HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Michigan, Inc.

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

Organized under the Laws of Michigan, State of Domicile or Port of Entry MI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 02/12/1997 Commenced Business 01/01/1998

Statutory Home Office 880 W. Long Lake Rd., Suite 600 (Street and Number), Troy, MI, US 48098-4504 (City or Town, State, Country and Zip Code)

Main Administrative Office 880 W. Long Lake Rd., Suite 600 (Street and Number)
Troy, MI, US 48098-4504 (City or Town, State, Country and Zip Code), 248-925-1700 (Area Code) (Telephone Number)

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Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta (Name), 614-392-3818 (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com (E-mail Address), 562-437-7235 (FAX Number)

OFFICERS

President Terrisca Ray Des Jardins # Secretary Jeffrey Don Barlow
Chief Financial Officer Michael Charles Graves

OTHER

DIRECTORS OR TRUSTEES

Terrisca Ray Des Jardins # Matthew Carter Schueren Steve Ross Lurie
Amy Margaret Conn Joanne Carol Smith Marissa Ann Morgan

State of Michigan
County of Oakland SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Terrisca Ray Des Jardins #	Michael Charles Graves	Jeffrey Don Barlow
President	Chief Financial Officer	Secretary

Subscribed and sworn to before me this 1st day of MAY 2023

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.....

CARLA MORABITO
NOTARY PUBLIC, STATE OF MI
COUNTY OF WASHTENAW
MY COMMISSION EXPIRES Jul 18, 2029
ACTING IN COUNTY OF Washtenaw

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Terrisca Ray Des Jardins #	Michael Charles Graves	Jeffrey Don Barlow
President	Chief Financial Officer	Secretary

Subscribed and sworn to before me this 2 day of May, 2023.

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.....

KAREN A. GUEDALIA
Notary Public, State of South Carolina
My Commission Expires 11/29/2027

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Terrisca Ray Des Jardins #	Michael Charles Graves	Jeffrey Don Barlow
President	Chief Financial Officer	Secretary

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.....

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 5th day of May, 2023, by Jeff Barlow,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SANDRA MOSES
Notary Public - California
Sacramento County
Commission # 2427840
My Comm. Expires Nov 22, 2026

(Seal)

Signature Sandra Moses

ASSETS

		Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1.	Bonds	120,984,500		120,984,500	124,275,063
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less $ ..... encumbrances)				
	4.2 Properties held for the production of income (less $ ..... encumbrances)				
	4.3 Properties held for sale (less $ ..... encumbrances)				
5.	Cash ($ 429,891), cash equivalents ($ 374,751,829) and short-term investments ($ 54,573)	375,236,293		375,236,293	313,043,907
6.	Contract loans (including $ ..... premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	496,220,793		496,220,793	437,318,970
13.	Title plants less $ ..... charged off (for Title insurers only)				
14.	Investment income due and accrued	2,080,416		2,080,416	1,838,276
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	41,070,401		41,070,401	42,985,829
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)				
	15.3 Accrued retrospective premiums ($ .....) and contracts subject to redetermination ($ 65,040,161)	65,040,161		65,040,161	46,421,798
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				3,584,445
18.2	Net deferred tax asset	16,665,813	1,997,227	14,668,586	11,245,673
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets ($ .....)	44,113	44,113		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care ($ 27,178,933) and other amounts receivable	52,620,497	25,441,564	27,178,933	27,223,148
25.	Aggregate write-ins for other than invested assets	16,171,111	2,379,397	13,791,714	15,088,968
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	689,913,305	29,862,301	660,051,004	585,707,107
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	689,913,305	29,862,301	660,051,004	585,707,107
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501.	Prepaid expenses/deposits	1,524,147	1,524,147		
2502.	Goodwill and intangible assets	14,646,964	855,250	13,791,714	15,088,968
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	16,171,111	2,379,397	13,791,714	15,088,968

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $ ..... reinsurance ceded)	187,112,907	107,885	187,220,792	184,739,502
2.	Accrued medical incentive pool and bonus amounts	19,877,558		19,877,558	15,721,279
3.	Unpaid claims adjustment expenses	1,091,726	765	1,092,491	1,133,637
4.	Aggregate health policy reserves, including the liability of $ .....360,237 for medical loss ratio rebate per the Public Health Service Act	25,367,972		25,367,972	22,187,683
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	51,099,645		51,099,645	986,050
9.	General expenses due or accrued	46,152,201		46,152,201	46,342,529
10.1	Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses))	6,881,093		6,881,093	
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	10,247		10,247	16,133
14.	Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)				
15.	Amounts due to parent, subsidiaries and affiliates	12,910,039		12,910,039	12,982,694
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($ .....) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	13,251,426		13,251,426	13,969,997
23.	Aggregate write-ins for other liabilities (including $ ..... 72,863,750 current)	72,863,750		72,863,750	73,827,950
24.	Total liabilities (Lines 1 to 23)	436,618,564	108,650	436,727,214	371,907,454
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX	159,000	159,000
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	82,404,971	82,404,971
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	140,759,819	131,235,682
32.	Less treasury stock, at cost:				
	32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		
	32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	223,323,790	213,799,653
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	660,051,004	585,707,107
	DETAILS OF WRITE-INS				
2301.	Amounts due to government agencies	67,203,351		67,203,351	67,736,263
2302.	Member premium due	88,252		88,252	25,624
2303.	Liability for non-use of leased property	5,571,325		5,571,325	6,065,255
2398.	Summary of remaining write-ins for Line 23 from overflow page	822		822	808
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	72,863,750		72,863,750	73,827,950
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	1,333,062	1,295,356	5,239,699
2.	Net premium income (including $ ..... non-health premium income)	XXX	574,120,326	440,245,097	1,980,118,170
3.	Change in unearned premium reserves and reserve for rate credits	XXX	961,229	82,408,674	151,704,604
4.	Fee-for-service (net of $ ..... medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	575,081,555	522,653,771	2,131,822,774
	Hospital and Medical:				
9.	Hospital/medical benefits		269,703,541	251,208,069	1,092,491,658
10.	Other professional services		13,497,379	10,403,532	44,912,229
11.	Outside referrals	308,825	17,550,147	18,937,893	76,702,907
12.	Emergency room and out-of-area		36,737,045	52,670,665	134,962,227
13.	Prescription drugs		113,610,287	94,074,019	385,953,099
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		5,166,878	8,472,270	24,725,596
16.	Subtotal (Lines 9 to 15)	308,825	456,265,277	435,766,448	1,759,747,716
	Less:				
17.	Net reinsurance recoveries		(14)	267,172	749,550
18.	Total hospital and medical (Lines 16 minus 17)	308,825	456,265,291	435,499,276	1,758,998,166
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $ 13,461,052 cost containment expenses		17,555,884	13,034,016	61,191,683
21.	General administrative expenses		65,646,537	62,369,416	252,841,754
22.	Increase in reserves for life and accident and health contracts (including $ ..... increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)	308,825	539,467,712	510,902,708	2,073,031,603
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	35,613,843	11,751,063	58,791,171
25.	Net investment income earned		5,038,380	573,960	8,464,356
26.	Net realized capital gains (losses) less capital gains tax of $ (3,211)		(12,083)		(13,114)
27.	Net investment gains (losses) (Lines 25 plus 26)		5,026,297	573,960	8,451,242
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ .....) (amount charged off $ .....)]				
29.	Aggregate write-ins for other income or expenses				(6,065,255)
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	40,640,140	12,325,023	61,177,158
31.	Federal and foreign income taxes incurred	XXX	10,468,749	2,689,845	14,215,129
32.	Net income (loss) (Lines 30 minus 31)	XXX	30,171,391	9,635,178	46,962,029
	DETAILS OF WRITE-INS				
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX			
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX			
1401.					
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)				
2901.	Liability for non-use of leased property				(6,065,255)
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)				(6,065,255)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	213,799,653	206,264,875	206,264,875
34.	Net income or (loss) from Line 32	30,171,391	9,635,178	46,962,029
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of $ 42,176	158,664		(466,363)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	1,931,670	(427,513)	1,232,586
39.	Change in nonadmitted assets	2,262,412	675,767	(193,474)
40	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders	(25,000,000)	(25,000,000)	(40,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital & surplus (Lines 34 to 47)	9,524,137	(15,116,568)	7,534,778
49.	Capital and surplus end of reporting period (Line 33 plus 48)	223,323,790	191,148,307	213,799,653
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	611,202,220	438,059,508	2,022,575,765
2.	Net investment income	4,788,864	696,760	7,169,950
3.	Miscellaneous income			
4.	Total (Lines 1 to 3)	615,991,084	438,756,268	2,029,745,715
5.	Benefit and loss related payments	448,368,111	422,019,373	1,748,488,571
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	82,758,727	68,266,469	305,511,301
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $ (3,211) tax on capital gains (losses)			20,340,000
10.	Total (Lines 5 through 9)	531,126,838	490,285,842	2,074,339,872
11.	Net cash from operations (Line 4 minus Line 10)	84,864,246	(51,529,574)	(44,594,157)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	5,822,915	9,860,832	21,717,781
	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	1,031		(9,671)
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	5,823,946	9,860,832	21,708,110
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	2,340,461		31,165,688
	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)	2,340,461		31,165,688
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	3,483,485	9,860,832	(9,457,578)
	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			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders	25,000,000	25,000,000	40,000,000
	16.6 Other cash provided (applied)	(1,155,345)	5,047,635	13,270,140
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(26,155,345)	(19,952,365)	(26,729,860)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	62,192,386	(61,621,107)	(80,781,595)
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	313,043,907	393,825,502	393,825,502
	19.2 End of period (Line 18 plus Line 19.1)	375,236,293	332,204,395	313,043,907

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	442,702	13,522						28,802	400,378					
2. First Quarter	444,443	16,920						27,373	400,150					
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	1,333,062	49,838						82,630	1,200,594					
Total Member Ambulatory Encounters for Period:														
7 Physician	817,650	23,112						145,351	649,187					
8. Non-Physician	451,321	8,366						66,179	376,776					
9. Total	1,268,971	31,478						211,530	1,025,963					
10. Hospital Patient Days Incurred	51,798	978						15,468	35,352					
11. Number of Inpatient Admissions	9,049	187						1,864	6,998					
12. Health Premiums Written (a)	574,524,809	18,531,466						151,386,304	404,607,039					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	575,486,038	18,692,866						152,186,133	404,607,039					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	447,161,387	13,117,005						113,148,737	320,895,645					
18. Amount Incurred for Provision of Health Care Services	456,265,277	13,354,121						113,506,114	329,405,042					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 151,386,304

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark	28,726,664					28,726,664
0199999. Individually listed claims unpaid	28,726,664					28,726,664
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered	3,125,802	574,588	567,121		104,652	4,372,163
0499999 Subtotals	31,852,466	574,588	567,121		104,652	33,098,827
0599999 Unreported claims and other claim reserves						154,121,965
0699999 Total amounts withheld						
0799999 Total claims unpaid						187,220,792
0899999 Accrued medical incentive pool and bonus amounts						19,877,558

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 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) individual	2,220,565	10,896,440	323,477	5,019,039	2,544,042	4,733,861
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Dental Only						
5. Vision Only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII - Medicare	33,155,900	79,992,837	9,273,438	56,233,920	42,429,338	66,055,487
8 Title XIX - Medicaid	81,460,809	239,434,850	22,424,128	93,946,788	103,884,937	113,950,154
9. Credit A&H						
10. Disability Income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	116,837,274	330,324,127	32,021,043	155,199,747	148,858,317	184,739,502
14. Health care receivables (a)	27,814,688	20,962,609		3,173,522	27,814,688	53,406,542
15. Other non-health						
16. Medical incentive pools and bonus amounts	1,010,599		14,517,854	5,359,704	15,528,453	15,721,279
17. Totals (Lines 13 - 14 + 15 + 16)	90,033,185	309,361,518	46,538,897	157,385,929	136,572,082	147,054,239

(a) Excludes $ 669,677 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Michigan, Inc. (the Plan) for the fiscal year ended December 31, 2022. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2022 annual statement or audited financial statements have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

Organization and Operations

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

A. Accounting Practices

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

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

	SSAP #	F/S Page	F/S Line #	2023	2022
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	$ 30,171,391	$ 46,962,029
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	$ 30,171,391	$ 46,962,029
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 223,323,790	$ 213,799,653
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	$ 223,323,790	$ 213,799,653

B. Use of Estimates in the Preparation of the Financial Statements: No significant change.

C. Accounting Policy

(1) - (5) No significant changes.

(6) Basis for Loan-Backed Securities and Adjustment Methodology: Loan-backed securities are stated at amortized cost or lower of amortized cost or fair value. The Plan's investments in loan-backed securities consist of asset-backed securities, and mortgage-backed securities. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

(7) - (13) No significant changes.

D. Going Concern: The Plan is not aware of any relevant conditions or events that raise substantial doubt about its abilities to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

None.

NOTE 3 Business Combinations and Goodwill

None.

NOTE 4 Discontinued Operations

None.

NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities

As of March 31, 2023, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

(1) Prepayment assumptions for mortgage-backed securities, collateralized mortgage obligations and other structured securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonally), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and model is calibrated to reflect actual experience, market factors and view point.

(2), (3) Recognized other-than-temporary impairment (OTTI) securities: None.

(4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

a) The aggregate amount of unrealized losses:	
1. Less than 12 Months	$ 26,624
2. 12 Months or Longer	$ 3,414,185
b) The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	$ 443,376
2. 12 Months or Longer	$ 29,764,477

(5) Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at March 31, 2023.

NOTES TO FINANCIAL STATEMENTS

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

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.

H. Repurchase Agreements Transactions Accounted for as a Sale: None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.

J. - K. None.

L. Restricted Assets: No significant change.

M. Working Capital Finance Investments: None.

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

O. - P. None.

Q. Prepayment Penalty and Acceleration Fees: None.

R. Reporting Entity's Share of Cash Pool by Asset Type: None.

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

None.

NOTE 7 Investment Income

No significant change.

NOTE 8 Derivative Instruments

None.

NOTE 9 Income Taxes

No significant change.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. No significant change.

B. The Plan paid Molina an ordinary dividend in cash amounting to $25,000,000 on March 27, 2023.

C. Transactions with related party who are not reported on Schedule Y: None.

D. - O. No significant changes.

NOTE 11 Debt

A. None.

B. Federal Home Loan Bank Agreements: None.

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

A. - D. Defined Benefit Plan: None.

E. Defined Contribution Plan: See Note 12G.

F. Multiemployer Plans: None.

G. Consolidated/Holding Company Plans: No significant change.

H. - I. None.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. - C. No significant changes.

D. Refer to Note 10B.

E. - M. No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes.

NOTE 15 Leases

No significant changes.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales: None.

NOTES TO FINANCIAL STATEMENTS

B. Transfer and Servicing of Financial Assets: None.

C. Wash Sales: None.

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans:

The gain from operations from ASO uninsured plans and the uninsured portion of partially insured plans was as follows during 2023:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative Expenses (including administrative fees) in excess of actual expenses		$ 189,624	$ 189,624
b. Total net other income or expenses (including interest paid to or received from plans)			
c. Net gain or (loss) from operations	$ -	$ 189,624	$ 189,624
d. Total claim payment volume		$ 135,634,787	$ 135,634,787

B. Administrative Services Contract Plans: None.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract: No significant change.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

NOTE 20 Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date:

Fair Value Measurements at Reporting Date: The Plan's assets measured and reported at fair value on a recurring basis are listed in the table below. The Plan receives monthly statements from investment brokers that provide market pricing. There were no transfers between Level 1 and Level 2 of the fair value hierarchy

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Industrial & miscellaneous	$ -	$ 13,201,675	$ -	$ -	$ 13,201,675
Other money market mutual funds	$ 374,751,829	$ -	$ -	$ -	$ 374,751,829
Total assets at fair value/NAV	$ 374,751,829	$ 13,201,675	$ -	$ -	$ 387,953,504

(2) Fair Value Measurements in Level 3 of the Fair Value hierarchy: None.

(3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.

(5) Derivative Assets and Liabilities: None.

B. Fair Value Reporting under Statement of Statutory Accounting Principles No. 100, Fair Value Measurements, and Other Accounting Pronouncements: In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of March 31, 2023 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Industrial & miscellaneous	$ 102,987,192	$ 110,347,591	$ -	$ 102,987,191	$ -	$ -	$ -
Open depositories	$ 429,891	$ 429,891	$ 429,891	$ -	$ -	$ -	$ -
Special revenue & special assessment	$ 10,243,252	$ 10,691,482	$ -	$ 10,243,252	$ -	$ -	$ -
Other money market mutual funds	$ 374,751,829	$ 374,751,829	$ 374,751,829	$ -	$ -	$ -	$ -
Total financial instruments	$ 488,412,164	$ 496,220,793	$ 375,181,719	$ 113,230,443	$ -	$ -	$ -

D. - E. None.

de Other Items

A. - B. No significant changes.

C. Other Disclosures:

The recently passed Consolidated Appropriations Act of 2023 authorizes states to resume redeterminations and terminate coverage for ineligible enrollees starting on July 1, 2023, irrespective of the status of the Public Health Emergency. Consequently, the Plan's Medicaid enrollment will continue to benefit from the pause on membership redeterminations through June 30, 2023, and then is expected to decline as the state resumes normal enrollment and renewal operations on July 1, 2023.

D. - I. No significant changes.

NOTE 22 Events Subsequent

NOTES TO FINANCIAL STATEMENTS

Subsequent events were considered through May 12, 2023, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

A. - D. No significant changes.

E. Reinsurance Credit: No significant change.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D. No significant changes.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes [X] No [ ]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	$ 53,799
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	$ 14,100,973
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	$ (4,642,423)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	$ (10,937)
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	$ -
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	$ -
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	$ -
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	$ -
5. Ceded reinsurance premiums payable due to ACA Reinsurance	$ -
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	$ -
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	$ -
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	$ -
9. ACA Reinsurance contributions – not reported as ceded premium	$ -
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	$ -
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	$ -
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	$ -
4. Effect of ACA Risk Corridors on change in reserves for rate credits	$ -

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	A	$ -	$ -
2. Premium adjustments (payable) (including high risk pool premium)	$ -	$(9,352,288)	$ -	$ 106,262	$ -	$(9,458,550)	$ -	$(1,835,360)	B	$ -	$(11,293,910)
3. Subtotal ACA Permanent Risk Adjustment Program	$ -	$(9,352,288)	$ -	$ 106,262	$ -	$(9,458,550)	$ -	$(1,835,360)		$ -	$(11,293,910)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid									C		
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program											

NOTES TO FINANCIAL STATEMENTS

c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium									I		
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program											
d. Total for ACA Risk Sharing Provisions	$ -	$(9,352,288)	$ -	$ 106,262	$ -	$(9,458,550)	$ -	$(1,835,360)		$ -	$(11,293,910)

Explanations of Adjustments

B. Adjustments are changes in estimates based on additional information since December 31, 2022.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None.

(5) ACA Risk Corridors Receivable as of Reporting Date: None.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The provision for claims incurred in prior years represents favorable development in claims experience as of March 31, 2023. Original estimates are increased or decreased as additional information becomes known regarding incurred reported claims. Claims unpaid activity during the current period is summarized below:

	Three months ended 3/31/2023
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	$ 201,594,418
Add provision for claims, net of reinsurance:	
Current year	465,433,276
Prior years	(9,167,985)
Net incurred claims during the current year	456,265,291
Deduct paid claims, net of reinsurance:	
Current year	331,530,837
Prior years	116,837,274
Net paid claims during the current year	448,368,111
Change in claims adjustment expenses	(41,146)
Change in health care receivables	(1,259,611)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	$ 208,190,841

B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claim adjustment expenses as of March 31, 2023.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

No significant change.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

No significant change.

NOTE 31 Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]

2.2 If yes, date of change: .....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [X] No [ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Molina Healthcare of Kansas, Inc. has been added to the organizational chart. .....

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [X] No [ ]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 1179929

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

4.2 If yes, provide 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 Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] N/A [ ]
If yes, attach an explanation.
.....

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2018

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/19/2020

6.4 By what department or departments?
Michigan Department of Insurance and Financial Services .....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [X]

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]

7.2 If yes, give full information:
.....

8.1 Is the company a subsidiary of a bank holding company regulated 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [X] No [ ]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:
.....

9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [X]

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

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

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... $.....

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... $.....

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	$	$
14.22 Preferred Stock	$	$
14.23 Common Stock	$	$
14.24 Short-Term Investments	$	$
14.25 Mortgage Loans on Real Estate	$	$
14.26 All Other	$	$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$	$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	$	$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ..... $ .....

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... $ .....

16.3 Total payable for securities lending reported on the liability page. ..... $ .....

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank, Institutional Trust & Custody	555 SW Oak Street 6th Flr, PD-OR-P6TD Portland, OR 97204 .....

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

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

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

17.4 If yes, give full information relating thereto:

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["…that have access to the investment accounts"; "…handle securities"]

1 Name of Firm or Individual	2 Affiliation
DWS	U.....
.....	.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104518	DWS	CZ83K4EEEX8QVCT3B128	SEC	NO.....
.....	.....	.....	.....	.....

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

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

    Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
    a. The security was purchased prior to January 1, 2018.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
    d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

    Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
    a. The shares were purchased prior to January 1, 2019.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
    d. The fund only or predominantly holds bonds in its portfolio.
    e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
    f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

    Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent ..... 81.7 %

1.2 A&H cost containment percent ..... 2.3 %

1.3 A&H expense percent excluding cost containment expenses ..... 12.1 %

2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... $.....

2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... $.....

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ ] No [X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	Direct Business Only								
		2	3	4	5	6	7	8	9	10
States, etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama AL	N									
2. Alaska AK	N									
3. Arizona AZ	N									
4. Arkansas AR	N									
5. California CA	N									
6. Colorado CO	N									
7. Connecticut CT	N									
8. Delaware DE	N									
9. District of Columbia DC	N									
10. Florida FL	N									
11. Georgia GA	N									
12. Hawaii HI	N									
13. Idaho ID	N									
14. Illinois IL	N									
15. Indiana IN	N									
16. Iowa IA	N									
17. Kansas KS	N									
18. Kentucky KY	N									
19. Louisiana LA	N									
20. Maine ME	N									
21. Maryland MD	N									
22. Massachusetts MA	N									
23. Michigan MI	L	18,531,466	151,386,304	404,607,039					574,524,809	
24. Minnesota MN	N									
25. Mississippi MS	N									
26. Missouri MO	N									
27. Montana MT	N									
28. Nebraska NE	N									
29. Nevada NV	N									
30. New Hampshire NH	N									
31. New Jersey NJ	N									
32. New Mexico NM	N									
33. New York NY	N									
34. North Carolina NC	N									
35. North Dakota ND	N									
36. Ohio OH	N									
37. Oklahoma OK	N									
38. Oregon OR	N									
39. Pennsylvania PA	N									
40. Rhode Island RI	N									
41. South Carolina SC	N									
42. South Dakota SD	N									
43. Tennessee TN	N									
44. Texas TX	N									
45. Utah UT	N									
46. Vermont VT	N									
47. Virginia VA	N									
48. Washington WA	N									
49. West Virginia WV	N									
50. Wisconsin WI	N									
51. Wyoming WY	N									
52. American Samoa AS	N									
53. Guam GU	N									
54. Puerto Rico PR	N									
55. U.S. Virgin Islands VI	N									
56. Northern Mariana Islands MP	N									
57. Canada CAN	N									
58. Aggregate Other Aliens OT	XXX									
59. Subtotal	XXX	18,531,466	151,386,304	404,607,039					574,524,809	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									
61. Totals (Direct Business)	XXX	18,531,466	151,386,304	404,607,039					574,524,809	
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1
2. R - Registered - Non-domiciled RRGs .....
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .....
4. Q - Qualified - Qualified or accredited reinsurer .....
5. N - None of the above - Not allowed to write business in the state 56

Molina Healthcare, Inc.
13-4204626
(DE)

Molina Healthcare of California
33-0342719
(HMO)
CA 100%

Molina Healthcare of Wisconsin, Inc.
20-0813104
NAIC: 12007 (HMO)
WI 100%

Molina Healthcare of Florida, Inc.
26-0155137
NAIC: 13128 (HMO)
FL 100%

Molina Healthcare of Illinois, Inc.
27-1823188
NAIC: 14104 (HMO)
IL 100%

Molina Healthcare of Michigan, Inc.
38-3341599
NAIC: 52630 (HMO)
MI 100%

Molina Healthcare of New Mexico, Inc.
85-0408506
NAIC: 95739 (HMO)
NM 100%

Molina Healthcare of Ohio, Inc.
20-0750134
NAIC: 12334 (HMO)
OH 100%

Molina Healthcare of Puerto Rico, Inc.
66-0817946
NAIC: 15600 (HMO PR)
PR & NV 100%

Molina Healthcare of Texas, Inc.
20-1494502
NAIC: 10757 (HMO)
TX 100%

Molina Healthcare of South Carolina, Inc.
46-2992125
NAIC: 15329 (HMO)
SC 100%

Molina Healthcare of Utah, Inc.
33-0617992
NAIC: 95502 (HMO)
UT 100%

Molina Healthcare of Washington, Inc.
91-1284790
NAIC: 96270 (HMO)
WA 100%

Molina Healthcare of New York, Inc.
27-1603200
(MCO)
NY 100%

Molina Healthcare of Texas Insurance Company
27-0522725
NAIC: 13778 (A&H)
TX 100%

Molina Healthcare of Mississippi, Inc.
26-4390042
NAIC: 16301 (HMO)
MS 100%

Molina Healthcare of Kentucky, Inc.
83-3866292
NAIC: 16596 (HMO)
KY 100%

Molina Clinical Services, LLC
81-2824030
DE 100%

Oceangate Reinsurance, Inc.
84-4039542
NAIC: 16808
(captive insurer)
UT 100%

Molina Healthcare Data Center, LLC
45-2634351
NM 100%

2028 West Broadway, LLC
85-3111408
DE 100%

Molina Healthcare of Indiana, Inc.
38-4187664
NAIC: 17424 (HMO)
IN 100%

Molina Healthcare of Nevada, Inc.
20-3567602
NAIC: 17064 (HMO)
NV 100%

Molina Healthcare of Nebraska, Inc.
88-2279643
NAIC: 17357 (HMO)
NE 100%

Molina Healthcare of Oklahoma, Inc.
81-0864563
NAIC: 17066 (HMO)
OK 100%

Molina Healthcare of Tennessee, Inc.
84-3288805
TN 100%

Molina Healthcare of Georgia, Inc.
80-0800257
NAIC: 15714 (HMO)
GA 100%

Molina Healthcare of Louisiana, Inc.
81-4229476
LA 100%

Molina Healthcare of Pennsylvania, Inc.
81-0855820
PA 100%

Molina Healthcare of Iowa, Inc.
38-4187674
NAIC: 17197 (HMO)
IA 100%

MHAZ, Inc.
30-0876771
AZ 100%

Molina Healthcare of Rhode Island Holding Company, Inc.
87-2979541
DE 100%

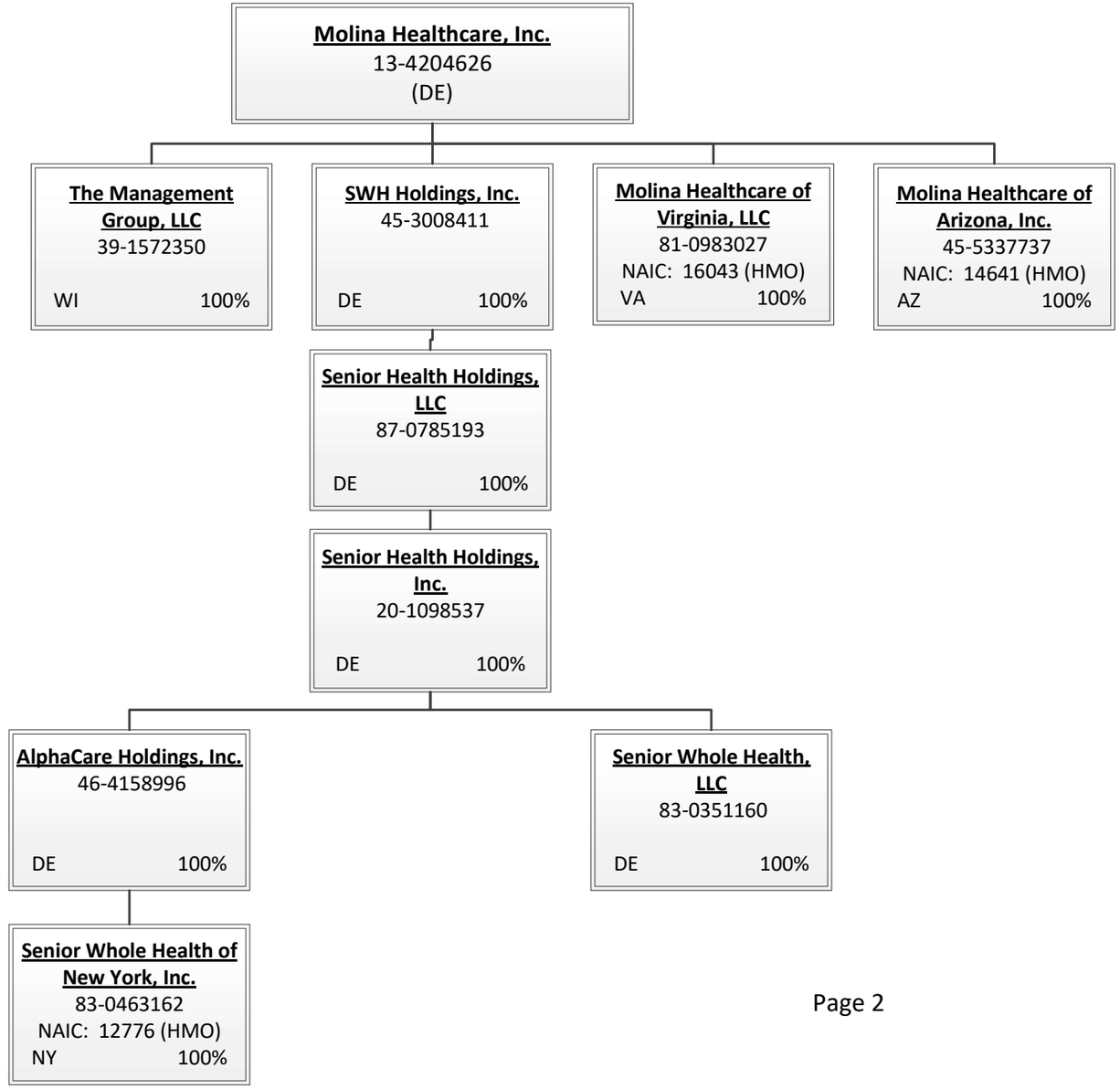
Molina Care Connections, LLC
47-2296708
TX 100%

Molina Healthcare of Kansas, Inc.
92-3336788
KS 100%

Molina Healthcare of Wisconsin CMO, Inc.
88-2992962
WI 100%

Molina Healthcare of Rhode Island, Inc.
87-2738451
NAIC: 17290 (HMO)
RI 100%

Continued on Page 2


Molina Healthcare, Inc.
13-4204626
(DE)
The Management Group, LLC
39-1572350
WI 100%
SWH Holdings, Inc.
45-3008411
DE 100%
Molina Healthcare of Virginia, LLC
81-0983027
NAIC: 16043 (HMO)
VA 100%
Molina Healthcare of Arizona, Inc.
45-5337737
NAIC: 14641 (HMO)
AZ 100%
Senior Health Holdings, LLC
87-0785193
DE 100%
Senior Health Holdings, Inc.
20-1098537
DE 100%
AlphaCare Holdings, Inc.
46-4158996
DE 100%
Senior Whole Health, LLC
83-0351160
DE 100%
Senior Whole Health of New York, Inc.
83-0463162
NAIC: 12776 (HMO)
NY 100%

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
		00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17424	38-4187664				Molina Healthcare of Indiana, Inc.	IN	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	IA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17357	88-2279643				Molina Healthcare of Nebraska, Inc.	NE	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	NV	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	RI	IA	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas Insurance Company	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	30-0876771				MHAZ, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	92-3336788				Molina Healthcare of Kansas, Inc.	KS	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	87-2979541				Molina Healthcare of Rhode Island Holding Company, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	88-2992962				Molina Healthcare of Wisconsin CMO, Inc.	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	87-0785193				Senior Health Holdings, LLC	DE	NIA	SWH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-3008411				SWH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	AUGUST FILING	
2.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]

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

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 23

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Amount due to reinsurer	822		822	808
2397. Summary of remaining write-ins for Line 23 from overflow page	822		822	808

SCHEDULE A - VERIFICATION

Real Estate

NONE

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

		1 Year to Date	2 Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	124,275,063	115,554,686
2.	Cost of bonds and stocks acquired	2,340,461	31,165,688
3.	Accrual of discount	83,955	183,904
4.	Unrealized valuation increase (decrease)	199,920	(589,186)
5.	Total gain (loss) on disposals	(15,406)	(8,075)
6.	Deduct consideration for bonds and stocks disposed of	5,822,915	21,760,420
7.	Deduct amortization of premium	76,578	314,173
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		42,639
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	120,984,500	124,275,063
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	120,984,500	124,275,063

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	74,769,748		3,061,543	(42,256)	71,665,949			74,769,748
2. NAIC 2 (a)	23,290,517		1,387,857	418,182	22,320,842			23,290,517
3. NAIC 3 (a)	26,260,874	2,340,461	1,310,697	(406,857)	26,883,781			26,260,874
4. NAIC 4 (a)	167,000		238,114	239,614	168,500			167,000
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	124,488,139	2,340,461	5,998,211	208,683	121,039,072			124,488,139
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	124,488,139	2,340,461	5,998,211	208,683	121,039,072			124,488,139

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 $; NAIC 2 $; NAIC 3 $ 54,573 NAIC 4 $; NAIC 5 $; NAIC 6 $

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
7709999999 Totals	54,573	XXX	54,231	1,141	

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	213,076	12,495,111
2.	Cost of short-term investments acquired		37,133,349
3.	Accrual of discount	466	29,958
4.	Unrealized valuation increase (decrease)	920	(1,147)
5.	Total gain (loss) on disposals	111	3,672
6.	Deduct consideration received on disposals	160,000	49,440,910
7.	Deduct amortization of premium		6,957
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	54,573	213,076
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	54,573	213,076

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	291,507,051	391,027,110
2.	Cost of cash equivalents acquired	1,126,297,970	4,402,995,462
3.	Accrual of discount		482,295
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,043,053,192	4,502,997,816
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	374,751,829	291,507,051
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	374,751,829	291,507,051

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
013092-AC-5	ALBERTSONS COS/SAFEWAY		03/28/2023	DIRECT		81,155	85,000	819	3.C FE
01309Q-AA-6	ALBERTSONS COS/SAFEWAY		02/06/2023	DIRECT		20,000	20,000		3.C FE
058498-AV-8	BALL CORP		02/23/2023	DIRECT		53,350	55,000	1,207	3.A FE
12770R-AA-1	COLT MERGER SUB INC		03/02/2023	DIRECT		134,831	135,000	1,368	3.C FE
222070-AE-4	COTY INC		01/26/2023	DIRECT		57,750	60,000	875	3.B FE
345397-C4-3	FORD MOTOR CREDIT CO LLC		01/18/2023	DIRECT		205,250	200,000	541	3.B FE
34960P-AB-7	FORTRESS TRANS & INFRAST		01/10/2023	DIRECT		124,416	130,000	2,311	3.C FE
431318-AS-3	HILCORP ENERGY I/HILCORP		01/11/2023	DIRECT		77,400	80,000	1,000	3.C FE
48250N-AC-9	KFC HLD/PIZZA HUT/TACO		03/28/2023	DIRECT		58,200	60,000	942	3.B FE
517834-AG-2	LAS VEGAS SANDS CORP		03/23/2023	DIRECT		67,675	70,000	298	3.A FE
629377-CE-0	NRG ENERGY INC		01/23/2023	DIRECT		61,913	65,000	104	3.B FE
670001-AG-1	NOVELIS CORP		03/23/2023	DIRECT		72,000	80,000	953	3.C FE
682691-AB-6	ONEMAIN FINANCE CORP		01/09/2023	DIRECT		65,063	75,000	1,283	3.B FE
69354N-AC-0	PRA GROUP INC		01/26/2023	DIRECT		84,575	85,000	2,595	3.B FE
74841C-AA-9	QUICKEN LOANS LLC/QUICKN		02/02/2023	DIRECT		69,600	80,000	1,249	3.A FE
77313L-AA-1	ROCKETMTGE CO-ISSUER INC		01/12/2023	DIRECT		57,688	65,000	478	3.A FE
780153-BS-0	ROYAL CARIBBEAN CRUISES	D	01/05/2023	DIRECT		56,100	55,000	1,172	3.C FE
78410G-AD-6	SBA COMMUNICATIONS CORP		03/29/2023	DIRECT		139,100	150,000	743	3.B FE
78442P-GE-0	SLM CORP		01/11/2023	DIRECT		70,690	80,000	493	3.A FE
812127-AA-6	SEALED AIR CORP		03/23/2023	DIRECT		180,638	180,000	824	3.B FE
81725W-AK-9	SENSATA TECHNOLOGIES BV	D	02/27/2023	DIRECT		84,528	95,000	1,436	3.C FE
85207U-AK-1	SPRINT CORP		02/27/2023	DIRECT		78,188	75,000		3.A FE
853496-AC-1	STANDARD INDUSTRIES INC		01/26/2023	DIRECT		95,750	100,000	2,292	3.B FE
87724R-AA-0	TAYLOR MORRISON COMM		01/09/2023	DIRECT		53,763	55,000	233	3.C FE
911365-BF-0	UNITED RENTALS NORTH AM		03/16/2023	DIRECT		137,550	140,000	749	3.A FE
91153L-AA-5	UNITED SHORE FINAN SERVI		01/04/2023	DIRECT		137,250	150,000	1,169	3.C FE
91879Q-AL-3	VAIL RESORTS INC		03/27/2023	DIRECT		16,040	16,000	372	3.C FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						2,340,463	2,441,000	25,506	XXX
2509999997. Total - Bonds - Part 3						2,340,463	2,441,000	25,506	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999. Total - Bonds						2,340,463	2,441,000	25,506	XXX
4509999997. Total - Preferred Stocks - Part 3							XXX		XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks							XXX		XXX
5989999997. Total - Common Stocks - Part 3							XXX		XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks							XXX		XXX
5999999999. Total - Preferred and Common Stocks							XXX		XXX
6009999999 - Totals						2,340,463	XXX	25,506	XXX

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident-ification	Description	For-eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog-nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date	NAIC Desig-nation, NAIC Desig-nation Modifier and SVO Admini-strative Symbol
3136AB-VF-7	FANNIE MAE 13 12A		03/01/2023	MBS PAYDOWN		19,152	19,152	19,075	19,151		1		1		19,152				49	11/25/2041	1.A FE
3138EB-Y9-0	UMBS - POOL AK7035		03/01/2023	MBS PAYDOWN		43,073	43,073	45,244	43,098		(24)		(24)		43,073				242	05/01/2042	1.A FE
3138ER-NX-4	UMBS - POOL AL9405		03/01/2023	MBS PAYDOWN		21,013	21,013	22,099	21,021		(8)		(8)		21,013				115	06/01/2044	1.A FE
3140J9-MA-6	UMBS - POOL BM4852		03/01/2023	MBS PAYDOWN		19,308	19,308	20,530	19,317		(10)		(10)		19,308				133	07/01/2044	1.A FE
3140J9-UF-6	UMBS - POOL BM5081		03/01/2023	MBS PAYDOWN		25,004	25,004	27,141	25,037		(33)		(33)		25,004				158	11/01/2048	1.A FE
31410L-WR-9	UMBS - POOL 890856		03/01/2023	MBS PAYDOWN		19,580	19,580	20,578	19,585		(6)		(6)		19,580				101	01/01/2047	1.A FE
0909999999. Subtotal - Bonds - U.S. Special Revenues						147,130	147,130	154,667	147,209		(80)		(80)		147,130				798	XXX	XXX
02007T-AC-9	ALLY AUTO RECEIVABLES TRUST 19-4 A3		02/15/2023	MBS PAYDOWN		46,562	46,562	46,554	46,561						46,562				97	06/17/2024	1.A FE
058498-AT-3	BALL CORP		01/10/2023	DIRECT		213,925	215,000	220,136	212,313	6,933	(50)		6,883		219,196		(5,271)	(5,271)	5,989	07/01/2025	3.A FE
16411Q-AG-6	CHENIERE ENERGY PARTNERS		01/05/2023	DIRECT		22,541	25,000	24,066	24,129		2		2		24,131		(1,590)	(1,590)	306	10/01/2029	2.C FE
16411R-AK-5	CHENIERE ENERGY INC		01/05/2023	DIRECT		73,876	80,000	74,864	72,600	2,631	15		2,646		75,246		(1,370)	(1,370)	863	10/15/2028	2.C FE
23311V-AG-2	DCP MIDSTREAM OPERATING		01/09/2023	DIRECT		289,406	290,000	288,242	288,466		13		13		288,479		926	926	7,621	07/15/2025	2.C FE
28416L-AA-0	ELARA HGV TIMESHARE ISSUER 21-A A		03/25/2023	MBS PAYDOWN		35,133	35,133	35,132	35,102		31		31		35,133				73	08/27/2035	1.A FE
410345-AJ-1	HANESBRANDS INC		03/08/2023	SECURITY CALLED AT 100.00000000		240,000	240,000	237,029	232,200	5,628	286		5,914		238,114		1,886	1,886	3,484	05/15/2024	4.A FE
45031U-CF-6	ISTAR INC		03/01/2023	DIRECT		179,775	180,000	176,030	176,480	431	286		717		177,198		2,577	2,577	3,610	10/01/2024	3.B FE
505742-AG-1	LADDER CAP FIN LLLP/CORP		03/22/2023	DIRECT		91,500	100,000	92,250	92,695		551		551		93,246		(1,746)	(1,746)	2,523	10/01/2025	3.B FE
69371R-Q4-1	PACCAR FINANCIAL CORP		02/07/2023	MATURITY at 100.0000		170,000	170,000	169,992	170,000						170,000				1,615	02/07/2023	1.E FE
85207U-AJ-4	SPRINT CORP		01/26/2023	DIRECT		270,075	260,000	279,002	268,462	6,348	(608)		5,740		274,202		(4,127)	(4,127)	9,086	02/15/2025	3.A FE
855244-AN-9	STARBUCKS CORP		03/01/2023	MATURITY at 100.0000		1,000,000	1,000,000	1,035,550	1,000,926		(926)		(926)		1,000,000				15,500	03/01/2023	2.A FE
85571B-AS-4	STARWOOD PROPERTY TRUST		01/20/2023	DIRECT		169,575	170,000	168,785	168,520	731	56		787		169,308		267	267	2,156	11/01/2023	3.C FE
89114Q-CF-3	TORONTO-DOMINION BANK	A	01/27/2023	MATURITY at 100.0000		2,500,000	2,500,000	2,500,000	2,500,000						2,500,000				28,427	01/27/2023	1.E FE
89233M-AD-5	TOYOTA AUTO RECEIVABLES OWNER 19-D A3		03/15/2023	MBS PAYDOWN		101,278	101,278	101,271	101,278						101,278				268	01/16/2024	1.A FE
92348A-AA-3	VERIZON OWNER TRUST 19-C A1A		02/20/2023	MBS PAYDOWN		61,441	61,441	61,436	61,441						61,441				101	04/22/2024	1.A FE
98310W-AS-7	TRAVEL + LEISURE CO		03/10/2023	DIRECT		210,700	215,000	218,275	210,210	7,614	(166)		7,448		217,657		(6,957)	(6,957)	8,863	07/31/2026	3.C FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						5,675,787	5,689,414	5,728,614	5,661,383	30,316	(510)		29,806		5,691,191		(15,405)	(15,405)	90,582	XXX	XXX
2509999997. Total - Bonds - Part 4						5,822,917	5,836,544	5,883,281	5,808,592	30,316	(590)		29,726		5,838,321		(15,405)	(15,405)	91,380	XXX	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds						5,822,917	5,836,544	5,883,281	5,808,592	30,316	(590)		29,726		5,838,321		(15,405)	(15,405)	91,380	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4							XXX													XXX	XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks							XXX													XXX	XXX
5989999997. Total - Common Stocks - Part 4							XXX													XXX	XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks							XXX													XXX	XXX
5999999999. Total - Preferred and Common Stocks							XXX													XXX	XXX
6009999999 - Totals						5,822,917	XXX	5,883,281	5,808,592	30,316	(590)		29,726		5,838,321		(15,405)	(15,405)	91,380	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
US Bank Saint Paul, MN		0.000			(2,126,372)	(1,235,778)	(2,940,955)	XXX
US Bank Saint Paul, MN		0.000			(15,741)	110,356	177,838	XXX
JP Morgan Chase Columbus, OH		0.000			2,631,854	3,310,536	193,003	XXX
JP Morgan Chase Columbus, OH		0.000			3,865,431	4,020,392	2,924,958	XXX
JP Morgan Chase Columbus, OH		0.000			(3,663)	(1,796)	(1,796)	XXX
US Bank Saint Paul, MN					(19,840,367)	(19,543,717)	(20,646,291)	XXX
SUNTRUST BK MMF Nashville, TN		0.000	227,459		20,525,444	20,597,066	20,678,084	XXX
US BANK MONEY MKT FD Saint Paul, MN		0.000	108,402		10,305,651	10,340,096	44,050	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	335,861		15,342,237	17,597,155	428,891	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX			1,000	1,000	1,000	XXX
0299999. Totals - Suspended Depositories	XXX	XXX			1,000	1,000	1,000	XXX
0399999. Total Cash on Deposit	XXX	XXX	335,861		15,343,237	17,598,155	429,891	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	335,861		15,343,237	17,598,155	429,891	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0109999999. Total - U.S. Government Bonds								
0309999999. Total - All Other Government Bonds								
0509999999. Total - U.S. States, Territories and Possessions Bonds								
0709999999. Total - U.S. Political Subdivisions Bonds								
0909999999. Total - U.S. Special Revenues Bonds								
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds								
1309999999. Total - Hybrid Securities								
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds								
1909999999. Subtotal - Unaffiliated Bank Loans								
2419999999. Total - Issuer Obligations								
2429999999. Total - Residential Mortgage-Backed Securities								
2439999999. Total - Commercial Mortgage-Backed Securities								
2449999999. Total - Other Loan-Backed and Structured Securities								
2459999999. Total - SVO Identified Funds								
2469999999. Total - Affiliated Bank Loans								
2479999999. Total - Unaffiliated Bank Loans								
2509999999. Total Bonds								
31846V-54-2	FIRST AMER TREASURY OBLIG-Z		03/23/2023	0.000			5,321	
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO							5,321	
262006-20-8	DREYFUS GOVERNMENT CASH MGMT-INS		03/23/2023	0.000			83,337	
31846V-20-3	FIRST AMERICAN GOV OBLIG - Y	SD	03/23/2023	0.000		1,075,156		3,316
31846V-33-6	FIRST AMERICAN GOVT OBLIG-X		03/23/2023	0.000			1,039	
31846V-56-7	FIRST AMERICAN GOV OBLIG-Z		03/23/2023	0.000		176,674,327	663,701	
38141W-27-3	GOLDMAN SACHS FIN SQ GOVT-FS		03/23/2023	0.000			77,636	
4812C0-67-0	JPMORGAN U.S. GOVT MONEY MARKET		03/23/2023	0.000			15,860	
52470G-79-1	WESTERN ASSET INST GOVT MONEY MARKET		03/23/2023	0.000		49,964,927	162,032	
608919-71-8	FEDERATED GOVT OBLIGATIONS FUND		03/23/2023	0.000			125	
61747C-70-7	MSILF GOVERNMENT PORT-INST		03/23/2023	0.000		106,700,000	150,265	
825252-88-5	INVESTCO GOVT & AGENCY - INST MMF		03/23/2023	0.000		40,337,419	153,675	
949921-12-6	ALLSPRING GOVT MONEY MKT FD - SELECT		03/23/2023	0.000			15,366	
8309999999. Subtotal - All Other Money Market Mutual Funds						374,751,829	1,323,036	3,316
8609999999 - Total Cash Equivalents						374,751,829	1,328,357	3,316