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ANNUAL STATEMENT

For the Year Ended December 31, 2007

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..... 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 Website 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. Mark L Andrews	Secretary
3. Christine M Surdock	Chief Financial Officer	4.	

OTHER

DIRECTORS OR TRUSTEES

Jesse L Thomas #	John Jamian	Dean G Smith	Kathryn F Crawford
Marissa Morgan	Ron Nelson	Vernice D Anthony	Walter C Watkins, Jr.
Anna Marie Lang	Barbara Striker		

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 of the enclosed statement (except for formatting differences due to electronic filing). The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	26,981,190		26,981,190	1,000,000
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 $.....0 encumbrances)			0	
5. Cash ($.....8,502,291, Sch. E-Part 1), cash equivalents ($.....11,417,262, Sch. E-Part 2) and short-term investments ($.....85,218,770, Sch. DA)	105,138,323		105,138,323	120,889,325
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	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	132,119,513	0	132,119,513	121,889,325
11. Title plants less $.....0 charged off (for Title insurers only)			0	
12. Investment income due and accrued	192,032		192,032	5,700
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 $.....0 earned but unbilled premiums)			0	
13.3 Accrued retrospective premiums			0	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	
14.2 Funds held by or deposited with reinsured companies			0	
14.3 Other amounts receivable under reinsurance contracts			0	
15. Amounts receivable relating to uninsured plans			0	
16.1 Current federal and foreign income tax recoverable and interest thereon			0	
16.2 Net deferred tax asset	5,462,575	3,730,128	1,732,447	478,373
17. Guaranty funds receivable or on deposit			0	
18. Electronic data processing equipment and software	84,470		84,470	154,264
19. Furniture and equipment, including health care delivery assets ($.....0)	1,373,598	1,373,598	0	
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	
21. Receivables from parent, subsidiaries and affiliates	509,413		509,413	149,325
22. Health care ($.....0) and other amounts receivable	7,721,899	856,561	6,865,338	4,662,087
23. Aggregate write-ins for other than invested assets	19,910,852	13,757,968	6,152,884	5,381,377
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	167,374,352	19,718,255	147,656,097	132,720,451
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
26. TOTALS (Lines 24 and 25)	167,374,352	19,718,255	147,656,097	132,720,451

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
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0
2301. Prepaid Expenses/Deposits	163,501	163,501	0	
2302. Intangible Assets (Goodwill/Patient Files)	19,747,351	13,594,467	6,152,884	5,381,377
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)	19,910,852	13,757,968	6,152,884	5,381,377

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)	69,644,550		69,644,550	63,392,341
2. Accrued medical incentive pool and bonus amounts			0	1,191,008
3. Unpaid claims adjustment expenses	1,033,256		1,033,256	1,202,669
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			0	
9. General expenses due or accrued	1,300,736		1,300,736	2,032,585
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))	2,057,503		2,057,503	186,602
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates	1,100,131		1,100,131	
16. Payable for securities			0	
17. Funds held under reinsurance treaties with ($.....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)	3,021,285	0	3,021,285	4,887,463
22. Total liabilities (Lines 1 to 21)	78,157,461	0	78,157,461	72,892,668
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	84,814,563	84,814,563
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	(15,474,927)	(25,145,780)
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	69,498,636	59,827,783
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	147,656,097	132,720,451

DETAILS OF WRITE-INS

2101. Premium Taxes Due	3,021,285		3,021,285	4,887,463
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)	3,021,285	0	3,021,285	4,887,463
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	2,596,806	2,765,276
2. Net premium income (including $.....0 non-health premium income)	XXX	595,256,970	498,632,076
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	(35,005,178)	(30,063,115)
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	560,251,792	468,568,961
Hospital and Medical:			
9. Hospital/medical benefits		347,906,601	221,420,030
10. Other professional services		20,379,074	39,889,539
11. Outside referrals		39,365,867	26,099,240
12. Emergency room and out-of-area		18,965,026	25,120,736
13. Prescription drugs		70,846,993	70,456,140
14. Aggregate write-ins for other hospital and medical	0	4,002,007	2,143,309
15. Incentive pool, withhold adjustments and bonus amounts		(345,272)	1,018,657
16. Subtotal (Lines 9 to 15)	0	501,120,296	386,147,651
Less:			
17. Net reinsurance recoveries		67,260	279,089
18. Total hospital and medical (Lines 16 minus 17)	0	501,053,036	385,868,562
19. Non-health claims (net)			
20. Claims adjustment expenses, including $.....11,439,494 cost containment expenses		16,628,892	11,781,145
21. General administrative expenses		43,196,977	41,060,479
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	560,878,905	438,710,186
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(627,113)	29,858,775
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		6,297,003	5,687,433
26. Net realized capital gains or (losses) less capital gains tax of $.....0			
27. Net investment gains or (losses) (Lines 25 plus 26)	0	6,297,003	5,687,433
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	2,080
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	5,669,890	35,548,288
31. Federal and foreign income taxes incurred	XXX	1,790,587	12,360,972
32. Net income (loss) (Lines 30 minus 31)	XXX	3,879,303	23,187,316

DETAILS OF WRITE-INS

0601. Premium Tax	XXX	(35,005,178)	(30,063,115)
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	(35,005,178)	(30,063,115)
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		3,247,035	1,958,801
1402. Quality Assurance		754,972	184,508
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	4,002,007	2,143,309
2901. Miscellaneous			2,080
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	2,080

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	59,827,782	55,165,918
34. Net income or (loss) from Line 32	3,879,303	23,187,316
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	4,984,202	(102,721)
39. Change in nonadmitted assets	807,349	5,577,269
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		21,000,000
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		(45,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	9,670,854	4,661,864
49. Capital and surplus end of reporting period (Line 33 plus 48)	69,498,636	59,827,782

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	595,256,970	498,632,076
2. Net investment income	6,127,791	5,687,393
3. Miscellaneous income	(35,005,178)	(30,063,115)
4. Total (Lines 1 through 3)	566,379,583	474,256,354
5. Benefit and loss related payments	495,991,835	392,683,734
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	62,593,309	52,395,429
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	(80,314)	15,243,341
10. Total (Lines 5 through 9)	558,504,830	460,322,504
11. Net cash from operations (Line 4 minus Line 10)	7,874,753	13,933,850
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,190,000	310,000
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)	1,190,000	310,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	27,188,310	310,000
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	27,188,310	310,000
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(25,998,310)	0
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		21,000,000
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		45,000,000
16.6 Other cash provided (applied)	2,372,555	(636,221)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	2,372,555	(24,636,221)
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)	(15,751,002)	(10,702,371)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	120,889,324	131,591,695
19.2 End of year (Line 18 plus Line 19.1)	105,138,322	120,889,324

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	595,256,970						8,023,725	587,233,245		
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	(35,005,178)	0	0	0	0	0	0	(35,005,178)	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)	560,251,792	0	0	0	0	0	8,023,725	552,228,067	0	0
8. Hospital/medical benefits	347,906,601						3,958,180	343,948,421		XXX
9. Other professional services	20,379,074						26,648	20,352,426		XXX
10. Outside referrals	39,365,867						692,174	38,673,693		XXX
11. Emergency room and out-of-area	18,965,026						130,905	18,834,121		XXX
12. Prescription drugs	70,846,993						1,524,857	69,322,136		XXX
13. Aggregate write-ins for other hospital and medical	4,002,007	0	0	0	0	0	6,865	3,995,142	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	(345,272)							(345,272)		XXX
15. Subtotal (Lines 8 to 14)	501,120,296	0	0	0	0	0	6,339,629	494,780,667	0	XXX
16. Net reinsurance recoveries	67,260							67,260		XXX
17. Total hospital and medical (Lines 15 minus 16)	501,053,036	0	0	0	0	0	6,339,629	494,713,407	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....11,439,494 cost containment expenses	16,628,892						238,150	16,390,742		
20. General administrative expenses	43,196,977						2,276,816	40,920,161		
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)	560,878,905	0	0	0	0	0	8,854,595	552,024,310	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(627,113)	0	0	0	0	0	(830,870)	203,757	0	0

DETAILS OF WRITE-INS

0501. Premium Tax	(35,005,178)							(35,005,178)		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)	(35,005,178)	0	0	0	0	0	0	(35,005,178)	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	3,247,035						6,865	3,240,170		XXX
1302. Other Health Care Costs	754,972							754,972		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)	4,002,007	0	0	0	0	0	6,865	3,995,142	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)				0
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare	8,065,049		41,324	8,023,725
7. Title XIX - Medicaid	587,437,612		204,367	587,233,245
8. Other health				0
9. Health subtotal (Lines 1 through 8)	595,502,661	0	245,691	595,256,970
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	595,502,661	0	245,691	595,256,970

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	496,295,327						4,859,362	491,435,965		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	67,260							67,260		
1.4 Net	496,228,067	0	0	0	0	0	4,859,362	491,368,705	0	0
2. Paid medical incentive pools and bonuses	845,734							845,734		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	69,644,550						1,943,399	67,701,151		
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	69,644,550	0	0	0	0	0	1,943,399	67,701,151	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	0									
6. Net healthcare receivables (a)	1,081,967							1,081,967		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	63,392,341	32,138					518,187	62,842,016		
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	63,392,341	32,138	0	0	0	0	518,187	62,842,016	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	1,191,008							1,191,008		
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	501,465,569	(32,138)	0	0	0	0	6,284,574	495,213,133	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	67,260	0	0	0	0	0	0	67,260	0	0
12.4 Net	501,398,309	(32,138)	0	0	0	0	6,284,574	495,145,873	0	0
13. Incurred medical incentive pools and bonuses	(345,274)	0	0	0	0	0	0	(345,274)	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	17,652,195						2,813	17,649,382		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	17,652,195	0	0	0	0	0	2,813	17,649,382	0	0
2. Incurred but unreported:										
2.1 Direct	51,992,355						1,940,586	50,051,769		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	51,992,355	0	0	0	0	0	1,940,586	50,051,769	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	69,644,550	0	0	0	0	0	1,943,399	67,701,151	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	69,644,550	0	0	0	0	0	1,943,399	67,701,151	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)					0	32,138
2. Medicare supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal employees health benefits plan					0	
6. Title XVIII - Medicare	276,454	4,582,908	2,813	1,940,586	279,267	518,187
7. Title XIX - Medicaid	54,718,443	436,650,261	686,169	67,014,982	55,404,612	62,842,016
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	54,994,897	441,233,169	688,982	68,955,568	55,683,879	63,392,341
10. Healthcare receivables (a)				2,145,307	0	1,063,340
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	845,735				845,735	1,191,008
13. Totals (Lines 9 - 10 + 11 + 12)	55,840,632	441,233,169	688,982	66,810,261	56,529,614	63,520,009

(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 2003	2 2004	3 2005	4 2006	5 2007
1. Prior	42,725	42,906	42,952	42,952	42,951
2. 2003	59,774	78,696	78,885	78,896	78,851
3. 2004	XXX	132,981	163,032	163,260	163,242
4. 2005	XXX	XXX	218,041	269,859	270,258
5. 2006	XXX	XXX	XXX	341,194	393,078
6. 2007	XXX	XXX	XXX	XXX	496,797

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 2003	2 2004	3 2005	4 2006	5 2007
1. Prior	42,725	42,906	42,952	42,952	42,951
2. 2003	59,774	78,696	78,885	78,896	78,851
3. 2004	XXX	132,981	163,032	163,260	163,242
4. 2005	XXX	XXX	218,041	271,274	270,258
5. 2006	XXX	XXX	XXX	404,343	457,168
6. 2007	XXX	XXX	XXX	XXX	572,050

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. 2003	87,515	78,896	563	0.7	79,459	90.8			79,459	90.8
2. 2004	196,160	163,260	2,682	1.6	165,942	84.6			165,942	84.6
3. 2005	304,638	269,859	7,355	2.7	277,214	91.0			277,214	91.0
4. 2006	468,290	341,194	11,883	3.5	353,077	75.4	683		353,760	75.5
5. 2007	560,252	496,797	17,803	3.6	514,600	91.9	68,962	1,033	584,595	104.3

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

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

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

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 2003	2 2004	3 2005	4 2006	5 2007
1. Prior					
2. 2003					
3. 2004	XXX				
4. 2005	XXX	XXX			
5. 2006	XXX	XXX	XXX	252	363
6. 2007	XXX	XXX	XXX	XXX	4,583

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 2003	2 2004	3 2005	4 2006	5 2007
1. Prior					
2. 2003					
3. 2004	XXX				
4. 2005	XXX	XXX			
5. 2006	XXX	XXX	XXX	770	1,136
6. 2007	XXX	XXX	XXX	XXX	6,523

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. 2003				0.0	0	0.0			0	0.0
2. 2004				0.0	0	0.0			0	0.0
3. 2005				0.0	0	0.0			0	0.0
4. 2006	990	252	12	4.8	264	26.7	3		267	27.0
5. 2007	8,024	4,583	248	5.4	4,831	60.2	1,937	29	6,797	84.7

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 2003	2 2004	3 2005	4 2006	5 2007
1. Prior	42,725	42,906	42,952	42,952	42,951
2. 2003	59,774	78,696	78,885	78,896	78,851
3. 2004	XXX	132,981	163,032	163,260	163,242
4. 2005	XXX	XXX	218,041	269,859	270,258
5. 2006	XXX	XXX	XXX	340,942	392,715
6. 2007	XXX	XXX	XXX	XXX	492,214

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 2003	2 2004	3 2005	4 2006	5 2007
1. Prior	42,725	42,906	42,952	42,952	42,951
2. 2003	59,774	78,696	78,885	78,896	78,851
3. 2004	XXX	132,981	163,032	163,260	163,242
4. 2005	XXX	XXX	218,041	271,274	270,258
5. 2006	XXX	XXX	XXX	403,573	456,032
6. 2007	XXX	XXX	XXX	XXX	565,527

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. 2003	87,515	78,896	563	0.7	79,459	90.8			79,459	90.8
2. 2004	196,160	163,260	2,682	1.6	165,942	84.6			165,942	84.6
3. 2005	304,638	269,859	7,355	2.7	277,214	91.0			277,214	91.0
4. 2006	467,300	340,942	11,871	3.5	352,813	75.5	680		353,493	75.6
5. 2007	552,228	492,214	17,555	3.6	509,769	92.3	67,025	1,004	577,798	104.6

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)	1,876	(19)	3,254,438		3,256,295
2. Salaries, wages and other benefits	9,797,077	3,436,400	17,809,578		31,043,055
3. Commissions (less $.....0 ceded plus $.....0 assumed)					0
4. Legal fees and expenses			339,658		339,658
5. Certifications and accreditation fees	9,261		314,729		323,990
6. Auditing, actuarial and other consulting services			1,471,462		1,471,462
7. Traveling expenses	468,580	29,978	161,935		660,493
8. Marketing and advertising	28,724	11,306	645,465		685,495
9. Postage, express and telephone	168,506	15,794	1,867,552		2,051,852
10. Printing and office supplies	305,014	21,977	1,080,908		1,407,899
11. Occupancy, depreciation and amortization	1,850	2,414	7,026,594		7,030,858
12. Equipment	3,847	3,835	167,317		174,999
13. Cost or depreciation of EDP equipment and software	1,399		1,567,871		1,569,270
14. Outsourced services including EDP, claims, and other services	72,200	1,290,543	3,182,181		4,544,924
15. Boards, bureaus and association fees	7,124	872	355,455		363,451
16. Insurance, except on real estate	377,955	202,814	1,065,865		1,646,634
17. Collection and bank service charges	86,310	1,069	12,612	91,534	191,525
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			80,793		80,793
22. Real estate taxes	2,667	11			2,678
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			310,053		310,053
23.2 State premium taxes					0
23.3 Regulator authority licenses and fees			37,917		37,917
23.4 Payroll taxes	95,513	157,462	1,686,760		1,939,735
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	11,591	14,942	757,834	0	784,367
26. Total expenses incurred (Lines 1 to 25)	11,439,494	5,189,398	43,196,977	91,534	(a) 59,917,403
27. Less expenses unpaid December 31, current year		1,033,256	1,300,736		2,333,992
28. Add expenses unpaid December 31, prior year		1,202,669	2,032,585		3,235,254
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)	11,439,494	5,358,811	43,928,826	91,534	60,818,665

DETAILS OF WRITE-INS

2501. Contributions-Political			57,110		57,110
2502. Contributions-Charitable			132,254		132,254
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	11,591	14,942	568,470	0	595,003
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above)	11,591	14,942	757,834	0	784,367

(a) Includes management fees of $.....31,563,293 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) 110,262	240,828
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
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) 6,100,779	6,150,557
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	6,211,041	6,391,385
11.	Investment expenses		(g) 91,534
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h) 2,848
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)		94,382
17.	Net investment income (Line 10 minus Line 16)		6,297,003

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 $.....1,986 accrual of discount less $.....19,106 amortization of premium and less $.....75,851 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 $.....25,403 accrual of discount less $.....0 amortization of premium and less $.....24,375 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			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
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)	0	0	0	0	0

NONE

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	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	0	0	0
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	3,730,128		(3,730,128)
17. Guaranty funds receivable or on deposit			0
18. Electronic data processing equipment and software		43,388	43,388
19. Furniture and equipment, including health care delivery assets	1,373,598	1,643,260	269,662
20. Net adjustment in assets and liabilities due to foreign exchange rates			0
21. Receivable from parent, subsidiaries and affiliates			0
22. Health care and other amounts receivable	856,561	726,796	(129,765)
23. Aggregate write-ins for other than invested assets	13,757,968	18,112,160	4,354,192
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23)	19,718,255	20,525,604	807,349
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
26. TOTALS (Lines 24 and 25)	19,718,255	20,525,604	807,349

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
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0
2301. Prepaid Expenses/Deposits	163,501	159,656	(3,845)
2302. Intangible Assets (Goodwill/Patient Files)	13,594,467	17,952,504	4,358,037
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)	13,757,968	18,112,160	4,354,192

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	227,797	221,194	217,267	211,279	209,111	2,596,806
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	227,797	221,194	217,267	211,279	209,111	2,596,806

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 Services ("OFIS").

OFIS 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, version effective January 1, 2001, (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.

2. Accounting Changes and Corrections of Errors

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Michigan. Effective January 1, 2001, the State of Michigan required that insurance companies domiciled in the State of Michigan prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures* manual – Version effective January 1, 2001 subject to any deviations prescribed or permitted by OFIS.

Accounting changes adopted to conform to the provisions of the NAIC *Accounting Practices and Procedures* manual – Version effective January 1, 2001, are reported as changes in accounting principles. There were no adjustments required to unassigned funds as a result of the adoption of the NAIC *Accounting Practices and Procedures* manual – Version effective January 1, 2001.

3. Business Combinations and Goodwill

The following summarizes the goodwill balance:

Ending goodwill balance	19,747,351
Nonadmitted portion	(13,594,467)
Admitted Goodwill	6,152,884

4. Discontinued Operations – None

5. Investments – None

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

7. 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.

8. Derivative Instruments – None

9. Income Taxes

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

		12/31/2007	12/31/2006
1)	Total of all deferred tax assets	5,568,588	7,357,788
2)	Total of all deferred tax liabilities	106,013	95,299
3)	Total deferred tax assets nonadmitted	3,730,128	6,864,278
4)	Total deferred tax assets admitted	1,732,448	398,211
5)	Change in nonadmitted Net DTAs	3,164,150	(6,423,669)

B. N/A

C. Current income taxes incurred consist of the following major components:

	12/31/2007	12/31/2006
Current Tax Expense (Benefit)	1,790,587	12,394,462
Change in DTA's DTL's	(1,364,237)	(457,210)
Utilization of NOL Carryforward	(27,235)	(27,235)

The Net Deferred Tax Asset consists of the following major components:

	12/31/2007	12/31/2006
Deferred tax assets:		
NOL Carryforwards	174,777	202,012
State taxes	120,045	253,065
Compensation related payable	146,478	87,911
FIN 48 – DTA LT	3,402	-
Other	5,123,886	6,814,799
Total deferred tax assets	5,568,588	7,357,7878
Non-admitted deferred tax assets	(3,730,128)	(6,894,278)
Admitted deferred tax assets	1,838,460	463,509
Deferred tax liabilities:		
State taxes		-
Depreciation	-	(49,177)
Other	(106,013)	(46,122)
Total deferred tax liabilities	(106,013)	(95,299)
Non-admitted deferred tax liabilities	-	-
Admitted deferred tax liabilities	(106,013)	(95,299)
Net admitted deferred tax assets	1,732,447	368,210
Change in net non-admitted assets	3,164,150	(6,423,669)

The Company is subject to taxation in the United States and various states. With few exceptions, the Company is no longer subject to U.S. federal tax examination for tax years on or before 2003 and state as well as local income tax examination for tax years on or before 2002.
A reconciliation of the amount of tax contingencies computed in accordance with SSAP No. 5, Liabilities, Contingencies and Impairments of Assets, is as follows:

Balance at 12/31/06	344,205
Additions based on tax positions related to the current year	-
Additions for tax positions of prior years	-
Reductions for tax positions of prior years	(284,794)
Settlements	-
Lapse in statute of limitations	-
Balance at 12/31/07	59,411

The Company does not anticipate any significant increases or decreases to its liability for unrecognized tax benefits within the next 12 months period. Included in the tax contingencies balance at December 31, 2007 are $56,009 of tax benefits that, if recognized, would affect the effective tax rate.

The Company accrued $9,721 and $33,602 of interest and penalties in federal and state income taxes incurred relating to tax contingencies for the years ended December 31, 2007 and 2006, respectively.

D. There were no significant book to tax adjustments in 2007.

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 $0

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

Molina Healthcare, Inc
Molina Healthcare of California
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..
Alliance for Community Health (dba Mercy Care Plus)

Molina Healthcare, Inc. (Molina) and its subsidiaries file a consolidated federal income tax return. Under a written tax sharing 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 and Washington.

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 $31,563,293 in 2007 and $18,742,822 in 2006.

C. On January 1, 2007 Molina Healthcare of Michigan Inc (MHM) declared a dividend and distribution of all shares of HCLB, Inc., which owned Cape Health Plan, to Molina Healthcare Incorporated (MHI). MHI contributed Cape Health Plan back to MHM. Only the shares of HCLB, Inc. and Cape Health Plan were involved in the dividend and capital distribution, which was valued at $21,424,983.

D. At December 31, 2007, the Company reported a net $520,968 payable to Molina Healthcare, Inc. for administrative and tax services, $1,184 payable to Molina Healthcare of California for inter-company transfer, $1,091 to Molina Healthcare of Utah for inter-company transfer, $7,475 to Molina Healthcare of Washington for inter-company transfer and $60,000 to Molina Healthcare of Ohio for inter-company transfer.

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.

NOTES TO FINANCIAL STATEMENTS

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

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 $357,116 in 2007 and $343,252 in 2006.

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, dividends require prior approval of OFIS. Additionally, OFIS does will not approve dividends that are greater than 10% of a Plans' surplus over one year period.

D. The Company did not declare or pay dividends in 2007.

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: $19,718,255
iii. For stock purchase warrants: 0 shares

J. NA

K. N/A

L. N/A

14. Contingencies –

A. Contingent Commitments – None

B. Assessments – None

C. Gain Contingencies – None

D. All Other Contingencies

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.

NOTES TO FINANCIAL STATEMENTS

15. Leases –

A. Lessee Operating Lease

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

At December 31, 2007, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
2008	$1,892,317
2009	$1,842,180
2010	$1,844,675
2011	$1,755,766
2012	$1,560,813
2013+	$2,643,507
Total	$11,539,258

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

B. Uncollectible Reinsurance– None

C. Commutation of Reinsurance– None

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

NOTES TO FINANCIAL STATEMENTS

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 $6,990,395 in 2007 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
12/31/2007	233,919				
09/30/2007	222,200				
06/30/2007	202,567				
03/31/2007	197,875				
12/31/2006	450,589				450,589
09/30/2006	89,910				89,910
06/30/2006	92,433				92,433
03/31/2006	93,864				93,864
12/31/2005	90,379				90,379
09/30/2005	87,691				87,691
06/30/2005	93,926				93,926
03/31/2005	96,928				96,928

28. Participating Policies – Not Applicable

29. Premium Deficiency Reserves– None

30. Anticipated Salvage and Subrogation– None

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings 1 Amount	2 Percentage	Admitted Assets as Reported in the Annual Statement 3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities	310,000	0.2	310,000	0.2
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies		0.0		0.0
1.22 Issued by U.S. government sponsored agencies		0.0		0.0
1.3 Foreign government (including Canada, excluding mortgage-backed securities)		0.0		0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations	20,500,000	15.5	20,500,000	15.5
1.42 Political subdivisions of states, territories & possessions & political subdivisions general obligations		0.0		0.0
1.43 Revenue and assessment obligations		0.0		0.0
1.44 Industrial development and similar obligations	6,171,190	4.7	6,171,190	4.7
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA		0.0		0.0
1.512 Issued or guaranteed by FNMA and FHLMC		0.0		0.0
1.513 All other		0.0		0.0
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.0		0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.0		0.0
1.523 All other		0.0		0.0
2. Other debt and other fixed income securities (excluding short-term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)		0.0		0.0
2.2 Unaffiliated foreign securities		0.0		0.0
2.3 Affiliated securities		0.0		0.0
3. Equity interests:				
3.1 Investments in mutual funds		0.0		0.0
3.2 Preferred stocks:				
3.21 Affiliated		0.0		0.0
3.22 Unaffiliated		0.0		0.0
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated		0.0		0.0
3.32 Unaffiliated		0.0		0.0
3.4 Other equity securities:				
3.41 Affiliated		0.0		0.0
3.42 Unaffiliated		0.0		0.0
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated		0.0		0.0
3.52 Unaffiliated		0.0		0.0
4. Mortgage loans:				
4.1 Construction and land development		0.0		0.0
4.2 Agricultural		0.0		0.0
4.3 Single family residential properties		0.0		0.0
4.4 Multifamily residential properties		0.0		0.0
4.5 Commercial loans		0.0		0.0
4.6 Mezzanine real estate loans		0.0		0.0
5. Real estate investments:				
5.1 Property occupied by company		0.0		0.0
5.2 Property held for production of income (including $.....0 of property acquired in satisfaction of debt)		0.0		0.0
5.3 Property held for sale (including $.....0 property acquired in satisfaction of debt)		0.0		0.0
6. Contract loans		0.0		0.0
7. Receivables for securities		0.0		0.0
8. Cash, cash equivalents and short-term investments	105,138,323	79.6	105,138,323	79.6
9. Other invested assets		0.0		0.0
10. Total invested assets	132,119,513	100.0	132,119,513	100.0

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. 12/31/2004

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. 12/31/2004

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). 05/30/2006

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

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 a 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 location (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?
Karen McDonald FSA, MAAA One Golden Shore Dr, 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.

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 [ ]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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 [X] No [ ]

21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. $.....509,413

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? Yes [X] No [ ]

22.2 If no, give full and complete information relating thereto.

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 contact that is currently in force? (Exclude securities subject to Interrogatory 19.1) Yes [X] No [ ]

23.2 If yes, state the amount thereof at December 31 of the current year:
23.21 Loaned to others $.....0
23.22 Subject to repurchase agreements $.....0
23.23 Subject to reverse repurchase agreements $.....0
23.24 Subject to dollar repurchase agreements $.....0
23.25 Subject to reverse dollar repurchase agreements $.....0
23.26 Pledged as collateral $.....0
23.27 Placed under option agreements $.....0
23.28 Letter stock or securities restricted as to sale $.....0
23.29 On deposit with state or other regulatory body $.....1,450,362
23.29 Other $.....0

23.3 For category (23.28) 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.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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, 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, G - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

26 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
LaSalle Bank	2600 W Big Beaver, 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)

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

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

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

26.1 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
Cadre Financial Services		905 Marconi Avenue, Ronkonkoma, NY

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	12,607,566	12,590,221	(17,345)
28.2 Preferred stocks			0
28.3 Totals	12,607,566	12,590,221	(17,345)

28.4 Describe the sources or methods utilized in determining the fair values:
Based on fair value prescribed by Securities Valuation Office

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

29.2 If no, list exceptions:

OTHER

30.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $.....65,000

30.2 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	65,000

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

31.2 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

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 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 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	595,256,970	498,632,076
2.2 Premium Denominator	595,256,970	498,632,076
2.3 Premium Ratio (2.1/2.2)	100.0	100.0
2.4 Reserve Numerator	69,644,550	64,583,349
2.5 Reserve Denominator	69,644,550	64,583,349
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, as 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 $.....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 5,400

8.2 Number of providers at end of reporting year 6,964

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 the 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 $.....0

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

10.24 Amount actually paid for year withholds $.....154,659

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.	$.....56,025,179	
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:
Greater of 10% subscription revenue or 200% RBC

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

1 Name of Service Area
Alcona, Allegan, Arenac, Bay, Benzie, Crawford,
Genesee, Gladwin, Gratiot, Huron, Ionia, Isoco,
Kent, Lake, Macomb, Manistee, Mason, Mecosta,
Midland, Missaukee, Montcalm, Montmorency,
Muskegon, Newaygo, Oakland, Oceana, Ogemaw,
Osceola, Oscoda, Otsego, Ottawa, Presque Isle,
Roscommon, Saginaw, Sanilac, Tuscola, Wayne,
Wexford, Monroe, St. Clair

FIVE-YEAR HISTORICAL DATA

	1 2007	2 2006	3 2005	4 2004	5 2003
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	147,656,097	132,720,451	141,245,251	70,452,112	36,372,250
2. Total liabilities (Page 3, Line 22)	78,157,461	72,892,668	86,079,332	47,202,065	24,220,905
3. Statutory surplus	56,025,179	46,856,896	42,418,646	14,004,366	8,751,497
4. Total capital and surplus (Page 3, Line 31)	69,498,636	59,827,783	55,165,919	23,250,047	12,151,345
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	560,251,792	468,568,961	472,713,213	196,160,457	87,514,974
6. Total medical and hospital expenses (Line 18)	501,053,036	385,868,562	415,458,549	171,416,947	75,931,100
7. Claims adjustment expenses (Line 20)	16,628,892	11,781,145	8,126,443	3,369,022	577,587
8. Total administrative expenses (Line 21)	43,196,977	41,060,479	36,233,288	12,474,596	7,700,179
9. Net underwriting gain (loss) (Line 24)	(627,113)	29,858,775	12,894,934	8,899,892	3,306,108
10. Net investment gain (loss) (Line 27)	6,297,003	5,687,433	3,359,480	398,469	138,043
11. Total other income (Lines 28 plus 29)		2,080	(9,144)	12	
12. Net income or (loss) (Line 32)	3,879,303	23,187,316	10,768,567	6,315,102	1,933,041
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	7,874,753	13,933,850	23,219,815		
Risk-Based Capital Analysis					
14. Total adjusted capital	69,498,636	59,827,783	55,165,919	23,250,047	12,151,345
15. Authorized control level risk-based capital	16,690,740	14,777,641	16,440,560	7,002,183	3,452,196
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	209,111	227,797	232,425	157,998	81,661
17. Total member months (Column 6, Line 7)	2,596,806	2,765,276	2,834,165	1,271,961	584,727
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100**					
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)	84.2	77.4	82.4	82.9	86.8
20. Cost containment expenses	1.9	1.5		1.0	XXX
21. Other claims adjustment expenses	0.9	0.9	1.4	1.6	
22. Total underwriting deductions (Line 23)	94.2	88.0	91.3	90.5	96.2
23. Total underwriting gain (loss) (Line 24)	(0.1)	6.0	5.9	4.3	3.8
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	56,529,614	53,471,440	54,509,150	19,569,617	8,068,822
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	63,520,009	70,172,813	58,187,125	19,810,571	11,844,573
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 25, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 39, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 53, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 7)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1. United States	310,000	310,000	310,000	310,000
Governments	2. Canada				
(Including all obligations guaranteed	3. Other Countries				
by governments)	4. Totals	310,000	310,000	310,000	310,000
	5. United States	20,500,000	20,500,000	20,500,000	20,500,000
States, Territories and Possessions	6. Canada				
(Direct and guaranteed)	7. Other Countries				
	8. Totals	20,500,000	20,500,000	20,500,000	20,500,000
Political Subdivisions of States,	9. United States				
Territories and Possessions	10. Canada				
(Direct and guaranteed)	11. Other Countries				
	12. Totals	0	0	0	0
Special Revenue and Special Assessment	13. United States				
Obligations and all Non-guaranteed Obligations	14. Canada				
of Agencies and Authorities of Governments	15. Other Countries				
and their Political Subdivisions	16. Totals	0	0	0	0
	17. United States				
Public Utilities	18. Canada				
(Unaffiliated)	19. Other Countries				
	20. Totals	0	0	0	0
Industrial and Miscellaneous and	21. United States	6,171,190	6,169,930	6,188,310	6,000,000
Credit Tenant Loans	22. Canada				
(Unaffiliated)	23. Other Countries				
	24. Totals	6,171,190	6,169,930	6,188,310	6,000,000
Parent, Subsidiaries and Affiliates	25. Totals				
	26. **Total Bonds**	26,981,190	26,979,930	26,998,310	26,810,000
PREFERRED STOCKS	27. United States				
Public Utilities	28. Canada				
(Unaffiliated)	29. Other Countries				
	30. Totals	0	0	0	
	31 United States				
Banks, Trust and Insurance Companies	32. Canada				
(Unaffiliated)	33. Other Countries				
	34. Totals	0	0	0	
	35. United States				
Industrial and Miscellaneous	36. Canada				
(Unaffiliated)	37. Other Countries				
	38. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	39. Totals				
	40. **Total Preferred Stocks**	0	0	0	
COMMON STOCKS	41. United States				
Public Utilities	42. Canada				
(Unaffiliated)	43. Other Countries				
	44. Totals	0	0	0	
	45. United States				
Banks, Trust and Insurance Companies	46. Canada				
(Unaffiliated)	47. Other Countries				
	48. Totals	0	0	0	
	49. United States				
Industrial and Miscellaneous	50. Canada				
(Unaffiliated)	51. Other Countries				
	52. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	53. Totals				
	54. **Total Common Stocks**	0	0	0	
	55. **Total Stocks**	0	0	0	
	56. **Total Bonds and Stocks**	26,981,190	26,979,930	26,998,310	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value of bonds and stocks, prior year	1,000,000	7. Amortization of premium	19,106
2. Cost of bonds and stocks acquired, Column 7, Part 3	27,188,310	8. Foreign exchange adjustment:	
3. Accrual of discount	1,986	8.1 Column 15, Part 1	
4. Increase (decrease) by adjustment:		8.2 Column 19, Part 2, Section 1	
4.1 Columns 12 - 14, Part 1		8.3 Column 16, Part 2, Section 2	
4.2 Columns 15 - 17, Part 2, Section 1		8.4 Column 15, Part 4	0
4.3 Column 15, Part 2, Section 2		9. Book/adjusted carrying value at end of current period	26,981,190
4.4 Columns 11 - 13, Part 4	0	10. Total valuation allowance	
5. Total gain (loss), Column 19, Part 4		11. Subtotal (Lines 9 plus 10)	26,981,190
6. Deduct consideration for bonds and stocks disposed of, Column 7, Part 4	1,190,000	12. Total nonadmitted amounts	
		13. Statement value of bonds and stocks, current year	26,981,190

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.	Is Insurer Licensed? (YES or NO)	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	NO							0	
2. Alaska AK	NO							0	
3. Arizona AZ	NO							0	
4. Arkansas AR	NO							0	
5. California CA	NO							0	
6. Colorado CO	NO							0	
7. Connecticut CT	NO							0	
8. Delaware DE	NO							0	
9. District of Columbia DC	NO							0	
10. Florida FL	NO							0	
11. Georgia GA	NO							0	
12. Hawaii HI	NO							0	
13. Idaho ID	NO							0	
14. Illinois IL	NO							0	
15. Indiana IN	NO							0	
16. Iowa IA	NO							0	
17. Kansas KS	NO							0	
18. Kentucky KY	NO							0	
19. Louisiana LA	NO							0	
20. Maine ME	NO							0	
21. Maryland MD	NO							0	
22. Massachusetts MA	NO							0	
23. Michigan MI	YES		8,065,049	587,437,612				595,502,661	
24. Minnesota MN	NO							0	
25. Mississippi MS	NO							0	
26. Missouri MO	NO							0	
27. Montana MT	NO							0	
28. Nebraska NE	NO							0	
29. Nevada NV	NO							0	
30. New Hampshire NH	NO							0	
31. New Jersey NJ	NO							0	
32. New Mexico NM	NO							0	
33. New York NY	NO							0	
34. North Carolina NC	NO							0	
35. North Dakota ND	NO							0	
36. Ohio OH	NO							0	
37. Oklahoma OK	NO							0	
38. Oregon OR	NO							0	
39. Pennsylvania PA	NO							0	
40. Rhode Island RI	NO							0	
41. South Carolina SC	NO							0	
42. South Dakota SD	NO							0	
43. Tennessee TN	NO							0	
44. Texas TX	NO							0	
45. Utah UT	NO							0	
46. Vermont VT	NO							0	
47. Virginia VA	NO							0	
48. Washington WA	NO							0	
49. West Virginia WV	NO							0	
50. Wisconsin WI	NO							0	
51. Wyoming WY	NO							0	
52. American Samoa AS	NO							0	
53. Guam GU	NO							0	
54. Puerto Rico PR	NO							0	
55. U.S. Virgin Islands VI	NO							0	
56. Northern Mariana Islands MP	NO							0	
57. Canada CN	NO							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	8,065,049	587,437,612	0	0	0	595,502,661	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	8,065,049	587,437,612	0	0	0	595,502,661	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	0
5899. Total (Lines 5801 thru 5803 + 5898) (Line 58 above)	0	0	0	0	0	0	0	0	0

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

(a) Insert the number of yes 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.
|-95759	MI	38-2455176	Cape Health Plan, Inc.
|-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
|-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
|-00000	NM	38-2623350	Health Care Horizons, Inc.
|-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc
|-12249	IN	20-1494455	Molina Healthcare of Indiana, 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.
|-00000	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 Mercy Care Plus)

2007 ALPHABETICAL INDEX

(http://www.naic.org/committees_e_app_blanks.htm)

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)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	55
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	31
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Verification Between Years	31
Schedule BA – Part 1	E06
Schedule BA – Part 2	E07
Schedule BA – Verification Between Years	31
Schedule D – Part 1	E08
Schedule D – Part 1A – Section 1	33
Schedule D – Part 1A – Section 2	36
Schedule D – Part 2 – Section 1	E09
Schedule D – Part 2 – Section 2	E10
Schedule D – Part 3	E11
Schedule D – Part 4	E12
Schedule D – Part 5	E13
Schedule D – Part 6 – Section 1	E14
Schedule D – Part 6 – Section 2	E14
Schedule D – Summary By Country	32
Schedule D – Verification Between Years	32
Schedule DA – Part 1	E15
Schedule DA – Part 2 – Verification Between Years	39
Schedule DB – Part A – Section 1	E16
Schedule DB – Part A – Section 2	E16
Schedule DB – Part A – Section 3	E17
Schedule DB – Part A – Verification Between Years	40
Schedule DB – Part B – Section 1	E17
Schedule DB – Part B – Section 2	E18
Schedule DB – Part B – Section 3	E18
Schedule DB – Part B – Verification Between Years	40
Schedule DB – Part C – Section 1	E19
Schedule DB – Part C – Section 2	E19
Schedule DB – Part C – Section 3	E20
Schedule DB – Part C – Verification Between Years	41
Schedule DB – Part D – Section 1	E20
Schedule DB – Part D – Section 2	E21
Schedule DB – Part D – Section 3	E21
Schedule DB – Part D – Verification Between Years	41
Schedule DB – Part E – Section 1	E22
Schedule DB – Part E – Verification	41
Schedule DB – Part F – Section 1	42
Schedule DB – Part F – Section 2	43
Schedule E – Part 1 – Cash	E23
Schedule E – Part 2 – Cash Equivalents	E24
Schedule E – Part 3 – Special Deposits	E25
Schedule S – Part 1 – Section 2	44
Schedule S – Part 2	45
Schedule S – Part 3 – Section 2	46
Schedule S – Part 4	47
Schedule S – Part 5	48
Schedule S – Part 6	49
Schedule T – Part 2 – Interstate Compact	51
Schedule T – Premiums and Other Considerations	50
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	52
Schedule Y - Part 2 – Summary of Insurer's Transactions With Any Affiliates	53
Statement of Revenue and Expenses	4
Summary Investment Schedule	26
Supplemental Exhibits and Schedules Interrogatories	54
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