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ANNUAL STATEMENT

For the Year Ended December 31, 2009

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 Organizations Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... February 10, 1997 Commenced Business..... January 1, 1998

Statutory Home Office	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City or Town, State and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Mail Address	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City or Town, State and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Christine Surdock *(Name)*	248-925-1700 *(Area Code) (Telephone Number) (Extension)*
	christine.surdock@molinahealthcare.com *(E-Mail Address)*	248-925-1722 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Jesse L Thomas	President	2. Christine M Surdock	Chief Financial Officer
3. Mark L Andrews	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Jesse L Thomas Anna Marie Lang George Goldstein #

State of.....
County of.....

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)
Jesse L Thomas	Christine M Surdock	Mark L Andrews
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Chief Financial Officer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2010

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 Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	55,833,991		55,833,991	46,433,322
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
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 $.....0 encumbrances)			0	
5. Cash ($.....(9,067,963), Sch. E-Part 1), cash equivalents ($.....0, Sch. E-Part 2) and short-term investments ($.....76,787,191, Sch. DA)	67,719,228		67,719,228	86,823,691
6. Contract loans (including $.....0 premium notes)			0	
7. Other invested assets (Schedule BA)			0	
8. Receivables for securities			0	
9. Aggregate write-ins for invested assets	11,544	11,544	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	123,564,763	11,544	123,553,219	133,257,013
11. Title plants less $.....0 charged off (for Title insurers only)			0	
12. Investment income due and accrued	297,315		297,315	359,740
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in course of collection			0	
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
13.3 Accrued retrospective premiums			0	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	31,500
14.2 Funds held by or deposited with reinsured companies			0	
14.3 Other amounts receivable under reinsurance contracts			0	
15. Amounts receivable relating to uninsured plans			0	
16.1 Current federal and foreign income tax recoverable and interest thereon			0	
16.2 Net deferred tax asset	3,301,135	1,520,415	1,780,720	1,925,172
17. Guaranty funds receivable or on deposit			0	
18. Electronic data processing equipment and software	6,166		6,166	30,398
19. Furniture and equipment, including health care delivery assets ($.....0)	790,694	790,694	0	
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	
21. Receivables from parent, subsidiaries and affiliates			0	
22. Health care ($.....13,851,813) and other amounts receivable	14,976,764	1,124,949	13,851,815	7,148,174
23. Aggregate write-ins for other than invested assets	13,513,381	7,378,634	6,134,747	6,932,359
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	156,450,218	10,826,236	145,623,982	149,684,356
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
26. TOTALS (Lines 24 and 25)	156,450,218	10,826,236	145,623,982	149,684,356

DETAILS OF WRITE-INS

0901. Deposits - Long Term	11,544	11,544	0	
0902.			0	
0903.			0	
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	11,544	11,544	0	0
2301. Prepaid Expenses/Deposits	105,790	105,790	0	
2302. Intangible Assets (Goodwill/Patient Files)	13,407,591	7,272,844	6,134,747	6,932,359
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)	13,513,381	7,378,634	6,134,747	6,932,359

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)	66,965,155		66,965,155	53,890,454
2. Accrued medical incentive pool and bonus amounts	1,518,112		1,518,112	1,755,299
3. Unpaid claims adjustment expenses	792,906		792,906	705,423
4. Aggregate health policy reserves			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance	308,888		308,888	2,100,009
9. General expenses due or accrued	4,100,077		4,100,077	3,256,395
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))	1,818,061		1,818,061	5,577,076
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 $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates	134,700		134,700	1,208,461
16. Payable for securities			0	
17. Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)			0	
18. Reinsurance in unauthorized companies			0	
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	
20. Liability for amounts held under uninsured plans			0	
21. Aggregate write-ins for other liabilities (including $.....0 current)	716,983	0	716,983	2,979,722
22. Total liabilities (Lines 1 to 21)	76,354,882	0	76,354,882	71,472,839
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX	159,000	159,000
25. Preferred capital stock	XXX	XXX		
26. Gross paid in and contributed surplus	XXX	XXX	66,904,971	65,874,589
27. Surplus notes	XXX	XXX		
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	2,205,129	12,177,928
30. Less treasury stock at cost:				
30.1 .....0.000 shares common (value included in Line 24 $.....0)	XXX	XXX		
30.2 .....0.000 shares preferred (value included in Line 25 $.....0)	XXX	XXX		
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	69,269,100	78,211,517
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	145,623,982	149,684,356

DETAILS OF WRITE-INS

2101. Premium/Use Taxes Due	716,983		716,983	2,979,722
2102.			0	
2103.			0	
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	716,983	0	716,983	2,979,722
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member months	XXX	2,522,898	2,525,384
2. Net premium income (including $.....0 non-health premium income)	XXX	728,242,259	648,851,696
3. Change in unearned premium reserves and reserve for rate credits	XXX		
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	(9,553,017)	(34,442,715)
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	718,689,242	614,408,981
Hospital and Medical:			
9. Hospital/medical benefits		432,343,065	361,546,348
10. Other professional services		17,669,930	17,770,251
11. Outside referrals		41,427,915	40,255,558
12. Emergency room and out-of-area		22,767,922	21,517,577
13. Prescription drugs		83,632,027	78,692,389
14. Aggregate write-ins for other hospital and medical	0	3,534,458	4,302,223
15. Incentive pool, withhold adjustments and bonus amounts		2,563,962	1,755,299
16. Subtotal (Lines 9 to 15)	0	603,939,279	525,839,645
Less:			
17. Net reinsurance recoveries		55,466	175,964
18. Total hospital and medical (Lines 16 minus 17)	0	603,883,813	525,663,681
19. Non-health claims (net)			
20. Claims adjustment expenses, including $.....14,421,954 cost containment expenses		18,501,079	17,876,622
21. General administrative expenses		82,012,625	49,406,222
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)	0	704,397,517	592,946,525
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	14,291,725	21,462,456
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,721,249	3,965,795
26. Net realized capital gains or (losses) less capital gains tax of $.....0		20,546	541
27. Net investment gains or (losses) (Lines 25 plus 26)	0	1,741,795	3,966,336
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
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	16,033,520	25,428,792
31. Federal and foreign income taxes incurred	XXX	6,055,038	8,897,771
32. Net income (loss) (Lines 30 minus 31)	XXX	9,978,482	16,531,021

DETAILS OF WRITE-INS

0601. Premium Tax	XXX	(9,553,017)	(34,442,715)
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	(9,553,017)	(34,442,715)
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Patient Transportation		3,534,458	3,706,579
1402. Other Health care costs			595,644
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	3,534,458	4,302,223
2901. Miscellaneous			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	78,211,517	69,851,618
34. Net income or (loss) from Line 32	9,978,482	16,531,021
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (losses) less capital gains tax of $.....0		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(597,990)	(1,964,682)
39. Change in nonadmitted assets	3,146,709	5,793,560
40. Change in unauthorized 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	1,030,382	
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(22,500,000)	(12,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(8,942,417)	8,359,899
49. Capital and surplus end of reporting period (Line 33 plus 48)	69,269,100	78,211,517

DETAILS OF WRITE-INS

4701. Change in State DTA & DTL		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance	726,451,138	650,951,705
2. Net investment income	2,123,954	4,017,819
3. Miscellaneous income	(9,553,017)	(34,442,715)
4. Total (Lines 1 through 3)	719,022,075	620,526,809
5. Benefit and loss related payments	591,014,799	539,940,007
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	101,845,278	65,696,581
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	9,814,053	5,378,198
10. Total (Lines 5 through 9)	702,674,130	611,014,786
11. Net cash from operations (Line 4 minus Line 10)	16,347,945	9,512,023
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	25,482,410	11,288,960
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		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	25,482,410	11,288,960
13. Cost of investments acquired (long-term only):		
13.1 Bonds	35,202,814	30,960,283
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	11,544	
13.7 Total investments acquired (Lines 13.1 to 13.6)	35,214,358	30,960,283
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(9,731,948)	(19,671,323)
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	1,030,382	
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	22,500,000	12,000,000
16.6 Other cash provided (applied)	(4,250,842)	3,844,668
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(25,720,460)	(8,155,332)
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)	(19,104,463)	(18,314,632)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	86,823,690	105,138,322
19.2 End of year (Line 18 plus Line 19.1)	67,719,227	86,823,690

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

20.0001		

ANALYSIS OF OPERATION BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	728,242,259	93,553					35,448,034	692,700,672		
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	(9,553,017)	0	0	0	0	0	0	(9,553,017)	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	718,689,242	93,553	0	0	0	0	35,448,034	683,147,655	0	0
8. Hospital/medical benefits	432,343,065	60,419					19,943,385	412,339,261		XXX
9. Other professional services	17,669,930	828					93,559	17,575,543		XXX
10. Outside referrals	41,427,915	4,370					3,403,208	38,020,337		XXX
11. Emergency room and out-of-area	22,767,922	1,742					648,146	22,118,034		XXX
12. Prescription drugs	83,632,027	12,754					7,686,900	75,932,373		XXX
13. Aggregate write-ins for other hospital and medical	3,534,458	0	0	0	0	0	172,191	3,362,267	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	2,563,962							2,563,962		XXX
15. Subtotal (Lines 8 to 14)	603,939,279	80,113	0	0	0	0	31,947,389	571,911,777	0	XXX
16. Net reinsurance recoveries	55,466						55,466			XXX
17. Total hospital and medical (Lines 15 minus 16)	603,883,813	80,113	0	0	0	0	31,891,923	571,911,777	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....0 cost containment expenses	18,501,079	2,410					912,530	17,586,139		
20. General administrative expenses	82,012,625						2,368,156	79,644,469		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	704,397,517	82,523	0	0	0	0	35,172,609	669,142,385	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	14,291,725	11,030	0	0	0	0	275,425	14,005,270	0	0

DETAILS OF WRITE-INS

0501. Premium Tax	(9,553,017)							(9,553,017)		XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above)	(9,553,017)	0	0	0	0	0	0	(9,553,017)	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Patient Transportation	3,534,458						172,191	3,362,267		XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above)	3,534,458	0	0	0	0	0	172,191	3,362,267	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	93,806		253	93,553
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare	35,552,917		104,883	35,448,034
7. Title XIX - Medicaid	693,222,823		522,151	692,700,672
8. Other health				0
9. Health subtotal (Lines 1 through 8)	728,869,546	0	627,287	728,242,259
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	728,869,546	0	627,287	728,242,259

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	587,985,588	37,731					27,590,403	560,357,454		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	86,966						86,966			
1.4 Net	587,898,622	37,731	0	0	0	0	27,503,437	560,357,454	0	0
2. Paid medical incentive pools and bonuses	2,801,149							2,801,149		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	66,965,155	42,635					7,750,693	59,171,827		
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	66,965,155	42,635	0	0	0	0	7,750,693	59,171,827	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,518,112							1,518,112		
6. Net healthcare receivables (a)	(315,028)							(315,028)		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	53,890,454						4,190,891	49,699,563		
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	53,890,454	0	0	0	0	0	4,190,891	49,699,563	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,755,299							1,755,299		
11. Amounts recoverable from reinsurers December 31, prior year	31,500						31,500			
12. Incurred benefits:										
12.1 Direct	601,375,317	80,366	0	0	0	0	31,150,205	570,144,746	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	55,466	0	0	0	0	0	55,466	0	0	0
12.4 Net	601,319,851	80,366	0	0	0	0	31,094,739	570,144,746	0	0
13. Incurred medical incentive pools and bonuses	2,563,962	0	0	0	0	0	0	2,563,962	0	0

(a) Excludes $.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	27,347,737	2,037					517,345	26,828,355		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	27,347,737	2,037	0	0	0	0	517,345	26,828,355	0	0
2. Incurred but unreported:										
2.1 Direct	39,617,418	40,598					7,233,348	32,343,472		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	39,617,418	40,598	0	0	0	0	7,233,348	32,343,472	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	66,965,155	42,635	0	0	0	0	7,750,693	59,171,827	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	66,965,155	42,635	0	0	0	0	7,750,693	59,171,827	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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)		37,731		42,635	0	
2. Medicare supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal employees health benefits plan					0	
6. Title XVIII - Medicare	3,179,808	24,355,129	55,606	7,722,832	3,235,414	4,190,891
7. Title XIX - Medicaid	43,111,867	517,245,585	-	59,144,083	43,111,867	49,699,563
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	46,291,675	541,638,445	55,606	66,909,550	46,347,281	53,890,454
10. Healthcare receivables (a)				2,076,308	0	2,391,336
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	1,755,299	1,045,850		1,518,112	1,755,299	1,755,299
13. Totals (Lines 9 - 10 + 11 + 12)	48,046,974	542,684,295	55,606	66,351,354	48,102,580	53,254,417

(a) Excludes $.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior	163,032	163,260	163,242	163,242	163,242
2. 2005	218,041	269,859	270,258	270,285	270,285
3. 2006	XXX	341,194	393,078	393,207	393,207
4. 2007	XXX	XXX	441,233	480,366	481,268
5. 2008	XXX	XXX	XXX	500,620	524,795
6. 2009	XXX	XXX	XXX	XXX	565,654

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior	163,032	163,260	163,242	163,242	163,242
2. 2005	218,041	271,274	270,258	270,285	270,285
3. 2006	XXX	404,343	457,168	457,297	457,297
4. 2007	XXX	XXX	512,334	552,424	553,326
5. 2008	XXX	XXX	XXX	557,700	581,931
6. 2009	XXX	XXX	XXX	XXX	632,563

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2005	304,638	270,285	7,355	2.7	277,640	91.1			277,640	91.1
2. 2006	468,290	393,207	11,883	3.0	405,090	86.5			405,090	86.5
3. 2007	560,252	481,232	16,865	3.5	498,097	88.9			498,097	88.9
4. 2008	614,409	524,795	17,877	3.4	542,672	88.3	55		542,727	88.3
5. 2009	728,242	565,654	18,500	3.3	584,154	80.2	68,428	793	653,375	89.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX				
4. 2007	XXX	XXX			
5. 2008	XXX	XXX	XXX		
6. 2009	XXX	XXX	XXX	XXX	38

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX				
4. 2007	XXX	XXX			
5. 2008	XXX	XXX	XXX		
6. 2009	XXX	XXX	XXX	XXX	80

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2005				0.0	0	0.0			0	0.0
2. 2006				0.0	0	0.0			0	0.0
3. 2007				0.0	0	0.0			0	0.0
4. 2008				0.0	0	0.0			0	0.0
5. 2009	93	38	2	5.3	40	43.0	43		83	89.2

U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare Supp.
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare Supp.
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare Supp.
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Dental
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Dental
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Dental
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Vision
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Vision
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Vision
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Fed Emp Health
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Fed Emp Health
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Fed Emp Health
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX	252	363	410	410
4. 2007	XXX	XXX	4,583	6,202	6,284
5. 2008	XXX	XXX	XXX	14,573	17,435
6. 2009	XXX	XXX	XXX	XXX	24,590

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX	770	1,136	1,183	1,183
4. 2007	XXX	XXX	6,523	8,237	8,319
5. 2008	XXX	XXX	XXX	18,669	21,587
6. 2009	XXX	XXX	XXX	XXX	32,313

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2005				0.0	0	0.0			0	0.0
2. 2006	990	410	12	2.9	422	42.6			422	42.6
3. 2007	8,024	6,248	248	4.0	6,496	81.0			6,496	81.0
4. 2008	20,672	17,435	536	3.1	17,971	86.9	55		18,026	87.2
5. 2009	35,448	24,590	912	3.7	25,502	71.9	7,723	90	33,315	94.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior	163,032	163,260	163,242	163,242	163,242
2. 2005	218,041	269,859	270,258	270,285	270,285
3. 2006	XXX	340,942	392,715	392,797	392,797
4. 2007	XXX	XXX	436,650	474,164	474,984
5. 2008	XXX	XXX	XXX	486,047	507,360
6. 2009	XXX	XXX	XXX	XXX	541,026

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior	163,032	163,260	163,242	163,242	163,242
2. 2005	218,041	271,274	270,258	270,285	270,285
3. 2006	XXX	403,573	456,032	456,114	456,114
4. 2007	XXX	XXX	505,811	544,187	545,007
5. 2008	XXX	XXX	XXX	539,031	560,344
6. 2009	XXX	XXX	XXX	XXX	600,170

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2005	304,638	270,285	7,355	2.7	277,640	91.1			277,640	91.1
2. 2006	467,300	392,797	11,871	3.0	404,668	86.6			404,668	86.6
3. 2007	552,228	474,984	16,617	3.5	491,601	89.0			491,601	89.0
4. 2008	593,737	507,360	17,341	3.4	524,701	88.4			524,701	88.4
5. 2009	692,701	541,026	17,586	3.3	558,612	80.6	60,662	703	619,977	89.5

U & I Ex.-Pt.2C-Sn A-Paid Claims-Other
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Other
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Other
NONE

U & I Ex.-Pt.2D
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($.....0 for occupancy of own building)	38,219		3,238,235		3,276,454
2. Salaries, wages and other benefits	10,588,767	1,989,873	22,137,072		34,715,712
3. Commissions (less $.....0 ceded plus $.....0 assumed)					0
4. Legal fees and expenses			352,644		352,644
5. Certifications and accreditation fees	4,536		360,034		364,570
6. Auditing, actuarial and other consulting services	395,629	1,285	962,242		1,359,156
7. Traveling expenses	93,516	15,906	477,860		587,282
8. Marketing and advertising	179,892		493,705		673,597
9. Postage, express and telephone	21,534	3,746	1,822,364		1,847,644
10. Printing and office supplies	195,965	18,385	831,473		1,045,823
11. Occupancy, depreciation and amortization	233	32	6,087,243		6,087,508
12. Equipment	3,750	3,544	397,836		405,130
13. Cost or depreciation of EDP equipment and software			3,121,838		3,121,838
14. Outsourced services including EDP, claims, and other services	1,802,663	1,515,089	989,988		4,307,740
15. Boards, bureaus and association fees	11,926	275	307,775		319,976
16. Insurance, except on real estate	253,611	372,391	1,887,558		2,513,560
17. Collection and bank service charges			183,026	81,219	264,245
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes			100,195		100,195
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			36,686,582		36,686,582
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees	2,256		63,164		65,420
23.4 Payroll taxes	746,943	146,050	1,238,443		2,131,436
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	82,514	12,549	273,348	0	368,411
26. Total expenses incurred (Lines 1 to 25)	14,421,954	4,079,125	82,012,625	81,219	(a)....100,594,923
27. Less expenses unpaid December 31, current year		792,906	4,100,077		4,892,983
28. Add expenses unpaid December 31, prior year		705,423	3,256,395		3,961,818
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	14,421,954	3,991,642	81,168,943	81,219	99,663,758

DETAILS OF WRITE-INS

2501. Contributions			32,036		32,036
2502. Contributions-Charity	1,000		189,407		190,407
2503. Other Admin					0
2598. Summary of remaining write-ins for Line 25 from overflow page	81,514	12,549	51,905	0	145,968
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above)	82,514	12,549	273,348	0	368,411

(a) Includes management fees of $.....35,563,425 to affiliates and $.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 297,477	308,051
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 1,065,088	1,388,978
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 103,168	105,891
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	1,465,733	1,802,920
11.	Investment expenses		(g) 81,219
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h) 452
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		81,671
17.	Net investment income (Line 10 minus Line 16)		1,721,249

DETAILS OF WRITE-INS

0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above)		0

(a) Includes $.....24,423 accrual of discount less $.....364,703 amortization of premium and less $.....108,637 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....0 accrual of discount less $.....48,648 amortization of premium and less $.....0 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....0 investment expenses and $.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds	10,183		10,183		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	10,363		10,363		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks of affiliates			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	20,546	0	20,546	0	0

DETAILS OF WRITE-INS

0901.				0		
0902.				0		
0903.				0		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Other invested assets (Schedule BA)			0
8. Receivables for securities			0
9. Aggregate write-ins for invested assets	11,544	0	(11,544)
10. Subtotals, cash and invested assets (Lines 1 to 9)	11,544	0	(11,544)
11. Title plants (for Title insurers only)			0
12. Investment income due and accrued			0
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection			0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
13.3 Accrued retrospective premiums			0
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers			0
14.2 Funds held by or deposited with reinsured companies			0
14.3 Other amounts receivable under reinsurance contracts			0
15. Amounts receivable relating to uninsured plans			0
16.1 Current federal and foreign income tax recoverable and interest thereon			0
16.2 Net deferred tax asset	1,520,415	1,973,953	453,538
17. Guaranty funds receivable or on deposit			0
18. Electronic data processing equipment and software			0
19. Furniture and equipment, including health care delivery assets	790,694	1,064,114	273,420
20. Net adjustment in assets and liabilities due to foreign exchange rates			0
21. Receivables from parent, subsidiaries and affiliates			0
22. Health care and other amounts receivable	1,124,949	1,148,759	23,810
23. Aggregate write-ins for other than invested assets	7,378,634	9,786,119	2,407,485
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23)	10,826,236	13,972,945	3,146,709
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
26. TOTALS (Lines 24 and 25)	10,826,236	13,972,945	3,146,709

DETAILS OF WRITE-INS

0901. Deposits - Long Term	11,544		(11,544)
0902.			0
0903.			0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	11,544	0	(11,544)
2301. Prepaid Expenses/Deposits	105,790	141,007	35,217
2302. Intangible Assets (Goodwill/Patient Files)	7,272,844	9,645,112	2,372,268
2303.			0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	7,378,634	9,786,119	2,407,485

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health maintenance organizations	206,339	206,954	206,992	209,805	222,905	2,522,898
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	206,339	206,954	206,992	209,805	222,905	2,522,898

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Molina Healthcare of Michigan, Inc. (the "Company") are presented on the basis of accounting practices prescribed or permitted by the State of Michigan, Office of Financial & Insurance Regulation ("OFIR").

OFIR 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, and for determining its solvency under the Michigan Insurance Code. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures* manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

1. The Company's financial instruments include cash and cash equivalents and investments. The Company believes the carrying amounts of cash and cash equivalents approximate their fair value because of their high liquidity. The fair value of bonds and short-term investments are based on the fair values prescribed by the Securities Valuation Office ("SVO"). For certain investments for which the SVO does not provide an estimated fair value, the Company uses amortized cost as a substitute for estimated marked value, in accordance with prescribed guidance.

2. Unpaid losses and loss adjustment expenses include an amount determined from health care costs estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

1. Accounting Changes and Corrections of Errors - None.

2. Business Combinations and Goodwill

The following summarizes the goodwill balance:

Ending goodwill balance	13,407,591
Nonadmitted portion	(7,272,844)
Admitted Goodwill	6,134,747

3. Discontinued Operations – None

4. Investments –

D. Loan-Backed Securities:

As of December 31, 2009, $16.4 million of the Company's long-term investments consisted of auction rate securities, which are collateralized by student loan portfolios guaranteed by the U.S. government. These loan-backed securities are stated at amortized cost. As of December 31, 2009, these securities had a fair value of $14.7 million, for a total of $1.7 million in unrealized losses. These securities have been in a continuous loss position for more than 12 months.

Due to events in the credit markets, the auction rate securities experienced failed auctions beginning in the first quarter of 2008. As such, quoted prices in active markets were not readily available during the majority of 2008, and continued to be unavailable as of December 31, 2009. To estimate the fair value of these securities, the Company used pricing models that included factors such as the collateral underlying the securities, the credit worthiness of the counterparty, the timing of the expected future cash flows, and the expectation of the next time the security would have a successful auction. The estimated values of these securities were also compared, when possible, to valuation data with respect to similar securities held by other parties. Prepayment assumptions using a prospective approach, were obtained from

broker-dealer survey values or internal estimates. The Company has concluded that these estimates, given the lack of market available pricing, provided a reasonable basis for determining fair value of the auction rate securities as of December 31, 2009.

The Company attributes the decline in fair market value of these loan-backed securities to liquidity issues, as a result of the failed auction market, rather than to credit issues. As such, the Company believes the impairment in fair market value to be temporary. The Company does not intend to sell these loan-backed securities, and it has the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis.

5. Joint Ventures, Partnerships and Limited Liability Companies – None

6. Investment Income –

The Company had no investment income that was excluded. All the Company's investments and the income derived from such investments meet the criteria for admitted receivables.

7. Derivative Instruments – None

8. Income Taxes

A. (1) The Company's net deferred tax asset is reflected on the following schedule:

	12/31/2009	12/31/2008
Total of all deferred tax assets	3,715,573	3,956,201
Statutory valuation allowance	-	-
Adjusted gross deferred tax assets	3,715,573	3,956,201
Total of all deferred tax liabilities	(414,438)	(57,076)
Net deferred tax asset/(liability) before admissibility test	3,301,135	3,899,125
Admitted pursuant to par. 10.a.	1,780,720	1,925,172
Par. 10.b.i.	-	-
Par. 10.b.ii.	6,691,701	7,617,593
Admitted pursuant to par. 10.b. (lesser of i. or ii.)	-	-
Admitted pursuant to 10.c.	414,438	57,076
Additional admitted pursuant to par. 10.e.i.	N/A	N/A
Admitted deferred tax asset	2,195,157	1,982,248
Deferred tax liability	(414,438)	(57,076)
Net admitted DTA or DTL	1,780,720	1,925,172
Total deferred tax assets non-admitted	1,520,415	1,973,935

(2) The Company has not elected to admit DTAs pursuant to paragraph 10.e. Such election was not available in 2008.

(3) N/A

(4) N/A

B. All deferred federal tax liabilities were recognized as an offset to deferred tax assets.

C. Current Tax and Change in Deferred Tax

Current income taxes incurred consist of the following major components:

	12/31/2009	12/31/2008
Current income tax expense (benefit)	6,272,305	8,897,771
Tax on capital gains	-	-
Prior year underaccrual (overaccrual)	(217,267)	-
Federal income tax expense (benefit)	6,055,038	8,897,771

NOTES TO FINANCIAL STATEMENTS

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

	12/31/2009	12/31/2008	Change	Character
Deferred tax assets:				
NOL Carryforwards	120,307	147,542	(27,235)	ordinary
State Taxes	-	53,280	(53,280)	ordinary
Compensation related payable	154,282	182,861	(28,579)	ordinary
Accrued IBNR	477,708	-	477,708	ordinary
Unearned Premiums	29,819	-	29,819	ordinary
Prepaids/Deposits	4,040	5,249	(1,209)	ordinary
Healthcare Receivable	393,732	402,066	(8,334)	ordinary
Depreciation and amortization	2,466,004	3,046,262	(580,258)	ordinary
Other	69,681	118,942	(49,261)	ordinary
Total deferred tax assets	3,715,573	3,956,202	(240,629)	
Non-admitted deferred tax assets	(1,520,415)	(1,973,953)	453,538	
Admitted deferrred tax assets	2,195,157	1,982,249	212,908	
Deferred tax liabilities:				
Other	(414,438)	(57,076)	(357,362)	ordinary
Total deferred tax liabilities	(414,438)	(57,076)	(357,362)	
Non-admitted deferred tax liabilities	-	-	-	
Admitted deferred tax liabilities	(414,438)	(57,076)	(357,362)	
Net admitted deferred tax assets	1,780,720	1,925,173	(144,453)	

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Deferred Income Taxes in the surplus section of the Annual Statement):

	2009	2008	Change
Total deferred tax assets	3,715,573	3,956,202	(240,629)
Total deferred tax liabilities	(414,438)	(57,076)	(357,362)
Net deferred tax asset (liability)	3,301,135	3,899,126	(597,991)
Tax effect of unrealized (gains)/losses			-
Change in net deferred income tax - (expense) benefit			(597,991)

The Company is subject to taxation in the United States and the state of Michigan. With few exceptions, the Company is no longer subject to U.S. federal tax examination for tax years before 2006 and state as well as local income tax examination for tax years before 2005.

D. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory federal tax rate to income before income taxes. The significant items causing this difference are as follows:

	Amount	Tax Effect	Effective Tax Rate
Taxes on income at federal statutory tax rate	16,033,521	5,611,732	35.00%
Changes in nonadmitted assets	3,361,578	1,176,552	7.34%
Meals and entertainment	13,596	4,759	0.03%
Other, incl Prior Year True-up	(400,041)	(140,015)	-0.87%
Reported tax expense	19,008,654	6,653,029	41.49%
Federal and foreign income taxes incurred		6,055,038	37.76%
Change in net deferred income taxes		597,991	3.73%
Total statutory income taxes		6,653,029	41.49%

NOTES TO FINANCIAL STATEMENTS

E. There were no loss carry forwards

The amount of federal income taxes incurred that will be available for recoupment in the event of future net losses is approximately:

2009	6,272,305
2008	8,890,210

Deposits admitted under IRC Section 6603: None

F. The Company's Federal Income Tax return is consolidated with the following entities:

Molina Healthcare, Inc.
Molina Healthcare of Arizona, Inc.
Molina Healthcare of California, Inc.
Molina Healthcare of California Partner Plan
Molina Healthcare of Utah, Inc
Molina Healthcare of Michigan, Inc.
Health Care Horizons, Inc.
Molina Healthcare of New Mexico, Inc.
Molina Healthcare of Ohio, Inc.
Molina Healthcare of Washington, Inc.
Molina Healthcare of Indiana, Inc.
Molina Healthcare of Texas, Inc.
Molina Healthcare of Georgia, Inc
Molina Healthcare of Nevada, Inc.
Molina Healthcare Insurance Company
HCLB, Inc..
Molina Healthcare of Florida, Inc.
Molina Healthcare of Missouri, Inc.
Alliance for Community Health (dba Mercy Care Plus)
Molina Healthcare of Virginia, Inc.
Molina Healthcare of Mississippi, Inc.
Molina Healthcare Services
Molina Information Systems, LLC.

Molina Healthcare, Inc. (Molina) and its subsidiaries file a consolidated federal income tax return. Under a written Services agreement with Molina approved by the Board of Directors, Molina collects from or refunds to the subsidiaries the amount of taxes or benefits determined as if Molina and the subsidiaries filed separate returns.

10. Information Concerning Parent, Subsidiaries and Affiliates –

A. The Company is a wholly owned subsidiary of Molina Healthcare, Inc. Molina Healthcare, Inc. also has other wholly owned subsidiaries located in the states of California, Indiana, New Mexico, Texas, Ohio, Missouri, Utah ,Washington Michigan, Nevada, Florida and Virginia.

B. The Company has an agreement with Molina Healthcare, Inc. whereby Molina Healthcare, Inc. provides certain management and other support services to the Company. Expenses incurred relating to this agreement amounted to $35,563,425 in 2009 and $33,699,070 in 2008.

C. In April, July and November 2009 Molina Healthcare of Michigan Inc (MHM) declared a dividend and distributed dividend payments of $7,500,000 to Molina Healthcare Incorporated (MHI).

D. At December 31, 2009, the Company reported a net $134,700 payable to Molina Healthcare, Inc. for intercompany reimbursement for paid expenses.

E. There are no guarantees or undertakings for the benefit of an affiliate or related party.

F. None

G. Molina Healthcare, Inc. owns all outstanding shares of the Company.

H. The Company owns no shares of Molina Healthcare, Inc.

I. The Company owns no interest in either Molina Healthcare, Inc. or any of the other subsidiaries of the Molina Healthcare, Inc.

J. N/A

K. N/A

L. N/A

11. Debt – None

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

A. Defined Benefit Plan – The Company does not have a Defined Benefit Plan.

B. Defined Contribution Plan – Employees meeting certain eligibility requirements may participate in the Company' 401(k) plan. Contribution expense to the 401(k) plan totaled $371,682 in 2009 and $349,271 in 2008.

C. Multiemployer Plans: The Company does not have a Multiemployer Plan.

D. Consolidated/Holding Company Plans: The Company does not have a Consolidated/Holding Company Plan.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations –

A. The Company has 200,000 shares of common stock authorized and 159,000 shares of common stock issued. Par value is $1.00.

B. The Company has no preferred stock.

C. The laws of the State of Michigan limit the payment and declaration of extraordinary and ordinary dividends. As set forth in Michigan Insurance Code, without prior approval of its insurance commissioner, dividends may only be paid from earned surplus. Extraordinary dividends must be approved by OFIR.

D. In April 2009 Molina Healthcare of Michigan Inc (MHM) distributed a dividend payment of $7,500,000 ($4,531,021 ordinary and $2,968,979 extraordinary) to Molina Healthcare Incorporated (MHI). In July 2009 MHM distributed a dividend payment of $7,500,000 (entire amount considered extraordinary dividend) to MHI. In November 2009 MHM distributed a dividend payment of $7,500,000 (entire amount considered extraordinary dividend) to MHI. Each of the dividend distributions were approved by OFIR.

E. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

F. N/A.

G. There is no stock held by the Company.

H. N/A

I. The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:
   i. Unrealized gains or losses: $ 0
   ii. Non admitted asset values: $10,826,236
   iii. For stock purchase warrants: 0 shares

J. N/A

K. N/A

L. N/A

14. Contingencies –

A. Contingent Commitments – None

B. Assessments – None

C. Gain Contingencies – None

D. All Other Contingencies

NOTES TO FINANCIAL STATEMENTS

Currently, the Company is not involved in any legal proceedings. However, in the normal course of business, the Company may become aware of disputes and complaints that could result in litigation. In the opinion of management, based upon current facts and circumstances known by the Company, the resolution of these matters (whether or not resulting in litigation) should not have a material adverse effect on the financial position or results of operation of the Company.

15. Leases –

A. Lessee Operating Lease

The Company leases office space, furniture and fixtures and office equipment under various leasing agreements.

At December 31, 2009, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
2010	$1,869,580
2011	$1,780,671
2012	$1,578,818
2013	$1,591,409
2014+	$1,063,016
Total	$7,883,494

The Company is not involved in any material sales-leaseback transactions

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk – None

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

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans – None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None

20. Other Items – None

21. Events Subsequent – None

22. Reinsurance –

A. Ceded Reinsurance Report

Section 1-General Interrogatories

1. No

2. No

Section 2 Ceded Reinsurance Report-Part A

1. No

2. No

Section 3 Ceded Reinsurance Report Part B

1. $0.00

2. No

NOTES TO FINANCIAL STATEMENTS

B. Uncollectible Reinsurance– None

C. Commutation of Reinsurance– None

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination – None

24. Change in Incurred Claims and Claim Adjustment Expenses –

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years has decreased by $5,151,837 in 2009 for prior years as a result of re-estimation of unpaid claims and claim adjustment expenses. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

25. Inter-company Pooling Arrangements – None

26. Structured Settlements – Not Applicable

27. Health Care Receivable–

Pharmaceutical rebate payments are received by the Company 180 days after billing, therefore, pharmaceutical rebates are considered non-admitted assets.

Quarter	Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2009	575,131				
09/30/2009	549,818				
06/30/2009	413,912				677,211
03/31/2009	382,149				592,836
12/31/2008	341,840				583,636
09/30/2008	288,215				557,316
06/30/2008	259,646				676,568
03/31/2008	259,058				570,217
12/31/2007	233,919				490,053
09/30/2007	222,200				381,933
06/30/2007	202,567				312,303
03/31/2007	197,875				251,491

28. Participating Policies – Not Applicable

29. Premium Deficiency Reserves– None

30. Anticipated Salvage and Subrogation– None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 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 [ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State regulating? Michigan

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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008

3.2 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. 12/31/2008

3.3 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). 02/11/2010

3.4 By what department or departments? Office of Financial and Insurance Regulation

3.5 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]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

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

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

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

6.1 Has the 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]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control .....%

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

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

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

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

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young 725 S. Figueroa St. Los Angeles, CA 90017-5418

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Brian Goebel FSA, MAAA 200 Oceangate, Ste 100, Long Beach, CA 90802

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

11.11 Name of real estate holding company

11.12 Number of parcels involved .....

11.13 Total book/adjusted carrying value .....

11.2 If yes, provide explanation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
12.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

13.1 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.
13.11 If the response to 13.1 is No, please explain:

13.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]
13.21 If the response to 13.2 is Yes, provide information related to amendment(s).

13.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]
13.31 If the response to 13.3 is yes, provide the nature of any waiver(s).

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No [ ]

15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

16. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
18.11 To directors or other officers $.....0
18.12 To stockholders not officers $.....0
18.13 Trustees, supreme or grand (Fraternal only) $.....0
18.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
18.21 To directors or other officers $.....0
18.22 To stockholders not officers $.....0
18.23 Trustees, supreme or grand (Fraternal only) $.....0

19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]
19.2 If yes, state the amount thereof at December 31 of the current year:
19.21 Rented from others .....
19.22 Borrowed from others .....
19.23 Leased from others .....
19.24 Other .....

20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]
20.2 If answer is yes:
20.21 Amount paid as losses or risk adjustment .....
20.22 Amount paid as expenses .....
20.23 Other amounts paid .....

21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]
21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. .....

INVESTMENT

22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 22.3)? Yes [ ] No [X]
22.2 If no, give full and complete information relating thereto.
Securities are held by UBS - Custodian

22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 16 where this information is also provided).
N/A

22.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [X]
22.5 If answer to 22.4 is yes, report amount of collateral. .....
22.6 If answer to 22.4 is no, report amount of collateral. .....

23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3) Yes [X] No [ ]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

23.2 If yes, state the amount thereof at December 31 of the current year:

23.21	Subject to repurchase agreements	$.....0
23.22	Subject to reverse repurchase agreements	$.....0
23.23	Subject to dollar repurchase agreements	$.....0
23.24	Subject to reverse dollar repurchase agreements	$.....0
23.25	Pledged as collateral	$.....0
23.26	Placed under option agreements	$.....0
23.27	Letter stock or securities restricted as to sale	$.....0
23.28	On deposit with state or other regulatory body	$.....1,000,000
23.29	Other	$.....0

23.3 For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year: .....

26. 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
Bank of America	2600 W. Big Beaver Rd. Troy, MI 48084

26.02 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)
UBS	One N. Wacker Dr. Suite 2500, Chicago, IL 60606.	

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes [ ] No [X]

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

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

26.05 Identify all investment advisors, brokers/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 Number(s)	2 Name	3 Address
UBS	Louis Paster, Greg Glyman, Paul Tashima	One N. Waker Dr. Suite 2500, Chicago, IL 60606

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [X]

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj.Carrying Value
27.2999. TOTAL		0

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds	132,621,182	131,213,436	(1,407,746)
28.2 Preferred stocks			0
28.3 Totals	132,621,182	131,213,436	(1,407,746)

28.4 Describe the sources or methods utilized in determining the fair values:
Broker/Custodian Statement

29.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]

29.2 If yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]

29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

30.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

30.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

OTHER

31.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $.....75,000

31.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Michigan Association of Health Plans	75,000

32.1 Amount of payments for legal expenses, if any? $.....0

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

33.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $.....0

33.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only .....

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance. .....

1.6 Individual policies:

Most current three years:

1.61 Total premium earned .....

1.62 Total incurred claims .....

1.63 Number of covered lives .....

All years prior to most current three years:

1.64 Total premium earned .....

1.65 Total incurred claims .....

1.66 Number of covered lives .....

1.7 Group policies:

Most current three years:

1.71 Total premium earned .....

1.72 Total incurred claims .....

1.73 Number of covered lives .....

All years prior to most current three years:

1.74 Total premium earned .....

1.75 Total incurred claims .....

1.76 Number of covered lives .....

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	728,242,259	648,851,696
2.2 Premium Denominator	728,242,259	648,851,696
2.3 Premium Ratio (2.1/2.2)	100.0	100.0
2.4 Reserve Numerator	68,483,268	55,645,753
2.5 Reserve Denominator	68,483,267	55,645,753
2.6 Reserve Ratio (2.4/2.5)	100.0	100.0

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive medical $.....0

5.32 Medical only $.....1,200,000

5.33 Medicare supplement $.....0

5.34 Dental and vision $.....0

5.35 Other limited benefit plan $.....0

5.36 Other $.....0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Plan has hold harmless provisions in every provider agreement: PCP, Specialty, Hospital, and Ancillary.

7.1 Does the reporting entity set up its claim liability for provider services on a service date base? Yes [X] No [ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 7,490

8.2 Number of providers at end of reporting year 0

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months .....

9.22 Business with rate guarantees over 36 months .....

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses $.....0

10.22 Amount actually paid for year bonuses $.....2,801,149

10.23 Maximum amount payable withholds $.....0

10.24 Amount actually paid for year withholds $.....0

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

11.1. Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ]	No [X]
11.13 An Individual Practice Association (IPA), or	Yes [ ]	No [X]
11.14 A Mixed Model (combination of above)?	Yes [ ]	No [X]
11.2. Is the reporting entity subject to Minimum Net Worth Requirements?	Yes [X]	No [ ]

11.3. If yes, show the name of the state requiring such net worth. Michigan

11.4. If yes, show the amount required. $.....39,890,512

11.5. Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6. If the amount is calculated, show the calculation:
RBC 200% Authorized Control Level

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Alcona, Allegan, Alpena, Antrium, Arenac, Bay,
Benzie, Clare, Crawford, Genesee, Gladwin,
Grand Traverse, Gratiot, Huron, Ionia, Iosco,
Isabella, Kalkaska,Kent, Lake, Lapeer, Macomb,
Manistee, Mason, Mecosta, Midland, Missaukee,
Monroe, Montcalm, Montmorency, Muskegon,
Newaygo, Oakland, Oceana, Ogemaw, Osceola,
Oscoda, Otsego, Ottawa, Presque Isle, Roscommon,
Saginaw, Sanilac, Washtenaw, Wayne, Wexford

13.1. Do you act as a custodian for health savings account?	Yes [ ]	No [X]
13.2. If yes, please provide the amount of custodial funds held as of the reporting date.	.....	
13.3. Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
13.4. If yes, please provide the balance of the funds administered as of the reporting date.	.....	

FIVE-YEAR HISTORICAL DATA

	1 2009	2 2008	3 2007	4 2006	5 2005
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	145,623,982	149,684,356	148,009,079	132,720,451	141,245,251
2. Total liabilities (Page 3, Line 22)	76,354,882	71,472,839	78,157,461	72,892,668	86,079,332
3. Statutory surplus	39,890,512	34,732,640	56,025,179	46,856,896	42,418,646
4. Total capital and surplus (Page 3, Line 31)	69,269,100	78,211,517	69,851,618	59,827,783	55,165,919
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	718,689,242	614,408,981	560,251,792	468,568,961	472,713,213
6. Total medical and hospital expenses (Line 18)	603,883,813	525,663,681	501,053,036	385,868,562	415,458,549
7. Claims adjustment expenses (Line 20)	18,501,079	17,876,622	16,628,892	11,781,145	8,126,443
8. Total administrative expenses (Line 21)	82,012,625	49,406,222	43,196,977	41,060,479	36,233,288
9. Net underwriting gain (loss) (Line 24)	14,291,725	21,462,456	(627,113)	29,858,775	12,894,934
10. Net investment gain (loss) (Line 27)	1,741,795	3,966,336	6,297,003	5,687,433	3,359,480
11. Total other income (Lines 28 plus 29)				2,080	(9,144)
12. Net income or (loss) (Line 32)	9,978,482	16,531,021	3,879,303	23,187,316	10,768,567
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	16,347,945	9,512,023	7,874,753	13,933,850	23,219,815
Risk-Based Capital Analysis					
14. Total adjusted capital	69,269,100	78,211,517	69,851,618	59,827,783	55,165,919
15. Authorized control level risk-based capital	19,945,256	17,366,320	17,665,924	14,777,641	16,440,560
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	222,905	206,339	209,111	227,797	232,425
17. Total member months (Column 6, Line 7)	2,522,898	2,525,384	2,596,806	2,765,276	2,834,165
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	82.9	81.0	84.2	77.4	82.4
20. Cost containment expenses	2.0	0.7	1.9	1.5	
21. Other claims adjustment expenses	0.6	0.7	0.9	0.9	1.4
22. Total underwriting deductions (Line 23)	96.7	91.4	94.2	88.0	91.3
23. Total underwriting gain (loss) (Line 24)	2.0	3.3	(0.1)	6.0	5.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	48,102,580	55,769,864	56,529,614	53,471,440	54,509,150
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	53,254,417	67,499,243	63,520,009	70,172,813	58,187,125
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & 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	93,806	35,552,917	693,222,823				728,869,546	
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 CN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	93,806	35,552,917	693,222,823	0	0	0	728,869,546	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	93,806	35,552,917	693,222,823	0	0	0	728,869,546	0

DETAILS OF WRITE-INS

5801.							0	
5802.							0	
5803.							0	
5898. Summary of remaining write-ins for line 58	0	0	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 + 5898) (Line 58 above)	0	0	0	0	0	0	0	0

Explanation of basis of allocation by states, premiums by state, etc.

(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

Company Code	ST	Fed ID #	Name of Company
00000	CA	13-4204626	Molina Healthcare, Inc.
|-00000	CA	33-0342719	Molina Healthcare of California, Inc.
|-00000	MI	38-3435959	HCLB, Inc.
|-52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
|-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
|-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
|-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc
|-10757	TX	20-1494502	Molina Healthcare of Texas Inc
|-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc
|-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
|-00000	GA	20-3372390	Molina Healthcare of Georgia, Inc.
|-12905	NV	20-3567602	Molina Healthcare of Nevada, Inc.
|-69647	OH	31-0628424	Molina Healthcare Insurance Company
|-95609	MO	43-1743902	Alliance for Community Health, LLC (dba Molina Healthcare of Missouri)
|-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
|-00000	VA	26-1769086	Molina Healthcare of Virginia, Inc.

2009 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

Exhibit of Nonadmitted Assets	16
Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23
Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI16
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23
Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI16
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 – Summary of Insurer's Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14