



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Michigan, Inc.

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

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 400, Troy, MI, US 48098-4504
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 880 W. Long Lake Rd., Suite 400
(Street and Number)
Troy, MI, US 48098-4504 248-925-1700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 880 W. Long Lake Rd., Suite 400, Troy, MI, US 48098-4504
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Primary Location of Books and Records 880 W. Long Lake Rd., Suite 400
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(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta, 614-540-3488
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com (E-mail Address) (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 Brittany Ann Severson Marissa Ann Morgan

State of Michigan SS:
County of Oakland

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

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.....

State of MI County of Washtenaw
Subscribed and sworn to (or affirmed) before me on this
22nd day of October, 2024 by
Terrisca DesJardins proved to me on the basis

of satisfactory evidence to be the person(s) who appeared before me.
Notary Signature John Edward Smith

JOHN EDWARD SMITH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WASHTENAW
MY COMMISSION EXPIRES Dec 18, 2027
ACTING IN COUNTY OF



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Statutory Statement Contact Aarali M Mehta, 614-540-3488
(Name) (Area Code) (Telephone Number)
aarali.mehta@molinahealthcare.com, (FAX Number)
(E-mail Address)

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Terrisca Ray Des Jardins
President

Michael Charles Graves
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this 29 day of October, 2024
Karen A. Guedalia

- 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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(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com (E-mail Address) (FAX Number)

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Terrisca Ray Des Jardins
President

Michael Charles Graves
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this _____ day of _____

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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 23rd
day of October, 2024, by Jeff Barlow

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



(Seal)

Signature Sandra Moses

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	104,803,378		104,803,378	120,008,650
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 (\$21,515,254), cash equivalents (\$307,188,599) and short-term investments (\$)	328,703,853		328,703,853	304,501,141
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)	433,507,231		433,507,231	424,509,791
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	1,865,041		1,865,041	2,194,991
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	82,682,011		82,682,011	40,482,668
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 (\$ 32,392,338)	32,392,338		32,392,338	44,235,640
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				2,232,966
18.2 Net deferred tax asset	15,980,168	2,430,798	13,549,370	12,916,742
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)	1,072	1,072		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 30,953,279) and other amounts receivable	71,174,040	40,220,761	30,953,279	35,876,377
25. Aggregate write-ins for other than invested assets	7,037,183	1,028,991	6,008,192	9,899,953
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	644,639,084	43,681,622	600,957,462	572,349,128
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	644,639,084	43,681,622	600,957,462	572,349,128
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	686,891	686,891		
2502. Goodwill and intangible assets	6,350,292	342,100	6,008,192	9,899,953
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	7,037,183	1,028,991	6,008,192	9,899,953

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	196,573,541	317,782	196,891,323	182,822,900
2. Accrued medical incentive pool and bonus amounts	24,556,950		24,556,950	15,225,567
3. Unpaid claims adjustment expenses	1,025,605	2,261	1,027,866	1,056,576
4. Aggregate health policy reserves, including the liability of \$ 2,652,009 for medical loss ratio rebate per the Public Health Service Act	19,308,522		19,308,522	23,694,918
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	2,029,651		2,029,651	1,130,552
9. General expenses due or accrued	48,407,916		48,407,916	44,513,775
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	4,545,522		4,545,522	
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	7,788		7,788	11,527
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	8,010,469		8,010,469	13,157,085
16. Derivatives				
17. Payable for securities	93,400		93,400	
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	34,564,133		34,564,133	11,638,191
23. Aggregate write-ins for other liabilities (including \$ 30,545,147 current)	30,545,147		30,545,147	35,834,583
24. Total liabilities (Lines 1 to 23)	369,668,644	320,043	369,988,687	329,085,674
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	148,404,804	160,699,483
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	230,968,775	243,263,454
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	600,957,462	572,349,128
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	30,530,768		30,530,768	31,735,904
2302. Member premium due	14,379		14,379	6,765
2303. Liability for non-use of leased property				4,089,533
2398. Summary of remaining write-ins for Line 23 from overflow page				2,381
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	30,545,147		30,545,147	35,834,583
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	3,509,328	3,991,438	5,245,327
2. Net premium income (including \$ non-health premium income).....	XXX	1,696,175,784	1,729,532,675	2,295,501,915
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	3,493,423	(3,813,444)	302,135
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	1,699,669,207	1,725,719,231	2,295,804,050
Hospital and Medical:				
9. Hospital/medical benefits		816,132,335	817,171,421	1,076,463,780
10. Other professional services		61,364,364	52,478,341	76,398,757
11. Outside referrals	3,085,486	49,069,729	52,187,820	70,681,822
12. Emergency room and out-of-area		104,384,955	112,934,358	149,712,087
13. Prescription drugs		341,285,850	346,162,286	460,478,996
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		21,777,132	15,521,123	21,672,576
16. Subtotal (Lines 9 to 15)	3,085,486	1,394,014,365	1,396,455,349	1,855,408,018
Less:				
17. Net reinsurance recoveries		2,381	(14)	(14)
18. Total hospital and medical (Lines 16 minus 17)	3,085,486	1,394,011,984	1,396,455,363	1,855,408,032
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 52,148,416 cost containment expenses		64,406,232	61,562,729	81,883,584
21. General administrative expenses		195,003,718	196,429,084	265,751,073
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).....	3,085,486	1,653,421,934	1,654,447,176	2,203,042,689
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	46,247,273	71,272,055	92,761,361
25. Net investment income earned		15,796,464	17,249,468	23,004,676
26. Net realized capital gains (losses) less capital gains tax of \$ (40,154)		(151,055)	(9,618)	7,562
27. Net investment gains (losses) (Lines 25 plus 26)		15,645,409	17,239,850	23,012,238
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				
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	61,892,682	88,511,905	115,773,599
31. Federal and foreign income taxes incurred	XXX	11,762,856	20,041,643	23,948,242
32. Net income (loss) (Lines 30 minus 31)	XXX	50,129,826	68,470,262	91,825,357
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.				
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)				

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.....	243,263,454	213,799,653	213,799,653
34. Net income or (loss) from Line 32	50,129,826	68,470,262	91,825,357
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 45,473	171,066	(105,550)	276,863
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	571,062	2,462,277	751,856
39. Change in nonadmitted assets	(8,166,633)	(2,380,642)	(3,390,275)
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	(55,000,000)	(45,000,000)	(60,000,000)
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital & surplus (Lines 34 to 47)	(12,294,679)	23,446,347	29,463,801
49. Capital and surplus end of reporting period (Line 33 plus 48)	230,968,775	237,246,000	243,263,454
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)			

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,664,628,347	1,754,713,325	2,266,125,888
2. Net investment income	16,039,826	16,688,786	22,608,654
3. Miscellaneous income			
4. Total (Lines 1 to 3)	1,680,668,173	1,771,402,111	2,288,734,542
5. Benefit and loss related payments	1,374,320,127	1,396,586,033	1,871,406,329
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	232,548,502	256,294,562	348,277,128
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ (40,154) tax on capital gains (losses)	4,944,214		22,598,773
10. Total (Lines 5 through 9)	1,611,812,843	1,652,880,595	2,242,282,230
11. Net cash from operations (Line 4 minus Line 10)	68,855,330	118,521,516	46,452,312
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	25,442,811	7,904,247	10,881,075
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		1,258	1,257
12.7 Miscellaneous proceeds	93,400	81,892	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	25,536,211	7,987,397	10,882,332
13. Cost of investments acquired (long-term only):			
13.1 Bonds	10,125,621	4,989,947	6,216,581
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)	10,125,621	4,989,947	6,216,581
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)	15,410,590	2,997,450	4,665,751
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	55,000,000	45,000,000	60,000,000
16.6 Other cash provided (applied)	(5,063,208)	(3,930,232)	339,171
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(60,063,208)	(48,930,232)	(59,660,829)
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)	24,202,712	72,588,734	(8,542,766)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	304,501,141	313,043,907	313,043,907
19.2 End of period (Line 18 plus Line 19.1)	328,703,853	385,632,641	304,501,141

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

20.0001.			
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STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	406,927	19,212						26,038	361,677					
2. First Quarter	398,005	29,243						24,451	344,311					
3. Second Quarter	378,653	33,954						23,534	321,165					
4. Third Quarter	376,224	35,982						22,759	317,483					
5. Current Year														
6. Current Year Member Months	3,509,328	286,526						215,336	3,007,466					
Total Member Ambulatory Encounters for Period:														
7. Physician	3,063,666	170,102						578,082	2,315,482					
8. Non-Physician	1,589,049	60,023						236,749	1,292,277					
9. Total	4,652,715	230,125						814,831	3,607,759					
10. Hospital Patient Days Incurred	153,969	5,719						49,312	98,938					
11. Number of Inpatient Admissions	27,564	1,063						6,267	20,234					
12. Health Premiums Written (a)	1,696,689,324	126,461,176						412,581,660	1,157,646,488					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....	1,700,182,747	124,074,822						418,461,437	1,157,646,488					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....	1,362,131,001	80,098,990						314,680,119	967,351,892					
18. Amount Incurred for Provision of Health Care Services	1,394,014,365	84,874,256						324,128,235	985,011,874					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 412,581,660

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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical) individual	1,084,611	79,014,379	24,591	12,988,172	1,109,202	5,499,024
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Vision only						
5. Dental only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII - Medicare	19,878,381	294,801,738	(302,923)	57,438,768	19,575,458	61,023,563
8. Title XIX - Medicaid	103,585,540	863,763,971	3,799,003	122,943,711	107,384,543	116,300,315
9. Credit A&H						
10. Disability Income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	124,548,532	1,237,580,088	3,520,671	193,370,651	128,069,203	182,822,902
14. Health care receivables (a)	9,233,167	58,695,397		3,245,476	9,233,167	67,211,850
15. Other non-health						
16. Medical incentive pools and bonus amounts	11,291,480	1,154,269	8,323,737	16,233,213	19,615,217	15,225,567
17. Totals (Lines 13 - 14 + 15 + 16)	126,606,845	1,180,038,960	11,844,408	206,358,388	138,451,253	130,836,619

(a) Excludes \$ 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, 2023. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2023 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).

In April 2024, Molina announced that the Michigan Department of Health and Human Services intends to award a Comprehensive Health Care Program contract to the Plan. The Plan was awarded the contract in six service regions. The go-live date for the new Medicaid contract is expected to be October 1, 2024. The new contract is expected to have a duration of five years, with three, one-year optional extensions.

In October 2024, the Plan was awarded a contract to provide benefits to the state's Highly Integrated Dual Eligible ("HIDE") Special Needs population in six service regions. This award facilitates the transition of the Plan's existing Medicaid-Medicare Plan ("MMP") members to a HIDE product and ensures a new dual eligibles growth opportunity by expanding the Plan's footprint from two regions to six, including Detroit. The new contract, which is expected to commence on January 1, 2026 in select regions, will be implemented statewide in 2027 and is expected to continue for seven years.

On November 8, 2024, the Michigan procurement office notified Molina that it was cancelling the previously issued notice of intent to award contracts to provide benefits to the state's Highly Integrated Dual Eligible Special Needs Medicare population. The cancellation is effective for all bidders in the relevant Request for Proposal (the "RFP"). The state simultaneously re-issued the RFP for bidders to respond by November 21, 2024. The new contracts are expected to commence on January 1, 2026 in select regions of the state.

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 #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 50,129,826	\$ 91,825,357
(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	\$ 50,129,826	\$ 91,825,357
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 230,968,775	\$ 243,263,454
(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	\$ 230,968,775	\$ 243,263,454

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

No significant change.

NOTE 4 Discontinued Operations

None.

NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities

As of September 30, 2024, 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.

NOTES TO FINANCIAL STATEMENTS

(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	\$ 1,459
2. 12 Months or Longer	\$ 2,133,625
b) The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 1,109,754
2. 12 Months or Longer	\$ 25,536,345

(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 September 30, 2024.

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

The Plan is included in the consolidated federal income tax return with its parent, Molina. The Plan does not expect to be liable for the Corporate Alternative Minimum Tax in 2024.

A. - I. No significant changes.

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 \$55,000,000 on March 28, 2024.

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

NOTES TO FINANCIAL STATEMENTS

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.

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 2024:

	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	\$ -	\$ 211,525	\$ 211,525
b. Total net other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
c. Net gain or (loss) from operations (a+b)	\$ -	\$ 211,525	\$ 211,525
d. Total claim payment volume	\$ -	\$ 716,652,509	\$ 716,652,509

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	\$ -	\$ 4,713,484	\$ -	\$ -	\$ 4,713,484
Exempt money market mutual funds	\$ 225,928,480	\$ -	\$ -	\$ -	\$ 225,928,480
Other money market mutual funds	\$ 81,260,118	\$ -	\$ -	\$ -	\$ 81,260,118
Total assets at fair value/NAV	\$ 307,188,598	\$ 4,713,484	\$ -	\$ -	\$ 311,902,082

(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 the financial instruments listed 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 September 30, 2024 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)
Special revenue & special assessments	\$ 9,564,850	\$ 9,935,165	\$ -	\$ 9,564,850	\$ -	\$ -	\$ -
Industrial & miscellaneous	\$ 91,835,799	\$ 94,812,167	\$ -	\$ 91,835,799	\$ -	\$ -	\$ -
Hybrid securities	\$ 57,750	\$ 56,047	\$ -	\$ 57,750	\$ -	\$ -	\$ -
Open depositories	\$ (14,483,875)	\$ (14,483,875)	\$ (14,483,875)	\$ -	\$ -	\$ -	\$ -
Short-term certificates of deposit	\$ 35,999,129	\$ 35,999,129	\$ 35,999,129	\$ -	\$ -	\$ -	\$ -
Exempt money market mutual funds	\$ 225,928,480	\$ 225,928,480	\$ 225,928,480	\$ -	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

Other money market mutual funds	\$ 81,260,118	\$ 81,260,118	\$ 81,260,118	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 430,162,251	\$ 433,507,231	\$ 328,703,852	\$ 101,458,399	\$ -	\$ -	\$ -

D. - E. None.

NOTE 21 Other Items

A. - B. No significant changes.

C. Other Disclosures

The Department imposes requirements on the Plan with regards to working capital. For purposes of calculating working capital the Plan excludes amounts that are payable beyond one year. The Plan did not have any liabilities that were excluded from this calculation. As of September 30, 2024, the Plan is in compliance with the working capital requirements.

The Consolidated Appropriations Act of 2023 authorized states to resume redeterminations and terminate Medicaid coverage for ineligible enrollees starting on April 1, 2023, irrespective of the status of the Public Health Emergency. Consequently, during the second quarter of 2023, the state began disenrolling members. The loss in membership is on track with the Plan's expectations in 2024.

D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through November 14, 2024, 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										\$ 60,275	
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)										\$ 7,312,568	
Operations (Revenue & Expense)											
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment										\$ (6,927,862)	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)										\$ (60,363)	
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	
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
					5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable		Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

2. Premium adjustments (payable) (including high risk pool premium)	\$ -	\$(9,818,845)	\$ -	\$(9,434,139)	\$ -	\$(384,706)	\$ -	\$ 1,402,840	B	\$ -	\$ 1,018,134
3. Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$(9,818,845)	\$ -	\$(9,434,139)	\$ -	\$(384,706)	\$ -	\$ 1,402,840		\$ -	\$ 1,018,134
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
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	\$ -	\$(9,818,845)	\$ -	\$(9,434,139)	\$ -	\$(384,706)	\$ -	\$ 1,402,840		\$ -	\$ 1,018,134

Explanations of Adjustments

A.

B. Adjustments are changes in estimates based on additional information since December 31, 2023.

(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. The liabilities for claims unpaid, accrued medical incentive pool and bonus amounts, net of health care receivables, as of December 31, 2023 were \$131,638,952. As of September 30, 2024, \$135,840,012 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care receivables, are now \$2,637,246, as a result of re-estimation of unpaid claims principally on Medicaid, Medicare, and Marketplace lines of business. Therefore, there has been a \$6,838,306 unfavorable prior-year development since December 31, 2023 to September 30, 2024. The unfavorable development is generally the result of ongoing analysis of recent loss development trends primarily due to higher than expected utilization of medical services. Consequently, the ultimate costs recognized in 2024, as claims payments were processed, were higher than the Plan's original estimates in 2023.

The liabilities for claim adjustment expenses as of December 31, 2023 were \$1,056,576. As of September 30, 2024, the Plan incurred and paid claims adjustment expenses of \$64,406,232 and \$64,434,942, respectively. The liabilities for claims adjustment expenses are now \$1,027,866.

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 September 30, 2024.

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

None.

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 [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 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	2	3
Name of Entity	NAIC Company Code	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. 12/31/2021
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/19/2023
- 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 [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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 [X] No []

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

On January 24, 2024, Molina Healthcare, Inc. ("Molina") amended its Code of Business Conduct and Ethics (the "Code") to include a description of Molina's mandatory training process for employees on topics including but not limited to the Code, Molina's Compliance Program and its policies and procedures, and fraud, waste, and abuse. The amendments clarify that employees who fail to complete their required trainings on time may be subject to disciplinary action, up to and including termination.

In addition, Molina made certain other changes to the Code, including those of a technical, administrative and non-substantive nature.

- 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	2
	Prior Year-End Book/Adjusted Carrying Value	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 [] 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 []

- 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 [] 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 [] 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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	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 [] 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 []

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 []

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 []

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent85.1 %
 - 1.2 A&H cost containment percent 3.1 %
 - 1.3 A&H expense percent excluding cost containment expenses12.2 %
- 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

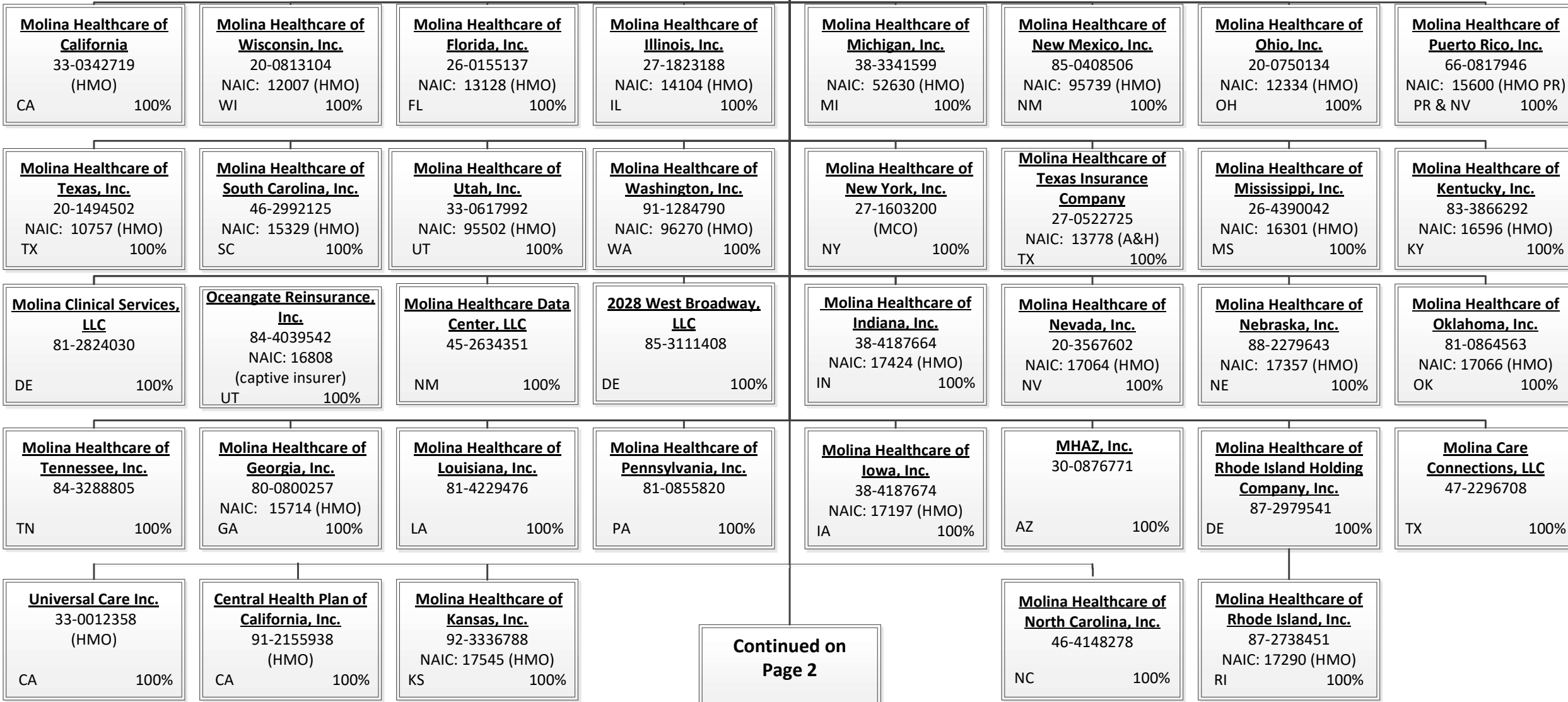
States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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	126,461,176	412,581,660	1,157,646,488				1,696,689,324	
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	126,461,176	412,581,660	1,157,646,488					1,696,689,324	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									
61. Totals (Direct Business)	XXX	126,461,176	412,581,660	1,157,646,488					1,696,689,324	
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:

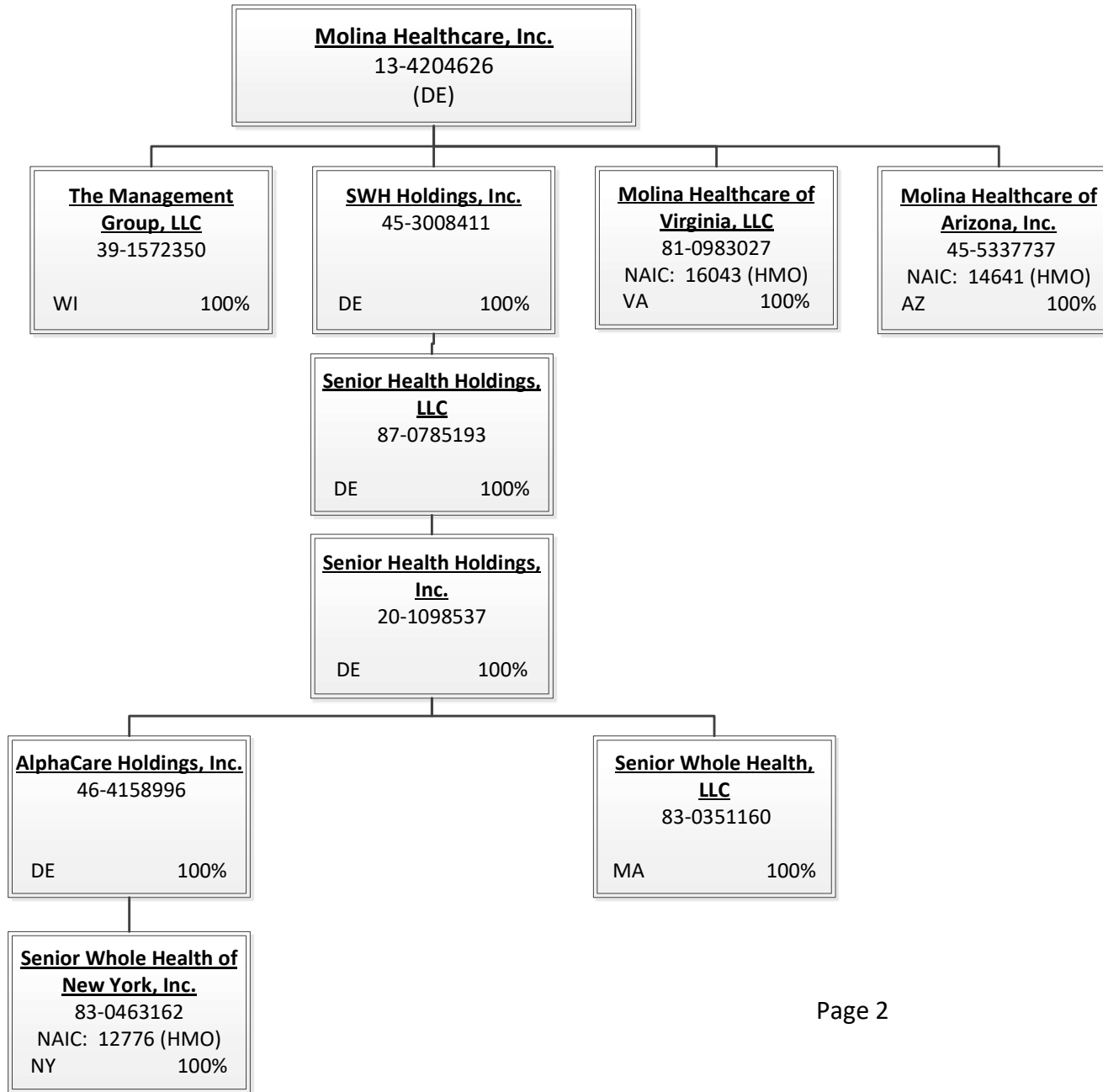
- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1
- 2. R - Registered - Non-domiciled RRGs.....
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....
- 4. Q - Qualified - Qualified or accredited reinsurer.....
- 5. N - None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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

Molina Healthcare, Inc.
13-4204626
(DE)



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STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		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.	17545	92-3336788				Molina Healthcare of Kansas, Inc.	KS	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	91-2155938				Central Health Plan of California, Inc.	CA	IA	Molina Healthcare, 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	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	46-4148278				Molina Healthcare of North Carolina, Inc.	NC	NIA	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	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	SIH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	83-0351160				Senior Whole Health, LLC	MA	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-3008411				SIH 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	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
..... 00000	33-0012358 ..	.....	.....	.....	Universal Care, Inc. ....	.. CA.....	..... IA.....	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]



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				2,381
2397. Summary of remaining write-ins for Line 23 from overflow page				2,381

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE A - VERIFICATION

Real Estate

	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)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	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)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	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)		

NONE

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	120,008,650	124,275,063
2. Cost of bonds and stocks acquired	10,125,621	6,216,581
3. Accrual of discount	280,961	356,633
4. Unrealized valuation increase/(decrease)	216,540	349,314
5. Total gain (loss) on disposals	(191,209)	(13,675)
6. Deduct consideration for bonds and stocks disposed of	25,464,093	10,904,213
7. Deduct amortization of premium	194,374	294,191
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	21,282	23,138
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	104,803,378	120,008,650
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	104,803,378	120,008,650

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

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)	71,059,833		7,973,609	(38,675)	71,258,552	71,059,833	63,047,549	71,347,637
2. NAIC 2 (a)	18,837,829	83,170	5,015,824	1,239,944	22,166,838	18,837,829	15,145,119	23,024,109
3. NAIC 3 (a)	25,802,714	3,328,114	1,483,656	(1,320,434)	25,243,929	25,802,714	26,326,738	24,996,998
4. NAIC 4 (a)	150,388		119,284	252,868	178,499	150,388	283,972	639,906
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	115,850,764	3,411,284	14,592,373	133,703	118,847,818	115,850,764	104,803,378	120,008,650
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	115,850,764	3,411,284	14,592,373	133,703	118,847,818	115,850,764	104,803,378	120,008,650

(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 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Premium	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals		XX			

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		213,076
2. Cost of short-term investments acquired		
3. Accrual of discount		667
4. Unrealized valuation increase/(decrease)		1,147
5. Total gain (loss) on disposals		110
6. Deduct consideration received on disposals		215,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

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	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	305,896,876	291,507,051
2. Cost of cash equivalents acquired	2,685,711,433	4,384,619,516
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	2,684,419,710	4,370,229,691
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)	307,188,599	305,896,876
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	307,188,599	305,896,876

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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
03959K-AA-8	ARCHROCK PARTNERS LP/FIN		07/03/2024	DIRECT		120,600	120,000	2,154	3.C FE
04364V-AU-7	ASCENT RESOURCES/ARU FIN		07/31/2024	DIRECT		152,288	155,000	3,794	3.C FE
04433L-AA-0	ASHLAND INC		08/23/2024	DIRECT		60,988	70,000	1,148	3.A FE
05368V-AB-2	AVIENT CORP		09/06/2024	DIRECT		97,063	96,000		3.C FE
058498-AW-6	BALL CORP		08/23/2024	DIRECT		79,763	90,000	79	3.A FE
073685-AF-6	BEACON ROOFING SUPPLY IN		08/08/2024	DIRECT		29,250	30,000	315	3.B FE
12008R-AP-2	BUILDERS FIRSTSOURCE INC		09/18/2024	DIRECT		60,663	65,000	368	3.C FE
143658-BR-2	CARNIVAL CORP	D.	09/11/2024	DIRECT		185,925	185,000	4,039	3.B FE
156504-AM-4	CENTURY COMMUNITIES		09/12/2024	DIRECT		107,813	115,000	347	3.B FE
159864-AG-2	CHARLES RIVER LABORATORI		09/27/2024	DIRECT		141,033	150,000	1,418	3.B FE
19416M-AB-5	PERMIAN RESOURC OPTG LLC		08/08/2024	DIRECT		34,912	35,000	217	3.B FE
222070-AG-9	COTY/HFC PRESTIGE/INT US		09/18/2024	DIRECT		83,170	85,000	529	2.C FE
23345M-AA-5	DT MIDSTREAM INC		08/22/2024	DIRECT		142,733	150,000	1,169	3.A FE
28275Y-AC-6	ENERSYS		08/22/2024	DIRECT		38,996	40,000	331	3.C FE
33767D-AB-1	FIRSTCASH INC		09/17/2024	DIRECT		77,624	80,000	175	3.B FE
38869A-AC-1	GRAPHIC PACKAGING INTERN		08/16/2024	DIRECT		170,663	185,000	3,022	3.B FE
42704L-AE-4	HERC HOLDINGS INC		08/13/2024	DIRECT		61,134	60,000	740	3.C FE
428102-AE-7	HESS MIDSTREAM OPERATION		08/27/2024	DIRECT		61,051	65,000	736	3.A FE
431571-AF-5	HILLENBRAND INC		08/01/2024	DIRECT		55,825	55,000	1,604	3.A FE
53229K-AA-7	LIGHTNING POWER LLC		09/18/2024	DIRECT		125,400	120,000	798	3.C FE
536797-AG-8	LITHIA MOTORS INC		08/13/2024	DIRECT		59,604	65,000	511	3.B FE
57638P-AA-2	MASTERBRAND INC		09/18/2024	DIRECT		93,825	90,000	1,435	3.B FE
629377-CO-3	NRG ENERGY INC		08/21/2024	DIRECT		96,832	105,000	69	3.B FE
629377-CR-1	NRG ENERGY INC		08/23/2024	DIRECT		44,924	50,000	55	3.B FE
67059T-AH-8	NUSTAR LOGISTICS LP		09/18/2024	DIRECT		93,825	90,000	2,678	3.A FE
680665-AK-2	OLIN CORP		09/03/2024	DIRECT		48,320	50,000	229	3.A FE
70339P-AA-7	PATTERN ENERGY OP LP/PAT		09/27/2024	DIRECT		82,196	85,000	329	3.C FE
78410G-AG-9	SBA COMMUNICATIONS CORP		08/13/2024	DIRECT		32,031	35,000	40	3.B FE
852234-AP-8	BLOCK INC		08/23/2024	DIRECT		124,302	140,000	987	3.A FE
86765L-AT-4	SUNOCO LP/FINANCE CORP		08/21/2024	DIRECT		47,954	50,000	606	3.A FE
88104L-AE-3	TERRAFORM POWER OPERATIN		08/22/2024	DIRECT		44,226	45,000	144	3.C FE
89055F-AB-9	TOPBUILD CORP		07/08/2024	DIRECT		59,119	65,000	746	3.B FE
893647-BU-0	TRANSDIGM INC		09/09/2024	DIRECT		339,235	335,000	7,052	3.C FE
90138F-AC-6	TWILIO INC		08/27/2024	DIRECT		18,600	20,000	328	3.C FE
911365-BN-3	UNITED RENTALS NORTH AM		08/23/2024	DIRECT		93,627	100,000	434	3.B FE
92328M-AA-1	VENTURE GLOBAL CALCASIEU		09/03/2024	DIRECT		47,183	50,000	102	3.B FE
92332Y-AE-1	VENTURE GLOBAL LNG INC		09/27/2024	DIRECT		61,875	60,000	770	3.B FE
92840V-AH-5	VISTRA OPERATIONS CO LLC		08/23/2024	DIRECT		43,312	45,000	629	3.B FE
94419N-AA-5	WAYFAIR LLC		09/27/2024	DIRECT		93,400	91,000		3.B FE
1109999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					3,411,284	3,522,000	40,127	XXX
2509999997	Total - Bonds - Part 3					3,411,284	3,522,000	40,127	XXX
2509999998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999	Total - Bonds					3,411,284	3,522,000	40,127	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

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STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

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 Admini- strative Symbol
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						3,411,284	XXX	40,127	XXX

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	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 Recogn- ized	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		09/01/2024	MBS PAYDOWN		15,847	15,847	15,783	15,830		.17		.17		15,847				186	11/25/2041	1.A FE	
..3138EB-Y9-0	UMBS - POOL AK7035		09/01/2024	MBS PAYDOWN		29,232	29,232	30,705	29,304		(72)		(72)		29,232				682	05/01/2042	1.A FE	
..3138ER-NX-4	UMBS - POOL AL9405		09/01/2024	MBS PAYDOWN		19,051	19,051	20,036	19,104		(52)		(52)		19,051				434	06/01/2044	1.A FE	
..3140J9-MA-6	UMBS - POOL BM4852		09/01/2024	MBS PAYDOWN		19,993	19,993	21,258	20,076		(83)		(83)		19,993				534	07/01/2044	1.A FE	
..3140J9-LF-6	UMBS - POOL BM5081		09/01/2024	MBS PAYDOWN		8,383	8,383	9,099	8,436		(54)		(54)		8,383				230	11/01/2048	1.A FE	
..31410L-WR-9	UMBS - POOL 890856		09/01/2024	MBS PAYDOWN		25,160	25,160	26,443	25,207		(48)		(48)		25,160				589	01/01/2047	1.A FE	
0909999999 Subtotal - Bonds - U.S. Special Revenues						117,666	117,666	123,324	117,957		(292)		(292)		117,666				2,655	XXX	XXX	
..00253X-AA-9	AMERICAN AIRLINES/AADVAN	D	07/20/2024	SINKING FUND REDEMPTION		46,667	46,667	44,429	45,934		733		733		46,667				1,939	04/20/2026	3.A FE	
..00774M-AM-7	AERCAP IRELAND CAP/GLOBA	D	08/14/2024	MATURITY at 100.0000		750,000	750,000	747,405	749,658		342		342		750,000				21,563	08/14/2024	2.A FE	
..03959K-AA-8	ARCHROCK PARTNERS LP/FIN		08/23/2024	TENDER OFFER		76,684	76,000	76,380			(68)		(68)		76,312		372	372	2,105	04/01/2027	3.C FE	
..14310M-AW-7	CARLYLE GLOBAL MARKET STRATEGI 14-1A AIR		07/17/2024	MBS PAYDOWN		388,309	388,309	384,669	387,292		1,018		1,018		388,309				19,439	04/17/2031	1.A FE	
..15189T-AW-7	CENTERPOINT ENERGY INC		09/01/2024	MATURITY at 100.0000		808,000	808,000	806,626	807,810		190		190		808,000				20,200	09/01/2024	2.B FE	
..225401-AM-0	UBS GROUP AG	D	09/11/2024	SECURITY CALLED AT 100.00000000		450,000	450,000	450,000	450,000						450,000				11,669	09/11/2025	1.G FE	
..235825-AF-3	DANA INC		08/01/2024	DIRECT		122,813	125,000	122,344			70		70		122,414		399	399	1,437	11/15/2027	3.C FE	
..24422E-VU-0	JOHN DEERE CAPITAL CORP		09/10/2024	MATURITY at 100.0000		1,500,000	1,500,000	1,501,620	1,500,384		(384)		(384)		1,500,000				9,375	09/10/2024	1.E FE	
..25466A-AQ-4	DISCOVER BANK		09/12/2024	MATURITY at 100.0000		1,000,000	1,000,000	1,001,950	1,000,265		(265)		(265)		1,000,000				24,500	09/12/2024	2.B FE	
..25746U-DB-2	DOMINION ENERGY INC		08/15/2024	MATURITY at 100.0000		526,000	526,000	526,132	526,062		(62)		(62)		526,000				16,153	08/15/2024	2.B FE	
..28416L-AA-0	ELARA HGV TIMESHARE ISSUER 21-A A		09/25/2024	MBS PAYDOWN		17,634	17,634	17,633	17,620		13		13		17,634				160	08/27/2035	1.A FE	
..29260F-AE-0	ENDEAVOR ENERGY RESOURCE		09/10/2024	SECURITY CALLED AT 101.91600000		188,545	185,000	184,794	184,440	272	(8)		264		184,704		296	296	15,364	01/30/2028	3.B FE	
..29364W-BK-3	ENTERGY LOUISIANA LLC		08/19/2024	SECURITY CALLED AT 100.00000000		1,500,000	1,500,000	1,500,705	1,500,000						1,500,000				12,587	10/01/2024	1.F FE	
..30034W-AA-4	EVERGY INC		09/15/2024	MATURITY at 100.0000		909,000	909,000	907,418	908,766		234		234		909,000				22,271	09/15/2024	2.B FE	
..38869P-AM-6	GRAPHIC PACKAGING INTERN		08/15/2024	MATURITY at 100.0000		225,000	225,000	220,526	222,469	1,190	1,341		2,531		225,000				9,281	08/15/2024	3.B FE	
..443201-AA-6	HOIMMET AEROSPACE INC		08/23/2024	SECURITY CALLED AT 100.81900000		423,441	420,000	438,515	428,604		(4,376)		(4,376)		424,228		(4,228)	(4,228)	26,862	05/01/2025	2.C FE	
..44891A-BY-2	HYUNDAI CAPITAL AMERICA		09/17/2024	MATURITY at 100.0000		1,000,000	1,000,000	997,840	999,475		525		525		1,000,000				10,000	09/17/2024	1.G FE	
..55617L-AP-7	MACYS RETAIL HLDGS LLC		09/17/2024	TENDER OFFER		16,873	17,000	16,609			26		26		16,635		237	237	466	04/01/2029	3.A FE	
..644393-AA-8	NEW FORTRESS ENERGY INC		08/02/2024	DIRECT		119,255	122,000	115,346	117,935		1,349		1,349		119,284		(29)	(29)	7,320	09/15/2025	4.A FE	
..68622T-AA-9	ORGANON FINANCE 1 LLC		08/16/2024	DIRECT		190,198	200,000	184,500			961		961		185,461		4,737	4,737	2,498	04/30/2028	3.B FE	
..69331C-AH-1	PG&E CORP		08/23/2024	DIRECT		118,200	120,000	107,207	109,939		1,263		1,263		111,202		6,998	6,998	6,917	07/01/2028	3.B FE	
..71880K-AA-9	PHINIA INC		08/01/2024	DIRECT		45,979	45,000	45,506			(36)		(36)		45,470		509	509	996	04/15/2029	3.A FE	
..73179P-AM-8	POLYONE CORP		09/20/2024	SECURITY CALLED AT 100.00000000		95,000	95,000	95,060	94,881	134	(15)		119		95,000				4,628	05/15/2025	3.C FE	
..780153-BS-0	ROYAL CARIBBEAN CRUISES	D	08/13/2024	SECURITY CALLED AT 105.92600000		143,000	135,000	138,100	137,511		(427)		(427)		137,084		(2,084)	(2,084)	20,004	01/15/2029	2.C FE	
..78454L-AL-4	SM ENERGY CO		08/26/2024	SECURITY CALLED AT 100.00000000		120,000	120,000	116,969	73,535		708		708		119,104		896	896	4,969	06/01/2025	3.C FE	
..828807-DG-9	SIMON PROPERTY GROUP LP		09/13/2024	MATURITY at 100.0000		1,500,000	1,500,000	1,552,140	1,508,759		(8,759)		(8,759)		1,500,000				30,000	09/13/2024	1.G FE	
..85207U-AJ-4	SPRINT CORP		09/18/2024	DIRECT		461,628	460,000	481,827	468,324		(6,812)		(6,812)		461,512		117	117	38,388	02/15/2025	2.B FE	
..89236T-JN-6	TOYOTA MOTOR CREDIT CORP		09/13/2024	MATURITY at 100.0000		1,500,000	1,500,000	1,497,615	1,499,430		570		570		1,500,000				9,375	09/13/2024	1.E FE	
..98877D-AD-7	ZF NA CAPITAL		08/07/2024	DIRECT		255,000	250,000	256,563	256,498		(812)		(812)		255,687		(687)	(687)	14,036	04/14/2028	3.A FE	
1109999999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						14,497,226	14,490,610	14,536,428	13,995,591	1,596	(12,681)		(11,085)		14,474,707		7,533	7,533	364,502	XXX	XXX	
2509999997 Total - Bonds - Part 4						14,614,892	14,608,276	14,659,752	14,113,548	1,596	(12,973)		(11,377)		14,592,373		7,533	7,533	367,157	XXX	XXX	
2509999998 Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999 Total - Bonds						14,614,892	14,608,276	14,659,752	14,113,548	1,596	(12,973)		(11,377)		14,592,373		7,533	7,533	367,157	XXX	XXX	

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STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

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-foreign	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	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	
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	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	XXX
5989999999. Total - Common Stocks							XXX														XXX	XXX
5999999999. Total - Preferred and Common Stocks							XXX														XXX	XXX
6009999999 - Totals						14,614,892	XXX	14,659,752	14,113,548	1,596	(12,973)		(11,377)		14,592,373		7,533	7,533	367,157		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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
US Bank Saint Paul, MN		0.000			(3,207,943)	(2,907,736)	(2,880,047)	.XXX.
US Bank Saint Paul, MN		0.000			174,144	175,820	174,764	.XXX.
JP Morgan Chase Columbus, OH		0.000			144,747	112,521	85,200	.XXX.
JP Morgan Chase Columbus, OH					1,053,579	139,378	1,142,682	.XXX.
US Bank Saint Paul, MN					349,354	256,787	254,596	.XXX.
US Bank Saint Paul, MN					(19,309,538)	(16,880,303)	(13,262,069)	.XXX.
INTEREST RECEIVED DURING YEAR								
ON DISPOSED HOLDINGS		0.000	459,619					.XXX.
SUNTRUST BK MMF		0.000	289,393		22,160,478	22,259,232	22,351,555	.XXX.
US BANK MONEY MKT FD Saint Paul, MN		0.000	214,119		63,735	18,431,003	13,647,573	.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	963,131		1,428,556	21,586,702	21,514,254	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX	963,131		1,428,556	21,586,702	21,514,254	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	1,000	1,000	1,000	XXX
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	963,131		1,429,556	21,587,702	21,515,254	XXX

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	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		09/19/2024	0.000		193,570,075	777,525	5,034
825252-40-6	AIM SHORT TERM INVESTMENT TRUST TREASURY		09/19/2024	0.000				
857492-55-7	STATE STREET INST TREASURY MONEY MKT		09/19/2024	0.000		31,200,000	16,821	
31846V-54-2	FIRST AMER TREASURY OBLIG-Z	SD	09/19/2024	0.000		1,158,405		
8209999999	Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO					225,928,480	794,346	5,034
31846V-33-6	FIRST AMERICAN GOVT OBLIG-X		09/19/2024	0.000		18,160,119	212,103	
608919-71-8	FH GOVERNMENT OBLIGATION-PRE		09/19/2024	0.000			156	
825252-88-5	INVESCO GOVT & AGENCY - INST MMF		09/19/2024	0.000			1	
857492-57-3	STATE ST INST US GOV MM-INST		09/19/2024	0.000		13,100,000	38,331	
949921-12-6	ALLSPRING GOVT MONEY MKT FD - SELECT		09/19/2024	0.000		50,000,000	103,292	
8309999999	Subtotal - All Other Money Market Mutual Funds					81,260,119	353,883	
8609999999	Total Cash Equivalents					307,188,599	1,148,229	5,034

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