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HEALTH QUARTERLY STATEMENT

As of September 30, 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	Heidi Lee McGlinnen *(Name)*	888-562-5442-151701 *(Area Code) (Telephone Number) (Extension)*
	heidi.mcglinnen@molinahealthcare.com *(E-Mail Address)*	855-502-4911 *(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	91,410,676		91,410,676	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 $.....0 encumbrances)			0	
5. Cash ($.....148,990,317), cash equivalents ($.....0) and short-term investments ($.....159,767,196)	308,757,513		308,757,513	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)	400,168,189	0	400,168,189	303,959,488
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	704,319		704,319	1,347,757
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	53,180,053		53,180,053	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 ($.....3,638,774)	3,638,774		3,638,774	2,089,767
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	11,870		11,870	1,511,569
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	3,874,853		3,874,853	3,569,413
18.1 Current federal and foreign income tax recoverable and interest thereon			0	1,615,709
18.2 Net deferred tax asset	32,268,606	22,883,733	9,384,873	9,116,131
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software	709,452	709,452	0	
21. Furniture and equipment, including health care delivery assets ($.....0)	4,389,788	4,389,788	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 ($.....9,102,885) and other amounts receivable	21,923,973	12,820,833	9,103,140	20,213,048
25. Aggregate write-ins for other than invested assets	68,836,015	55,744,775	13,091,240	12,061,684
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	589,705,892	96,548,581	493,157,311	375,975,829
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	589,705,892	96,548,581	493,157,311	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	59,737	59,737	0	
2502. Intangible Assets (Goodwill/Patient Files)	68,776,278	55,685,038	13,091,240	11,782,604
2503. State Income Tax Recoverable			0	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)	68,836,015	55,744,775	13,091,240	12,061,684

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....266,585 reinsurance ceded)	228,210,143	74,729	228,284,872	195,262,920
2. Accrued medical incentive pool and bonus amounts	11,148,242		11,148,242	6,151,174
3. Unpaid claims adjustment expenses	2,353,592	1,413	2,355,005	2,138,362
4. Aggregate health policy reserves, including the liability of $.....363,513 for medical loss ratio rebate per the Public Health Service Act	19,857,980		19,857,980	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	31,420,965		31,420,965	174,952
9. General expenses due or accrued	7,177,391		7,177,391	4,215,429
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	9,202,055		9,202,055	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others	150		150	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates	4,129,761		4,129,761	4,693,195
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($.....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	3,570,029		3,570,029	
23. Aggregate write-ins for other liabilities (including $.....22,622,347 current)	22,622,347	0	22,622,347	10,238,099
24. Total liabilities (Lines 1 to 23)	339,692,655	76,142	339,768,797	237,251,057
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	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	70,824,543	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	153,388,514	138,724,772
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	493,157,311	375,975,829

DETAILS OF WRITE-INS

2301. Premium/Use Taxes Due	6,622,480		6,622,480	5,294,801
2302. Amounts Due to Government Agencies	15,999,867		15,999,867	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)	22,622,347	0	22,622,347	10,238,099
2501. 2016 health insurer fee accrual estimate	XXX	XXX		26,300,000
2502.				
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	0	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	3,549,419	2,381,795	3,364,827
2. Net premium income (including $.....0 non-health premium income)	XXX	1,600,117,054	1,040,506,760	1,480,688,554
3. Change in unearned premium reserves and reserve for rate credits	XXX	(5,173,907)	(12,491,812)	(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	1,594,943,147	1,028,014,948	1,467,933,626
Hospital and Medical:				
9. Hospital/medical benefits		928,785,672	557,286,719	804,173,146
10. Other professional services		45,549,672	25,351,283	38,768,256
11. Outside referrals	792,720	61,207,649	46,359,123	65,910,442
12. Emergency room and out-of-area		104,659,655	60,533,847	97,332,587
13. Prescription drugs		157,455,425	102,390,848	145,525,251
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		12,304,077	8,078,578	8,895,501
16. Subtotal (Lines 9 to 15)	792,720	1,309,962,150	800,000,398	1,160,605,183
Less:				
17. Net reinsurance recoveries		212,253	489,826	1,997,532
18. Total hospital and medical (Lines 16 minus 17)	792,720	1,309,749,897	799,510,572	1,158,607,651
19. Non-health claims (net)				
20. Claims adjustment expenses, including $.....34,256,587 cost containment expenses		39,346,549	24,602,430	36,101,448
21. General administrative expenses		204,326,268	131,698,483	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)	792,720	1,553,422,714	955,811,485	1,376,009,065
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	41,520,433	72,203,463	91,924,561
25. Net investment income earned		2,009,756	785,451	1,219,252
26. Net realized capital gains (losses) less capital gains tax of $.....7,943		14,750	4,039	4,242
27. Net investment gains or (losses) (Lines 25 plus 26)	0	2,024,506	789,490	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	43,544,939	72,992,953	93,148,055
31. Federal and foreign income taxes incurred	XXX	27,798,821	33,044,004	39,383,431
32. Net income (loss) (Lines 30 minus 31)	XXX	15,746,118	39,948,949	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	15,746,118	39,948,949	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 $.....149	276	265	47
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	3,911,042	19,154,947	22,764,174
39. Change in nonadmitted assets	(4,993,694)	(70,148,859)	(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		10,000,000	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)	14,663,742	(1,044,698)	13,594,257
49. Capital and surplus end of reporting period (Line 33 plus 48)	153,388,514	124,085,817	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	1,597,432,729	1,014,894,283	1,470,290,826
2. Net investment income	3,333,540	933,000	1,379,887
3. Miscellaneous income			
4. Total (Lines 1 through 3)	1,600,766,269	1,015,827,283	1,471,670,713
5. Benefit and loss related payments	1,278,209,246	734,865,834	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	224,845,375	152,093,631	213,640,192
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....7,943 tax on capital gains (losses)	16,989,000	16,894,000	38,814,000
10. Total (Lines 5 through 9)	1,520,043,621	903,853,465	1,334,764,099
11. Net cash from operations (Line 4 minus Line 10)	80,722,648	111,973,818	136,906,614
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	43,060,024	40,325,280	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	5,008		
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	43,065,032	40,325,280	52,983,839
13. Cost of investments acquired (long-term only):			
13.1 Bonds	60,154,133	56,825,920	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)	60,154,133	56,825,920	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)	(17,089,102)	(16,500,640)	(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		10,000,000	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)	16,143,280	(62,290,319)	(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)	16,143,280	(52,290,319)	(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)	79,776,827	43,182,859	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)	308,757,513	210,982,301	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	392,909	3,891						20,172	368,846	
4. Third Quarter	386,864	3,776						20,811	362,277	
5. Current Year	0									
6. Current Year Member Months	3,549,419	32,065						175,547	3,341,807	
Total Member Ambulatory Encounters for Period:										
7. Physician	1,926,579	12,254						211,663	1,702,662	
8. Non-Physician	2,606,672	10,602						287,229	2,308,841	
9. Total	4,533,251	22,856	0	0	0	0	0	498,892	4,011,503	0
10. Hospital Patient Days Incurred	352,997	658						65,171	287,168	
11. Number of Inpatient Admissions	27,808	130						4,558	23,120	
12. Health Premiums Written (a)	1,600,563,040	7,853,903						216,707,700	1,376,001,437	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,595,389,134	7,021,980						208,345,575	1,380,021,579	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,270,297,083	4,342,105						177,662,266	1,088,292,712	
18. Amount Incurred for Provision of Health Care Services	1,309,962,151	4,456,157						182,513,037	1,122,992,957	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....216,707,700.

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	13,705,609					13,705,609
Provider Payables	31,877,836	7,798,815	8,468,507	8,779,528	28,976,479	85,901,165
0199999. Individually Listed Claims Unpaid	45,583,445	7,798,815	8,468,507	8,779,528	28,976,479	99,606,774
0399999. Aggregate Accounts Not Individually Listed-Covered	2,940,582	138,388	154,586	142,216	753,586	4,129,358
0499999. Subtotals	48,524,027	7,937,203	8,623,093	8,921,744	29,730,065	103,736,132
0599999. Unreported Claims and Other Claim Reserves						124,815,324
0799999. Total Claims Unpaid						228,551,456
0899999. Accrued Medical Incentive Pool and Bonus Amounts						11,148,242

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)	653,217	3,652,043	2,165	788,101	655,382	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	23,640,344	154,021,922	423,265	36,604,242	24,063,609	31,270,343
7. Title XIX - Medicaid	138,399,483	949,919,098	14,573,932	175,893,168	152,973,415	163,178,031
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	162,693,044	1,107,593,063	14,999,362	213,285,511	177,692,406	195,262,923
10. Healthcare receivables (a)	1,827,397	16,418,707		1,561,784	1,827,397	13,945,650
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	2,385,710	4,921,298	3,765,464	7,382,778	6,151,174	6,151,174
13. Totals (Lines 9-10+11+12)	163,251,357	1,096,095,654	18,764,826	219,106,505	182,016,183	187,468,447

(a) Excludes $.....2,115,830 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Michigan, Inc. (the "Plan") 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.

Note 1 – Summary of Significant Accounting Policies

A. Accounting Practices

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. ("Molina"). The financial statements of the Plan 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 Plan'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	$ 15,746,118	$ 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	$ 15,746,118	$ 53,764,624
SURPLUS			
(5) Molina Healthcare of Michigan, Inc. state basis (Page 3, line 33, Columns 3 & 4)	MI	$ 153,388,514	$ 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	$ 153,388,514	$ 138,724,772

C. Accounting Policy

Revenue Recognition: The Plan 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 Plan 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, amounts may be returned to the state if certain minimum amounts are not spent on defined medical care costs, or the Plan may receive additional premiums if amounts spent on medical care costs exceed a defined maximum threshold.

The Plan 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 Plan's primary care and physician specialist services are paid on a fee-for-service basis. Under fee-for-service arrangements, the Plan 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 Plan through the reporting date, as well as estimated liabilities for medical care costs incurred but not paid by the Plan as of the reporting date. Refer to Note 25 for further information.

In addition, the Plan applies the following accounting policies:

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

Note 2 – Accounting Changes and Corrections of Errors

None

NOTES TO FINANCIAL STATEMENTS

Note 3 – Business Combinations and Goodwill

A. Statutory Purchase Method:

(1) On September 1, 2015, the Plan 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 Plan added approximately 68,000 members as a result of this transaction.

On January 1, 2016, the Plan closed on its acquisition of the Medicaid and MIChild membership, and certain Medicaid and MIChild assets, of HAP Midwest Health Plan, Inc. The Plan added approximately 68,000 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.	30.5	24.6

(4) Goodwill amortization for each of the acquisitions for the period ended June 30, 2016 are listed in the table below:

Acquisition Name	Goodwill Amortization for the period ended September 30, 2016
HealthPlus of Michigan	$ 2,048,614
HAP Midwest Health Plan, Inc.	1,638,353

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.

B-C. The Plan neither paid dividends to, nor received contributions from Molina during the period ended September 30, 2016.

The Plan leases office space from Molina Healthcare of California, a subsidiary of Molina. Rental payments for this lease amounted to $1.3 million for both periods ended September 30, 2016 and 2015.

D-N. No significant change.

NOTES TO FINANCIAL STATEMENTS

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 changes

(4) Dividends paid by the Plan to Molina during the period ended September 30, 2016 were as follows: None

(5) – (8) No significant changes

(9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2015 represented the Plan's estimated health insurer fee for 2016. Due to the moratorium on the health insurer fee for the 2017 calendar year, the Plan did not reclassify amounts to special surplus at September 30, 2016.

(10) – (13) No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant change

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 changes

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

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Bonds	$	$ 480,000	$	$ 480,000
Total	$	$ 480,000	$	$ 480,000

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

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable

NOTES TO FINANCIAL STATEMENTS

						(Carrying Value)
Certificates of deposit	$ 13,885,000	$ 13,885,000	$ -	$ 13,885,000	$	$
Corporate debt securities	188,869,215	188,757,145	-	188,869,215		
Government-sponsored enterprise securities	35,433,429	35,432,956	35,433,429	-		
Money Market Funds	3,974,148	3,974,148	3,974,148	-		
Municipal securities	9,137,572	9,128,623	-	9,137,572		
Total bonds and short-term investments	251,299,364	251,177,872	39,407,577	211,891,787		

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 November 11, 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 Plan's 2015 Annual Statement, certain components of the Plan'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 Plan recorded a net payable of $9.2 million and $2.4 million as of September 30, 2016 and December 31, 2015, respectively, relating to its contacts with CMS. The Plan had net premiums written relating to Medicare of $216.7 million and $158.1 million for the periods ended September 30, 2016 and 2015, respectively, representing 13.5% and 15.2% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of $2.4 million and $1.3 million as of September 30, 2016 and December 31, 2015, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of $7.8 million and $2.9 million for the periods ended September 30, 2016 and 2015, respectively, representing 0.5% and 0.3% of the total net premiums written, respectively.

The Plan 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 Plan recorded a net payable of $9.2 million and $8.6 million as of as of September 30, 2016 and December 31, 2015, respectively, relating to this provision.

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

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

The Plan accrued $363,513 and $0 at September 30, 2016 and December 31, 2015, respectively, relating to medical loss ratio rebates.

E. Risk Sharing Provisions of the Affordable Care Act

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

(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	$ 86
	Liabilities		
	2.	Risk adjustment user fees payable for ACA Risk Adjustment	4,832
	3.	Premium adjustments payable due to ACA Risk Adjustment	935,972
	Operations (Revenue & Expenses)		
	4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(796,693)
	5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	$ (4,827)
b.	Transitional ACA Reinsurance Program		
	Assets		
	1.	Amounts recoverable for claims paid due to ACA Reinsurance	$ 11,870
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	266,585
	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	27,066
	5.	Ceded reinsurance premiums payable due to ACA Reinsurance	57,973
	6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	$
	Operations (Revenue & Expenses)		
	7.	Ceded reinsurance premiums due to ACA Reinsurance	$ (57,971)
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	238,122
	9.	ACA Reinsurance contributions – not reported as ceded premium	$ (14,495)
c.	Temporary ACA Risk Corridors Program		
	Assets		
	1.	Accrued retrospective premium due to ACA Risk Corridors	$

NOTES TO FINANCIAL STATEMENTS

Liabilities		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	1,107,438
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	$ (468,410)

(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	$	$ 37	$	$ 87	$	$	$	A	$ 87	$
2.	Premium adjustments (payable)		628,825		489,546		139,279		(139,279)	B		
3.	Subtotal ACA Permanent Risk Adjustment Program	$ 124	$ 628,825	$ 37	$ 489,546	$ 87	$ 139,279	$	$ (139,279)		$ 87	$
b.	Transitional ACA Reinsurance Program											
1.	Amounts recoverable for claims paid	$ 71,569	$	$ 96,544	$	$ (24,975)	$	$ 36,845	$	C	$ 11,870	$
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	$ 96,544	$ 37,719	$ 40,333	$ 12,573	$ (28,463)	$		$ 11,870	$ 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		(403,768)	J		235,260
3.	Subtotal ACA Risk Corridors Program		639,028				639,028		(403,768)			235,260
d.	Total for ACA Risk Sharing Provisions	$ 137,001	$ 1,318,145	$ 96,581	$ 527,265	$ 40,420	$ 790,880	$ (28,463)	$ (543,047)		$ 11,957	$ 247,833

Explanations of Adjustments

A. Adjusted to reflect the final settlement amount communicated by CMS in June 2016.

C. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in June 2016.

D. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in June 2016.

J. Adjusted as a result of additional months of development and for final settlements related to risk adjustment and reinsurance.

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:

NOTES TO FINANCIAL STATEMENTS

	Nine months ended 9/30/2016	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	$ 1,315,159,055	$ 1,168,188,784
Prior years	$ (5,409,158)	$ (9,581,133)
Net incurred claims during the current year	$ 1,309,749,897	$ 1,158,607,651
Deduct paid claims, net of reinsurance		
Current year	$ 1,102,848,823	$ 979,755,893
Prior years	$ 175,360,423	$ 102,554,014
Net paid claims during the current year	$ 1,278,209,246	$ 1,082,309,907
Change in claims adjustment expenses	$ 216,643	$ 790,773
Change in health care receivables	$ 7,978,068	$ 7,532,143
Change in amounts due from reinsurers	$ (1,499,699)	$ 1,505,903
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	$ 241,788,119	$ 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:	09/30/2016
(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 Healthcare of Nevada, Inc. and Today's Options of New York, Inc. have been added to the organization 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. 12/31/2015

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.	85 Broad St. New York, NY 10004
8174	UBS Financial Services	1200 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		84.3 %
1.2 A&H cost containment percent		2.1 %
1.3 A&H expense percent excluding cost containment expenses		13.1 %
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	7,853,903	216,707,700	1,376,001,437				1,600,563,040	
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	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	7,853,903	216,707,700	1,376,001,437	0	0	0	1,600,563,040	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	7,853,903	216,707,700	1,376,001,437	0	0	0	1,600,563,040	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	DE	81-2824030	Molina Clinical Services, LLC
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.
I-00000	NV	20-3567602	Molina Healthcare of Nevada, 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.
|-15133	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.
I-00000	NY	27-1603200	Today's Options of New York, 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

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

PART 1 – ORGANIZATIONAL CHART

|-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.
|-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	AZ	86-0706547	Pathways of Arizona, Inc.
|-00000	DE	59-3766748	Pathways of Delaware, Inc.
|-00000	DE	81-2396831	Pathways Human Services, LLC
|-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	Integrated Care Alliance, LLC
I-00000	CA	46-5098489	Molina Youth Academy

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

PART 1 – ORGANIZATIONAL CHART

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 *
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	81-2824030				Molina Clinical Services, LLC	DE	NIA	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.	00000	20-3567602				Molina Healthcare of Nevada, Inc.	NV	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.	15133	26-1769086				Molina Healthcare of Virginia, Inc.	VA	IA	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	27-1603200				Today's Options of New York, Inc.	NY	NIA	Molina Health Plan Management, 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.	

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 *
1531	Molina Healthcare, Inc.	00000	81-1863393				Molina Dental and Vision Services, LLC	DE	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	
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	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	81-2396831				Pathways Human Services, LLC	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 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 *
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				Integrated Care Alliance, LLC	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:

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	60,154,133	66,470,109
3. Accrual of discount	1,548	1,156
4. Unrealized valuation increase (decrease)	425	(108)
5. Total gain (loss) on disposals	17,685	6,526
6. Deduct consideration for bonds and stocks disposed of	43,060,024	52,983,839
7. Deduct amortization of premium	681,894	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)	91,410,676	74,978,803
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	91,410,676	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)	301,867,859	477,692,630	559,489,527	12,078	289,239,573	301,867,859	220,083,040	281,995,937
2. NAIC 2 (a)	23,422,215	8,059,037	720,000	(146,421)	27,798,740	23,422,215	30,614,832	25,874,122
3. NAIC 3 (a)					239,978		0	239,825
4. NAIC 4 (a)							0	239,974
5. NAIC 5 (a)							0	
6. NAIC 6 (a)	480,000				480,000	480,000	480,000	239,777
7. Total Bonds	325,770,074	485,751,667	560,209,527	(134,343)	317,758,291	325,770,074	251,177,872	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	325,770,074	485,751,667	560,209,527	(134,343)	317,758,291	325,770,074	251,177,872	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	159,767,196	XXX	159,544,244	337,795	100,267

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	1,783,957,287	1,830,975,706
3. Accrual of discount	441,834	101,467
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	5,008	
6. Deduct consideration received on disposals	1,852,362,662	1,764,394,772
7. Deduct amortization of premium	885,230	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)	159,767,196	228,610,959
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	159,767,196	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 - U.S. Special Revenue and Special Assessment									
3135G0 MZ 3	FEDERAL NATIONAL MORTGAGE ASSOCIATION		08/25/2016	UBS		6,517,875	6,500,000	158	1
3135G0 ZL 0	FEDERAL NATIONAL MORTGAGE ASSOCIATION		09/21/2016	UBS		7,024,290	7,000,000	194	1FE
3199999. Total Bonds - U.S. Special Revenue and Special Assessment						13,542,165	13,500,000	352	XXX
Bonds - Industrial and Miscellaneous									
00206R CA 8	AT&T INC.		08/02/2016	OPPENHEIMER & CO. INC.		1,711,391	1,672,000	7,423	2FE
03784J RF 3	Apple Bank for Savings		08/02/2016	UBS		240,000	240,000		
05464L AH 4	Axiom Bank		08/02/2016	UBS		240,000	240,000		
11373Q CB 2	Brookline Bank		07/19/2016	UBS		240,000	240,000		
254672 A5 7	Discover Bank		07/05/2016	UBS		240,000	240,000		2FE
345397 WZ 2	FORD MOTOR CREDIT COMPANY LLC		08/01/2016	OPPENHEIMER & CO. INC.		2,423,160	2,400,000	3,575	2FE
4042Q1 AC 1	HSBC BANK USA NA	R	09/01/2016	UBS		(3,159,120)	(3,000,000)	(19,500)	1FE
46176P FF 7	Investors Bank		07/05/2016	UBS		240,000	240,000		
489642 BR 8	Kennett National Bank		07/19/2016	UBS		240,000	240,000		
51507L BB 9	Landmark Community Bank		08/02/2016	UBS		240,000	240,000		
710721 AJ 0	The Peoples Bank of Talbotton		07/19/2016	UBS		240,000	240,000		
72663Q B2 4	PlainsCapital Bank		08/02/2016	UBS		240,000	240,000		
73755L AJ 6	POTASH CORP OF SASKATCHEWAN INC.	I	09/22/2016	OPPENHEIMER & CO. INC.		2,556,150	2,500,000	26,181	2FE
3899999. Total Bonds - Industrial and Miscellaneous						5,691,581	5,732,000	17,679	XXX
Bonds - Hybrid Securities									
4042Q1 AC 1	HSBC BANK USA NA	R	09/01/2016	Adjustment		3,159,120	3,000,000	19,500	1FE
4899999. Total Bonds - Hybrid Securities						3,159,120	3,000,000	19,500	XXX
8399997. Total Bonds - Part 3						22,392,866	22,232,000	37,531	XXX
8399999. Total Bonds						22,392,866	22,232,000	37,531	XXX
9999999. Total Bonds, Preferred and Common Stocks						22,392,866	XXX	37,531	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																					
0258M0 DG 1	AMERICAN EXPRESS CREDIT CORP.	.	07/29/2016.	Maturity		2,500,000	2,500,000	2,528,000	2,508,455		(8,455)		(8,455)		2,500,000			0	32,500	07/29/2016	1FE
05580A CU 6	BMW Bank of North America	R	09/16/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,316	09/16/2016	1FE
06610Q CT 6	Bankers Bancorp of Oklahoma, Inc.	.	09/23/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	898	09/23/2016	
06740K JL 2	Barclays Bank Delaware	R	09/23/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,203	09/23/2016	
07370T Q5 5	Beal Bank, SSB	.	09/07/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,316	09/07/2016	
14147V FB 7	Cardinal Bank	.	09/23/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	995	09/23/2016	
29367R HC 3	Enterprise Bank	.	08/31/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	882	08/31/2016	1
319590 CF 0	First Citrus Bank	.	09/23/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	811	09/23/2016	
38148J YD 7	Goldman Sachs Bank USA	.	07/15/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,203	07/15/2016	1
680061 GL 6	Old National Bank	.	09/23/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,203	09/23/2016	2FE
686184 VZ 2	Oriental Bank	.	08/31/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,685	08/31/2016	1
75874P ES 4	Old Line Bank	.	08/31/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,203	08/31/2016	1
76610T DN 5	Ridgestone Bank	.	09/16/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	808	09/16/2016	
783861 BY 2	S & T Bank	.	09/02/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,316	09/02/2016	2FE
866264 CH 5	Summit State Bank	.	08/05/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	882	08/05/2016	1
966594 AL 7	Whitney Bank	.	08/12/2016.	Maturity		240,000	240,000	240,000	240,000				0		240,000			0	1,564	08/12/2016	2FE
981996 IC 7	Comenity Bank	.	09/23/2016.	Maturity		200,000	200,000	200,000	200,000				0		200,000			0	1,051	09/23/2016	
3899999. Total Bonds - Industrial and Miscellaneous						6,300,000	6,300,000	6,328,000	6,308,455	0	(8,455)	0	(8,455)	0	6,300,000	0	0	0	50,837	XXX	XXX
8399997. Total Bonds - Part 4						6,300,000	6,300,000	6,328,000	6,308,455	0	(8,455)	0	(8,455)	0	6,300,000	0	0	0	50,837	XXX	XXX
8399999. Total Bonds						6,300,000	6,300,000	6,328,000	6,308,455	0	(8,455)	0	(8,455)	0	6,300,000	0	0	0	50,837	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks						6,300,000	XXX	6,328,000	6,308,455	0	(8,455)	0	(8,455)	0	6,300,000	0	0	0	50,837	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									
US Bank	St. Paul, MI					(3,333,504)	(1,191,079)	(2,986,550)	XXX
US Bank	St. Paul, MI						38,557,727	11,153,539	XXX
JP Morgan Chase	Detroit, Michigan					12,030,685	14,979,635	15,673,628	XXX
Bank of America	Tampa, Florida					5,867	5,843	5,818	XXX
JP Morgan Chase	San Antonio, Texas					3,386,629	3,759,620	4,080,586	XXX
JP Morgan Chase	San Antonio, Texas					207	207	207	XXX
JP Morgan Chase	Detroit, Michigan					(9,656)	(4,682)	(7,247)	XXX
US Bank	St. Paul, MI					(19,461,593)	(14,592,771)	(21,278,006)	XXX
PFM	Harrisburg, PA					27			XXX
Summit Community Bank, Inc.	Moorefiled, WV		0.600	122	28		240,000	240,000	XXX
US Bank	St. Paul, MI			13,685				138,013,685	XXX
0199998. Deposits in.....20 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories		XXX	XXX	3,073	2,651	5,040,000	4,080,000	4,093,657	XXX
0199999. Total Open Depositories		XXX	XXX	16,881	2,678	(2,341,338)	45,834,500	148,989,317	XXX
0399999. Total Cash on Deposit		XXX	XXX	16,881	2,678	(2,341,338)	45,834,500	148,989,317	XXX
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX	1,000	1,000	1,000	XXX
0599999. Total Cash		XXX	XXX	16,881	2,678	(2,340,338)	45,835,500	148,990,317	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