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ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

Molina Healthcare of Michigan, Inc.

NAIC Group Code.....1531, 1531 (Current Period) (Prior Period) NAIC Company Code..... 52630 Employer's ID Number..... 38-3341599

Organized under the Laws of MI State of Domicile or Port of Entry MI Country of Domicile US

Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... February 12, 1997 Commenced Business..... January 1, 1998

Statutory Home Office	880 W. Long Lake Rd., Suite 600….. Troy ..... MI ..... US …. 48098-4504 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	880 W. Long Lake Rd., Suite 600….. Troy ..... MI ..... US …. 48098-4504 *(Street and Number) (City or Town, State, Country and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Mail Address	880 W. Long Lake Rd., Suite 600….. Troy ..... MI ..... US …. 48098-4504 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	880 W. Long Lake Rd., Suite 600….. Troy ..... MI ..... US …. 48098-4504 *(Street and Number) (City or Town, State, Country and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Margaret Alderton Crandell *(Name)*	248-925-1701 *(Area Code) (Telephone Number) (Extension)*
	peggy.crandell@molinahealthcare.com *(E-Mail Address)*	855-502-4911 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Christine Margaret Surdock	President	2. Dennis Selorm Akotia #	Treasurer/VP Finance & Analytics
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Christine Margaret Surdock	Matthew Carter Schueren	Scott Robert Johnson	Donna Marie Sickler #
James Dwight Petty	Marissa Ann Morgan		

State of..... Michigan
County of..... Oakland

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.

(Signature)	(Signature)	(Signature)
Christine Margaret Surdock	Dennis Selorm Akotia	Jeffrey Don Barlow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer/VP Finance & Analytics	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2018

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	155,394					155,394
0399999. Premiums due and unpaid from Medicare entities	80,873					80,873
0499999. Premiums due and unpaid from Medicaid entities	2,925,997	334,303	278,589	19,880,608		23,419,497
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	3,162,264	334,303	278,589	19,880,608	0	23,655,764

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS Caremark Corporation	3,101,566	3,174,997	3,430,267	11,213,533	11,213,532	9,706,831
0199999. Total Pharmaceutical Rebate Receivables	3,101,566	3,174,997	3,430,267	11,213,533	11,213,532	9,706,831
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually			141,075	1,574,254	1,715,329	0
0299999. Total Claim Overpayment Receivables	0	0	141,075	1,574,254	1,715,329	0
Capitation Arrangement Receivables						
0499998. Capitation Arrangement Receivables Not Listed Individually	22,413	23,379	22,674	1,697,022	1,697,022	68,466
0499999. Total Capital Arrangement Receivables	22,413	23,379	22,674	1,697,022	1,697,022	68,466
0799999. Gross Health Care Receivables	3,123,979	3,198,376	3,594,016	14,484,809	14,625,883	9,775,297

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	18,518,100	17,068,229		20,920,363	18,518,100	19,312,002
2. Claim overpayment receivables				1,715,329	0	1,086,571
3. Loans and advances to providers					0	
4. Capitation arrangement receivables	472,747	196,185	1,654,475	111,013	2,127,222	2,125,758
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	18,990,847	17,264,414	1,654,475	22,746,705	20,645,322	22,524,331

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark Corporation	13,185,520					13,185,520
Provider Payables	5,450,815	5,256,857	5,298,683	1,823,134	15,407,584	33,237,073
0199999. Individually listed claims unpaid	18,636,335	5,256,857	5,298,683	1,823,134	15,407,584	46,422,593
0399999. Aggregate accounts not individually listed - covered	7,549,172	2,492,571	2,278,601	1,811,082	3,166,370	17,297,796
0499999. Subtotals	26,185,507	7,749,428	7,577,284	3,634,216	18,573,954	63,720,389
0599999. Unreported claim and other claim reserves						126,965,958
0799999. Total claims unpaid						190,686,347
0899999. Accrued medical incentive pool and bonus amounts						9,495,552

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molina Healthcare, Inc.	Misc. Charges	5,789,697	5,789,697	
0199999. Individually listed payables		5,789,697	5,789,697	0
0399999. Total gross payables		5,789,697	5,789,697	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	4,904,525	0.3	367,195	92.2		4,904,525
3. All other providers	388,722,872	22.5	398,239	100.0		388,722,872
4. Total capitation payments	393,627,397	22.8	765,434	192.2	0	393,627,397
Other Payments:						
5. Fee-for-service	81,019,697	4.7	XXX	XXX		81,019,697
6. Contractual fee payments	1,251,541,115	72.5	XXX	XXX		1,251,541,115
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,332,560,812	77.2	XXX	XXX	0	1,332,560,812
13. Total (Line 4 plus Line 12)	1,726,188,209	100.0	XXX	XXX	0	1,726,188,209

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
00000	March Vision	4,904,525	408,710		
9999999. Totals		4,904,525	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,958,673		943,577	1,015,096	1,015,096	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	3,668,558		1,030,752	2,637,806	2,637,806	0
6. Total	5,627,231	0	1,974,329	3,652,902	3,652,902	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of Michigan, Inc. 2. Troy, MI

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....1531

NAIC Company Code.....52630

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	391,148	3,429						21,007	366,712	
2. First quarter	416,815	27,564						21,145	368,106	
3. Second quarter	413,711	24,944						21,529	367,238	
4. Third quarter	399,477	22,484						21,963	355,030	
5. Current year	398,239	20,519						22,104	355,616	
6. Current year member months	4,904,292	279,880						257,855	4,366,557	
Total Member Ambulatory Encounters for Year:										
7. Physician	2,409,072	81,272						292,021	2,035,779	
8. Non-physician	3,842,241	79,247						872,501	2,890,493	
9. Totals	6,251,313	160,519	0	0	0	0	0	1,164,522	4,926,272	0
10. Hospital patient days incurred	402,084	3,893						227,272	170,919	
11. Number of inpatient admissions	36,832	816						6,833	29,183	
12. Health premiums written (b)	1,933,720,240	50,192,901						362,347,711	1,521,179,628	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,949,945,194	50,927,560						371,594,100	1,527,423,534	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,726,188,210	34,723,804						251,370,689	1,440,093,717	
18. Amount incurred for provision of health care services	1,687,844,668	36,806,119						315,650,259	1,335,388,290	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....323,317,677

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of Michigan, Inc. 2. Troy, MI

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....1531

NAIC Company Code.....52630

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	391,148	3,429						21,007	366,712	
2. First quarter	416,815	27,564						21,145	368,106	
3. Second quarter	413,711	24,944						21,529	367,238	
4. Third quarter	399,477	22,484						21,963	355,030	
5. Current year	398,239	20,519						22,104	355,616	
6. Current year member months	4,904,292	279,880						257,855	4,366,557	
Total Member Ambulatory Encounters for Year:										
7. Physician	2,409,072	81,272						292,021	2,035,779	
8. Non-physician	3,842,241	79,247						872,501	2,890,493	
9. Totals	6,251,313	160,519	0	0	0	0	0	1,164,522	4,926,272	0
10. Hospital patient days incurred	402,084	3,893						227,272	170,919	
11. Number of inpatient admissions	36,832	816						6,833	29,183	
12. Health premiums written (b)	1,933,720,240	50,192,901						362,347,711	1,521,179,628	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,949,945,194	50,927,560						371,594,100	1,527,423,534	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,726,188,210	34,723,804						251,370,689	1,440,093,717	
18. Amount incurred for provision of health care services	1,687,844,668	36,806,119						315,650,259	1,335,388,290	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....362,347,711

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572	43-1235868	01/01/2017	RGA Reinsuance Company	MO	245,371	
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	17,524	
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				262,895	0
2199999.	Total - Accident and Health Non-Affiliates				262,895	0
2299999.	Total - Accident and Health				262,895	0
2399999.	Total U.S.				262,895	0
9999999.	Total				262,895	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93572	43-1235868	01/01/2017	RGA Reinsurance Company	MO	SSL/A/I	MC	500,819						
93572	43-1235868	01/01/2017	RGA Reinsurance Company	MO	SSL/A/I	MR	41,459						
93572	43-1235868	01/01/2017	RGA Reinsurance Company	MO	SSL/A/I	CMM	105,401						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						647,679	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						647,679	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						647,679	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						647,679	0	0	0	0	0	0
6999999.	Total - U.S.						647,679	0	0	0	0	0	0
9999999.	Total						647,679	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums	105	94	50	6	2
2. Title XVIII - Medicare	41	39	34	36	54
3. Title XIX - Medicaid	501	459	166	157	177
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	263	43	1,512	6	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with certified reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	354,198,559		354,198,559
2.	Accident and health premiums due and unpaid (Line 15)	31,380,702		31,380,702
3.	Amounts recoverable from reinsurers (Line 16.1)	262,895	(262,895)	0
4.	Net credit for ceded reinsurance	XXX	262,895	262,895
5.	All other admitted assets (balance)	36,649,591		36,649,591
6.	Totals assets (Line 28)	422,491,747	0	422,491,747
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	190,686,347		190,686,347
8.	Accrued medical incentive pool and bonus payments (Line 2)	9,495,552		9,495,552
9.	Premiums received in advance (Line 8)	2,261,701		2,261,701
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	59,748,957		59,748,957
15.	Total liabilities (Line 24)	262,192,557	0	262,192,557
16.	Total capital and surplus (Line 33)	160,299,190	XXX	160,299,190
17.	Total liabilities, capital and surplus (Line 34)	422,491,747	0	422,491,747
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	262,895		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	262,895		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	262,895		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

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 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
1531	Molina Healthcare, Inc.	00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	30-0876771				Molina Healthcare of Arizona, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-2714545				Molina Healthcare of California Partner Plan, Inc.	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, Inc.	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-3920055				Molina Healthcare of Iowa, Inc.	IA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-0598968				Molina Healthcare of Maryland, Inc.	MD	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-3567602				Molina Healthcare of Nevada, Inc.	NV	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-4148278				Molina Healthcare of North Carolina, Inc.	NC	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, LLC	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas Insurance Company	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15133	26-1769086				Molina Healthcare of Virginia, Inc.	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-3580625				Molina Holdings Corporation	NY	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-2821516				Molina Hospital Management, LLC	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	27-1510177				Molina Information Systems, LLC (dba Molina Medicaid Solutions)	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	37-1652282				Molina Medical Management, Inc.	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	

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 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
1531	Molina Healthcare, Inc.	00000	47-2296708				Molina Pathways of Texas, Inc.	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-2525144				Pathways Health and Community Support LLC	DE	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	58-2478281				AmericanWork, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	36-3465604				Camelot Care Centers, Inc.	IL	NIA	Pathways Community Corrections, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-2639439				Children's Behavioral Health, Inc.	PA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	88-0469530				Choices Group, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	95-4864640				College Community Services	CA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	35-2085281				Dockside Services, Inc.	IN	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	54-1620121				Family Preservation Services, Inc.	VA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	65-0848685				Family Preservation Services of Florida, Inc.	FL	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	86-0976674				Family Preservation Services of North Carolina, Inc.	NC	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-0086731				Family Preservation Services of Washington, D.C., Inc.	DC	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	86-1035573				Family Preservation Services of West Virginia, Inc.	WV	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	88-0321776				Maple Star Nevada	NV	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	93-1263318				Maple Star Oregon, Inc.	OR	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	62-1651095				Pathways Community Corrections, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	33-0797276				Pathways Community Services LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	23-2820336				Pathways Community Services LLC	PA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	74-2868929				Pathways Community Support of Texas, Inc.	TX	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	86-0706547				Pathways of Arizona, Inc.	AZ	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	59-3766748				Pathways of Delaware, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-2396831				Pathways Human Services, LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-5044433				Pathways of Idaho LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	86-0970832				Pathways of Maine, Inc.	ME	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-1016377				Pathways of Massachusetts LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	74-2884198				Pathways of Oklahoma, Inc.	OK	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	27-2837920				Pathways of Washington, Inc.	WA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	25-1470445				Raystown Developmental Services, Inc.	PA	NIA	The RedCo Group, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	23-2181371				The RedCo Group, Inc.	PA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	58-1923779				Transitional Family Services, Inc.	GA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-5098489				Molina Youth Academy	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc.	285,123,421	(389,592,671)			1,275,499,600				1,171,030,350	
00000	33-0342719	Molina Healthcare of California	(130,000,000)				1,585,116,292				1,455,116,292	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc.					(1,851,129,306)				(1,851,129,306)	
00000	45-2634351	Molina Healthcare Data Center, Inc.					5,470,140				5,470,140	
13128	26-0155137	Molina Healthcare of Florida, Inc.		205,000,000			(100,062,714)				104,937,286	
14104	27-1823188	Molina Healthcare of Illinois, Inc.		87,000,000			8,033,909				95,033,909	
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(50,000,000)				(154,812,664)				(204,812,664)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.		13,000,000			(56,198,384)				(43,198,384)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(45,000,000)				(193,313,068)				(238,313,068)	
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.					(23,850,117)				(23,850,117)	
15329	46-2992125	Molina Healthcare of South Carolina, LLC.					(33,118,227)				(33,118,227)	
10757	20-1494502	Molina Healthcare of Texas, Inc.					(267,805,839)	(1,193,891)			(268,999,730)	
13778	27-0522725	Molina Healthcare of Texas Insurance Company					(389,770)	1,193,891			804,121	
95502	33-0617992	Molina Healthcare of Utah, Inc.	(900,000)	21,900,000			(45,446,996)				(24,446,996)	
00000	26-1769086	Molina Healthcare of Virginia, Inc.					409,990				409,990	
96270	91-1284790	Molina Healthcare of Washington, Inc.					(222,979,677)				(222,979,677)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.		35,000,000			(25,802,369)				9,197,631	
00000	46-2821516	Molina Hospital Management, Inc.					19,747,652				19,747,652	
00000	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)	(25,000,000)				6,220,372				(18,779,628)	
00000	27-1603200	Molina Healthcare of New York, Inc.		192,671			(3,924,006)				(3,731,335)	
00000	81-4229476	Molina Healthcare of Louisiana, Inc.		(3,000,000)							(3,000,000)	
00000	81-0855820	Molina Healthcare of Pennsylvania, Inc.	(20,009,975)								(20,009,975)	
00000	81-2824030	Molina Clinical Services, LLC	(16,000,000)	16,000,000			37,965,622				37,965,622	
00000	37-1652282	Molina Medical Management, Inc.		10,670,202			8,100,358				18,770,560	
00000	46-0598968	Molina Healthcare of Maryland, Inc.					(1,000)				(1,000)	
00000	47-1446940	Easy Care MSO, LLC.		(1,170,202)							(1,170,202)	
00000	45-2854547	Molina Pathways, LLC.		1,991,240			2,469,077				4,460,317	
00000	47-2296708	Molina Pathways of Texas, Inc.					49,882				49,882	
00000	47-2308753	Molina Personal Care of Texas, Inc.		8,760							8,760	
00000	47-2525144	Pathways Health and Community Support LLC.					29,751,243				29,751,243	
00000	38-3611499	Synergy Partners, L.L.C.	1,786,554	(2,000,000)							(213,446)	
00000	26-4390042	Molina Healthcare of Mississippi, Inc.		5,000,000							5,000,000	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	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?	YES

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.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11. This line of business is not written by the company.

12. This line of business is not written by the company.

13. Not applicable

14. Not applicable

15. Not applicable

16. This line of business is not written by the company.

17. Not applicable

18. Not applicable

19. Not applicable

20. This line of business is not written by the company.

21. This line of business is not written by the company.

22.

23.

24.

BAR CODE:

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5263020172050000

5263020174200000

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