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ANNUAL STATEMENT

For the Year Ending December 31, 2006

of the Condition and Affairs of the

Molina Healthcare of Michigan, Inc.

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

Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan Country of Domicile US

Licensed as Business Type..... Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... February 10, 1997 Commenced Business..... January 1, 1998

Statutory Home Office	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City, State and Zip Code)*	
Main Administrative Office	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City, State and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Mail Address	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number or P. O. Box) (City, State and Zip Code)*	
Primary Location of Books and Records	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City, State and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Internet Website Address	www.molinahealthcare.com	
Statutory Statement Contact	Tom Murar *(Name)*	248-925-1700 *(Area Code) (Telephone Number) (Extension)*
	tom.murar@molinahealthcare.com *(E-Mail Address)*	248-925-1722 *(Fax Number)*
Policyowner Relations Contact	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City, State and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number) (Extension)*

OFFICERS

Name	Title	Name	Title
1. Roman T Kulich	President	2. Mark L Andrews	Secretary
3. Tom Murar	Chief Financial Officer	4. Terry B Bayer	Chairperson

OTHER

DIRECTORS OR TRUSTEES

Terry B Bayer	John Jamian	Dean G Smith	Kathryn F Crawford
Marissa Morgan	Roman T Kulich	Ron Nelson	Vernice D Anthony
Walter C Watkins, Jr.	Anna Marie Lang	Barbara Striker	

State of.....
County of.....

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

(Signature)	(Signature)	(Signature)
Roman T Kulich	Mark L Andrews	Tom Murar
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____

a. Is this an original filing? Yes [X] No [ ]

b. If no 1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	1,000,000		1,000,000	1,000,000
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....62,919,709, Sch. E-Part 1), cash equivalents ($.....0, Sch. E-Part 2) and short-term investments ($.....57,969,616, Sch. DA)	120,889,325		120,889,325	131,591,696
6. Contract loans (including $.....0 premium notes)			0	
7. Other invested assets (Schedule BA)			0	
8. Receivables for securities			0	
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	121,889,325	0	121,889,325	132,591,696
11. Title plants less $.....0 charged off (for Title insurers only)			0	
12. Investment income due and accrued	5,700		5,700	5,660
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in course of collection			0	
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
13.3 Accrued retrospective premiums			0	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	
14.2 Funds held by or deposited with reinsured companies			0	
14.3 Other amounts receivable under reinsurance contracts			0	
15. Amounts receivable relating to uninsured plans			0	
16.1 Current federal and foreign income tax recoverable and interest thereon			0	
16.2 Net deferred tax asset	478,373		478,373	
17. Guaranty funds receivable or on deposit			0	
18. Electronic data processing equipment and software	197,652	43,388	154,264	280,541
19. Furniture and equipment, including health care delivery assets ($.....0)	1,643,260	1,643,260	0	35,760
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	
21. Receivables from parent, subsidiaries and affiliates	149,325		149,325	
22. Health care ($.....5,388,883) and other amounts receivable	5,388,883	726,796	4,662,087	4,959,963
23. Aggregate write-ins for other than invested assets	23,493,537	18,112,160	5,381,377	3,368,289
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	153,246,055	20,525,604	132,720,451	141,241,909
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
26. TOTALS (Lines 24 and 25)	153,246,055	20,525,604	132,720,451	141,241,909

DETAILS OF WRITE-INS

0901.			0	
0902.			0	
0903.			0	
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0
2301. Prepaid Expenses/Deposits	159,656	159,656	0	
2302. Intangible Assets (Goodwill/Patient Files)	23,333,881	17,952,504	5,381,377	3,368,289
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	23,493,537	18,112,160	5,381,377	3,368,289

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)	63,392,341		63,392,341	69,781,734
2. Accrued medical incentive pool and bonus amounts	1,191,008		1,191,008	1,616,787
3. Unpaid claims adjustment expenses	1,202,669		1,202,669	1,184,426
4. Aggregate health policy reserves			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance			0	
9. General expenses due or accrued	2,032,585		2,032,585	1,752,851
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))	186,602		186,602	3,068,971
10.2 Net deferred tax liability			0	88,999
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	3,840,897
16. Payable for securities			0	
17. Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)			0	
18. Reinsurance in unauthorized companies			0	
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	
20. Liability for amounts held under uninsured plans			0	
21. Aggregate write-ins for other liabilities (including $.....0 current)	4,887,463	0	4,887,463	4,741,325
22. Total liabilities (Lines 1 to 21)	72,892,668	0	72,892,668	86,075,990
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX	159,000	159,000
25. Preferred capital stock	XXX	XXX		
26. Gross paid in and contributed surplus	XXX	XXX	84,814,563	63,814,563
27. Surplus notes	XXX	XXX		
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	(25,145,780)	(8,807,644)
30. Less treasury stock at cost:				
30.1 .....0.000 shares common (value included in Line 24 $.....0)	XXX	XXX		
30.2 .....0.000 shares preferred (value included in Line 25 $.....0)	XXX	XXX		
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	59,827,783	55,165,919
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	132,720,451	141,241,909

DETAILS OF WRITE-INS

2101. Premium Taxes Due	4,887,463		4,887,463	4,741,325
2102.			0	
2103.			0	
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	4,887,463	0	4,887,463	4,741,325
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member months	XXX	2,765,276	2,834,165
2. Net premium income (including $.....0 non-health premium income)	XXX	498,632,076	503,592,189
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of $.....0 medical expenses)	XXX		
5. RisJ revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX	(30,063,115)	(30,878,976)
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	468,568,961	472,713,213
Hospital and Medical:			
9. Hospital/medical benefits		221,420,030	251,848,217
10. Other professional services		39,889,539	35,114,969
11. Outside referrals		26,099,240	30,247,434
12. Emergency room and out-of-area		25,120,736	24,495,653
13. Prescription drugs		70,456,140	70,800,188
14. Aggregate write-ins for other hospital and medical	0	2,143,309	2,673,178
15. Incentive pool, withhold adjustments and bonus amounts		1,018,657	825,583
16. Subtotal (Lines 9 to 15)	0	386,147,651	416,005,222
Less:			
17. Net reinsurance recoveries		279,089	546,672
18. Total hospital and medical (Lines 16 minus 17)	0	385,868,562	415,458,550
19. Non-health claims (net)			
20. Claims adjustment expenses, including $.....7,347,133 cost containment expenses		11,781,145	8,126,443
21. General administrative expenses		41,060,479	36,233,288
22. Increase in reserves for life and accident and health contracts including $.....0 increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)	0	438,710,186	459,818,281
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	29,858,775	12,894,932
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		5,687,433	3,359,480
26. Net realized capital gains or (losses) less capital gains tax of $.....0			
27. Net investment gains or (losses) (Lines 25 plus 26)	0	5,687,433	3,359,480
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]			
29. Aggregate write-ins for other income or expenses	0	2,080	(9,143)
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	35,548,288	16,245,269
31. Federal and foreign income taxes incurred	XXX	12,360,972	5,476,703
32. Net income (loss) (Lines 30 minus 31)	XXX	23,187,316	10,768,566

DETAILS OF WRITE-INS

0601. Premium Tax	XXX	(30,063,115)	(30,878,976)
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	(30,063,115)	(30,878,976)
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Patient Transportation		1,958,801	2,481,764
1402. Quality Assurance		184,508	191,414
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	2,143,309	2,673,178
2901. Miscellaneous		2,080	(9,143)
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	2,080	(9,143)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	55,165,918	37,935,059
34. Net income or (loss) from Line 32	23,187,316	10,768,566
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (losses) less capital gains tax of $.....0		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(102,721)	(284,818)
39. Change in nonadmitted assets	5,577,269	4,747,111
40. Change in unauthorized reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in	21,000,000	2,000,000
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(45,000,000)	
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	4,661,864	17,230,859
49. Capital and surplus end of reporting period (Line 33 plus 48)	59,827,782	55,165,918

DETAILS OF WRITE-INS

4701. Change in State DTA & DTL		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance	498,632,076	503,592,189
2. Net investment income	5,687,393	3,355,289
3. Miscellaneous income	(30,063,115)	(30,878,976)
4. Total (Lines 1 through 3)	474,256,354	476,068,502
5. Benefit and loss related payments	392,683,734	404,485,216
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	52,395,429	44,394,946
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) $.....0 net of tax on capital gains (losses)	15,243,341	3,968,525
10. Total (Lines 5 through 9)	460,322,504	452,848,687
11. Net cash from operations (Line 4 minus Line 10)	13,933,850	23,219,815
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	310,000	690,000
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		12,874
12.8 Total investment proceeds (Lines 12.1 to 12.7)	310,000	702,874
13. Cost of investments acquired (long-term only):		
13.1 Bonds	310,000	690,000
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	310,000	690,000
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	0	12,874
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock	21,000,000	2,000,000
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	45,000,000	
16.6 Other cash provided (applied)	(636,221)	6,129,448
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(24,636,221)	8,129,448
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(10,702,371)	31,362,137
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	131,591,695	100,229,558
19.2 End of year (Line 18 plus Line 19.1)	120,889,324	131,591,695

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

20.0001		

ANALYSIS OF OPERATION BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Stop Loss	10 Disability Income	11 Long-Term Care	12 Other Health	13 Other Non-Health
1. Net premium income	498,632,076	300,524					986,091	497,345,461					
2. Change in unearned premium reserves and reserve for rate credit	0												
3. Fee-for-service (net of $.....0 medical expenses)	0												XXX
4. Risk revenue	0												XXX
5. Aggregate write-ins for other health care related revenues	(30,063,115)	(18,119)	0	0	0	0	0	(30,044,996)	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	468,568,961	282,405	0	0	0	0	986,091	467,300,465	0	0	0	0	0
8. Hospital/medical benefits	221,420,030	97,545					545,165	220,777,320					XXX
9. Other professional services	39,889,539	27,255					2,342	39,859,942					XXX
10. Outside referrals	26,099,240						25,555	26,073,685					XXX
11. Emergency room and out-of-area	25,120,736	10,794					10,998	25,098,944					XXX
12. Prescription drugs	70,456,140	32,516					121,290	70,302,334					XXX
13. Aggregate write-ins for other hospital and medical	2,143,309	0	0	0	0	0	3,674	2,139,635	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	1,018,657	4,798						1,013,859					XXX
15. Subtotal (Lines 8 to 14)	386,147,651	172,908	0	0	0	0	709,024	385,265,719	0	0	0	0	XXX
16. Net reinsurance recoveries	279,088							279,088					XXX
17. Total hospital and medical (Lines 15 minus 16)	385,868,563	172,908	0	0	0	0	709,024	384,986,631	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....7,347,133 cost containment expenses	11,781,145	1,570					21,679	11,757,896					
20. General administrative expenses	41,060,479	17,357					450,747	40,592,375					
21. Increase in reserves for accident and health contracts	0												XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	438,710,187	191,835	0	0	0	0	1,181,450	437,336,902	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	29,858,774	90,570	0	0	0	0	(195,359)	29,963,563	0	0	0	0	0

DETAILS OF WRITE-INS

0501. Premium Tax	(30,063,115)	(18,119)						(30,044,996)					XXX
0502.	0												XXX
0503.	0												XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above)	(30,063,115)	(18,119)	0	0	0	0	0	(30,044,996)	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Patient Transportation	1,958,801						757	1,958,044					XXX
1302. Quality Assurance	184,508						2,917	181,591					XXX
1303.	0												XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above)	2,143,309	0	0	0	0	0	3,674	2,139,635	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	302,004		1,480	300,524
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare	989,659		3,568	986,091
7. Title XIX - Medicaid	498,025,579		680,118	497,345,461
8. Stop loss				0
9. Disability income				0
10. Long-term care				0
11. Other health				0
12. Health subtotal (Lines 1 through 11)	499,317,242	0	685,166	498,632,076
13. Life				0
14. Property/casualty				0
15. Totals (Lines 12 to 14)	499,317,242	0	685,166	498,632,076

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Stop Loss	10 Disability Income	11 Long-Term Care	12 Other Health	13 Other Non-Health
1. Payments during the year:													
1.1 Direct	391,356,020	165,973					251,540	390,938,507					
1.2 Reinsurance assumed	0												
1.3 Reinsurance ceded	279,089							279,089					
1.4 Net	391,076,931	165,973	0	0	0	0	251,540	390,659,418	0	0	0	0	0
2. Paid medical incentive pools and bonuses	1,444,436	4,798						1,439,638					
3. Claim liability December 31, current year from Part 2A:													
3.1 Direct	63,392,341	32,138					518,187	62,842,016					
3.2 Reinsurance assumed	0												
3.3 Reinsurance ceded	0												
3.4 Net	63,392,341	32,138	0	0	0	0	518,187	62,842,016	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:													
4.1 Direct	0												
4.2 Reinsurance assumed	0												
4.3 Reinsurance ceded	0												
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,191,008							1,191,008					
6. Net healthcare receivables (a)	(162,368)							(162,368)					
7. Amounts recoverable from reinsurers December 31, current year	0												
8. Claim liability December 31, prior year from Part 2A:													
8.1 Direct	69,781,734	30,000						69,751,734					
8.2 Reinsurance assumed	0												
8.3 Reinsurance ceded	0												
8.4 Net	69,781,734	30,000	0	0	0	0	0	69,751,734	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:													
9.1 Direct	0												
9.2 Reinsurance assumed	0												
9.3 Reinsurance ceded	0												
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,616,787							1,616,787					
11. Amounts recoverable from reinsurers December 31, prior year	0												
12. Incurred benefits:													
12.1 Direct	385,128,995	168,111	0	0	0	0	769,727	384,191,157	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	279,089	0	0	0	0	0	0	279,089	0	0	0	0	0
12.4 Net	384,849,906	168,111	0	0	0	0	769,727	383,912,068	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	1,018,657	4,798	0	0	0	0	0	1,013,859	0	0	0	0	0

(a) Excludes $.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Stop Loss	10 Disability Income	11 Long-Term Care	12 Other Health	13 Other Non-Health
1. Reported in process of adjustment:													
1.1 Direct	20,060,328	22,138						20,038,190					
1.2 Reinsurance assumed	0												
1.3 Reinsurance ceded	0												
1.4 Net	20,060,328	22,138	0	0	0	0	0	20,038,190	0	0	0	0	0
2. Incurred but unreported:													
2.1 Direct	43,332,013	10,000					518,187	42,803,826					
2.2 Reinsurance assumed	0												
2.3 Reinsurance ceded	0												
2.4 Net	43,332,013	10,000	0	0	0	0	518,187	42,803,826	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:													
3.1 Direct	0												
3.2 Reinsurance assumed	0												
3.3 Reinsurance ceded	0												
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals:													
4.1 Direct	63,392,341	32,138	0	0	0	0	518,187	62,842,016	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	63,392,341	32,138	0	0	0	0	518,187	62,842,016	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	17,054	148,918	12,946	19,192	30,000	30,000
2. Medicare supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal employees health benefits plan					0	
6. Title XVIII - Medicare		251,540		518,187	0	
7. Title XIX - Medicaid	50,748,436	339,910,983	1,076,218	61,765,798	51,824,654	69,751,734
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	50,765,490	340,311,441	1,089,164	62,303,177	51,854,654	69,781,734
10. Healthcare receivables (a)				1,063,340	0	1,225,708
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	1,290,778	153,657	326,008	865,000	1,616,786	1,616,787
13. Totals (Lines 9 - 10 + 11 + 12)	52,056,268	340,465,098	1,415,172	62,104,837	53,471,440	70,172,813

(a) Excludes $.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior	33,984	34,109	34,144	34,144	34,144
2. 2002	35,064	42,725	42,906	42,952	42,952
3. 2003	XXX	59,774	78,696	78,885	78,896
4. 2004	XXX	XXX	132,981	163,032	163,260
5. 2005	XXX	XXX	XXX	218,041	269,876
6. 2006	XXX	XXX	XXX	XXX	341,348

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior	33,984	34,109	34,144	34,144	34,144
2. 2002	35,064	42,725	42,906	42,952	42,952
3. 2003	XXX	59,774	78,696	78,885	78,896
4. 2004	XXX	XXX	132,981	163,032	163,260
5. 2005	XXX	XXX	XXX	218,041	271,291
6. 2006	XXX	XXX	XXX	XXX	403,973

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2002	52,409	42,952	399	0.9	43,351	82.7			43,351	82.7
2. 2003	87,515	78,896	563	0.7	79,459	90.8			79,459	90.8
3. 2004	196,160	163,260	2,682	1.6	165,942	84.6			165,942	84.6
4. 2005	304,638	269,859	7,355	2.7	277,214	91.0	1,402	28	278,644	91.5
5. 2006	468,591	341,348	11,884	3.5	353,232	75.4	63,181	1,175	417,588	89.1

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior					
2. 2002					
3. 2003	XXX				
4. 2004	XXX	XXX			
5. 2005	XXX	XXX	XXX		17
6. 2006	XXX	XXX	XXX	XXX	154

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior					
2. 2002					
3. 2003	XXX				
4. 2004	XXX	XXX			
5. 2005	XXX	XXX	XXX		17
6. 2006	XXX	XXX	XXX	XXX	156

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2002				0.0	0	0.0			0	0.0
2. 2003				0.0	0	0.0			0	0.0
3. 2004				0.0	0	0.0			0	0.0
4. 2005				0.0	0	0.0			0	0.0
5. 2006	301	154	1	0.6	155	51.5	32	1	188	62.5

U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare Supp.
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare Supp.
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare Supp.
NONE

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

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

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

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

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

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

U & I Ex.-Pt.2C-Sn A-Paid Claims-Fed Emp Health
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Fed Emp Health
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Fed Emp Health
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior					
2. 2002					
3. 2003	XXX				
4. 2004	XXX	XXX			
5. 2005	XXX	XXX	XXX		
6. 2006	XXX	XXX	XXX	XXX	252

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior					
2. 2002					
3. 2003	XXX				
4. 2004	XXX	XXX			
5. 2005	XXX	XXX	XXX		
6. 2006	XXX	XXX	XXX	XXX	770

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2002				0.0	0	0.0			0	0.0
2. 2003				0.0	0	0.0			0	0.0
3. 2004				0.0	0	0.0			0	0.0
4. 2005				0.0	0	0.0			0	0.0
5. 2006	990	252	12	4.8	264	26.7	518	10	792	80.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior	33,984	34,109	34,144	34,144	34,144
2. 2002	35,064	42,725	42,906	42,952	42,952
3. 2003	XXX	59,774	78,696	78,885	78,896
4. 2004	XXX	XXX	132,981	163,032	163,260
5. 2005	XXX	XXX	XXX	218,041	269,859
6. 2006	XXX	XXX	XXX	XXX	340,942

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior	33,984	34,109	34,144	34,144	34,144
2. 2002	35,064	42,725	42,906	42,952	42,952
3. 2003	XXX	59,774	78,696	78,885	78,896
4. 2004	XXX	XXX	132,981	163,032	163,260
5. 2005	XXX	XXX	XXX	218,041	271,274
6. 2006	XXX	XXX	XXX	XXX	403,573

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2002	52,409	42,952	399	0.9	43,351	82.7			43,351	82.7
2. 2003	87,515	78,896	563	0.7	79,459	90.8			79,459	90.8
3. 2004	196,160	163,260	2,682	1.6	165,942	84.6			165,942	84.6
4. 2005	304,638	269,859	7,355	2.7	277,214	91.0	1,402	28	278,644	91.5
5. 2006	467,300	340,942	11,871	3.5	352,813	75.5	62,631	1,164	416,608	89.2

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

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

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

U & I Ex.-Pt.2D
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($.....0 for occupancy of own building)			1,787,947		1,787,947
2. Salaries, wages and other benefits	5,661,483	3,116,138	15,512,472		24,290,093
3. Commissions (less $.....0 ceded plus $.....0 assumed)	323				323
4. Legal fees and expenses	26,359		766,915		793,274
5. Certifications and accreditation fees			179,621		179,621
6. Auditing, actuarial and other consulting services			2,369,931		2,369,931
7. Traveling expenses	542,758	18,168	457,740		1,018,666
8. Marketing and advertising	266,718	20,583	914,903		1,202,204
9. Postage, express and telephone	103,938	14,842	1,794,871		1,913,651
10. Printing and office supplies	193,587	36,889	1,368,901		1,599,377
11. Occupancy, depreciation and amortization	429	987	6,838,444		6,839,860
12. Equipment	1,240	2,352	445,830		449,422
13. Cost or depreciation of EDP equipment and software	8,707	5	756,616		765,328
14. Outsourced services including EDP, claims, and other services	164,480	972,793	3,328,005		4,465,278
15. Boards, bureaus and association fees	3,375	550	400,719		404,644
16. Insurance, except on real estate	277,683	142,453	1,081,836		1,501,972
17. Collection and bank service charges	27,933	7,211	129,933		165,077
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes	89		86,672		86,761
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			620,323		620,323
23.2 State premium taxes			237,577		237,577
23.3 Regulator authority licenses and fees			6,043		6,043
23.4 Payroll taxes	68,031	101,041	1,459,572		1,628,644
23.5 Other (excluding federal income and real estate taxes)				58,103	58,103
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	515,608	0	515,608
26. Total expenses incurred (Lines 1 to 25)	7,347,133	4,434,012	41,060,479	58,103	(a) 52,899,727
27. Less expenses unpaid December 31, current year		1,202,669	2,032,585		3,235,254
28. Add expenses unpaid December 31, prior year		1,184,426	1,752,851		2,937,277
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	7,347,133	4,415,769	40,780,745	58,103	52,601,750

DETAILS OF WRITE-INS

2501. Contributions - Political			34,889		34,889
2502. Contributions - Charitable			155,441		155,441
2503. Patient Education			580		580
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	324,698	0	324,698
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	515,608	0	515,608

(a) Includes management fees of $.....21,764,545 to affiliates and $.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 38,874	38,874
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 5,707,878	5,707,918
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	5,746,752	5,746,792
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 58,103
13.	Interest expense		(h) 1,257
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		59,360
17.	Net investment income (Line 10 minus Line 16)		5,687,432

DETAILS OF WRITE-INS

0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above)		0

(a) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....0 investment expenses and $.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Unrealized Increases (Decreases) by Adjustment	4 Total
1.	U.S. government bonds				0
1.1	Bonds exempt from U.S. tax				0
1.2	Other bonds (unaffiliated)				0
1.3	Bonds of affiliates				0
2.1	Preferred stocks (unaffiliated)				0
2.11	Preferred stocks of affiliates				0
2.2	Common stocks (unaffiliated)				0
2.21	Common stocks of affiliates				0
3.	Mortgage loans				0
4.	Real estate				0
5.	Contract loans				0
6.	Cash, cash equivalents and short-term investments				0
7.	Derivative instruments				0
8.	Other invested assets				0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0

NONE

DETAILS OF WRITE-INS

0901.					0
0902.					0
0903.					0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Other invested assets (Schedule BA)			0
8. Receivables for securities			0
9. Aggregate write-ins for invested assets	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	0	0	0
11. Title plants (for Title insurers only)			0
12. Investment income due and accrued			0
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection			0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
13.3 Accrued retrospective premiums			0
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers			0
14.2 Funds held by or deposited with reinsured companies			0
14.3 Other amounts receivable under reinsurance contracts			0
15. Amounts receivable relating to uninsured plans			0
16.1 Current federal and foreign income tax recoverable and interest thereon			0
16.2 Net deferred tax asset		470,609	470,609
17. Guaranty funds receivable or on deposit			0
18. Electronic data processing equipment and software	43,388	91,613	48,225
19. Furniture and equipment, including health care delivery assets	1,643,260	964,926	(678,334)
20. Net adjustment in assets and liabilities due to foreign exchange rates			0
21. Receivable from parent, subsidiaries and affiliates			0
22. Health care and other amounts receivable	726,796	368,924	(357,872)
23. Aggregate write-ins for other than invested assets	18,112,160	24,206,801	6,094,641
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23)	20,525,604	26,102,873	5,577,269
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
26. TOTALS (Lines 24 and 25)	20,525,604	26,102,873	5,577,269

DETAILS OF WRITE-INS

0901.			0
0902.			0
0903.			0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0
2301. Prepaid Expenses/Deposits	159,656	237,990	78,334
2302. Intangible Assets (Goodwill/Patient Files)	17,952,504	23,968,811	6,016,307
2303.			0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	18,112,160	24,206,801	6,094,641

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health maintenance organizations	232,425	231,794	232,437	227,127	227,797	2,765,276
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	232,425	231,794	232,437	227,127	227,797	2,765,276

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Molina Healthcare of Michigan, Inc. (the "Company") are presented on the basis of accounting practices prescribed or permitted by the State of Michigan, Office of Financial & Insurance Services ("OFIS").

OFIS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Michigan Insurance Code. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures* manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

1. The Company's financial instruments include cash and cash equivalents and investments. The Company believes the carrying amounts of cash and cash equivalents approximate their fair value because of their high liquidity. The fair value of bonds and short-term investments are based on the fair values prescribed by the Securities Valuation Office ("SVO"). For certain investments for which the SVO does not provide an estimated fair value, the Company uses amortized cost as a substitute for estimated marked value, in accordance with prescribed guidance. As of December 31, 2006 and 2005, the estimated fair value of investments included investments totaling $1,380,007 and $1,319,940 respectively that were valued at amortized cost.

2. Unpaid losses and loss adjustment expenses include an amount determined from health care costs estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

2. Accounting Changes and Corrections of Errors

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

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

3. Business Combinations and Goodwill

The following summarizes the goodwill balance:

Ending goodwill balance	23,333,881
Nonadmitted portion	(17,952,504)
Admitted Goodwill	5,381,377

4. Discontinued Operations – Cape Health Plan (NAIC Company Code 95759) was merged into Molina Healthcare of Michigan in 2006.

5. Investments – None

NOTES TO FINANCIAL STATEMENTS

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

7. Investment Income –

The Company had no investment income that was excluded. All the Company's investments and the income derived from such investments meet the criteria for admitted receivables.

8. Derivative Instruments – None

9. Income Taxes

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

		12/31/2006	12/31/2005
1)	Total of all deferred tax assets	1,184,269	893,111
2)	Total of all deferred tax liabilities	705,896	511,501
3)	Total deferred tax assets nonadmitted	-	470,609
4)	Net deferred tax assets admitted	478,373	(88,999)
5)	Change in nonadmitted Net DTAs	470,609	333,863

B. N/A

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

		12/31/2006	12/31/2005
1.	Current tax expense (benefit)	12,394,462	5,219,119
2.	Change in DTA's DTL's	102,720	-
3.	Utilization of NOL Carryforward	(27,235)	(27,235)

The Net deferred tax asset consists of the following major components:

	12/31/2006	12/31/2005
Deferred tax assets:		
NOL Carryforwards	202,012	229,247
State taxes	253,065	122,374
Compensation related payable	87,911	70,881
Other	641,281	470,609
Total deferred tax assets	1,184,269	893,111
Non-admitted deferred tax assets	-	258,453
Admitted deferred tax assets1,184,269	634,658	
Deferred tax liabilities:		
State taxes	-	-
Depreciation	(659,775)	(419,160)
Other	(46,121)	(92,341)
Total deferred tax liabilities	(705,896)	(511,501)
Non-admitted deferred tax liabilities	-	-
Admitted deferred tax liabilities	(705,896)	(511,501)
Net admitted deferred tax assets	478,373	(88,999)
Change in net non-admitted assets	470,609	333,863

D. There were no significant book to tax adjustments in 2006

E. 1. Net operating loss carryforward balance for 2006 forward is $577,178

2. The amount of federal income taxes incurred that will be available for recoupment in the event of future net losses is approximately $ 14,804,368.

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

Molina Healthcare, Inc
Molina Healthcare of California
Molina Healthcare of California Partner Plan
Molina Healthcare of Utah, Inc
Health Care Horizons, Inc.
Molina Healthcare of New Mexico, Inc.

NOTES TO FINANCIAL STATEMENTS

Molina Healthcare of Washington, Inc.
Molina Healthcare of Indiana, Inc.
Molina Healthcare of Texas, Inc.
Molina Healthcare of Ohio, Inc.
Molina Healthcare of Georgia, Inc.
Molina Healthcare of Nevada, Inc.
Molina Healthcare Insurance Company
HCLB, Inc.

Molina Healthcare, Inc. (Molina) and its subsidiaries file a consolidated federal income tax return. Under a written Services agreement with Molina approved by the Board of Directors, Molina collects from or refunds to the subsidiaries the amount of taxes or benefits determined as if Molina and the subsidiaries filed separate returns.

10. Information Concerning Parent, Subsidiaries and Affiliates –

    A. The Company is a wholly owned subsidiary of Molina Healthcare, Inc. Molina Healthcare, Inc. also has other wholly owned subsidiaries located in the states of California, Indiana, New Mexico, Texas, Ohio, Utah and Washington.

    B. The Company has an agreement with Molina Healthcare, Inc. whereby Molina Healthcare, Inc. provides certain management and other support services to the Company. Expenses incurred relating to this agreement amounted to $18,742,822 in 2006 and $15,529,404 in 2005. Molina Healthcare, Inc. made capital contributions of $20,000,000 in 2006.

    C. The Company did not declare or pay dividends during 2006.

    D. At December 31, 2006, the Company reported a $149,325 receivable from Molina Healthcare, Inc. related to its tax liability.

    E. There are no guarantees or undertakings for the benefit of an affiliate or related party.

    F. None

    G. Molina Healthcare, Inc. owns all outstanding shares of the Company.

    H. The Company owns no shares of Molina Healthcare, Inc.

    I. The Company owns no interest in either Molina Healthcare, Inc. or any of the other subsidiaries of the Molina Healthcare, Inc.

    J. N/A

11. Debt – None

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

    A. Defined Benefit Plan – The Company does not have a Defined Benefit Plan.

    B. Defined Contribution Plan – Employees meeting certain eligibility requirements may participate in the Company' 401(k) plan. Contribution expense to the 401(k) plan totaled $343,252 in 2006 and $311,494 in 2005.

    C. Multiemployer Plans: The Company does not have a Multiemployer Plan.

    D. Consolidated/Holding Company Plans: The Company does not have a Consolidated/Holding Company Plan.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations –

    A. The Company has 200,000 shares of common stock authorized and 159,000 shares of common stock issued. Par value is $1.00.

    B. The Company has no preferred stock.

    C. The laws of the State of Michigan limit the payment and declaration of extraordinary and ordinary dividends. As set forth in Michigan Insurance Code, dividends require prior approval of OFIS. Additionally, OFIS does will not approve dividends that are greater than 10% of a Plans' surplus over one year period.

    D. The Company did not declare or pay dividends in 2006.

NOTES TO FINANCIAL STATEMENTS

E. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

F. N/A.

G. There is no stock held by the Company.

H. N/A

I. The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:
   i. Unrealized gains or losses: $ 0
   ii. Non admitted asset values: $20,525,604
   iii. For stock purchase warrants: 0 shares

J. NA

K. N/A

L. N/A

14. Contingencies –

A. Contingent Commitments – None

B. Assessments – None

C. Gain Contingencies – None

D. All Other Contingencies

Currently, the Company is not involved in any legal proceedings. However, in the normal course of business, the Company may become aware of disputes and complaints that could result in litigation. In the opinion of management, based upon current facts and circumstances known by the Company, the resolution of these matters (whether or not resulting in litigation) should not have a material adverse effect on the financial position or results of operation of the Company.

15. Leases –

A. Lessee Operating Lease

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

At December 31, 2006, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
2007	$2,143,753
2008	$1,848,552
2009	$1,801,680
2010	$1,804,175
2011	$1,725,618
2012+	$4,844,993
Total	$14,168,771

The Company is not involved in any material sales-leaseback transactions

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk – None

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

A. Transfers of Receivables reported as Sales – None

B. Transfer and Servicing of Financial Assets – None

C. Wash Sales – None

NOTES TO FINANCIAL STATEMENTS

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans – None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None

20. September 11 Events – None

21. Other Items – None

22. Events Subsequent – None

23. Reinsurance –

A. Ceded Reinsurance Report

Section 1-General Interrogatories

1. No

2. No

Section 2 Ceded Reinsurance Report-Part A

1. No

2. No

Section 3 Ceded Reinsurance Report Part B

1. $0.00

2. No

B. Uncollectible Reinsurance– None

C. Commutation of Reinsurance– None

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

25. Change in Incurred Claims and Claim Adjustment Expenses –

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years has decreased by $11,815,292 in 2006 for prior years as a result of re-estimation of unpaid claims and claim adjustment expenses. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Inter-company Pooling Arrangements – None

27. Structured Settlements – Not Applicable

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivable–

Pharmaceutical rebate payments are received by the Company 180 days after billing, therefore, pharmaceutical rebates are considered non-admitted assets.

Quarter	Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2006	450,589				
9/30/2006	89,910				
6/30/2006	92,433				
3/31/2006	93,864				93,864
12/31/2005	90,379				90,379
9/30/2005	87,691				87,691
6/30/2005	93,926				93,926
3/31/2005	96,928				96,928
12/31/2004	96,731				96,731
9/30/2004	75,150				75,150
6/30/2004	87,179				87,179
3/31/2004	87,210				87,210

29. Participating Policies – Not Applicable

30. Premium Deficiency Reserves– None

31. Anticipated Salvage and Subrogation– None

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings 1 Amount	2 Percentage	Admitted Assets as Reported in the Annual Statement 3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities	1,000,000	0.8	1,000,000	0.8
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies		0.0		0.0
1.22 Issued by U.S. government sponsored agencies		0.0		0.0
1.3 Foreign government (including Canada, excluding mortgage-backed securities)		0.0		0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations		0.0		0.0
1.42 Political subdivisions of states, territories & possessions & political subdivisions general obligations		0.0		0.0
1.43 Revenue and assessment obligations		0.0		0.0
1.44 Industrial development and similar obligations		0.0		0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA		0.0		0.0
1.512 Issued or guaranteed by FNMA and FHLMC		0.0		0.0
1.513 All other		0.0		0.0
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.0		0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.0		0.0
1.523 All other		0.0		0.0
2. Other debt and other fixed income securities (excluding short-term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)		0.0		0.0
2.2 Unaffiliated foreign securities		0.0		0.0
2.3 Affiliated securities		0.0		0.0
3. Equity interests:				
3.1 Investments in mutual funds		0.0		0.0
3.2 Preferred stocks:				
3.21 Affiliated		0.0		0.0
3.22 Unaffiliated		0.0		0.0
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated		0.0		0.0
3.32 Unaffiliated		0.0		0.0
3.4 Other equity securities:				
3.41 Affiliated		0.0		0.0
3.42 Unaffiliated		0.0		0.0
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated		0.0		0.0
3.52 Unaffiliated		0.0		0.0
4. Mortgage loans:				
4.1 Construction and land development		0.0		0.0
4.2 Agricultural		0.0		0.0
4.3 Single family residential properties		0.0		0.0
4.4 Multifamily residential properties		0.0		0.0
4.5 Commercial loans		0.0		0.0
4.6 Mezzanine real estate loans		0.0		0.0
5. Real estate investments:				
5.1 Property occupied by company		0.0		0.0
5.2 Property held for production of income (including $.....0 of property acquired in satisfaction of debt)		0.0		0.0
5.3 Property held for sale (including $.....0 property acquired in satisfaction of debt)		0.0		0.0
6. Contract loans		0.0		0.0
7. Receivables for securities		0.0		0.0
8. Cash, cash equivalents and short-term investments	120,889,325	99.2	120,889,325	99.2
9. Other invested assets		0.0		0.0
10. Total invested assets	121,889,325	100.0	121,889,325	100.0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State regulating? Michigan

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

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2004

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2004

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/30/2006

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under a common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

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

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile
CAPE Health Plan	95759	MI

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

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control. .....%

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young 725 S. Figueroa St. Los Angeles, CA 90017-5418

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Karen McDonald FSA, MAAA One Golden Shore Dr. Long Beach, CA 90802

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

11.11 Name of real estate holding company

11.12 Number of parcels involved .....

11.13 Total book/adjusted carrying value .....

11.2 If yes, provide explanation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
12.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

BOARD OF DIRECTORS

13. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No [ ]

14. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

15. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

16.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
16.11 To directors or other officers $.....0
16.12 To stockholders not officers $.....0
16.13 Trustees, supreme or grand (Fraternal only) $.....0
16.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
16.21 To directors or other officers $.....0
16.22 To stockholders not officers $.....0
16.23 Trustees, supreme or grand (Fraternal only) $.....0

17.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]
17.2 If yes, state the amount thereof at December 31 of the current year:
17.21 Rented from others .....
17.22 Borrowed from others .....
17.23 Leased from others .....
17.24 Other .....

18.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]
18.2 If answer is yes:
18.21 Amount paid as losses or risk adjustment .....
18.22 Amount paid as expenses .....
18.23 Other amounts paid .....

19.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]
19.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. .....

INVESTMENT

20.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E-Part 3-Special Deposits? Yes [X] No [ ]
20.2 If no, give full and complete information relating thereto.

21.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, except as shown on Schedule E-Part 3-Special Deposits, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 17.1) Yes [ ] No [X]
21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Loaned to others .....
21.22 Subject to repurchase agreements .....
21.23 Subject to reverse repurchase agreements .....
21.24 Subject to dollar repurchase agreements .....
21.25 Subject to reverse dollar repurchase agreements .....
21.26 Pledged as collateral .....
21.27 Placed under option agreements .....
21.28 Letter stock or securities restricted as to sale .....
21.29 Other .....
21.3 For category (21.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount

22.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]
22.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

23.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]
23.2 If yes, state the amount thereof at December 31 of the current year: .....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

1 Name of Custodian(s)	2 Custodian's Address
Lasalle Bank	2600 W. Big Beaver Rd, Troy MI 48084

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

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

24.03 Have there been any changes, including name changes, in the custodian(s) identified in 24.01 during the current year? Yes [ ] No [X]

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

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

24.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
Cadre Financial Services	Robert Brownlee	905 Marconi Avenue, Ronkonkoma, NY

25.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [X]

25.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj.Carrying Value
25.2999. TOTAL		0

25.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

26. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
26.1 Bonds	1,000,000	1,000,000	0
26.2 Preferred stocks			0
26.3 Totals	1,000,000	1,000,000	0

26.4 Describe the sources or methods utilized in determining the fair values:

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

27.2 If no, list exceptions:

OTHER

28.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $.....106,223

28.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Michigan Association of Health Plans	106,223

29.1 Amount of payments for legal expenses, if any? $.....1,063,382

29.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Legal support provided by corporate legal department	793,274

30.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $.....0

30.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only .....

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance. .....

1.6 Individual policies:

Most current three years:

1.61 Total premium earned .....

1.62 Total incurred claims .....

1.63 Number of covered lives .....

All years prior to most current three years:

1.64 Total premium earned .....

1.65 Total incurred claims .....

1.66 Number of covered lives .....

1.7 Group policies:

Most current three years:

1.71 Total premium earned .....

1.72 Total incurred claims .....

1.73 Number of covered lives .....

All years prior to most current three years:

1.74 Total premium earned .....

1.75 Total incurred claims .....

1.76 Number of covered lives .....

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	498,632,076	324,676,753
2.2 Premium Denominator	498,632,076	324,676,753
2.3 Premium Ratio (2.1/2.2)	100.0	100.0
2.4 Reserve Numerator	64,583,349	48,946,278
2.5 Reserve Denominator	64,583,349	48,946,278
2.6 Reserve Ratio (2.4/2.5)	100.0	100.0

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and departments been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive medical $.....0

5.32 Medical only $.....150,000

5.33 Medicare supplement $.....0

5.34 Dental $.....0

5.35 Other limited benefit plan $.....0

5.36 Other $.....0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Plan has hold harmless provisions in every provider agreement: PCP, Specialty, Hospital and Ancillary

7.1 Does the reporting entity set up its claim liability for provider services on a service date base? Yes [X] No [ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 4,064

8.2 Number of providers at end of reporting year 5,400

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with the rate guarantees between 15-36 months .....

9.22 Business with rate guarantees over 36 months .....

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses $.....0

10.22 Amount actually paid for year bonuses $.....0

10.23 Maximum amount payable withholds $.....1,191,008

10.24 Amount actually paid for year withholds $.....1,290,778

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]

11.13 An Individual Practice Association (IPA), or Yes [ ] No [X]

11.14 A Mixed Model (combination of above)? Yes [ ] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such net worth.

11.4 If yes, show the amount required. $.....46,856,896

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation:
Greater of 10% subscription revenue or 200% of RBC

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

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

FIVE-YEAR HISTORICAL DATA

	1 2006	2 2005	3 2004	4 2003	5 2002
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	132,720,451	141,245,251	70,452,112	36,372,250	18,698,326
2. Total liabilities (Page 3, Line 22)	72,892,668	86,079,332	47,202,065	24,220,905	12,865,089
3. Statutory surplus	46,856,896	42,418,646	14,004,366	8,751,497	4,621,730
4. Total capital and surplus (Page 3, Line 31)	59,827,783	55,165,919	23,250,047	12,151,345	5,833,237
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	468,568,961	472,713,213	196,160,457	87,514,974	52,409,498
6. Total medical and hospital expenses (Line 18)	385,868,562	415,458,549	171,416,947	75,931,100	44,754,902
7. Claims adjustment expenses (Line 20)	11,781,145	8,126,443	3,369,022	577,587	398,798
8. Total administrative expenses (Line 21)	41,060,479	36,233,288	12,474,596	7,700,179	7,770,269
9. Net underwriting gain (loss) (Line 24)	29,858,775	12,894,934	8,899,892	3,306,108	(514,471)
10. Net investment gain (loss) (Line 27)	5,687,433	3,359,480	398,469	138,043	188,963
11. Total other income (Lines 28 plus 29)	2,080	(9,144)	12		
12. Net income or (loss) (Line 32)	23,187,316	10,768,567	6,315,102	1,933,041	135,512
Risk-Based Capital Analysis					
13. Total adjusted capital	59,827,783	55,165,919	23,250,047	12,151,345	5,833,237
14. Authorized control level risk-based capital	16,995,538	16,440,560	7,002,183	3,452,196	2,310,865
Enrollment (Exhibit 1)					
15. Total members at end of period (Column 5, Line 7)	227,797	232,425	157,998	81,661	33,393
16 Total member months (Column 6, Line 7)	2,765,276	2,834,165	1,271,961	584,727	352,354
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100**					
17. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
18. Total hospital and medical plus other non-health (Line 18 plus Line 19)	77.4	82.4	82.9	86.8	85.4
19. Cost containment expenses	1.5		1.0	XXX	XXX
20. Other claims adjustment expenses	0.9	1.4	1.6		
21. Total underwriting deductions (Line 23)	88.0	91.3	90.5	96.2	101.0
22. Total underwriting gain (loss) (Line 24)	6.0	5.9	4.3	3.8	(1.0)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
23. Total claims incurred for prior years (Line 13 Col. 5)	53,471,440	54,509,150	19,569,617	8,068,822	8,311,160
24. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	70,172,813	58,187,125	19,810,571	11,844,573	10,013,491
Investments in Parent, Subsidiaries and Affiliates					
25. Affiliated bonds (Sch. D Summary, Line 25, Col. 1)					
26. Affiliated preferred stocks (Sch D. Summary, Line 39, Col. 1)					
27. Affiliated common stocks (Sch D. Summary, Line 53, Col. 2)					
28. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 11)					
29. Affiliated mortgage loans on real estate					
30. All other affiliated					
31. Total of above Lines 25 to 30	0	0	0	0	0

SCHEDULE D - SUMMARY BY COUNTRY

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

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

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1	2	Direct Business Only					
			3	4	5	6	7	8
State, Etc.	Guaranty Fund (YES or NO)	Is Insurer Licensed? (YES or NO)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums and Deposit-Type Contract Funds	Property/ Casualty Premiums
1. Alabama AL	NO	NO						
2. Alaska AK	NO	NO						
3. Arizona AZ	NO	NO						
4. Arkansas AR	NO	NO						
5. California CA	NO	NO						
6. Colorado CO	NO	NO						
7. Connecticut CT	NO	NO						
8. Delaware DE	NO	NO						
9. District of Columbia DC	NO	NO						
10. Florida FL	NO	NO						
11. Georgia GA	NO	NO						
12. Hawaii HI	NO	NO						
13. Idaho ID	NO	NO						
14. Illinois IL	NO	NO						
15. Indiana IN	NO	NO						
16. Iowa IA	NO	NO						
17. Kansas KS	NO	NO						
18. Kentucky KY	NO	NO						
19. Louisiana LA	NO	NO						
20. Maine ME	NO	NO						
21. Maryland MD	NO	NO						
22. Massachusetts MA	NO	NO						
23. Michigan MI	NO	YES	302,004	989,659	498,025,579			
24. Minnesota MN	NO	NO						
25. Mississippi MS	NO	NO						
26. Missouri MO	NO	NO						
27. Montana MT	NO	NO						
28. Nebraska NE	NO	NO						
29. Nevada NV	NO	NO						
30. New Hampshire NH	NO	NO						
31. New Jersey NJ	NO	NO						
32. New Mexico NM	NO	NO						
33. New York NY	NO	NO						
34. North Carolina NC	NO	NO						
35. North Dakota ND	NO	NO						
36. Ohio OH	NO	NO						
37. Oklahoma OK	NO	NO						
38. Oregon OR	NO	NO						
39. Pennsylvania PA	NO	NO						
40. Rhode Island RI	NO	NO						
41. South Carolina SC	NO	NO						
42. South Dakota SD	NO	NO						
43. Tennessee TN	NO	NO						
44. Texas TX	NO	NO						
45. Utah UT	NO	NO						
46. Vermont VT	NO	NO						
47. Virginia VA	NO	NO						
48. Washington WA	NO	NO						
49. West Virginia WV	NO	NO						
50. Wisconsin WI	NO	NO						
51. Wyoming WY	NO	NO						
52. American Samoa AS	NO	NO						
53. Guam GU	NO	NO						
54. Puerto Rico PR	NO	NO						
55. U.S. Virgin Islands VI	NO	NO						
56. Northern Mariana Islands MP								
57. Canada CN	NO	NO						
58. Aggregate Other alien OT	XXX	XXX	0	0	0	0	0	0
59. Subtotal	XXX	XXX	302,004	989,659	498,025,579	0	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	XXX						
61. Total (Direct Business)	XXX	(a) 1	302,004	989,659	498,025,579	0	0	0

DETAILS OF WRITE-INS

5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for line 58 from overflow page	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0

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

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Company Code	ST	Fed ID #	Name of Company
00000	CA	13-4204626	Molina Healthcare, Inc.
|-00000	CA	33-0342719	Molina Healthcare of California, Inc.
|-00000	MI	38-3435959	HCLB, Inc.
|-52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
|-95759	MI	38-2455176	Cape Health Plan, Inc.
|-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
|-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
|-00000	NM	38-2623350	Health Care Horizons, Inc.
|-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc
|-12249	IN	20-1494455	Molina Healthcare of Indiana, Inc
|-10757	TX	20-1494502	Molina Healthcare of Texas Inc
|-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc
|-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
|-00000	GA	20-3372390	Molina Healthcare of Georgia, Inc.
|-00000	NV	20-3567602	Molina Healthcare of Nevada, Inc.
|-69647	OH	31-0628424	Molina Healthcare Insurance Company