



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
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 1201 Woodward Ave., Suite 900 (Street and Number) Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)

Main Administrative Office 1201 Woodward Ave., Suite 900 (Street and Number) Detroit, MI, US 48226 (City or Town, State, Country and Zip Code) 248-925-1700 (Area Code) (Telephone Number)

Mail Address 1201 Woodward Ave., Suite 900 (Street and Number or P.O. Box) Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1201 Woodward Ave., Suite 900 (Street and Number) Detroit, MI, US 48226 (City or Town, State, Country and Zip Code) 248-925-1700 (Area Code) (Telephone Number)

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 Amy Margaret Conn Matthew Carter Schueren Brittany Ann Severson Steve Ross Lurie Marissa Ann Morgan

State of Michigan SS:
County of Wayne

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.

Signatures of Terrisca Ray Des Jardins (President), Michael Charles Graves (Chief Financial Officer), and Jeffrey Don Barlow (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
24 day of October, 2025 by
Terrisca Ray Des Jardins proved to me on the basis
of satisfactory evidence to be the person(s) who appeared before me.
Notary Signature Cassidy B Cramer

CASSIDY B. CRAMER
NOTARY PUBLIC, STATE OF MI
COUNTY OF WASHTENAW
MY COMMISSION EXPIRES Jan 30, 2022
IN COUNTY OF Washtenaw



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

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Chief Financial Officer Michael Charles Graves

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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 23 day of OCTOBER 2025,
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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Terrisca Ray Des Jardins
President

Michael Charles Graves
Chief Financial Officer

Jeffrey Don Barlow
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 27th
day of October, 2025, 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, 2025 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	124,997,144		124,997,144	142,952,754
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 (\$ 36,504,934), cash equivalents (\$ 176,709,437) and short-term investments (\$)	213,214,371		213,214,371	195,578,279
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)	338,211,515		338,211,515	338,531,033
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	1,549,722		1,549,722	2,014,081
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	83,597,178		83,597,178	82,133,012
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 (\$ 60,551,826)	60,551,826		60,551,826	42,839,419
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,480,152		1,480,152	61,407
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	11,517,758		11,517,758	1,287,474
18.1 Current federal and foreign income tax recoverable and interest thereon				4,963,407
18.2 Net deferred tax asset	14,412,434	3,169,775	11,242,659	11,604,238
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)	218,954	218,954		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 30,340,310) and other amounts receivable	63,914,794	33,574,484	30,340,310	33,071,174
25. Aggregate write-ins for other-than-invested assets	3,841,258	3,022,081	819,177	4,710,938
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	579,295,591	39,985,294	539,310,297	521,216,183
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	579,295,591	39,985,294	539,310,297	521,216,183
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	3,022,081	3,022,081		
2502. Goodwill and intangible assets	819,177		819,177	4,710,938
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	3,841,258	3,022,081	819,177	4,710,938

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	195,640,264	275,073	195,915,337	201,690,251
2. Accrued medical incentive pool and bonus amounts	31,629,338		31,629,338	25,319,693
3. Unpaid claims adjustment expenses	978,029	1,960	979,989	1,051,478
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	22,669,725		22,669,725	14,429,918
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	3,007,090		3,007,090	2,579,261
9. General expenses due or accrued	47,960,184		47,960,184	46,248,036
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	6,044,240		6,044,240	
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	7,667		7,667	
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	9,768,325		9,768,325	6,095,111
16. Derivatives				
17. Payable for securities	101,206		101,206	
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	6,459,955		6,459,955	1,939,481
23. Aggregate write-ins for other liabilities (including \$7,847,444 current)	7,847,444		7,847,444	9,878,230
24. Total liabilities (Lines 1 to 23)	332,113,467	277,033	332,390,500	309,231,459
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	124,355,826	129,420,753
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	206,919,797	211,984,724
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	539,310,297	521,216,183
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	7,830,211		7,830,211	9,864,283
2302. Member premium due	17,233		17,233	13,947
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	7,847,444		7,847,444	9,878,230
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	3,121,778	3,509,328	4,579,835
2. Net premium income (including \$ non-health premium income).....	XXX	1,651,429,709	1,696,175,784	2,238,261,553
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(5,777,788)	3,493,423	10,565,332
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	1,645,651,921	1,699,669,207	2,248,826,885
Hospital and Medical:				
9. Hospital/medical benefits		707,487,488	816,132,335	1,089,831,376
10. Other professional services		74,317,994	61,364,364	79,719,047
11. Outside referrals	2,850,439	39,992,083	49,069,729	64,455,420
12. Emergency room and out-of-area		164,724,918	104,384,955	138,994,423
13. Prescription drugs		394,454,039	341,285,850	461,362,085
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		13,610,353	21,777,132	30,784,112
16. Subtotal (Lines 9 to 15)	2,850,439	1,394,586,875	1,394,014,365	1,865,146,463
Less:				
17. Net reinsurance recoveries		1,481,902	2,381	63,788
18. Total hospital and medical (Lines 16 minus 17)	2,850,439	1,393,104,973	1,394,011,984	1,865,082,675
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$56,718,038 cost containment expenses		66,263,776	64,406,232	84,166,585
21. General administrative expenses		181,730,787	195,003,718	257,002,468
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).....	2,850,439	1,641,099,536	1,653,421,934	2,206,251,728
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,552,385	46,247,273	42,575,157
25. Net investment income earned		11,368,698	15,796,464	20,356,323
26. Net realized capital gains (losses) less capital gains tax of \$6,408		24,104	(151,055)	(121,222)
27. Net investment gains (losses) (Lines 25 plus 26)		11,392,802	15,645,409	20,235,101
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		(14,432)		
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	15,930,755	61,892,682	62,810,258
31. Federal and foreign income taxes incurred	XXX	3,153,938	11,762,856	11,645,997
32. Net income (loss) (Lines 30 minus 31)	XXX	12,776,817	50,129,826	51,164,261
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. Fines and Penalties		(14,432)		
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)		(14,432)		

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.....	211,984,724	243,263,454	243,263,454
34. Net income or (loss) from Line 32	12,776,817	50,129,826	51,164,261
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 33,884	127,468	171,066	52,426
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(723,560)	571,062	(270,765)
39. Change in nonadmitted assets	2,754,348	(8,166,633)	(7,224,652)
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	(20,000,000)	(55,000,000)	(75,000,000)
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital & surplus (Lines 34 to 47)	(5,064,927)	(12,294,679)	(31,278,730)
49. Capital and surplus end of reporting period (Line 33 plus 48)	206,919,797	230,968,775	211,984,724
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, 2025 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	1,633,112,198	1,664,628,347	2,178,892,033
2. Net investment income	11,552,067	16,039,826	20,401,332
3. Miscellaneous income			
4. Total (Lines 1 to 3)	1,644,664,265	1,680,668,173	2,199,293,365
5. Benefit and loss related payments	1,389,475,522	1,374,320,127	1,837,144,773
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	247,928,872	232,548,502	348,973,106
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 6,408 tax on capital gains (losses)	(7,847,301)	4,944,214	14,344,215
10. Total (Lines 5 through 9)	1,629,557,093	1,611,812,843	2,200,462,094
11. Net cash from operations (Line 4 minus Line 10)	15,107,172	68,855,330	(1,168,729)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	20,565,393	25,442,811	39,520,410
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	101,206	93,400	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	20,666,599	25,536,211	39,520,410
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,136,929	10,125,621	62,415,696
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,136,929	10,125,621	62,415,696
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	18,529,670	15,410,590	(22,895,286)
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	20,000,000	55,000,000	75,000,000
16.6 Other cash provided (applied)	3,999,250	(5,063,208)	(9,858,847)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(16,000,750)	(60,063,208)	(84,858,847)
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)	17,636,092	24,202,712	(108,922,862)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	195,578,279	304,501,141	304,501,141
19.2 End of period (Line 18 plus Line 19.1)	213,214,371	328,703,853	195,578,279

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

20.0001.			
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STATEMENT AS OF SEPTEMBER 30, 2025 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	354,893	35,687						22,406	296,800					
2. First Quarter	348,883	34,776						19,164	294,943					
3. Second Quarter	344,699	36,352						19,002	289,345					
4. Third Quarter	342,134	36,742						18,443	286,949					
5. Current Year														
6. Current Year Member Months	3,121,778	327,323						170,197	2,624,258					
Total Member Ambulatory Encounters for Period:														
7. Physician	2,832,277	250,325						508,246	2,073,706					
8. Non-Physician	1,506,316	83,245						226,804	1,196,267					
9. Total	4,338,593	333,570						735,050	3,269,973					
10. Hospital Patient Days Incurred	133,794	7,517						40,058	86,219					
11. Number of Inpatient Admissions	23,674	1,325						4,956	17,393					
12. Health Premiums Written (a)	1,652,026,981	135,920,428						392,410,047	1,123,696,506					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....	1,646,249,193	136,229,910						386,322,777	1,123,696,506					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....	1,382,237,971	121,909,009						258,058,584	1,002,270,378					
18. Amount Incurred for Provision of Health Care Services	1,394,586,875	126,709,837						318,362,836	949,514,202					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 392,410,047

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	6,819,818	115,089,191	853,145	20,125,382	7,672,963	14,538,306
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	16,901,078	299,938,559	812,429	50,703,959	17,713,507	56,201,580
8. Title XIX - Medicaid	105,815,559	836,191,864	9,439,517	113,980,904	115,255,076	130,950,366
9. Credit A&H						
10. Disability Income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	129,536,455	1,251,219,614	11,105,091	184,810,245	140,641,546	201,690,252
14. Health care receivables (a)	9,138,307	51,578,435		3,198,052	9,138,307	68,428,259
15. Other non-health						
16. Medical incentive pools and bonus amounts	7,275,366	25,342	12,834,901	18,794,437	20,110,267	25,319,693
17. Totals (Lines 13 - 14 + 15 + 16)	127,673,514	1,199,666,521	23,939,992	200,406,630	151,613,506	158,581,686

(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, 2024. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2024 annual statement or audited financial statements have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

Organization and Operations

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

A. Accounting Practices

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

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

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 12,776,817	\$ 51,164,261
(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	\$ 12,776,817	\$ 51,164,261
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 206,919,797	\$ 211,984,724
(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	\$ 206,919,797	\$ 211,984,724

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. Asset-Backed Securities

As of September 30, 2025, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

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

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

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

a) The aggregate amount of unrealized losses:		
1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	1,623,162
b) The aggregate related fair value of securities with unrealized losses:		
1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	20,525,783

(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, 2025.

NOTES TO FINANCIAL STATEMENTS

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- H. Repurchase Agreements Transactions Accounted for as a Sale: None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.
- J. - K. None.
- L. Restricted Assets: No significant change.
- M. Working Capital Finance Investments: None.
- N. Offsetting and Netting of Assets and Liabilities: None.
- O. - P. None.
- Q. Prepayment Penalty and Acceleration Fees: No significant change.
- R. Reporting Entity's Share of Cash Pool by Asset Type: None.
- S. Aggregate Collateral Loans by Qualifying Investment Collateral: 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 2025.

- 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 \$20.0 million on May 30, 2025.
- C. Transactions with related party who are not reported on Schedule Y: None.
- D. - O. No significant changes.

NOTE 11 Debt

- A. None.
- B. Federal Home Loan Bank Agreements: None.

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

- A. - D. Defined Benefit Plan: None.
- E. Defined Contribution Plan: See Note 12G.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- H. - I. None.

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

- A. - C. No significant changes.
- D. Refer to Note 10B.
- E. - M. No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes.

NOTE 15 Leases

No significant changes.

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

None.

NOTES TO FINANCIAL STATEMENTS

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 2025:

	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	\$ -	\$ 70,226	\$ 70,226
b. Total net other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
c. Net gain or (loss) from operations (a+b)	\$ -	\$ 70,226	\$ 70,226
d. Total claim payment volume	\$ -	\$ 659,956,388	\$ 659,956,388

- 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 or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Industrial & miscellaneous	\$ -	\$ 3,098,345	\$ -	\$ -	\$ 3,098,345
Exempt money market mutual funds	\$ 111,332,289	\$ -	\$ -	\$ -	\$ 111,332,289
Other money market mutual funds	\$ 65,377,148	\$ -	\$ -	\$ -	\$ 65,377,148
Total assets at fair value/NAV	\$ 176,709,437	\$ 3,098,345	\$ -	\$ -	\$ 179,807,782

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

- (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, 2025 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	\$ 24,578,216	\$ 24,793,190	\$ -	\$ 24,578,216	\$ -	\$ -	\$ -
Industrial & miscellaneous	\$ 98,642,257	\$ 100,203,954	\$ -	\$ 98,642,257	\$ -	\$ -	\$ -
Exempt money market mutual funds	\$ 111,332,289	\$ 111,332,289	\$ 111,332,289	\$ -	\$ -	\$ -	\$ -
Other money market mutual funds	\$ 65,377,148	\$ 65,377,148	\$ 65,377,148	\$ -	\$ -	\$ -	\$ -
Open depositories	\$ 36,504,934	\$ 36,504,934	\$ 36,504,934	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 336,434,844	\$ 338,211,515	\$ 213,214,371	\$ 123,220,473	\$ -	\$ -	\$ -

- D. - E. None.

NOTES TO FINANCIAL STATEMENTS

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, 2025, the Plan is in compliance with the working capital requirements.

D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through November 13, 2025, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

A. - D. No significant changes.

E. Reinsurance Credit: No significant changes.

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 \$ 59,4083. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 14,996,412

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (23,367,834)5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ (69)

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
	1	2	3	4	5	6	7	8	Ref	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	\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)	\$ -	\$(7,952,432)	\$ -	\$(16,323,853)	\$ -	\$ 8,371,421	\$ -	\$(8,345,764)	B	\$ -	\$ 25,657
3. Total ACA Permanent Risk Adjustment Program	\$ -	\$(7,952,432)	\$ -	\$(16,323,853)	\$ -	\$ 8,371,421	\$ -	\$(8,345,764)		\$ -	\$ 25,657

Explanations of Adjustments

B. Adjustments are changes in estimates based on additional information since December 31, 2024.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. The liabilities for claims unpaid, and accrued medical incentive pool and bonus amounts, net of health care receivables and reinsurance recoverables, as of December 31, 2024 were \$158,520,278. As of September 30, 2025, \$136,750,414 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care receivables and reinsurance recoverables, are now \$14,801,685 as a result of re-estimation of unpaid claims principally on Medicaid, Medicare, and Marketplace lines of business. Therefore, there has been a \$6,968,178 favorable prior-year development from December 31, 2024 to September 30, 2025. The favorable development is generally the result of ongoing analysis of recent loss development trends primarily due to lower than expected utilization of medical services. Consequently, the ultimate costs recognized in 2025, as claims payments were processed, were lower than the Plan's original estimates in 2024.

The unpaid claims adjustment expenses as of December 31, 2024 were \$1,051,478. During the nine months ended September 30, 2025, the Plan incurred and paid claims adjustment expenses of \$66,263,776 and \$66,335,265, respectively. The unpaid claims adjustment expenses were \$979,989 as of September 30, 2025.

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 claims adjustment expenses as of September 30, 2025.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

NOTES TO FINANCIAL STATEMENTS

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 [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Molina Healthcare of Missouri, Inc. has been added to the organizational chart.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 1179929
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	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 [] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
On July 8, 2025, Molina Healthcare, Inc. amended its Code of Business Conduct and Ethics to conform with NYSE Listing rule 303A.10, and to make various other updates consistent with evolving best practices.
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 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 []
- 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 []
- 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 []
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
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. This includes both primary and sub-advisors. 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 percent 88.100 %
 - 1.2 A&H cost containment percent 3.400 %
 - 1.3 A&H expense percent excluding cost containment expenses 11.600 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 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 []
- 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 []
- 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 []

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	135,920,428	392,410,047	1,123,696,506				1,652,026,981	
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	135,920,428	392,410,047	1,123,696,506					1,652,026,981	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									
61. Totals (Direct Business)	XXX	135,920,428	392,410,047	1,123,696,506					1,652,026,981	
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:

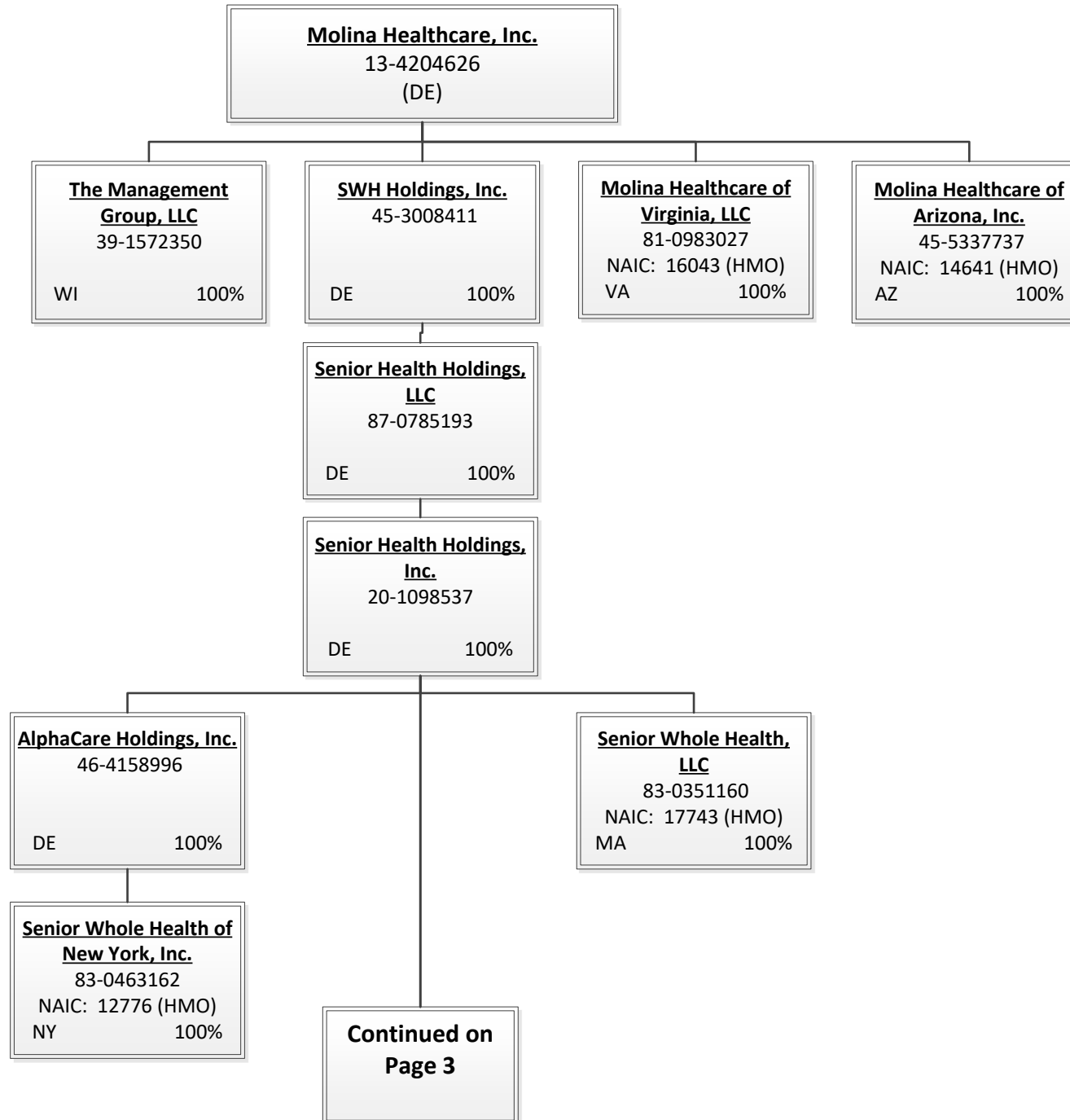
- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1
- 2. R - Registered - Non-domiciled RRGs.....
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.
- 4. Q - Qualified - Qualified or accredited reinsurer.....
- 5. N - None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

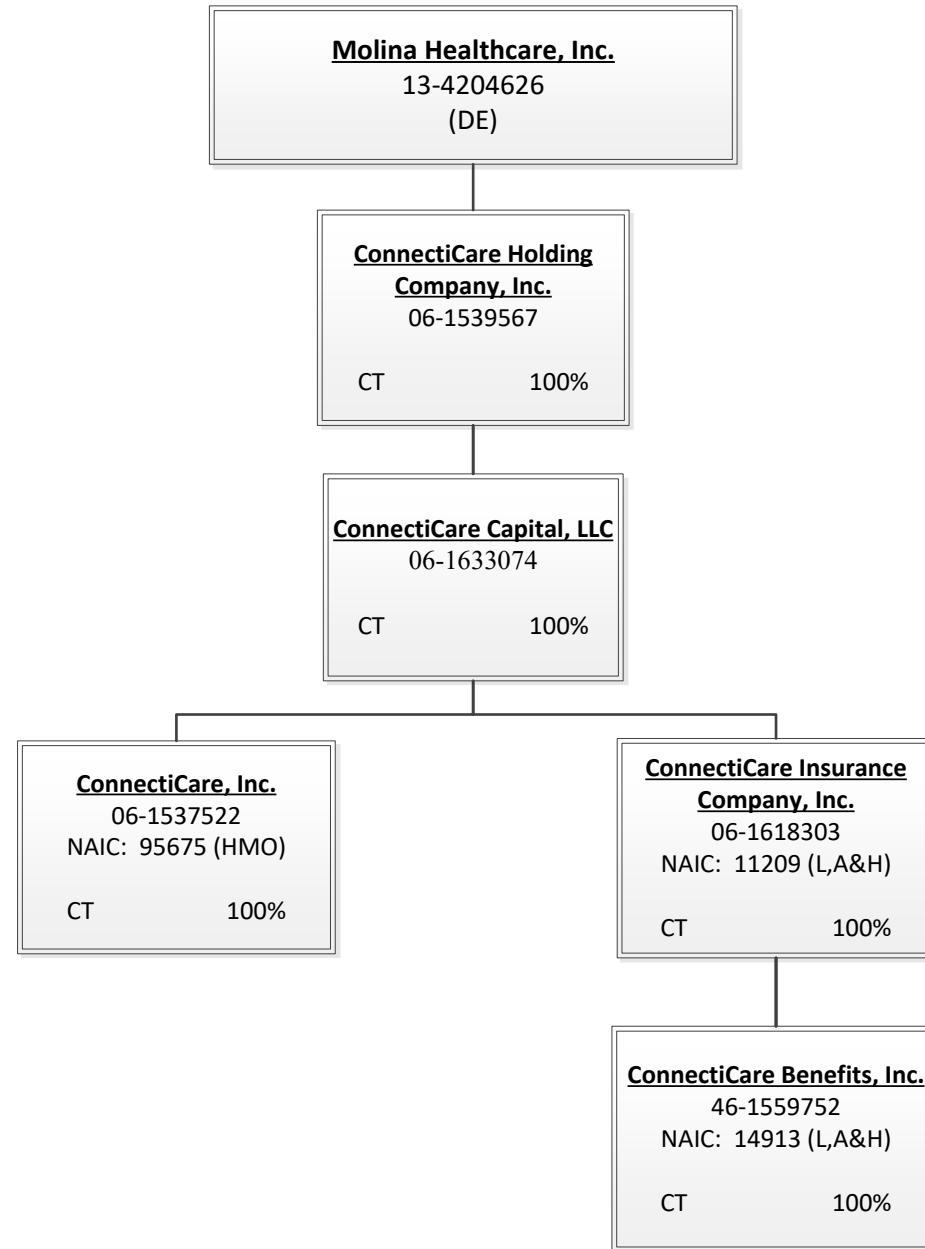
STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Molina Healthcare of Michigan, Inc.

Molina Healthcare, Inc.
13-4204626
(DE)



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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE Y
PART 1A - DETAILS 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.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95675	06-1537522				ConnectiCare, Inc.	CT	IA	ConnectiCare Capital LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14913	46-1559752				ConnectiCare Benefits, Inc.	CT	IA	ConnectiCare Insurance Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	11209	06-1618303				ConnectiCare Insurance Company, Inc.	CT	IA	ConnectiCare Capital LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17743	83-0351160				Senior Whole Health, LLC	MA	IA	Senior Health 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	06-1633074				ConnectiCare Capital, LLC	CT	NIA	ConnectiCare Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	06-1539567				ConnectiCare Holding Company, Inc.	CT	NIA	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	39-3843201				Molina Healthcare of Missouri, Inc.	MO	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	

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE Y
PART 1A - DETAILS 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	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	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.....	.....

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

NONE

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, depreciation and proportional amortization		
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	142,952,754	120,008,650
2. Cost of bonds and stocks acquired	2,136,929	62,415,696
3. Accrual of discount	459,469	383,800
4. Unrealized valuation increase/(decrease)	161,351	66,364
5. Total gain (loss) on disposals	30,513	(153,445)
6. Deduct consideration for bonds and stocks disposed of	20,571,705	39,543,241
7. Deduct amortization of premium	178,479	247,901
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	6,312	22,831
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	124,997,144	142,952,754
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	124,997,144	142,952,754

STATEMENT AS OF SEPTEMBER 30, 2025 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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	46,967,767		500,000	12,239	48,865,500	46,967,767	46,480,006	49,424,391
2. NAIC 2 (a)	17,194,098		650,000	12,918	17,114,820	17,194,098	16,557,016	19,661,092
3. NAIC 3 (a)	22,856,489	1,173,574	1,374,354	(222,336)	25,517,084	22,856,489	22,433,373	26,873,527
4. NAIC 4 (a)	680,747		510,338	289,646	347,772	680,747	460,055	284,669
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	87,699,101	1,173,574	3,034,692	92,467	91,845,176	87,699,101	85,930,450	96,243,679
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	41,639,576		2,580,204	7,324	44,384,931	41,639,576	39,066,696	46,709,076
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS	41,639,576		2,580,204	7,324	44,384,931	41,639,576	39,066,696	46,709,076
PREFERRED STOCK								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS & Preferred Stock	129,338,677	1,173,574	5,614,896	99,791	136,230,107	129,338,677	124,997,146	142,952,755

(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

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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	172,570,701	305,896,876
2. Cost of cash equivalents acquired	2,013,301,814	3,702,984,018
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	2,009,163,078	3,836,310,193
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)	176,709,437	172,570,701
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	176,709,437	172,570,701

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, 2025 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 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
118230-AV-3	BUCKEYE PARTNERS LP	09/22/2025	DIRECT		83,316	80,000	1,253	3.B FE
654740-BT-5	NISSAN MOTOR ACCEPTANCE	09/23/2025	DIRECT		296,619	315,000	279	3.B FE
74168N-AA-2	PRIME SECURITY ONE MS IN	09/22/2025	DIRECT		97,530	100,000	921	3.C FE
85571B-BE-4	STARWOOD PROPERTY TRUST	09/12/2025	DIRECT		209,500	200,000	5,669	3.C FE
85571B-BF-1	STARWOOD PROPERTY TRUST	09/22/2025	DIRECT		101,206	101,000		3.C FE
86765L-AZ-0	SUNOCO LP/FINANCE CORP	09/25/2025	DIRECT		164,237	170,000	3,103	3.A FE
89055F-AD-5	TOPBUILD CORP	09/15/2025	DIRECT		60,000	60,000		3.B FE
922966-AA-4	VENTURE GLOBAL PLAQUE	09/22/2025	DIRECT		161,166	145,000	4,592	3.B FE
0089999999	Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)				1,173,574	1,171,000	15,817	XXX
0489999999	Total - Issuer Credit Obligations (Unaffiliated)				1,173,574	1,171,000	15,817	XXX
0499999999	Total - Issuer Credit Obligations (Affiliated)							XXX
0509999997	Total - Issuer Credit Obligations - Part 3				1,173,574	1,171,000	15,817	XXX
0509999998	Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX
0509999999	Total - Issuer Credit Obligations				1,173,574	1,171,000	15,817	XXX
1889999999	Total - Asset-Backed Securities (Unaffiliated)							XXX
1899999999	Total - Asset-Backed Securities (Affiliated)							XXX
1909999997	Total - Asset-Backed Securities - Part 3							XXX
1909999998	Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX
1909999999	Total - Asset-Backed Securities							XXX
2009999999	Total - Issuer Credit Obligations and Asset-Backed Securities				1,173,574	1,171,000	15,817	XXX
4509999997	Total - Preferred Stocks - Part 3					XXX		XXX
4509999998	Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX
4509999999	Total - Preferred Stocks					XXX		XXX
5989999997	Total - Common Stocks - Part 3					XXX		XXX
5989999998	Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX
5989999999	Total - Common Stocks					XXX		XXX
5999999999	Total - Preferred and Common Stocks					XXX		XXX
6009999999	Totals				1,173,574	XXX	15,817	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 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	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21	
									10	11	12	13	14								
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (10 + 11 - 12)	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 Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	
..00253X-AA-9	AMERICAN AIRLINES/AADVAN	07/20/2025	SINKING FUND REDEMPTION SECURITY CALLED AT 100.00000000		46,667	46,667	44,429	45,930		736		736		46,667				1,925	04/20/2026	3.A FE	
..03690A-AD-8	ANTERO MIDSTREAM PART/FI	09/23/2025			255,000	255,000	251,977	252,309	909	570		1,479		253,788		1,212	1,212	15,559	03/01/2027	3.A FE	
..058498-AT-3	BALL CORP	07/01/2025	MATURITY at 100.0000		280,000	280,000	282,058	278,950	1,413	(363)		1,050		280,000				14,700	07/01/2025	3.A FE	
..143658-BN-1	CARNIVAL CORP	08/29/2025	VARIOUS SECURITY CALLED AT 100.00000000		96,558	95,000	95,566	94,763	767	(144)		623		95,385		(385)	(385)	6,440	03/01/2027	3.A FE	
..15138A-AA-8	CENTENNIAL RESOURCE PROD	09/22/2025			90,000	90,000	89,092	89,100	371	367		738		89,837		163	163	5,711	01/15/2026	3.A FE	
..25461L-AA-0	DIRECTV HOLDINGS/FING	09/19/2025	VARIOUS		187,714	187,000	167,865	175,598		2,787		2,787		178,385		9,329	9,329	11,787	08/15/2027	4.A FE	
..281020-AX-5	EDISON INTERNATIONAL	08/25/2025	DIRECT		65,072	65,000	67,928	67,036	809	(490)		319		67,355		(2,283)	(2,283)	3,682	06/15/2053	3.B FE	
..42704L-AE-4	HERC HOLDINGS INC	08/25/2025	DIRECT SECURITY CALLED AT 100.00000000		56,581	55,000	55,000	55,000						55,000		1,581	1,581	2,541	06/15/2029	3.C FE	
..460599-AF-0	INTERNATIONAL GAME TECH	07/03/2025	SECURITY CALLED AT 101.46900000		200,000	200,000	194,000	196,250	151	1,383		1,534		197,784		2,216	2,216	5,913	04/15/2026	3.A FE	
..55617L-AP-7	MACYS RETAIL HLDGS LLC	07/29/2025			13,191	13,000	12,701	12,675	61	32		93		12,768		232	232	823	04/01/2029	3.A FE	
..670001-AG-1	NOVELIS CORP	08/18/2025	TENDER OFFER		344,138	345,000	309,900	325,564	135	6,254		6,389		331,953		12,185	12,185	8,503	11/15/2026	4.A FE	
..682680-BA-0	ONEOK INC	09/15/2025	MATURITY at 100.0000 SECURITY CALLED AT 100.79200000		500,000	500,000	499,610	499,948		52		52		500,000				11,000	09/15/2025	2.B FE	
..74166M-AC-0	PRIME SECURV BRW/FINANC	07/29/2025			80,634	80,000	76,505	78,556		634		634		79,189		811	811	3,976	04/15/2026	3.C FE	
..842400-GN-7	SOUTHERN CAL EDISON	08/01/2025	MATURITY at 100.0000 SECURITY CALLED AT 100.00000000		500,000	500,000	538,550	504,648		(4,648)		(4,648)		500,000				18,500	08/01/2025	1.G FE	
..853496-AC-1	STANDARD INDUSTRIES INC	08/21/2025	SECURITY CALLED AT 100.00000000		200,000	200,000	190,875	195,187	16	1,377		1,393		196,581		3,419	3,419	10,167	02/15/2027	3.A FE	
..90353T-AG-5	UBER TECHNOLOGIES INC	09/19/2025			150,000	150,000	150,750	150,387		(387)		(387)		150,000				11,042	01/15/2028	2.A FE	
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					3,065,555	3,061,667	3,026,806	3,021,901	4,632	8,160		12,792		3,034,692		28,480	28,480	132,269	XXX	XXX	
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					3,065,555	3,061,667	3,026,806	3,021,901	4,632	8,160		12,792		3,034,692		28,480	28,480	132,269	XXX	XXX	
0499999999. Total - Issuer Credit Obligations (Affiliated)																			XXX	XXX	
0509999997. Total - Issuer Credit Obligations - Part 4					3,065,555	3,061,667	3,026,806	3,021,901	4,632	8,160		12,792		3,034,692		28,480	28,480	132,269	XXX	XXX	
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					3,065,555	3,061,667	3,026,806	3,021,901	4,632	8,160		12,792		3,034,692		28,480	28,480	132,269	XXX	XXX	
..3132DN-TN-3	UMBS - POOL SD1457	09/01/2025	MBS PAYDOWN		152,892	152,892	135,453	151,430		1,462		1,462		152,892				2,997	12/01/2051	1.A FE	
..3132DV-MA-0	UMBS - POOL SD7553	09/01/2025	MBS PAYDOWN		104,064	104,064	91,983	103,312		752		752		104,064				2,075	03/01/2052	1.A FE	
..313304-ZV-9	UMBS - POOL OG4356	09/01/2025	MBS PAYDOWN		67,682	67,682	68,337	67,743		(61)		(61)		67,682				2,519	06/01/2053	1.A FE	
..3136AB-VF-7	FANNIE MAE 13 12A	09/01/2025	MBS PAYDOWN		19,739	19,739	19,659	19,717		22		22		19,739				228	11/25/2041	1.A FE	
..3138EB-Y9-0	UMBS - POOL AK7035	09/01/2025	MBS PAYDOWN		21,175	21,175	22,242	21,229		(54)		(54)		21,175				518	05/01/2042	1.A FE	
..3138ER-NX-4	UMBS - POOL AL9405	09/01/2025	MBS PAYDOWN		24,431	24,431	25,693	24,519		(89)		(89)		24,431				564	06/01/2044	1.A FE	
..3140J9-MA-6	UMBS - POOL BM4852	09/01/2025	MBS PAYDOWN		21,351	21,351	22,702	21,438		(88)		(88)		21,351				554	07/01/2044	1.A FE	
..3140J9-UF-6	UMBS - POOL BM5081	09/01/2025	MBS PAYDOWN		14,862	14,862	16,132	14,937		(75)		(75)		14,862				387	11/01/2048	1.A FE	
..3140XF-ZR-5	UMBS - POOL FS0751	09/01/2025	MBS PAYDOWN		43,128	43,128	38,020	42,886		242		242		43,128				865	03/01/2052	1.A FE	
..3140XQ-GN-1	UMBS - POOL FS8304	09/01/2025	MBS PAYDOWN		19,373	19,373	17,116	19,255		117		117		19,373				384	05/01/2052	1.A FE	
..3140XQ-MP-9	UMBS - POOL FS8465	09/01/2025	MBS PAYDOWN		60,707	60,707	62,415	60,921		(214)		(214)		60,707				2,481	07/01/2054	1.A FE	
..31410L-WR-9	UMBS - POOL 890856	09/01/2025	MBS PAYDOWN		22,703	22,703	23,861	22,755		(52)		(52)		22,703				525	01/01/2047	1.A FE	
1039999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					572,107	572,107	543,613	570,142		1,962		1,962		572,107					14,097	XXX	XXX
..14310M-AW-7	CARLYLE GLOBAL MARKET STRATEGI 14-1A A1R	09/19/2025	VARIOUS		490,898	490,898	486,295	494,298		265		265		494,563		(3,666)	(3,666)	24,551	04/17/2031	1.A FE	
..846031-AP-7	SOUTHMOCK PARK GLO LTD 19-4A A2R	07/20/2025	MBS PAYDOWN		1,500,000	1,500,000	1,500,000	1,500,000						1,500,000				67,182	07/20/2032	1.A FE	
1099999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency - CLOs/CBOs/CDOs (Unaffiliated)					1,990,898	1,990,898	1,986,295	1,994,298		265		265		1,994,563		(3,666)	(3,666)		91,733	XXX	XXX
..28416L-AA-0	ELARA HGV TIMESHARE ISSUER 21-A A	09/25/2025	MBS PAYDOWN		13,534	13,534	13,534	13,524		11		11		13,534				124	08/27/2035	1.A FE	

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STATEMENT AS OF SEPTEMBER 30, 2025 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	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21	
									10	11	12	13	14								
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (10 + 11 - 12)	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 Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	
1119999999	Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)				13,534	13,534	13,534	13,524		11		11		13,534				124	XXX	XXX	
1889999999	Total - Asset-Backed Securities (Unaffiliated)				2,576,539	2,576,539	2,543,442	2,577,964		2,238		2,238		2,580,204		(3,666)	(3,666)	105,954	XXX	XXX	
1899999999	Total - Asset-Backed Securities (Affiliated)																		XXX	XXX	
1909999997	Total - Asset-Backed Securities - Part 4				2,576,539	2,576,539	2,543,442	2,577,964		2,238		2,238		2,580,204		(3,666)	(3,666)	105,954	XXX	XXX	
1909999998	Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999	Total - Asset-Backed Securities				2,576,539	2,576,539	2,543,442	2,577,964		2,238		2,238		2,580,204		(3,666)	(3,666)	105,954	XXX	XXX	
2009999999	Total - Issuer Credit Obligations and Asset-Backed Securities				5,642,094	5,638,206	5,570,248	5,599,865	4,632	10,398		15,030		5,614,896		24,814	24,814	238,223	XXX	XXX	
4509999997	Total - Preferred Stocks - Part 4					XXX													XXX	XXX	
4509999998	Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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				5,642,094	XXX	5,570,248	5,599,865	4,632	10,398		15,030		5,614,896		24,814	24,814	238,223	XXX	XXX	

E05.1

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 Restricted Asset 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			(3,021,634)	(2,005,206)	(2,983,559)	XXX
US Bank Saint Paul, MN		0.000			20,239	36,414	109,882	XXX
JP Morgan Chase Columbus, OH		0.000			94,099	44,249	42,001	XXX
JP Morgan Chase Columbus, OH					1,540,730	168,625	1,721,888	XXX
US Bank Saint Paul, MN					80,178	67,583	85,237	XXX
US Bank Saint Paul, MN					(13,407,830)	(17,112,190)	(21,272,059)	XXX
TRUIST LIQUIDITY ACCOUNT Nashville, TN		0.000	240,708		23,126,910	23,205,171	23,284,294	XXX
US BANK MONEY MKT SAVINGS Saint Paul, MN		0.000	7,322		8,960	909,409	35,516,250	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	248,030		8,441,652	5,314,055	36,503,934	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	248,030		8,441,652	5,314,055	36,503,934	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	1,000	1,000	1,000	XXX
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	248,030		8,442,652	5,315,055	36,504,934	XXX



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE Molina Healthcare of Michigan, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 1531

NAIC Company Code 52630

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		XXX		XXX	
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		
6. Aggregate Policy Reserves - Change		XXX		XXX	XXX
7. Expenses Paid		XXX		XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	

NONE

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ due from CMS or \$ due to CMS