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HEALTH QUARTERLY STATEMENT

As of March 31, 2016

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 Michigan State of Domicile or Port of Entry Michigan 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) (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	Tiffany Lynn Stone *(Name)*	888-562-5442-150864 *(Area Code) (Telephone Number) (Extension)*
	tiffany.stone@molinahealthcare.com *(E-Mail Address)*	248-925-1721 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Christine Margaret Surdock	President	2. Stephen Blaney Whiting	Treasurer/VP Finance & Analytics
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Christine Margaret Surdock	Matthew Carter Schueren	Scott Robert Johnson	Juan Jose Orellana
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	Stephen Blaney Whiting	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 _____

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

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
1. Bonds	75,516,889		75,516,889	74,978,803
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....839,686), cash equivalents ($.....0) and short-term investments ($.....242,241,402)	243,081,088		243,081,088	228,980,686
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	318,597,977	0	318,597,977	303,959,488
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	1,173,797		1,173,797	1,347,757
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	63,485,086		63,485,086	20,491,263
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($.....0) and contracts subject to redetermination ($.....4,441,469)	4,441,469		4,441,469	2,089,767
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	94,351	25,869	68,482	1,511,569
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	3,855,505		3,855,505	3,569,413
18.1 Current federal and foreign income tax recoverable and interest thereon			0	1,615,709
18.2 Net deferred tax asset	32,940,653	22,604,875	10,335,778	9,116,131
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software	5,440	5,440	0	
21. Furniture and equipment, including health care delivery assets ($.....0)	4,214,938	4,214,938	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care ($.....7,129,760) and other amounts receivable	17,790,004	10,660,244	7,129,760	20,213,048
25. Aggregate write-ins for other than invested assets	79,922,786	68,644,692	11,278,094	12,061,684
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	526,522,006	106,156,058	420,365,948	375,975,829
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	526,522,006	106,156,058	420,365,948	375,975,829

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses/Deposits	136,630	136,630	0	
2502. Intangible Assets (Goodwill/Patient Files)	79,543,153	68,508,062	11,035,091	11,782,604
2503. State Income Tax Recoverable	243,003		243,003	279,080
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	79,922,786	68,644,692	11,278,094	12,061,684

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....80,515 reinsurance ceded)	194,925,261	62,309	194,987,570	195,262,920
2. Accrued medical incentive pool and bonus amounts	10,879,508		10,879,508	6,151,174
3. Unpaid claims adjustment expenses	2,351,624	1,176	2,352,800	2,138,362
4. Aggregate health policy reserves, including the liability of $.....234,914 for medical loss ratio rebate per the Public Health Service Act	22,275,838		22,275,838	14,376,926
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance	269,315		269,315	174,952
9. General expenses due or accrued	38,736,280		38,736,280	4,215,429
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	7,743,820		7,743,820	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates	1,515,224		1,515,224	4,693,195
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and certified $.....0 reinsurers)			0	
20. Reinsurance in unauthorized and certified ($.....0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including $.....9,883,816 current)	9,883,816	0	9,883,816	10,238,099
24. Total liabilities (Lines 1 to 23)	288,580,686	63,485	288,644,171	237,251,057
25. Aggregate write-ins for special surplus funds	XXX	XXX	7,000,000	26,300,000
26. Common capital stock	XXX	XXX	159,000	159,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	82,404,971	82,404,971
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	42,157,806	29,860,801
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	131,721,777	138,724,772
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	420,365,948	375,975,829

DETAILS OF WRITE-INS

2301. Premium/Use Taxes Due	5,896,642		5,896,642	5,294,801
2302. Amounts Due to Government Agencies	3,987,174		3,987,174	4,943,298
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	9,883,816	0	9,883,816	10,238,099
2501. 2017 health insurer fee accrual estimate	XXX	XXX	7,000,000	
2502. 2016 health insurer fee accrual estimate	XXX	XXX		26,300,000
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	7,000,000	26,300,000
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months	XXX	1,208,452	756,219	3,364,827
2. Net premium income (including $.....0 non-health premium income)	XXX	578,969,431	309,274,482	1,480,688,554
3. Change in unearned premium reserves and reserve for rate credits	XXX	(7,960,304)	(4,417,763)	(12,754,928)
4. Fee-for-service (net of $.....0 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	571,009,127	304,856,719	1,467,933,626
Hospital and Medical:				
9. Hospital/medical benefits		308,380,558	174,588,639	804,173,146
10. Other professional services		16,295,359	5,434,864	38,768,256
11. Outside referrals	226,153	22,173,615	15,786,578	65,910,442
12. Emergency room and out-of-area		45,949,472	17,647,038	97,332,587
13. Prescription drugs		53,710,573	30,519,695	145,525,251
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		4,977,781	2,334,596	8,895,501
16. Subtotal (Lines 9 to 15)	226,153	451,487,358	246,311,410	1,160,605,183
Less:				
17. Net reinsurance recoveries		47,186	32,749	1,997,532
18. Total hospital and medical (Lines 16 minus 17)	226,153	451,440,172	246,278,661	1,158,607,651
19. Non-health claims (net)				
20. Claims adjustment expenses, including $.....10,987,246 cost containment expenses		12,374,467	7,078,837	36,101,448
21. General administrative expenses		87,121,833	54,735,489	181,299,966
22. Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	226,153	550,936,472	308,092,987	1,376,009,065
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	20,072,655	(3,236,268)	91,924,561
25. Net investment income earned		592,586	174,728	1,219,252
26. Net realized capital gains (losses) less capital gains tax of $.....1,092		2,028	676	4,242
27. Net investment gains or (losses) (Lines 25 plus 26)	0	594,614	175,404	1,223,494
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29. Aggregate write-ins for other income or expenses	0	0	0	0
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	20,667,269	(3,060,864)	93,148,055
31. Federal and foreign income taxes incurred	XXX	17,652,436	5,924,724	39,383,431
32. Net income (loss) (Lines 30 minus 31)	XXX	3,014,833	(8,985,588)	53,764,624

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 thru 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 thru 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 thru 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	138,724,772	125,130,515	125,130,515
34. Net income or (loss) from Line 32	3,014,833	(8,985,588)	53,764,624
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....141	262	206	47
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	4,583,080	119,862	22,764,174
39. Change in nonadmitted assets	(14,601,170)	(102,742)	(82,934,588)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			20,000,000
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(7,002,995)	(8,968,262)	13,594,257
49. Capital and surplus end of reporting period (Line 33 plus 48)	131,721,777	116,162,253	138,724,772

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 thru 4703 plus 4798) (Line 47 above)	0	0	0

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	533,657,189	308,517,231	1,470,290,826
2. Net investment income	999,067	519,603	1,379,887
3. Miscellaneous income			
4. Total (Lines 1 through 3)	534,656,256	309,036,834	1,471,670,713
5. Benefit and loss related payments	449,414,324	223,483,924	1,082,309,907
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	65,401,386	40,186,040	213,640,192
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....1,092 tax on capital gains (losses)	8,294,000	3,435,000	38,814,000
10. Total (Lines 5 through 9)	523,109,710	267,104,964	1,334,764,099
11. Net cash from operations (Line 4 minus Line 10)	11,546,546	41,931,870	136,906,614
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	17,325,720	19,997,017	52,983,839
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	491		
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	17,326,211	19,997,017	52,983,839
13. Cost of investments acquired (long-term only):			
13.1 Bonds	18,093,294	24,569,452	66,470,109
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	18,093,294	24,569,452	66,470,109
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(767,083)	(4,572,435)	(13,486,270)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			20,000,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	3,320,939	(3,394,701)	(82,239,100)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	3,320,939	(3,394,701)	(62,239,100)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	14,100,402	33,964,734	61,181,244
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	228,980,686	167,799,442	167,799,442
19.2 End of period (Line 18 plus Line 19.1)	243,081,088	201,764,176	228,980,686

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

20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year	327,904	9,188						19,130	299,586	
2. First Quarter	399,244	3,956						19,029	376,259	
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,208,452	9,546						56,470	1,142,436	
Total Member Ambulatory Encounters for Period:										
7. Physician	646,492	3,175						67,523	575,794	
8. Non-Physician	778,753	2,517						78,193	698,043	
9. Total	1,425,245	5,692	0	0	0	0	0	145,716	1,273,837	0
10. Hospital Patient Days Incurred	100,751	163						17,167	83,421	
11. Number of Inpatient Admissions	8,883	33						1,408	7,442	
12. Health Premiums Written (a)	579,115,641	2,803,123						69,431,820	506,880,698	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	571,155,338	1,755,835						67,501,993	501,897,510	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	449,995,705	848,078						60,747,087	388,400,540	
18. Amount Incurred for Provision of Health Care Services	451,487,357	871,763						65,793,651	384,821,943	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....69,431,820.

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	13,742,652					13,742,652
Provider Payables	10,397,478	7,532,103	7,642,208	7,686,963	18,488,438	51,747,190
0199999. Individually Listed Claims Unpaid	24,140,130	7,532,103	7,642,208	7,686,963	18,488,438	65,489,842
0399999. Aggregate Accounts Not Individually Listed-Covered	4,879,921					4,879,921
0499999. Subtotals	29,020,051	7,532,103	7,642,208	7,686,963	18,488,438	70,369,763
0599999. Unreported Claims and Other Claim Reserves						124,698,323
0799999. Total Claims Unpaid						195,068,086
0899999. Accrued Medical Incentive Pool and Bonus Amounts						10,879,508

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	639,796	176,304	127,182	708,825	766,978	814,549
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare	28,846,394	31,900,693	6,643,867	31,823,794	35,490,261	31,270,343
7. Title XIX - Medicaid	138,666,784	249,733,756	42,431,404	113,252,499	181,098,188	163,178,031
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	168,152,974	281,810,753	49,202,453	145,785,118	217,355,427	195,262,923
10. Healthcare receivables (a)	77	17,171,561			77	13,945,650
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	249,447		6,151,174	4,728,334	6,400,621	6,151,174
13. Totals (Lines 9-10+11+12)	168,402,344	264,639,192	55,353,627	150,513,452	223,755,971	187,468,447

(a) Excludes $.....618,366 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

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 Michigan, Inc. (the "Company") for the fiscal year ended December 31, 2015. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2015 annual statement or audited financial statements have been omitted.

A. Accounting Practices

The Company is a wholly owned subsidiary of Molina Healthcare, Inc. ("Molina"). The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the State of Michigan, Department of Insurance and Financial Services (the "Department").

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

The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically,

Citation adopting the Manual: Bulletin 2001-02-INS

Commissioner Orders 11-052-M, 11-051-M and 11-053-M

SSAP or Appendices	State Law or Regulation	Description
Appendix C	Bulletin 2001-02-INS and Commissioner Order	Actuarial Guideline XXXV not adopted
SSAP No. 84	Commissioner Order	Loans and advances to hospitals and other providers are not permitted for HMOs, Limited Health Service Organizations, Dental Service Corporations

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

	State of Domicile	Current Period	Prior Year
NET INCOME			
(1) Molina Healthcare of Michigan, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	MI	$ 3,014,833	$ 53,764,624
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	MI	$ 3,014,833	$ 53,764,624
SURPLUS			
(5) Molina Healthcare of Michigan, Inc. state basis (Page 3, line 33, Columns 3 & 4)	MI	$ 131,721,777	$ 138,724,772
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	MI	$ 131,721,777	$ 138,724,772

C. Accounting Policy

Revenue Recognition: The Company arranges for the provision of health care services to Medicaid and Medicare recipients under contracts with the state of Michigan, and the Centers for Medicare and Medicaid Services ("CMS"). The Company also serves members through the Health Insurance Marketplace ("Marketplace"). Premium revenue is recognized in the month that members are entitled to receive health care services, and is fixed in advance of the periods covered. Premiums received in advance are deferred. Generally, premium revenue is not subject to significant accounting estimates except as described below and in Note 24.

Medical Cost Floors and Corridors: Sanctions may be levied by the state if the amounts spent on medical care costs as a percentage of premiums are not within a specified range. These sanctions include the requirements to file a corrective action plan as well as an auto assignment freeze. Further, for certain Medicaid premiums relating to dates of service on or prior to December 31, 2015, amounts may be returned to the state if certain minimum amounts are not spent on defined medical care costs, or the Company may receive additional premiums if amounts spent on medical care costs exceed a defined maximum threshold.

The Company may be required to return a portion of Medicare and Marketplace premiums if certain minimum amounts are not spent on defined medical care costs in accordance with requirements established by the Federal government.

Recognition of Medical Care Costs: Medical care costs include primarily fee-for-services expenses. Nearly all hospital services and the majority of the Company's primary care and physician specialist services are paid on a fee-for-service basis. Under fee-for-service arrangements, the Company retains the financial responsibility for medical care provided and incurs costs based on actual utilization of services. Such expenses are recorded in the period in which the related services are dispensed. Medical care costs include amounts that have been paid by the Company through the reporting date, as well as estimated liabilities for medical care costs incurred but not paid by the Company as of the reporting date. Refer to Note 25 for further information.

In addition, the Company applies the following accounting policies:

(6) Investments in loan-backed securities: None.

NOTES TO FINANCIAL STATEMENTS

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

None

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

A. Statutory Purchase Method:

(1) On September 1, 2015, the Company closed on its acquisition of the Medicaid and MIChild contracts, and certain provider agreements, of HealthPlus of Michigan and its subsidiary, HealthPlus Partners, Inc. The Company added approximately 68,000 members as a result of this transaction.

On January 1, 2016, the Company closed on its acquisition of the Medicaid and MIChild membership, and certain Medicaid and MIChild assets, of HAP Midwest Health Plan, Inc. The Company assumed approximately 81,000 Medicaid and MIChild members as a result of this acquisition.

(2) These transactions were accounted for as statutory purchases.

(3) The cost of each acquisition and the resulting amount of goodwill are listed in the table below (in millions):

Acquisition Name	Cost of Acquisition	Goodwill
HealthPlus of Michigan	$ 47.4	$ 27.3
HAP Midwest Health Plan, Inc.	36.4	30.5

(4) Goodwill amortization for each of the acquisitions for the period ended March 31, 2015 are listed in the table below:

Acquisition Name	Goodwill Amortization for the period ended March 31, 2016
HealthPlus of Michigan	$ 682,871
HAP Midwest Health Plan, Inc.	507,718

B. Statutory Merger: None.

C. Assumption Reinsurance: None.

D. Impairment Loss: None.

NOTE 4 – DISCONTINUED OPERATIONS

Not applicable

NOTE 5 – INVESTMENTS

A – C. No significant change.

D. Loan-Backed Securities: None.

E. Repurchase Agreements and/or Securities Lending Transactions: None.

I. Working Capital Finance Investments: None.

J. Offsetting and Netting of Assets and Liabilities: None.

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

None

NOTE 7 – INVESTMENT INCOME

No significant changes

NOTE 8 – DERIVATIVE INSTRUMENTS

None

NOTE 9 – INCOME TAXES

No significant changes

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

A. No significant change.

NOTES TO FINANCIAL STATEMENTS

B-C. The Company neither paid dividends to, nor received contributions from Molina during the period ended March 31, 2016.

The Company leases office space from Molina Healthcare of California, a subsidiary of Molina. Rental payments for this lease amounted to $0.4 million for the periods ended March 31, 2016 and 2015.

D-L. No significant change.

NOTE 11 – DEBT

A. None

B. FHLB (Federal Home Loan Bank) Agreements: Not applicable.

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A.(4) Defined Benefit Plan Net Periodic Benefit Cost: Not applicable.

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

(1)-(3) No significant change.

(4) Dividends paid by the Company to Molina during the period ended March 31, 2016 were as follows: None

(5)-(8) No significant change.

(9) Changes in balances of special surplus funds from the prior period: In accordance with the SSAP No. 106 requirements, the Company reclassifies an amount equal to the estimated health insurer fee due in the following calendar year from unassigned surplus to special surplus on a straight line basis. The special surplus balance at March 31, 2016 represented 25% of the Company's estimated health insurer fee for 2017. The special surplus balance at December 31, 2015 represented the Company's estimated health insurer fee for 2016.

(10)-(13) No significant change.

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

No significant changes

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

No significant change

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable

NOTE 20 – FAIR VALUE MEASUREMENTS

A.

(1) Fair Value Measurements at Reporting Date: The Company's assets measured and reported at fair value on a recurring basis are listed in the table below. The Company 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.

NOTES TO FINANCIAL STATEMENTS

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Bonds	$	$ 719,993	$	$ 719,993
Total	$	$ 719,993	$	$ 719,993

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
None	$	$	$	$
Total	$	$	$	$

(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) For fair value measurements categorized within Level 2 of the fair value hierarchy, a description of the valuation technique(s) follow:

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. In addition to bonds and short-term investments (see below), the Company'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 Company 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 by hierarchy of cash equivalents, short-term investments, and bonds as of March 31, 2016 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Certificates of deposit	$ 15,284,645	$ 15,284,978	$	$ 15,284,645	$	$
Corporate debt securities	184,863,877	184,898,986		184,863,877		
Government-sponsored enterprise securities	30,147,507	30,142,509	30,147,507			
Money Market Funds	77,206,911	77,206,911	77,206,911			
Municipal securities	10,254,698	10,224,907		10,254,698		
Total bonds and short-term investments	317,757,638	317,758,291	107,354,418	210,403,220		

D. Not Practicable to Estimate Fair Value: Not applicable

NOTE 21 – OTHER ITEMS

No significant changes

NOTE 22 – EVENTS SUBSEQUENT

Subsequent events were considered through May 13, 2016, the date the statutory reporting statements were available to be issued.

NOTE 23 – REINSURANCE

No significant changes

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

A.- C. As described in Note 24 in the Notes to Financial Statements included in the Company's 2015 Annual Statement, certain components of the Company's revenue are subject to retrospective rating and/or redetermination. Significant provisions include the following:

Medicare premiums are subject to retrospective rating and redetermination. The Company recorded a net payable of $2.1 million and $2.4 million as of March 31, 2016 and December 31, 2015, respectively, relating to its contracts with CMS. The Company had net premiums written relating to Medicare of $69.4 million and $42.0 million for the periods ended March 31, 2016 and 2015, respectively, representing 12.0% and 13.6% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Company recorded a net payable of $2.1 million and $1.3 million as of March 31, 2016 and December 31, 2015, respectively, relating to Marketplace. The Company had net premiums written relating to Marketplace of $2.8 million and $0.9 million for the periods ended March 31, 2016 and 2015, respectively, representing 0.5% and 0.3% of the total net premiums written, respectively.

The Company is subject to a medical loss ratio corridor for certain Medicaid business relating to dates of service on or prior to December 31, 2015. The Company recorded a net payable of $13.6 million and $8.6 million as of as of March 31, 2016 and December 31, 2015, respectively, relating to this provision.

The Company records accrued retrospective premium as an adjustment to earned premium.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act.

The Company accrued $0.2 million and $0.0 million at March 31, 2016 and December 31, 2015, respectively, relating to medical loss ratio rebates.

E. Risk-Sharing Provisions of the Affordable Care Act

NOTES TO FINANCIAL STATEMENTS

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions YES

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current period:

			AMOUNT
a.	Permanent ACA Risk Adjustment Program		
	Assets		
	1.	Premium adjustments receivable due to ACA Risk Adjustment	$ 135,745
	Liabilities		
	2.	Risk adjustment user fees payable for ACA Risk Adjustment	2,642
	3.	Premium adjustments payable due to ACA Risk Adjustment	567,433
	Operations (Revenue & Expenses)		
	4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	197,051
	5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	$ (1,440)
b.	Transitional ACA Reinsurance Program		
	Assets		
	1.	Amounts recoverable for claims paid due to ACA Reinsurance	$ 68,482
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	80,516
	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	16,920
	5.	Ceded reinsurance premiums payable due to ACA Reinsurance	17,386
	6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	$
	Operations (Revenue & Expenses)		
	7.	Ceded reinsurance premiums due to ACA Reinsurance	$ (17,386)
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	47,186
	9.	ACA Reinsurance contributions – not reported as ceded premium	$ (4,347)
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	1,451,402
	Operations (Revenue & Expenses)		
	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	$ (812,374)

(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 Period on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
		1	2	3	4	5	6	7	8	9	10	11
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
1.	Premium adjustments receivable	$ 124	$ 628,825	$ 37	$	$ 87	$ 628,825	$	$ (61,392)	A	$ 87	$ 567,433
2.	Premium adjustments (payable)									B		
3.	Subtotal ACA Permanent Risk Adjustment Program	$ 124	$ 628,825	$ 37	$	$ 87	$ 628,825	$	$ (61,392)		$ 87	$ 567,433
b.	Transitional ACA Reinsurance Program											
1.	Amounts recoverable for claims paid	$ 71,569	$	$ 35,065	$	$ 36,504	$	$ 33,506	$	C	$ 70,010	$
2.	Amounts recoverable for claims unpaid (contra liability)	65,308				65,308		(65,308)		D		
3.	Amounts receivable relating to uninsured plans									E		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums		12,573				12,573			F		12,573
5.	Ceded reinsurance premiums payable		37,719		37,719					G		
6.	Liability for amounts held under uninsured plans									H		
7.	Subtotal ACA Transitional Reinsurance Program	$ 136,877	$ 50,292	$ 35,065	$ 37,719	$ 101,812	$ 12,573	$ (31,802)	$		$ 70,010	$ 12,573
c.	Temporary ACA Risk Corridors Program											
1.	Accrued retrospective premium	$	$	$	$	$	$	$	$	I	$	$
2.	Reserve for rate credits or policy experience rating refunds		639,028				639,028		158,167	J		797,195
3.	Subtotal ACA Risk Corridors Program		639,028				639,028		158,167			797,195
d.	Total for ACA Risk Sharing Provisions	$ 137,001	$ 1,318,145	$ 35,102	$ 37,719	$ 101,899	$ 1,280,426	$ (31,802)	$ 96,775		$ 70,097	$ 1,377,201

Explanations of Adjustments

A. Adjusted as a result of additional months of development.

NOTES TO FINANCIAL STATEMENTS

C. Adjusted as a result of additional paid claims.
D. Adjusted as a result of additional paid claims.
J. Adjusted as a result of additional months of development.

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

The change in prior year estimated claims reserves represents favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known regarding incurred reported claims. Claims unpaid activity during the periods indicated is summarized below:

	Period ended 3/31/2016	Year ended 12/31/2015
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	$ 203,552,456	$ 117,425,893
Add provision for claims, net of reinsurance:		
Current year	$ 459,030,186	$ 1,168,188,784
Prior years	$ (7,590,014)	$ (9,581,133)
Net incurred claims during the current year	$ 451,440,172	$ 1,158,607,651
Deduct paid claims, net of reinsurance		
Current year	$ 307,436,752	$ 979,755,893
Prior years	$ 141,977,572	$ 102,554,014
Net paid claims during the current year	$ 449,414,324	$ 1,082,309,907
Change in claims adjustment expenses	$ 214,438	$ 790,773
Change in health care receivables	$ 3,844,354	$ 7,532,143
Change in amounts due from reinsurers	$ (1,417,218)	$ 1,505,903
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	$ 208,219,878	$ 203,552,456

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

No significant changes

NOTE 27 – STRUCTURED SETTLEMENTS

Not Applicable for Health Entities

NOTE 28 – HEALTH CARE RECEIVABLES

No significant changes

NOTE 29 – PARTICIPATING POLICIES

No significant changes

NOTE 30 – PREMIUM DEFICIENCY RESERVES

(1)	Liability carried for premium deficiency reserve:	$ 0
(2)	Date of most recent evaluation of this liability:	03/31/2016
(3)	Was anticipated investment income utilized in the calculation?	YES

NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION

No significant changes

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 Dental & Vision Services, LLC has been added to the organizational chart, and Rio Grande Management Company, L.L.C. and Pathways Health and Community Support of Florida, Inc. have been removed from the organizational chart.

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 name of 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?
If yes, attach an explanation. Yes [ ] No [X] N/A [ ]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011

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. 12/31/2011

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). 05/01/2013

6.4 By what department or departments?

State of Michigan - Department of Insurance and Financial Services

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 with 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 the 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

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 [X] 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 [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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: $ 0

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: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

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	$ 0
14.22	Preferred Stock	0	0
14.23	Common Stock	0	0
14.24	Short-Term Investments	0	0
14.25	Mortgage Loans on Real Estate	0	0
14.26	All Other	0	0
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	$ 0	$ 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 [ ]

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 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

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 [X] 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
Oppenheimer Trust Company	18 Columbia Turnpike Florham Park, NJ 07932
UBS Financial Services	1000 Harbor Blvd. Weehawken, NJ 07086

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

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

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

17.4 If yes, give full and complete information relating thereto:

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

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
249	Oppenheimer & Co.	500 W. Madison, Ste 400, Chicago, IL 60661
8174	UBS Financial Services	1000 Harbor Blvd. Weehawken, NJ 07086

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent		81.0 %
1.2 A&H cost containment percent		1.9 %
1.3 A&H expense percent excluding cost containment expenses		15.5 %
2.1 Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsuer Rating
A&H Non-Affiliates								
93572.....	43-1235868.....	01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	Authorized.....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	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	L	2,803,123	69,431,820	506,880,698				579,115,641	
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	N							0	
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 alien OT	XX	0	0	0	0	0	0	0	0
59. Subtotal	XX	2,803,123	69,431,820	506,880,698	0	0	0	579,115,641	0
60. Reporting entity contributions for Employee Benefit Plans	XX							0	
61. Total (Direct Business)	(a) 1	2,803,123	69,431,820	506,880,698	0	0	0	579,115,641	0

DETAILS OF WRITE-INS

58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	AZ	30-0876771	Molina Healthcare of Arizona, Inc.
|-00000	CA	33-0342719	Molina Healthcare of California
|-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
|-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
|-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
|-14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	IA	47-3920055	Molina Healthcare of Iowa, Inc.
I-00000	MD	46-0598968	Molina Healthcare of Maryland, Inc.
I-52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
I-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
|-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
I-00000	NY	47-3580625	Molina Healthcare of New York, Inc.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
|-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
I-00000	OK	81-0864563	Molina Healthcare of Oklahoma, Inc.
I-00000	PA	81-0855820	Molina Healthcare of Pennsylvania, Inc.
I-15600	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
|-15329	SC	46-2992125	Molina Healthcare of South Carolina, LLC
|-10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
|-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
|-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
|-00000	VA	26-1769086	Molina Healthcare of Virginia, Inc.
|-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
|-12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	NY	47-3797019	Molina Health Plan Management, Inc.
|-00000	CA	46-2821516	Molina Hospital Management, Inc.
|-00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
|-00000	CA	37-1652282	Molina Medical Management, Inc.
|-00000	CA	47-1446940	Easy Care MSO, LLC
|-00000	DE	45-2854547	Molina Pathways, LLC
|-00000	DE	81-1863393	Molina Dental and Vision Services, LLC
|-00000	OH	47-4937011	Molina Pathways of Ohio, LLC
|-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
|-00000	TX	47-2308753	Molina Personal Care of Texas, Inc.
|-00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

|-00000	DE	47-2525144	Pathways Health and Community Support LLC
|-00000	DE	58-2478281	AmericanWork, Inc.
|-00000	NV	61-1436598	A to Z In-Home Tutoring LLC
|-00000	PA	20-2639439	Children's Behavioral Health, Inc.
|-00000	DE	88-0469530	Choices Group, Inc.
|-00000	CA	95-4864640	College Community Services
|-00000	IN	35-2085281	Dockside Services, Inc.
|-00000	AZ	00-0000000	Family Builders, Inc.
|-00000	VA	54-1620121	Family Preservation Services, Inc.
|-00000	FL	65-0848685	Family Preservation Services of Florida, Inc.
|-00000	NC	86-0976674	Family Preservation Services of North Carolina, Inc.
|-00000	DC	20-0086731	Family Preservation Services of Washington, D.C., Inc.
|-00000	WV	86-1035573	Family Preservation Services of West Virginia, Inc.
|-00000	NV	88-0321776	Maple Star Nevada, Inc.
|-00000	OR	93-1263318	Maple Star Oregon, Inc.
|-00000	DE	62-1651095	Pathways Community Corrections, Inc.
|-00000	IL	36-3465604	Camelot Care Centers, Inc.
|-00000	DE	33-0797276	Pathways Community Services LLC
|-00000	PA	23-2820336	Pathways Community Services LLC
|-00000	TX	74-2868929	Pathways Community Support of Texas, Inc.
|-00000	AL	26-1742190	Pathways of Alabama, Inc.
|-00000	AZ	86-0706547	Pathways of Arizona, Inc.
|-00000	DE	59-3766748	Pathways of Delaware, Inc.
|-00000	DE	46-5044433	Pathways of Idaho LLC
|-00000	ME	86-0970832	Pathways of Maine, Inc.
|-00000	DE	47-1016377	Pathways of Massachusetts LLC
|-00000	OK	74-2884198	Pathways of Oklahoma, Inc.
|-00000	WA	27-2837920	Pathways of Washington, Inc.
|-00000	PA	23-2181371	The RedCo Group, Inc.
|-00000	PA	25-1470445	Raystown Developmental Services, Inc.
|-00000	GA	58-1923779	Transitional Family Services, Inc.
|-00000	MO	43-1699690	W.D. Management, L.L.C.
|-00000	MI	38-3611499	Synergy Partners, L.L.C.
I-00000	CA	46-5098489	Molina Youth Academy

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 Public Traded (U.S. or International)	8 Name 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 *
Members														
1531	Molina Healthcare, Inc.	00000	13-4204626		0001179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	30-0876771				Molina Healthcare of Arizona, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
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.	
1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, Inc.	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	47-3920055				Molina Healthcare of Iowa, Inc.	IA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	46-0598968				Molina Healthcare of Maryland, Inc.	MD	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	47-3580625				Molina Healthcare of New York, Inc.	NY	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	46-4148278				Molina Healthcare of North Carolina, Inc.	NC	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, LLC	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas Insurance Company	TX	IA	Molina Healthcare of Texas, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	26-1769086				Molina Healthcare of Virginia, Inc.	VA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	47-3797019				Molina Health Plan Management, Inc.	NY	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	46-2821516				Molina Hospital Management, Inc.	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
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.	
1531	Molina Healthcare, Inc.	00000	37-1652282				Molina Medical Management, Inc.	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	47-1446940				Easy Care MSO, LLC	CA	NIA	Molina Medical Management, Inc.	Ownership	54.770	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	81-1863393				Molina Dental and Vision Services, LLC	DE	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, 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
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1531	Molina Healthcare, Inc.	00000	47-4937011				Molina Pathways of Ohio, LLC.	OH	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	47-2296708				Molina Pathways of Texas, Inc.	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	47-2308753				Molina Personal Care of Texas, Inc.	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	47-2373467				Molina Personal Care of South Carolina, Inc.	SC	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	47-2525144				Pathways Health and Community Support LLC.	DE	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	58-2478281				AmericanWork, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	61-1436598				A to Z In-Home Tutoring LLC.	NV	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	36-3465604				Camelot Care Centers, Inc.	IL	NIA	Pathways Community Corrections, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
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.	
1531	Molina Healthcare, Inc.	00000	88-0469530				Choices Group, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	95-4864640				College Community Services	CA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	35-2085281				Dockside Services, Inc.	IN	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	
1531	Molina Healthcare, Inc.	00000	00-0000000				Family Builders, Inc.	AZ	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	
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.	
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.	
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.	
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.	
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.	
1531	Molina Healthcare, Inc.	00000	88-0321776				Maple Star Nevada, Inc.	NV	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	
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.	
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.	
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.	
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.	
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.	
1531	Molina Healthcare, Inc.	00000	26-1742190				Pathways of Alabama, Inc.	AL	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	
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.	
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.	
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.	
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.	
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.	
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.	
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.	
1531	Molina Healthcare, Inc.	00000	25-1470445				Raystown Developmental Services, Inc.	PA	NIA	The RedCo Group, Inc.	Ownership	100.000	Molina Healthcare, Inc.	
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.	
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.	

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
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1531..	Molina Healthcare, Inc.....	00000...	43-1699690....	.....	.....	.....	W.D. Management, L.L.C.....	MO.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc...	.....
1531..	Molina Healthcare, Inc.....	00000...	38-3611499....	.....	.....	.....	Synergy Partners, L.L.C.....	MI.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc...	.....
1531..	Molina Healthcare, Inc.....	00000...	46-5098489....	.....	.....	.....	Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	.....

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?	SEE EXPLANATION

Explanation:

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

Bar Code:

* 5 2 6 3 0 2 0 1 6 3 6 5 0 0 0 0 1 *

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
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 end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
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 points 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)	0	0
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
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)	0	0
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	74,978,803	62,408,480
2. Cost of bonds and stocks acquired	18,093,294	66,470,109
3. Accrual of discount	1,026	1,156
4. Unrealized valuation increase (decrease)	403	(108)
5. Total gain (loss) on disposals	2,630	6,526
6. Deduct consideration for bonds and stocks disposed of	17,325,720	52,983,839
7. Deduct amortization of premium	233,547	923,521
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	75,516,889	74,978,803
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	75,516,889	74,978,803

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)	281,995,937	711,271,786	702,467,288	(1,560,862)	289,239,573			281,995,937
2. NAIC 2 (a)	25,874,122	7,255,377	6,003,330	672,571	27,798,740			25,874,122
3. NAIC 3 (a)	239,825			154	239,978			239,825
4. NAIC 4 (a)	239,974		240,000	26	0			239,974
5. NAIC 5 (a)					0			
6. NAIC 6 (a)	239,777			240,223	480,000			239,777
7. Total Bonds	308,589,634	718,527,163	708,710,617	(647,888)	317,758,291	0	0	308,589,634
PREFERRED STOCK								
8. NAIC 1					0			
9. NAIC 2					0			
10. NAIC 3					0			
11. NAIC 4					0			
12. NAIC 5					0			
13. NAIC 6					0			
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	308,589,634	718,527,163	708,710,617	(647,888)	317,758,291	0	0	308,589,634

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated 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.

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
9199999	242,241,402	XXX	243,122,407	150,964	88,053

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	228,610,959	163,305,500
2. Cost of short-term investments acquired	700,433,869	1,830,975,706
3. Accrual of discount	77,334	101,467
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	491	
6. Deduct consideration received on disposals	686,388,018	1,764,394,772
7. Deduct amortization of premium	493,233	1,376,941
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	242,241,402	228,610,959
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	242,241,402	228,610,959

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	4,999,872	
2. Cost of cash equivalents acquired		4,997,157
3. Accrual of discount	128	2,715
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	5,000,000	
7. Deduct amortization of premium		
8. Total foreign exchange change in book/ adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	4,999,872
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	0	4,999,872

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

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 or Market Indicator (a)
Bonds - Industrial and Miscellaneous									
06251A L6 5	BANK HAPOALIM BM (NEW YORK BRANCH)	R	02/09/2016	UBS		240,000	240,000		2FE
125509 BJ 7	CIGNA CORP		02/04/2016	OPPENHEIMER & CO. INC		1,315,024	1,260,000	27,090	2FE
17669W FS 9	The Citizens State Bank		02/16/2016	UBS		240,000	240,000		
373128 FU 6	Georgia Bank & Trust Company of Augusta		02/16/2016	UBS		240,000	240,000		
4042Q1 AC 1	HSBC BANK USA NA	R	03/15/2016	OPPENHEIMER & CO. INC		3,159,120	3,000,000	19,500	1FE
485836 FL 9	Katahdin Trust Company		02/09/2016	UBS		240,000	240,000		
52730J BP 0	Level One Bancorp, Inc.		02/09/2016	UBS		240,000	240,000		
55608P AE 4	MACQUARIE BANK LTD	R	03/17/2016	UBS		5,012,350	5,000,000		1FE
565109 AB 1	Maple Bank		02/09/2016	UBS		240,000	240,000		
57116A LH 9	Marlin Business Bank		02/09/2016	UBS		240,000	240,000		
59013J MS 5	Merrick Bank Corporation		02/09/2016	UBS		240,000	240,000		
606857 U9 9	Mizrahi-Tefahot Bank Ltd	R	02/09/2016	UBS		240,000	240,000		1FE
69406P BX 6	Pacific City Bank		02/09/2016	UBS		240,000	240,000		
71019P AZ 7	Peoples Bank of Middle Tennessee		02/09/2016	UBS		240,000	240,000		
857894 QP 7	Stearns Bank National Association		02/09/2016	UBS		240,000	240,000		
86682A CA 7	Sun National Bank		02/16/2016	UBS		240,000	240,000		
87164D HP 8	Synovus Bank		02/09/2016	UBS		240,000	240,000		2FE
89677D EA 0	TRISTATE CAPITAL BANK		02/09/2016	UBS		240,000	240,000		
90331H MC 4	US BANK NA		02/01/2016	UBS		5,006,800	5,000,000	153	1FE
3899999. Total Bonds - Industrial and Miscellaneous						18,093,294	17,860,000	46,743	XXX
8399997. Total Bonds - Part 3						18,093,294	17,860,000	46,743	XXX
8399999. Total Bonds						18,093,294	17,860,000	46,743	XXX
9999999. Total Bonds, Preferred and Common Stocks						18,093,294	XXX	46,743	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	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 or Market Indicator (a)
Bonds - Industrial and Miscellaneous																					
05253J AB 7	AUSTRALIA AND NEW ZEALAND BANKING GROUP	R	02/12/2016.	Maturity		3,500,000	3,500,000	3,515,995	3,501,833		(1,833)		(1,833)		3,500,000			0	15,750	02/12/2016	1FE
05967E 2U 2	Banco Popular de Puerto Rico	.	01/21/2016.	Maturity		240,000	240,000	240,000	239,974	26			26		240,000			0	1,200	01/21/2016	4FE
063248 FB 9	Bank Leumi USA	R	03/23/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,083	03/23/2016	1
11373Q AQ 1	Brookline Bank	.	01/22/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	69	01/22/2016	1
2027A0 FR 5	COMMONWEALTH BANK OF AUSTRALIA	R	03/17/2016.	Maturity		4,500,000	4,500,000	4,622,580	4,526,058		(26,058)		(26,058)		4,500,000			0	73,125	03/17/2016	1FE
30246A DN 5	F&M Bank	.	01/22/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	69	01/22/2016	1
320637 AD 3	First Ipswich Bancorp	.	01/22/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	69	01/22/2016	1
33583C MA 4	First Niagara Bank, National Association	.	01/15/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,080	01/15/2016	2FE
36962G U6 9	GENERAL ELECTRIC CAPITAL CORPORATION	.	01/08/2016.	Maturity		1,000,000	1,000,000	1,045,340	1,000,863		(863)		(863)		1,000,000			0	25,000	01/08/2016	1FE
370334 BN 3	GENERAL MILLS INC	.	01/29/2016.	Maturity		1,000,000	1,000,000	1,005,170	1,000,284		(284)		(284)		1,000,000			0	4,375	01/29/2016	2FE
52730J BL 9	Level One Bancorp, Inc.	.	01/21/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	71	01/21/2016	1
56035B AR 7	Main Street Bank	.	02/04/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	143	02/04/2016	1
66612A AK 4	Northfield Bank	.	01/20/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	960	01/20/2016	1
69911Q 4K 8	Paragon Commercial Bank	.	01/15/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	71	01/15/2016	1
74432Q AJ 4	PRUDENTIAL FINANCIAL, INC.	.	03/15/2016.	Maturity		467,000	467,000	502,123	471,638		(4,638)		(4,638)		467,000			0	12,843	03/15/2016	2FE
76030R CY 8	Republic Bank, Inc.	.	02/11/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	122	02/11/2016	1
905200 BW 0	Union Bank & Trust Company	.	01/26/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	71	01/26/2016	1
909552 AS 0	United Bank	.	02/02/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	840	02/02/2016	1
909557 EG 1	United Bankers' Bank	.	02/26/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	160	02/26/2016	1
917312 CM 0	USAmeriBank	.	01/15/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	840	01/15/2016	1
92343V BQ 6	VERIZON COMMUNICATIONS INC.	.	03/15/2016.	OPPENHEIMER & CO. INC.		3,258,720	3,000,000	3,278,670	3,267,381		(11,291)		(11,291)		3,256,090		2,630	2,630	68,625	09/15/2020	2FE
3899999. Total Bonds - Industrial and Miscellaneous						17,325,720	17,067,000	17,569,878	17,368,031	26	(44,967)	0	(44,941)	0	17,323,090	0	2,630	2,630	206,567	XXX	XXX
8399997. Total Bonds - Part 4						17,325,720	17,067,000	17,569,878	17,368,031	26	(44,967)	0	(44,941)	0	17,323,090	0	2,630	2,630	206,567	XXX	XXX
8399999. Total Bonds						17,325,720	17,067,000	17,569,878	17,368,031	26	(44,967)	0	(44,941)	0	17,323,090	0	2,630	2,630	206,567	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks						17,325,720	XXX	17,569,878	17,368,031	26	(44,967)	0	(44,941)	0	17,323,090	0	2,630	2,630	206,567	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: 0.

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
JP Morgan Chase	Detroit, Michigan					72,429,973	19,286,837	11,834,960	XXX
JP Morgan Chase	Detroit, Michigan					1,186	(1,725)	(4,323)	XXX
JP Morgan Chase	San Antonio, Texas					1,273,211	1,620,274	1,997,164	XXX
JP Morgan Chase	San Antonio, Texas					207	207	207	XXX
US Bank	St. Paul, MI					(16,327,478)	(23,406,608)	(18,132,691)	XXX
US Bank	St. Paul, MI					(6,979,429)	(1,104,512)	(862,594)	XXX
Bank of America	Tampa, Florida					6,015	5,990	5,966	XXX
Bank of India 06/01/2016	New York, NY		0.597		1,191	240,000	240,000	240,000	XXX
0199998. Deposits in 25 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories		XXX	XXX	1,481	5,542	3,860,625	6,480,000	5,759,997	XXX
0199999. Total Open Depositories		XXX	XXX	1,481	6,734	54,504,310	3,120,463	838,686	XXX
0399999. Total Cash on Deposit		XXX	XXX	1,481	6,734	54,504,310	3,120,463	838,686	XXX
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX	1,000	1,000	1,000	XXX
0599999. Total Cash		XXX	XXX	1,481	6,734	54,505,310	3,121,463	839,686	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year

NONE