HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Michigan, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

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

Statutory Home Office 880 W. Long Lake Rd., Suite 400 (Street and Number), Troy, MI, US 48098-4504 (City or Town, State, Country and Zip Code)

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

Mail Address 880 W. Long Lake Rd., Suite 400 (Street and Number or P.O. Box), Troy, MI, US 48098-4504 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 880 W. Long Lake Rd., Suite 400 (Street and Number)
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Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta (Name), 614-540-3488 (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
County of Oakland SS

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

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

Subscribed and sworn to before me this 3rd day of February 2025

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.....

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

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

Subscribed and sworn to before me this 2 day of February, 2025

Comm. Exp. 1/22/2030

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.....

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

Subscribed and sworn to before me this
_____ day of _____

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

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

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 7 day of February, 2025, by Jeffrey Don Barlow,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

VICTOR PRESINAL
COMM. #2465559
Notary Public - California
Sacramento County
My Comm. Expires Oct. 30, 2027

NRO1 NRO1

(Seal)

Signature

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	210,939					210,939
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group						
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities	8,929,468	6,371,426	6,338,161	60,283,018		81,922,073
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	9,140,407	6,371,426	6,338,161	60,283,018		82,133,012

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CVS Caremark	6,557,650	6,557,650	6,557,650	24,707,975	24,707,976	19,672,949
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	6,557,650	6,557,650	6,557,650	24,707,975	24,707,976	19,672,949
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	5,690,454	3,821,198	1,414,336	9,055,893	6,769,430	13,212,451
0299999. Total Claim Overpayment Receivables	5,690,454	3,821,198	1,414,336	9,055,893	6,769,430	13,212,451
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers						
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables						
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables						
0699998. Aggregate Other Health Care Receivables Not Individually Listed	1,617,443	463,446	193,190	1,791,374	3,879,679	185,774
0699999. Total Other Health Care Receivables	1,617,443	463,446	193,190	1,791,374	3,879,679	185,774
0799999 Gross health care receivables	13,865,547	10,842,294	8,165,176	35,555,242	35,357,085	33,071,174

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	41,587,884	35,371,721	24,707,975	19,672,950	66,295,859	46,535,020
2. Claim overpayment receivables	16,043,370	53,248,689	5,859,743	14,122,138	21,903,113	19,500,766
3. Loans and advances to providers						254,242
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	1,904,167	221,571	33,524	4,031,929	1,937,691	1,176,063
7. Totals (Lines 1 through 6)	59,535,421	88,841,981	30,601,242	37,827,017	90,136,663	67,466,091

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark	28,872,903					28,872,903
0199999. Individually listed claims unpaid	28,872,903					28,872,903
0299999. Aggregate accounts not individually listed- uncovered						
0399999. Aggregate accounts not individually listed-covered	25,304,757				79,256	25,384,013
0499999. Subtotals	54,177,660				79,256	54,256,916
0599999. Unreported claims and other claim reserves						147,433,335
0699999. Total amounts withheld						
0799999. Total claims unpaid						201,690,251
0899999 Accrued medical incentive pool and bonus amounts						25,319,693

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 Total gross amounts receivable							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Molina Healthcare, Inc.	Miscellaneous Charges	6,095,111	6,095,111	
0199999. Individually listed payables		6,095,111	6,095,111	
0299999. Payables not individually listed				
0399999 Total gross payables		6,095,111	6,095,111	

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	3,678,976	0.2	9,838	2.8		3,678,976
2. Intermediaries	73,044,469	4.0	354,893	100.0		73,044,469
3. All other providers	25,515,127	1.4	354,893	100.0		25,515,127
4. Total capitation payments	102,238,572	5.6	719,624	202.8		102,238,572
Other Payments:						
5. Fee-for-service	85,380,747	4.7	XXX	XXX		85,380,747
6. Contractual fee payments	1,629,092,091	89.7	XXX	XXX		1,629,092,091
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	1,714,472,838	94.4	XXX	XXX		1,714,472,838
13. TOTAL (Line 4 plus Line 12)	1,816,711,410	100%	XXX	XXX		1,816,711,410

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	ACCESS2CARE LLC - 1861520272	10,307,860	858,988		
	ACCESS2CARE LLC MI	1,463,204	121,934		
	AMERICAN SPECIALTY HEALTH FITNESS INC	82,492	6,874		
	AMERICAN SPECIALTY HEALTH FITNESS INC - MI	128,486	10,707		
	AUDIOLOGY DISTRIBUTION LLC DBA HEAR USA-MI	369,354	30,779		
	DENTAQUEST GROUP INC	3,348,406	279,034		
	DENTAQUEST LLC	42,681,923	3,556,827		
	DETROIT WAYNE INTEGRATED HEALTH NETWORK	4,343,141	361,928		
	MACOMB COUNTY COMMUNITY MENTAL HEALTH - 1942532197	954,951	79,579		
	NEW CENTURY HEALTH - 1124214549	2,627,486	218,957		
	VISION SERVICE PLAN	5,996,471	499,706		
	VISION SERVICE PLAN_MI	740,696	61,725		
9999999 Totals		73,044,470	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment	1,913,207		1,912,248	959	959	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment	25,888		25,888			
6.	Total	1,939,095		1,938,136	959	959	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Molina Healthcare of Michigan, Inc. 2. Troy, MI (LOCATION)

NAIC Group Code 1531 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 52630

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	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	354,893	35,687						22,406	296,800					
6. Current Year Member Months	4,579,835	394,762						282,460	3,902,613					
Total Member Ambulatory Encounters for Year:														
7 Physician	4,169,530	254,861						786,169	3,128,500					
8. Non-Physician	2,166,110	94,116						326,065	1,745,929					
9. Total	6,335,640	348,977						1,112,234	4,874,429					
10. Hospital Patient Days Incurred	210,531	8,686						65,578	136,267					
11. Number of Inpatient Admissions	37,060	1,604						8,225	27,231					
12. Health Premiums Written (b)	2,238,942,977	176,266,737						526,703,428	1,535,972,812					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	2,249,508,309	176,222,910						537,312,587	1,535,972,812					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	1,816,711,410	122,291,895						418,082,043	1,276,337,472					
18. Amount Incurred for Provision of Health Care Services	1,865,146,463	126,615,812						424,261,902	1,314,268,749					

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 526,703,428

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Molina Healthcare of Michigan, Inc. 2. Troy, MI (LOCATION)

NAIC Group Code 1531 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 52630

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 526,703,428

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 - Totals												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates						
0699999. Total Life and Annuity - Non-U.S. Affiliates						
0799999. Total Life and Annuity - Affiliates						
1099999. Total Life and Annuity - Non-Affiliates						
1199999. Total Life and Annuity						
1499999. Total Accident and Health - U.S. Affiliates						
1799999. Total Accident and Health - Non-U.S. Affiliates						
1899999. Total Accident and Health - Affiliates						
23680	47-0698507	01/01/2019	Odyssey Reinsurance Company	CT	61,407	
1999999. Accident and Health - U.S. Non-Affiliates					61,407	
2199999. Total Accident and Health - Non-Affiliates					61,407	
2299999. Total Accident and Health					61,407	
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					61,407	
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Totals - Life, Annuity and Accident and Health					61,407	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates													
0699999. Total General Account - Authorized Non-U.S. Affiliates													
0799999. Total General Account - Authorized Affiliates													
23680	47-0698507	01/01/2019	Odyssey Reinsurance Company	CT	SSL/I	MC	389,050						
23680	47-0698507	01/01/2019	Odyssey Reinsurance Company	CT	SSL/I	MR	62,226						
23680	47-0698507	01/01/2019	Odyssey Reinsurance Company	CT	SSL/I	CMM	230,148						
0899999. General Account - Authorized U.S. Non-Affiliates							681,424						
1099999. Total General Account - Authorized Non-Affiliates							681,424						
1199999. Total General Account Authorized							681,424						
1499999. Total General Account - Unauthorized U.S. Affiliates													
1799999. Total General Account - Unauthorized Non-U.S. Affiliates													
1899999. Total General Account - Unauthorized Affiliates													
2199999. Total General Account - Unauthorized Non-Affiliates													
2299999. Total General Account Unauthorized													
2599999. Total General Account - Certified U.S. Affiliates													
2899999. Total General Account - Certified Non-U.S. Affiliates													
2999999. Total General Account - Certified Affiliates													
3299999. Total General Account - Certified Non-Affiliates													
3399999. Total General Account Certified													
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates													
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates													
4099999. Total General Account - Reciprocal Jurisdiction Affiliates													
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates													
4499999. Total General Account Reciprocal Jurisdiction													
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							681,424						
4899999. Total Separate Accounts - Authorized U.S. Affiliates													
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates													
5299999. Total Separate Accounts - Authorized Affiliates													
5599999. Total Separate Accounts - Authorized Non-Affiliates													
5699999. Total Separate Accounts Authorized													
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates													
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates													
6399999. Total Separate Accounts - Unauthorized Affiliates													
6699999. Total Separate Accounts - Unauthorized Non-Affiliates													
6799999. Total Separate Accounts Unauthorized													
7099999. Total Separate Accounts - Certified U.S. Affiliates													
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates													
7499999. Total Separate Accounts - Certified Affiliates													
7799999. Total Separate Accounts - Certified Non-Affiliates													
7899999. Total Separate Accounts Certified													
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates													
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates													
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates													
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates													
8999999. Total Separate Accounts Reciprocal Jurisdiction													
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							681,424						
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)													
9999999 - Totals							681,424						

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business ($000 Omitted)

		1 2024	2 2023	3 2022	4 2021	5 2020
	A. OPERATIONS ITEMS					
1.	Premiums	230	140	112	94	49
2.	Title XVIII - Medicare	62	45	47	26	19
3.	Title XIX - Medicaid	389	1,408	1,421	1,242	871
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses	61			1	1
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	338,531,033		338,531,033
2.	Accident and health premiums due and unpaid (Line 15)	124,972,431		124,972,431
3.	Amounts recoverable from reinsurers (Line 16.1)	61,407	(61,407)	
4.	Net credit for ceded reinsurance	XXX	61,407	61,407
5.	All other admitted assets (Balance)	57,651,312		57,651,312
6.	Total assets (Line 28)	521,216,183		521,216,183
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	201,690,251		201,690,251
8.	Accrued medical incentive pool and bonus payments (Line 2)	25,319,693		25,319,693
9.	Premiums received in advance (Line 8)	2,579,261		2,579,261
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)	79,642,254		79,642,254
15.	Total liabilities (Line 24)	309,231,459		309,231,459
16.	Total capital and surplus (Line 33)	211,984,724	XXX	211,984,724
17.	Total liabilities, capital and surplus (Line 34)	521,216,183		521,216,183
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid			
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses	61,407		
22.	Other ceded reinsurance recoverables			
23.	Total ceded reinsurance recoverables	61,407		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	Total ceded reinsurance payables/offsets			
31.	Total net credit for ceded reinsurance	61,407		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Total							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
		00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17424	38-4187664				Molina Healthcare of Indiana, Inc.	IN	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	IA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	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.	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	SWH 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				SWH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi-ciliary Loca-tion	10 Relation-ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner-ship Provide Percen-tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re-quired? (Yes/No)	16 *
....	.....	..... 00000	33-0012358 ..	.....	.....	.....	Universal Care, Inc.	.. CA.....	.....IA.....	Molina Healthcare, Inc.	Ownership.....	. 100.000 ...	Molina Healthcare, Inc.	....NO.....	....

Asterisk	Explanation

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	13-4204626	Molina Healthcare, Inc.	930,000,000	(462,398,904)			2,440,194,451				2,907,795,547	
00000	33-0342719	Molina Healthcare of California	(175,000,000)				(424,753,936)				(599,753,936)	
00000	45-2634351	Molina Healthcare Data Center, Inc.		1,500,000			2,199,474				3,699,474	
14641	45-5337737	Molina Healthcare of Arizona, Inc.	(10,000,000)				(20,579,055)				(30,579,055)	
13128	26-0155137	Molina Healthcare of Florida, Inc.		(60,000,000)			(101,024,017)				(161,024,017)	
17197	38-4187674	Molina Healthcare of Iowa, Inc.		32,500,000			(77,575,355)				(45,075,355)	
00000	38-4187664	Molina Healthcare of Indiana, Inc.					(35,000)				(35,000)	
14104	27-1823188	Molina Healthcare of Illinois, Inc.	(90,000,000)				(167,792,325)				(257,792,325)	
16596	83-3866292	Molina Healthcare of Kentucky, Inc.					(116,966,519)	(6,988)			(116,973,507)	
17066	81-0864563	Molina Healthcare of Oklahoma, Inc.					(11,000)				(11,000)	
00000	83-0351160	Senior Whole Health, LLC	(10,000,000)				(69,570,710)				(79,570,710)	
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(75,000,000)				(189,341,500)				(264,341,500)	
16301	26-4390042	Molina Healthcare of Mississippi, Inc.	(25,000,000)				(54,021,321)				(79,021,321)	
17357	88-2279643	Molina Healthcare of Nebraska, Inc.		62,500,000			(46,486,260)				16,013,740	
17064	20-3567602	Molina Healthcare of Nevada, Inc.	(40,000,000)				(38,497,046)				(78,497,046)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.					(19,149,876)				(19,149,876)	
00000	27-1603200	Molina Healthcare of New York, Inc.					(148,120,274)				(148,120,274)	
12776	83-0463162	Senior Whole Health of New York, Inc.					(46,844,376)				(46,844,376)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(260,000,000)				(265,043,107)	(303,409)			(525,346,516)	
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.		37,931,341			5,639,130				43,570,471	
15329	46-2992125	Molina Healthcare of South Carolina, Inc	(80,000,000)				(103,288,856)				(183,288,856)	
10757	20-1494502	Molina Healthcare of Texas, Inc.	(35,000,000)				(240,888,601)	4,003,098			(271,885,503)	(1,392,090)
13778	27-0522725	Molina Healthcare of Texas Insurance Com					4,463,256	(4,003,098)			460,158	1,392,090
95502	33-0617992	Molina Healthcare of Utah, Inc.	(30,000,000)				(75,245,040)				(105,245,040)	
00000	26-1769086	Molina Healthcare of Virginia, LLC	(10,000,000)				(77,178,836)	(1,497,534)			(88,676,370)	
96270	91-1284790	Molina Healthcare of Washington, Inc.	(90,000,000)				(347,728,858)				(437,728,858)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.		70,000,000			(52,150,346)				17,849,654	
16808	84-4039542	Oceangate Reinsurance, Inc.		(6,532,437)			(4)	1,807,931			(4,724,510)	
17290	87-2738451	Molina Healthcare of Rhode Island, Inc.					(5,000)				(5,000)	
00000	81-2824030	Molina Clinical Services, LLC					195,757,023				195,757,023	
00000	39-1572350	The Management Group, LLC					(2,033,204)				(2,033,204)	
00000	91-2155938	Central Health Plan of California, Inc.		134,500,000			13,297,603				147,797,603	
00000	33-0012358	Universal Care, Inc.		190,000,000			22,779,485				212,779,485	
9999999 Control Totals									XXX			

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Molina Healthcare of Arizona, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Florida, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Georgia, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Illinois, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Indiana, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Iowa, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Kansas, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Kentucky, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Michigan, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Mississippi, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Nebraska, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Nevada, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of New Mexico, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Ohio, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Oklahoma, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Puerto Rico, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Rhode Island, Inc.	Molina Healthcare of Rhode Island Holding Company, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of South Carolina, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Texas, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Texas Insurance Company	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Utah, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Washington, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Wisconsin, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Virginia, LLC	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Senior Whole Health of New York, Inc.	AlphaCare Holdings, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

10.
11.
12.
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14.
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23.

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

11. Life Supplement [Document Identifier 205]

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Participating Opinion for Exhibit 5 [Document Identifier 371]

14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

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

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]

23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]

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SUPPLEMENT FOR THE YEAR 2024 OF THE Molina Healthcare of Michigan, Inc.

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Michigan

NAIC Group Code 1531 NAIC Company Code 52630

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO