4,626	4,626	4,626	4,626	0	0	0	0	0	4,626	0	0	0	0	0	0	09/17/2036 1.A FE
..40428H-TA-0	HSBC USA INC		05/24/2024	MATURITY AT 100,0000		750,000	750,000	749,970	749,994	0	6	0	6	0	750,000	0	0	0	0	0	0	05/24/2024 1.F FE
..40441L-AA-4	HGI CRE CLO LTD 21-FL1 A		06/16/2024	MBS PAYDOWN		313,840	313,840	313,840	313,840	0	0	0	0	0	313,840	0	0	0	0	0	0	06/16/2036 1.A FE
..432917-AA-0	HILTON GRAND VACATIONS TRUST 23-1A A		06/25/2024	MBS PAYDOWN		56,499	56,499	56,313	56,313	0	186	0	186	0	56,499	0	0	0	0	0	0	01/25/2038 1.A FE
..440452-AG-5	HORMEL FOODS CORP		06/03/2024	MATURITY AT 100,0000		500,000	500,000	499,910	499,987	0	.13	0	.13	0	500,000	0	0	0	0	0	0	06/03/2024 1.G FE
..451102-BW-6	ICAHN ENTERPRISES/FIN		06/17/2024	100,000,000,000		225,000	225,000	216,025	221,933	.96	1,932	0	2,028	0	223,960	0	1,040	1,040	0	0	0	09/15/2024 3.B FE
..459200-JV-8	IBM CORP		05/15/2024	MATURITY AT 100,0000		2,000,000	2,000,000	2,139,600	2,016,634	0	(16,634)	0	(16,634)	0	2,000,000	0	0	0	0	0	0	05/15/2024 1.G FE
..46653P-BM-8	JP MORGAN MORTGAGE TRUST 21-6 A15		06/01/2024	MBS PAYDOWN		23,408	23,408	19,150	23,304	0	104	0	104	0	23,408	0	0	0	0	0	0	025/10/2051 1.A
..517834-AG-2	LAS VEGAS SANDS CORP		06/26/2024	100,000,000,000		205,000	205,000	195,159	201,098	457	.2,775	0	.3,232	0	204,330	0	670	670	0	0	0	08/08/2024 2.C FE
..55284A-AA-6	MF1 MULTIFAMILY HOUSING MORTGA 21-FL7 A		06/16/2024	MBS PAYDOWN		176,272	176,272	176,272	176,272	0	0	0	0	0	176,272	0	0	0	0	0	0	04/30/2036 1.A FE
..55284J-AA-7	MF1 MULTIFAMILY HOUSING MORTGA 22-FL8 A		04/17/2024	MBS PAYDOWN		3,143	3,143	3,143	3,143	0	0	0	0	0	3,143	0	0	0	0	0	0	02/19/2037 1.A FE
..55342U-AG-9	MPT OPER PARTNERSP/FINL		06/06/2024	DIRECT		68,870	75,000	71,809	66,750	6,151	267	0	6,418	0	73,168	0	(4,298)	(4,298)	0	0	0	08/01/2026 4.B FE
..55400U-AA-1	MWV OWNER TRUST 22-1A A		06/20/2024	MBS PAYDOWN		84,920	84,920	84,898	84,762	0	158	0	158	0	84,920	0	0	0	0	0	0	01/21/2039 1.A FE
..57629W-DB-3	MASSMUTUAL GLOBAL FUNDIN		04/12/2024	MATURITY AT 100,0000		1,500,000	1,500,000	1,498,305	1,499,840	0	160	0	160	0	1,500,000	0	0	0	0	0	0	04/12/2024 1.B FE
..576485-AE-6	MATADOR RESOURCES CO		04/02/2024	TENDER OFFER		35,026	35,000	33,917	34,006	0	.85	0	.85	0	34,091	0	935	935	0	0	0	09/15/2026 4.A FE
..59980D-AB-7	MILL CITY MORTGAGE TRUST 23-NQM1 A2		06/01/2024	MBS PAYDOWN		17,843	17,843	17,475	17,825	0	.19	0	.19	0	17,843	0	0	0	0	0	0	02/25/2067 1.C FE
..60162P-AE-2	MILOS CLO LTD 17-1A AR		04/20/2024	MBS PAYDOWN		351,543	351,543	351,543	351,543	0	0	0	0	0	351,543	0	0	0	0	0	0	10/20/2030 1.A FE
..61747Y-EQ-4	MORGAN STANLEY		04/17/2024	PREREFUNDED		1,500,000	1,500,000	1,500,000	1,500,000	0	0	0	0	0	1,500,000	0	0	0	0	0	0	04/17/2025 1.E FE
..644393-AA-8	NEW FORTRESS ENERGY INC		06/28/2024	DIRECT		29,100	30,000	28,430	29,046	0	266	0	266	0	29,312	0	(212)	(212)	0	0	0	09/15/2025 3.C FE
..651229-AW-6	NEWELLI BRANDS INC		04/26/2024	DIRECT		34,342	35,000	34,718	34,475	354	.24	0	.378	0	34,853	0	(511)	(511)	0	0	0	04/01/2026 3.C FE
..65480L-AD-7	NISSAN AUTO LEASE TRUST 22-A A3		06/15/2024	MBS PAYDOWN		1,257,755	1,257,755	1,257,743	1,258,317	0	(562)	0	(562)	0	1,257,755	0	0	0	0	0	0	09/15/2025 1.A FE
..670855-AA-3	ONSLOW BAY FINANCIAL LLC 23-NQM1 A1		06/01/2024	MBS PAYDOWN		65,265	65,265	65,348	65,277	0	(12)	0	(12)	0	65,265	0	0	0	0	0	0	11/25/2062 1.A FE
..67114V-AA-1	ONSLOW BAY FINANCIAL LLC 22-NQM1 A1		06/01/2024	MBS PAYDOWN		92,214	92,214	91,698	90	516	0	516	0	92,214	0	0	0	0	0	0	09/25/2061 1.A FE	
..67115D-AA-0	ONSLOW BAY FINANCIAL LLC 21-NQM1 A1		06/01/2024	MBS PAYDOWN		26,771	26,771	21,709	26,615	0	156	0	156	0	26,771	0	0	0	0	0	0	10/25/2061 1.A FE
..674595-DZ-5	OCIDENTAL PETROLEUM COR		06/05/2024	DIRECT		145,080	135,000	150,362	145,849	0	(1,434)	0	(1,434)	0	144,415	0	666	666	0	0	0	07/15/2027 2.C FE
..74166M-AB-2	PRIME SECURSRV BRI/FINANC		04/15/2024	MATURITY AT 100,0000		22,000	22,000	21,419	21,889	7	104	0	104	0	22,000	0	0	0	0	0	0	04/15/2024 3.B FE
..74331U-AA-6	PROGRESS RESIDENTIAL TRUST 22-SFR3 A		05/01/2024	MBS PAYDOWN		316	316	302	315	0	1	0	1	0	316	0	0	0	0	0	0	04/17/2039 1.A FE

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22				
										11	12	13	14	15											
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and SVO Administrative Symbol				
.74334D-AA-1	PROGRESS RESIDENTIAL TRUST 22-SFR6 A		06/01/2024	MBS PAYDOWN		1,267	1,267	1,267	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
.816943-BF-0	SEQUOIA MORTGAGE TRUST 23-3 A1		06/01/2024	MBS PAYDOWN		21,331	21,331	21,111	21,322	0	0	9	0	0	0	0	0	0	0	0	0	559			
.817498-AA-9	SEQUOIA MORTGAGE TRUST 23-1 A1		06/01/2024	MBS PAYDOWN		14,797	14,797	14,640	14,793	0	0	4	0	0	0	0	0	0	0	0	0	302			
.824348-AV-8	SHERWIN-WILLIAMS CO		06/01/2024	MATURITY at 100.0000		1,500,000	1,500,000	1,594,860	1,509,186	0	0	(9,186)	0	(9,186)	0	1,500,000	0	0	0	0	0	0			
.82652M-AA-8	SIERRA RECEIVABLES FUNDING CO 19-2A A		06/20/2024	MBS PAYDOWN		6,214	6,214	6,214	6,207	0	0	7	0	0	0	6,214	0	0	0	0	0	0			
.82967N-BJ-6	SIRIUS XM RADIO INC		04/11/2024	DIRECT		35,750	40,000	34,550	34,901	0	0	279	0	0	0	35,180	0	570	570	1,200	0	0			
	SECURITY CALLED AT																								
.85172F-AM-1	SPRINGLEAF FINANCE CORP		06/10/2024	100.85400000		131,111	130,000	130,498	130,250	0	(87)	0	(87)	0	130,163	0	0	(163)	(163)	7,689	03/15/2025	3.B FE			
.87267T-AB-7	TOORAK MORTGAGE CORP 21-INV2 A2		06/01/2024	MBS PAYDOWN		15,746	15,746	15,507	15,625	0	0	120	0	0	0	15,746	0	0	0	0	0	0			
.88258M-AA-3	TEXAS NATURAL GAS SECURITIZATION		04/01/2024	MBS PAYDOWN		22,470	22,470	22,470	22,470	0	0	0	0	0	0	0	0	0	0	0	0	669			
.89173T-AB-6	TOID POINT MORTGAGE TRUST 17-1 A2		06/01/2024	MBS PAYDOWN		140,898	140,898	134,866	140,289	0	0	610	0	0	0	140,898	0	0	0	0	0	0			
.89181P-CL-5	TOID POINT HE TRUST 23-1 A1a		06/01/2024	MBS PAYDOWN		74,369	74,369	74,431	74,374	0	0	(5)	0	0	0	74,369	0	0	0	0	0	0			
.89238F-AD-5	TOYOTA AUTO RECEIVABLES OWNER 22-B A3		06/15/2024	MBS PAYDOWN		168,387	168,387	168,383	168,238	0	0	148	0	0	0	168,387	0	0	0	0	0	0			
.89614Y-AA-4	TRICON RESIDENTIAL 21-SFR1 A		06/01/2024	MBS PAYDOWN		1,306	1,306	1,306	1,306	0	0	0	0	0	0	0	0	0	0	0	0	12			
.91153L-AA-5	UNITED SHORE FINAN SERV		04/16/2024	DIRECT		73,500	75,000	68,625	70,658	0	0	642	0	0	0	71,300	0	0	2,200	2,200	1,753	11/15/2025	3.C FE		
.92332Y-AA-9	VENTURE GLOBAL LNG INC		04/30/2024	DIRECT		81,800	80,000	80,000	80,000	0	0	0	0	0	0	0	0	0	0	0	0	0			
.924921-AA-7	VERUS SECURITIZATION TRUST 22-5 A1		06/01/2024	MBS PAYDOWN		11,510	11,510	11,264	11,503	0	0	7	0	0	0	11,510	0	0	0	0	0	0			
.92538H-AA-8	VERUS SECURITIZATION TRUST 21-4 A1		06/01/2024	MBS PAYDOWN		25,256	25,256	20,717	25,024	0	0	232	0	0	0	25,256	0	0	0	0	0	0			
.92539B-AA-0	VERUS SECURITIZATION TRUST 23-1 A1		06/01/2024	MBS PAYDOWN		25,159	25,159	25,159	25,159	0	0	0	0	0	0	0	0	0	0	0	0				
.92539F-AB-9	VERUS SECURITIZATION TRUST 23-INV1 A2		06/01/2024	MBS PAYDOWN		67,056	67,056	67,056	67,056	0	0	0	0	0	0	67,056	0	0	0	0	0	0			
.92539G-AB-7	VERUS SECURITIZATION TRUST 23-3 A2		06/01/2024	MBS PAYDOWN		50,650	50,650	50,650	50,650	0	0	(1)	0	0	0	50,650	0	0	0	0	0	0			
.92539L-AB-6	VERUS SECURITIZATION TRUST 21-3 A2		06/01/2024	MBS PAYDOWN		15,561	15,561	13,110	15,446	0	0	114	0	0	0	15,561	0	0	0	0	0	0			
.92539T-AB-9	VERUS SECURITIZATION TRUST 23-4 A2		06/01/2024	MBS PAYDOWN		44,858	44,858	44,858	44,858	0	0	0	0	0	0	44,858	0	0	0	0	0	0			
.92552V-AL-4	VIASAT INC		06/12/2024	DIRECT		58,985	65,000	60,694	61,503	174	0	408	0	0	0	582	0	0	62,084	(3,097)	(3,097)	04/15/2027	3.C FE		
.92912V-AY-1	VOYA CLO LTD 14-2A 1RR		04/17/2024	MBS PAYDOWN		381,656	381,656	378,880	380,540	0	1,116	0	0	0	381,656	0	0	0	0	0	0				
.95003A-AC-8	WELLS FARGO MORTGAGE BACKED SE 21-1 A3		06/01/2024	MBS PAYDOWN		29,956	29,956	26,008	29,764	0	191	0	0	0	29,956	0	0	0	0	0	0				
.95081Q-AN-4	WESCO DISTRIBUTION INC		06/17/2024	100.00000000		145,000	145,000	146,443	145,349	0	(349)	0	(349)	0	145,000	0	0	0	0	0	5,166				
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)										20,508,835	20,514,288	20,847,188	20,510,244	7,239	(14,071)	0	(6,832)	0	20,503,408	0	1,956	1,956	399,264	XXX	XXX
2509999997. Total - Bonds - Part 4										22,366,234	22,371,687	22,735,313	22,368,794	7,239	(15,224)	0	(7,985)	0	22,360,807	0	1,956	1,956	424,115	XXX	XXX
2509999998. Total - Bonds - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2509999999. Total - Bonds										22,366,234	22,371,687	22,735,313	22,368,794	7,239	(15,224)	0	(7,985)	0	22,360,807	0	1,956	1,956	424,115	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4										0	XXX	0	0	0	0	0	0	0	0	0	0	0			
4509999998. Total - Preferred Stocks - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4509999999. Total - Preferred Stocks										0	XXX	0	0	0	0	0	0	0	0	0	0	0			
5989999997. Total - Common Stocks - Part 4										0	XXX	0	0	0	0	0	0	0	0	0	0	0			
5989999998. Total - Common Stocks - Part 5										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			
5999999999. Total - Preferred and Common Stocks										0	XXX	0	0	0	0	0	0	0	0	0	0	0			
6009999999 - Totals										22,366,234	XXX	22,735,313	22,368,794	7,239	(15,224)	0	(7,985)	0	22,360,807	0	1,956	1,956	424,115	XXX	XXX

E05.2

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

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

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

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

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
HUNTINGTON NATIONAL BANK (HCDA) Columbus, OH		0.000	730,305	0	65,433,284	65,670,600	65,940,403	XXX.
HUNTINGTON NATIONAL BANK (HCDA) Columbus, OH					(15,214,158)	(15,224,010)	(15,272,676)	XXX.
US BANK St. Paul, MN					(1,785,655)	(2,119,676)	(2,014,627)	XXX.
US BANK St. Paul, MN					100,707	133,254	136,047	XXX.
JP MORGAN CHASE Columbus, OH					126,076	128,514	125,199	XXX.
JP MORGAN CHASE Columbus, OH					22,912	88,016	88,274	XXX.
JP MORGAN CHASE Columbus, OH					1,426,846	1,367,637	40,235	XXX.
JP MORGAN CHASE Columbus, OH					(132)			XXX.
US BANK St. Paul, MN					(17,221,242)	(20,446,977)	(17,723,718)	XXX.
US BANK St. Paul, MN					(464,772)	(350,058)	(321,876)	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	730,305	0	32,423,866	29,247,300	30,997,261	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	730,305	0	32,423,866	29,247,300	30,997,261	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....
0599999. Total - Cash	XXX	XXX	730,305	0	32,423,866	29,247,300	30,997,261	XXX

STATEMENT AS OF JUNE 30, 2024 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0109999999. Total - U.S. Government Bonds						0	0	0
0309999999. Total - All Other Government Bonds						0	0	0
0509999999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
0709999999. Total - U.S. Political Subdivisions Bonds						0	0	0
0909999999. Total - U.S. Special Revenues Bonds						0	0	0
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	0	0
1309999999. Total - Hybrid Securities						0	0	0
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
1909999999. Subtotal - Unaffiliated Bank Loans						0	0	0
2419999999. Total - Issuer Obligations						0	0	0
2429999999. Total - Residential Mortgage-Backed Securities						0	0	0
2439999999. Total - Commercial Mortgage-Backed Securities						0	0	0
2449999999. Total - Other Loan-Backed and Structured Securities						0	0	0
2459999999. Total - SVO Identified Funds						0	0	0
2469999999. Total - Affiliated Bank Loans						0	0	0
2479999999. Total - Unaffiliated Bank Loans						0	0	0
2509999999. Total Bonds						0	0	0
31846V-54-2	FIRST AMER TREASURY OBLIG-Z		06/12/2024	0.000		47,068.961	191,553	0
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						47,068.961	191,553	0
31846V-33-6	FIRST AMERICAN GOVT OBLIG-X		06/12/2024	0.000		51,600,000	174,552	0
608919-71-8	FH GOVERNMENT OBLIGATION-PRE		06/12/2024	0.000		96,075,863	226,112	0
825252-88-5	INVESCO GOVT & AGENCY - INST MMF		06/12/2024	0.000		15,300,000	47,345	0
857492-57-3	STATE ST INST US GOV MM-INST		06/12/2024	0.000		0	2,973	0
949921-12-6	ALLSPRING GOVT MONEY MKT FD - SELECT		06/12/2024	0.000		37,332,359	158,478	0
8309999999. Subtotal - All Other Money Market Mutual Funds						200,308,222	609,460	0
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8609999999 - Total Cash Equivalents						247,377,183	801,013	0