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# ANNUAL STATEMENT

**For the Year Ended December 31, 2014**

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.....Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized..... February 12, 1997 Commenced Business..... January 1, 1998

| | | |
|---|---|---|
| Statutory Home Office | 880 W. Long Lake Rd., Suite 600….. Troy ..... MI ..... US …. 48098-4504<br>*(Street and Number) (City or Town, State, Country and Zip Code)* | |
| Main Administrative Office | 880 W. Long Lake Rd., Suite 600….. Troy ..... MI ..... US …. 48098-4504<br>*(Street and Number) (City or Town, State, Country and Zip Code)* | 248-925-1700<br>*(Area Code) (Telephone Number)* |
| Mail Address | 880 W. Long Lake Rd., Suite 600….. Troy ..... MI ..... US …. 48098-4504<br>*(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)* | |
| Primary Location of Books and Records | 880 W. Long Lake Rd., Suite 600….. Troy ..... MI ..... US …. 48098-4504<br>*(Street and Number) (City or Town, State, Country and Zip Code)* | 248-925-1700<br>*(Area Code) (Telephone Number)* |
| Internet Web Site Address | www.molinahealthcare.com | |
| Statutory Statement Contact | Pamela Mary Gourwitz<br>*(Name)* | 888-562-5442-151701<br>*(Area Code) (Telephone Number) (Extension)* |
| | pamela.gourwitz@molinahealthcare.com<br>*(E-Mail Address)* | 248-925-1721<br>*(Fax Number)* |

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| 1. Stephen Devon Harris | President | 2. Stephen Blaney Whiting | Treasurer/VP Finance & Analytics |
| 3. Jeffrey Don Barlow | Secretary | 4. | |

## OTHER

## DIRECTORS OR TRUSTEES

| | | | |
|---|---|---|---|
| Stephen Devon Harris | Matthew Carter Schueren | Maritza Esther Borrajero | Juan Jose Orellana |
| James Dwight Petty # | Marissa Ann Morgan | | |

State of..... Michigan
County of..... Oakland

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

| | | |
|---|---|---|
| (Signature) | (Signature) | (Signature) |
| Stephen Devon Harris | Stephen Blaney Whiting | Jeffrey Don Barlow |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| President | Treasurer/VP Finance & Analytics | Secretary |
| (Title) | (Title) | (Title) |

Subscribed and sworn to before me
This _____ day of _____ 2015

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

# EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| **A&H Premiums Due and Unpaid** | | | | | | |
| 0199999. Total individuals | | 655 | 307 | 9,916 | 9,916 | 962 |
| 0399999. Premiums due and unpaid from Medicare entities | 1,364,339 | | | | | 1,364,339 |
| 0499999. Premiums due and unpaid from Medicaid entities | 4,645,816 | 973,442 | 1,337,818 | 3,119,323 | | 10,076,399 |
| 0599999. Accident and health premiums due and unpaid (Page 2, Line 15) | 6,010,155 | 974,097 | 1,338,125 | 3,129,239 | 9,916 | 11,441,700 |

# EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| **Pharmaceutical Rebate Receivables** | | | | | | |
| CVS Caremark | 2,847,776 | | | 3,559,053 | 3,559,053 | 2,847,776 |
| 0199999. Total Pharmaceutical Rebate Receivables | 2,847,776 | 0 | 0 | 3,559,053 | 3,559,053 | 2,847,776 |
| **Capitation Arrangement Receivables** | | | | | | |
| 0499998. Capitation Arrangement Receivables Not Listed Individually | 6,678 | | | | | 6,678 |
| 0499999. Total Capital Arrangement Receivables | 6,678 | 0 | 0 | 0 | 0 | 6,678 |
| 0799999. Gross Health Care Receivables | 2,854,454 | 0 | 0 | 3,559,053 | 3,559,053 | 2,854,454 |

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

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Heath Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Amounts Accrued Prior to January 1 of Current Year | 2<br>On Amounts Accrued During the Year | 3<br>On Amounts Accrued December 31 of Prior Year | 4<br>On Amounts Accrued During the Year | Health Care Receivables in Prior Years (Columns 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | 3,826,206 | 4,448,249 | | 6,406,829 | 3,826,206 | 2,178,490 |
| 2. Claim overpayment receivables | | | | | 0 | |
| 3. Loans and advances to providers | | | | | 0 | |
| 4. Capitation arrangement receivables | 9,730 | 97,459 | | 6,678 | 9,730 | 9,905 |
| 5. Risk sharing receivables | | | | | 0 | |
| 6. Other health care receivables | | | | | 0 | |
| 7. Totals (Lines 1 through 6) | 3,835,936 | 4,545,708 | 0 | 6,413,507 | 3,835,936 | 2,188,395 |

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

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

## Aging Analysis of Unpaid Claims

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| **Claims Unpaid (Reported)** | | | | | | |
| CVS Caremark | 7,267,079 | | | | | 7,267,079 |
| Provider Payables | 17,511,931 | 3,623,171 | 3,582,374 | 1,589,198 | 6,077,943 | 32,384,617 |
| 0199999. Individually listed claims unpaid | 24,779,010 | 3,623,171 | 3,582,374 | 1,589,198 | 6,077,943 | 39,651,696 |
| 0399999. Aggregate accounts not individually listed - covered | 1,572,830 | | | | | 1,572,830 |
| 0499999. Subtotals | 26,351,840 | 3,623,171 | 3,582,374 | 1,589,198 | 6,077,943 | 41,224,526 |
| 0599999. Unreported claim and other claim reserves | | | | | | 71,422,297 |
| 0799999. Total claims unpaid | | | | | | 112,646,823 |
| 0899999. Accrued medical incentive pool and bonus amounts | | | | | | 3,431,481 |

# EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | Admitted | |
|---|---|---|---|---|---|---|---|
| | | | | | | 7 | 8 |
| Name of Affiliate | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Current | Non-Current |
| **Amounts Due From Parent, Subsidiaries and Affiliates** | | | | | | | |
| Molina Healthcare, Inc. | 220,001 | | | | | 220,001 | |
| 0199999. Individually listed receivables | 220,001 | 0 | 0 | 0 | 0 | 220,001 | 0 |
| 0399999. Total gross amounts receivable | 220,001 | 0 | 0 | 0 | 0 | 220,001 | 0 |

# EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1<br>Affiliate | 2<br>Description | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|---|---|---|---|---|

**NONE**

# EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1<br>Direct Medical Expense Payment | 2<br>Column 1 as a % of Total Payment | 3<br>Total Members Covered | 4<br>Column 3 as a % of Total Members | 5<br>Column 1 Expenses Paid to Affiliated Providers | 6<br>Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|---|---|---|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 0 | 0.0 | | | | |
| 2. Intermediaries | 2,943,342 | 0.3 | 228,847 | 94.6 | | 2,943,342 |
| 3. All other providers | 251,362,648 | 29.8 | 242,022 | 100.0 | | 251,362,648 |
| 4. Total capitation payments | 254,305,990 | 30.1 | 470,869 | 194.6 | 0 | 254,305,990 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 78,736,387 | 9.3 | XXX | XXX | | 78,736,387 |
| 6. Contractual fee payments | 511,491,404 | 60.6 | XXX | XXX | | 511,491,404 |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | 0 | 0.0 | XXX | XXX | | |
| 9. Non-contingent salaries | 0 | 0.0 | XXX | XXX | | |
| 10. Aggregate cost arrangements | 0 | 0.0 | XXX | XXX | | |
| 11. All other payments | 0 | 0.0 | XXX | XXX | | |
| 12. Total other payments | 590,227,791 | 69.9 | XXX | XXX | 0 | 590,227,791 |
| 13. Total (Line 4 plus Line 12) | 844,533,781 | 100.0 | XXX | XXX | 0 | 844,533,781 |

# EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1<br>NAIC Code | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average Monthly Capitation | 5<br>Intermediary's Total Adjusted Capital | 6<br>Intermediary's Authorized Control Level RBC |
|---|---|---|---|---|---|
| **Transactions with Intermediaries** | | | | | |
| | March Vision | 2,943,342 | 245,279 | | |
| 9999999. Totals | | 2,943,342 | XXX | XXX | XXX |

# EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description | 1<br>Cost | 2<br>Improvements | 3<br>Accumulated Depreciation | 4<br>Book Value Less Encumbrances | 5<br>Assets Not Admitted | 6<br>Net Admitted Assets |
|---|---|---|---|---|---|---|
| 1. Administrative furniture and equipment | 2,012,679 | | 965,717 | 1,046,962 | 1,046,962 | 0 |
| 2. Medical furniture, equipment and fixtures | | | | | | 0 |
| 3. Pharmaceuticals and surgical supplies | | | | | | 0 |
| 4. Durable medical equipment | | | | | | 0 |
| 5. Other property and equipment | 2,237,494 | | 64,276 | 2,173,218 | 2,173,218 | 0 |
| 6. Total | 4,250,173 | 0 | 1,029,993 | 3,220,180 | 3,220,180 | 0 |

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....1531

NAIC Company Code.....52630

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| **Total Members at end of:** | | | | | | | | | | |
| 1. Prior year | 212,837 | 4,202 | | | | | | 10,409 | 198,226 | |
| 2. First quarter | 218,187 | 3,970 | | | | | | 10,585 | 203,632 | |
| 3. Second quarter | 243,974 | 4,395 | | | | | | 10,854 | 228,725 | |
| 4. Third quarter | 237,453 | 5,325 | | | | | | 11,144 | 220,984 | |
| 5. Current year | 242,022 | 5,810 | | | | | | 11,939 | 224,273 | |
| 6. Current year member months | 2,802,163 | 57,219 | | | | | | 131,754 | 2,613,190 | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | |
| 7. Physician | 1,263,348 | 13,420 | | | | | | 155,800 | 1,094,128 | |
| 8. Non-physician | 1,942,087 | 13,998 | | | | | | 218,002 | 1,710,087 | |
| 9. Totals | 3,205,435 | 27,418 | 0 | 0 | 0 | 0 | 0 | 373,802 | 2,804,215 | 0 |
| 10. Hospital patient days incurred | 151,261 | 296 | | | | | | 36,554 | 114,411 | |
| 11. Number of inpatient admissions | 21,761 | 82 | | | | | | 3,423 | 18,256 | |
| 12. Health premiums written (b) | 1,077,894,663 | 7,527,177 | | | | | | 173,634,573 | 896,732,913 | |
| 13. Life premiums direct | 0 | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | |
| 15. Health premiums earned | 1,077,517,180 | 7,527,177 | | | | | | 173,257,090 | 896,732,913 | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | |
| 17. Amount paid for provision of health care services | 844,533,780 | 3,489,173 | | | | | | 162,622,918 | 678,421,689 | |
| 18. Amount incurred for provision of health care services | 877,686,456 | 3,621,404 | | | | | | 156,631,077 | 717,433,975 | |

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....173,634,573

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....1531

NAIC Company Code.....52630

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| **Total Members at end of:** | | | | | | | | | | |
| 1. Prior year | 212,837 | 4,202 | | | | | | 10,409 | 198,226 | |
| 2. First quarter | 218,187 | 3,970 | | | | | | 10,585 | 203,632 | |
| 3. Second quarter | 243,974 | 4,395 | | | | | | 10,854 | 228,725 | |
| 4. Third quarter | 237,453 | 5,325 | | | | | | 11,144 | 220,984 | |
| 5. Current year | 242,022 | 5,810 | | | | | | 11,939 | 224,273 | |
| 6. Current year member months | 2,802,163 | 57,219 | | | | | | 131,754 | 2,613,190 | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | |
| 7. Physician | 1,263,348 | 13,420 | | | | | | 155,800 | 1,094,128 | |
| 8. Non-physician | 1,942,087 | 13,998 | | | | | | 218,002 | 1,710,087 | |
| 9. Totals | 3,205,435 | 27,418 | 0 | 0 | 0 | 0 | 0 | 373,802 | 2,804,215 | 0 |
| 10. Hospital patient days incurred | 151,261 | 296 | | | | | | 36,554 | 114,411 | |
| 11. Number of inpatient admissions | 21,761 | 82 | | | | | | 3,423 | 18,256 | |
| 12. Health premiums written (b) | 1,077,894,663 | 7,527,177 | | | | | | 173,634,573 | 896,732,913 | |
| 13. Life premiums direct | 0 | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | |
| 15. Health premiums earned | 1,077,517,180 | 7,527,177 | | | | | | 173,257,090 | 896,732,913 | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | |
| 17. Amount paid for provision of health care services | 844,533,780 | 3,489,173 | | | | | | 162,622,918 | 678,421,689 | |
| 18. Amount incurred for provision of health care services | 877,686,456 | 3,621,404 | | | | | | 156,631,077 | 717,433,975 | |

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....173,634,573

# SCHEDULE S - PART 1 - SECTION 2

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

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

**NONE**

# SCHEDULE S - PART 2

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

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Effective Date | 4<br>Name of Company | 5<br>Domiciliary Jurisdiction | 6<br>Paid Losses | 7<br>Unpaid Losses |
|---|---|---|---|---|---|---|
| **Accident and Health - Non-Affiliates - U.S. Non-Affiliates** | | | | | | |
| 93572 | 43-1235868 | 01/01/2014 | RGA Reinsurance Company | MO | 353,509 | |
| 00000 | AA-9990032 | 01/01/2014 | U.S. Department of Health and Human Servcies | DC | | 5,666 |
| 1999999. | Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates | | | | 353,509 | 5,666 |
| 2199999. | Total - Accident and Health Non-Affiliates | | | | 353,509 | 5,666 |
| 2299999. | Total - Accident and Health | | | | 353,509 | 5,666 |
| 2399999. | Total U.S. | | | | 353,509 | 5,666 |
| 9999999. | Total | | | | 353,509 | 5,666 |

# SCHEDULE S - PART 3 - SECTION 2

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Outstanding Surplus Relief | | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Reserve Credit Taken Other Than for Unearned Premiums | 11 | 12 | | |
| NAIC Company Code | ID Number | Effective Date | Name of Company | Domiciliary Jurisdiction | Type | Type of Business Ceded | Premiums | Unearned Premiums (estimated) | | Current Year | Prior Year | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| **General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates** | | | | | | | | | | | | | |
| 93572 | 43-1235868 | 01/01/2014 | RGA Reinsurance Company | MO | SSL/A/G | CMM | 3,746 | | | | | | |
| 93572 | 43-1235868 | 01/01/2014 | RGA Reinsurance Company | MO | SSL/A/G | MR | 35,555 | | | | | | |
| 93572 | 43-1235868 | 01/01/2014 | RGA Reinsurance Company | MO | SSL/A/G | MC | 157,344 | | | | | | |
| 00000 | AA-9990032 | 01/01/2014 | U.S. Department of Health and Human Servcies | DC | OTH/A/I | CMM | 1,989 | | | | | | |
| 0899999. | Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | 198,634 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1099999. | Total - General Account - Authorized - Non-Affiliates | | | | | | 198,634 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199999. | Total - General Account - Authorized | | | | | | 198,634 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3499999. | Total - General Account - Authorized, Unauthorized and Certified | | | | | | 198,634 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6999999. | Total - U.S. | | | | | | 198,634 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9999999. | Total | | | | | | 198,634 | 0 | 0 | 0 | 0 | 0 | 0 |

# Sch. S-Pt. 4
# NONE

# Sch. S-Pt. 5
# NONE

# SCHEDULE S - PART 6

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

| | 1<br>2014 | 2<br>2013 | 3<br>2012 | 4<br>2011 | 5<br>2010 |
|---|---|---|---|---|---|
| **A. OPERATIONS ITEMS** | | | | | |
| 1. Premiums | 6 | 2 | 1 | 1 | 1 |
| 2. Title XVIII - Medicare | 36 | 54 | 63 | 195 | 211 |
| 3. Title XIX - Medicaid | 157 | 177 | 178 | 230 | 552 |
| 4. Commissions and reinsurance expense allowance | | | | | |
| 5. Total hospital and medical expenses | | | | | |
| **B. BALANCE SHEET ITEMS** | | | | | |
| 6. Premiums receivable | | | | | |
| 7. Claims payable | | | | | |
| 8. Reinsurance recoverable on paid losses | 6 | | | | |
| 9. Experience rating refunds due or unpaid | | | | | |
| 10. Commissions and reinsurance expense allowances due | | | | | |
| 11. Unauthorized reinsurance offset | | | | | |
| 12. Offset for reinsurance with certified reinsurers | | | | XXX | XXX |
| **C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)** | | | | | |
| 13. Funds deposited by and withheld from (F) | | | | | |
| 14. Letters of credit (L) | | | | | |
| 15. Trust agreements (T) | | | | | |
| 16. Other (O) | | | | | |
| **D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)** | | | | | |
| 17. Multiple beneficiary trust | | | | XXX | XXX |
| 18. Funds deposited by and withheld from (F) | | | | XXX | XXX |
| 19. Letters of credit (L) | | | | XXX | XXX |
| 20. Trust agreements (T) | | | | XXX | XXX |
| 21. Other (O) | | | | XXX | XXX |

# SCHEDULE S - PART 7

## Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | | 1<br>As Reported<br>(Net of Ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(Gross of Ceded) |
|---|---|---|---|---|
| | **ASSETS (Page 2, Col. 3)** | | | |
| 1. | Cash and invested assets (Line 12) | 230,207,922 | | 230,207,922 |
| 2. | Accident and health premiums due and unpaid (Line 15) | 11,441,701 | | 11,441,701 |
| 3. | Amounts recoverable from reinsurers (Line 16.1) | 5,666 | (5,666) | 0 |
| 4. | Net credit for ceded reinsurance | XXX | 5,666 | 5,666 |
| 5. | All other admitted assets (balance) | 12,892,967 | | 12,892,967 |
| 6. | Totals assets (Line 28) | 254,548,256 | 0 | 254,548,256 |
| | **LIABILITIES, CAPITAL AND SURPLUS (Page 3)** | | | |
| 7. | Claims unpaid (Line 1) | 112,646,823 | | 112,646,823 |
| 8. | Accrued medical incentive pool and bonus payments (Line 2) | 3,431,481 | | 3,431,481 |
| 9. | Premiums received in advance (Line 8) | 71,779 | | 71,779 |
| 10. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) | | | 0 |
| 11. | Reinsurance in unauthorized companies (Line 20 minus inset amount) | | | 0 |
| 12. | Reinsurance with certified reinsurers (Line 20 inset amount) | | | 0 |
| 13. | Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount) | | | 0 |
| 14. | All other liabilities (balance) | 13,267,658 | | 13,267,658 |
| 15. | Total liabilities (Line 24) | 129,417,741 | 0 | 129,417,741 |
| 16. | Total capital and surplus (Line 33) | 125,130,515 | XXX | 125,130,515 |
| 17. | Total liabilities, capital and surplus (Line 34) | 254,548,256 | 0 | 254,548,256 |
| | **NET CREDIT FOR CEDED REINSURANCE** | | | |
| 18. | Claims unpaid | 0 | | |
| 19. | Accrued medical incentive pool | 0 | | |
| 20. | Premiums received in advance | 0 | | |
| 21. | Reinsurance recoverable on paid losses | 5,666 | | |
| 22. | Other ceded reinsurance recoverables | 0 | | |
| 23. | Total ceded reinsurance recoverables | 5,666 | | |
| 24. | Premiums receivable | 0 | | |
| 25. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. | Unauthorized reinsurance | 0 | | |
| 27. | Reinsurance with certified reinsurers | 0 | | |
| 28. | Funds held under reinsurance treaties with certified reinsurers | 0 | | |
| 29. | Other ceded reinsurance payables/offsets | 0 | | |
| 30. | Total ceded reinsurance payables/offsets | 0 | | |
| 31. | Total net credit for ceded reinsurance | 5,666 | | |

# SCHEDULE T - PART 2

# INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| States, Etc. | | Direct Business Only 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 Totals |
|---|---|---|---|---|---|---|---|
| 1. Alabama | AL | | | | | | 0 |
| 2. Alaska | AK | | | | | | 0 |
| 3. Arizona | AZ | | | | | | 0 |
| 4. Arkansas | AR | | | | | | 0 |
| 5. California | CA | | | | | | 0 |
| 6. Colorado | CO | | | | | | 0 |
| 7. Connecticut | CT | | | | | | 0 |
| 8. Delaware | DE | | | | | | 0 |
| 9. District of Columbia | DC | | | | | | 0 |
| 10. Florida | FL | | | | | | 0 |
| 11. Georgia | GA | | | | | | 0 |
| 12. Hawaii | HI | | | | | | 0 |
| 13. Idaho | ID | | | | | | 0 |
| 14. Illinois | IL | | | | | | 0 |
| 15. Indiana | IN | | | | | | 0 |
| 16. Iowa | IA | | | | | | 0 |
| 17. Kansas | KS | | | | | | 0 |
| 18. Kentucky | KY | | | | | | 0 |
| 19. Louisiana | LA | | | | | | 0 |
| 20. Maine | ME | | | | | | 0 |
| 21. Maryland | MD | | | | | | 0 |
| 22. Massachusetts | MA | | | | | | 0 |
| 23. Michigan | MI | | | | | | 0 |
| 24. Minnesota | MN | | | | | | 0 |
| 25. Mississippi | MS | | | | | | 0 |
| 26. Missouri | MO | | | | | | 0 |
| 27. Montana | MT | | | | | | 0 |
| 28. Nebraska | NE | | | | | | 0 |
| 29. Nevada | NV | | | | | | 0 |
| 30. New Hampshire | NH | | | | | | 0 |
| 31. New Jersey | NJ | | | | | | 0 |
| 32. New Mexico | NM | | | | | | 0 |
| 33. New York | NY | | | | | | 0 |
| 34. North Carolina | NC | | | | | | 0 |
| 35. North Dakota | ND | | | | | | 0 |
| 36. Ohio | OH | | | | | | 0 |
| 37. Oklahoma | OK | | | | | | 0 |
| 38. Oregon | OR | | | | | | 0 |
| 39. Pennsylvania | PA | | | | | | 0 |
| 40. Rhode Island | RI | | | | | | 0 |
| 41. South Carolina | SC | | | | | | 0 |
| 42. South Dakota | SD | | | | | | 0 |
| 43. Tennessee | TN | | | | | | 0 |
| 44. Texas | TX | | | | | | 0 |
| 45. Utah | UT | | | | | | 0 |
| 46. Vermont | VT | | | | | | 0 |
| 47. Virginia | VA | | | | | | 0 |
| 48. Washington | WA | | | | | | 0 |
| 49. West Virginia | WV | | | | | | 0 |
| 50. Wisconsin | WI | | | | | | 0 |
| 51. Wyoming | WY | | | | | | 0 |
| 52. American Samoa | AS | | | | | | 0 |
| 53. Guam | GU | | | | | | 0 |
| 54. Puerto Rico | PR | | | | | | 0 |
| 55. US Virgin Islands | VI | | | | | | 0 |
| 56. Northern Mariana Islands | MP | | | | | | 0 |
| 57. Canada | CAN | | | | | | 0 |
| 58. Aggregate Other Alien | OT | | | | | | 0 |
| 59. Totals | | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Members** | | | | | | | | | | | | | | |
| 1531 | Molina Healthcare, Inc. | 00000 | 13-4204626 | | 0001179929 | New York Stock Exchange | Molina Healthcare, Inc. | DE | UDP | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 00-0000000 | | | | Molina Healthcare of Arizona, Inc. | AZ | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 33-0342719 | | | | Molina Healthcare of California | CA | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 20-2714545 | | | | Molina Healthcare of California Partner Plan, Inc. | CA | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 45-2634351 | | | | Molina Healthcare Data Center, Inc. | NM | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 13128 | 26-0155137 | | | | Molina Healthcare of Florida, Inc. | FL | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 80-0800257 | | | | Molina Healthcare of Georgia, Inc. | GA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 14104 | 27-1823188 | | | | Molina Healthcare of Illinois, Inc. | IL | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 46-0598968 | | | | Molina Healthcare of Maryland, Inc. | MD | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 52630 | 38-3341599 | | | | Molina Healthcare of Michigan, Inc. | MI | RE | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 26-4390042 | | | | Molina Healthcare of Mississippi, Inc. | MS | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 95739 | 85-0408506 | | | | Molina Healthcare of New Mexico, Inc. | NM | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 46-4148278 | | | | Molina Healthcare of North Carolina, Inc. | NC | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 12334 | 20-0750134 | | | | Molina Healthcare of Ohio, Inc. | OH | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 15600 | 66-0817946 | | | | Molina Healthcare of Puerto Rico, Inc. | PR | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 15329 | 46-2992125 | | | | Molina Healthcare of South Carolina, Inc. | SC | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 10757 | 20-1494502 | | | | Molina Healthcare of Texas, Inc. | TX | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 13778 | 27-0522725 | | | | Molina Healthcare of Texas Insurance Company | TX | IA | Molina Healthcare of Texas, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 95502 | 33-0617992 | | | | Molina Healthcare of Utah, Inc. | UT | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 15133 | 26-1769086 | | | | Molina Healthcare of Virginia, Inc. | VA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 96270 | 91-1284790 | | | | Molina Healthcare of Washington, Inc. | WA | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 12007 | 20-0813104 | | | | Molina Healthcare of Wisconsin, Inc. | WI | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 46-2821516 | | | | Molina Hospital Management, Inc. | CA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 27-1510177 | | | | Molina Information Systems, LLC (dba Molina Medicaid Solutions) | CA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 37-1652282 | | | | Molina Medical Management, Inc. | CA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 45-2854547 | | | | Molina Pathways, LLC | DE | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 47-2296708 | | | | Molina Pathways of Texas, Inc. | TX | NIA | Molina Pathways, LLC | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 47-2308753 | | | | Molina Personal Care, Inc. | TX | NIA | Molina Pathways, LLC | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 47-2373467 | | | | Molina Personal Care of South Carolina, Inc. | SC | NIA | Molina Pathways, LLC | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 46-5098489 | | | | Molina Youth Academy | CA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Affiliated Transactions** | | | | | | | | | | | | |
| 00000 | 13-4204626 | Molina Healthcare, Inc. | | (292,232,220) | | | 771,982,677 | | | | 479,750,457 | |
| 00000 | 33-0342719 | Molina Healthcare of California | | | | | 795,342,582 | | | | 795,342,582 | |
| 00000 | 20-2714545 | Molina Healthcare of California Partner Plan, Inc. | | | | | (1,006,353,961) | | | | (1,006,353,961) | |
| 00000 | 45-2634351 | Molina Healthcare Data Center, Inc. | | | | | 3,847,131 | | | | 3,847,131 | |
| 13128 | 26-0155137 | Molina Healthcare of Florida, Inc. | | 59,632,220 | | | (22,062,706) | | | | 37,569,514 | |
| 14104 | 27-1823188 | Molina Healthcare of Illinois, Inc. | | 18,000,000 | | | (7,015,517) | | | | 10,984,483 | |
| 52630 | 38-3341599 | Molina Healthcare of Michigan, Inc. | | | | | (83,531,693) | | | | (83,531,693) | |
| 95739 | 85-0408506 | Molina Healthcare of New Mexico, Inc. | | 70,000,000 | | | (72,113,793) | | | | (2,113,793) | |
| 12334 | 20-0750134 | Molina Healthcare of Ohio, Inc. | | | | | (148,879,006) | | | | (148,879,006) | |
| 15600 | 66-0817946 | Molina Healthcare of Puerto Rico, Inc. | | 5,100,000 | | | (219,000) | | | | 4,881,000 | |
| 15329 | 46-2992125 | Molina Healthcare of South Carolina, Inc. | | 20,000,000 | | | (31,592,122) | | | | (11,592,122) | |
| 10757 | 20-1494502 | Molina Healthcare of Texas, Inc. | | 40,000,000 | | | (91,431,423) | (2,041,840) | | | (53,473,263) | |
| 13778 | 27-0522725 | Molina Healthcare of Texas Insurance Company | | | | | (528,629) | 2,041,840 | | | 1,513,211 | |
| 95502 | 33-0617992 | Molina Healthcare of Utah, Inc. | | | | | (22,606,374) | | | | (22,606,374) | |
| 15133 | 26-1769086 | Molina Healthcare of Virginia, Inc. | | | | | (423,891) | | | | (423,891) | |
| 96270 | 91-1284790 | Molina Healthcare of Washington, Inc. | | 50,000,000 | | | (93,745,075) | | | | (43,745,075) | |
| 12007 | 20-0813104 | Molina Healthcare of Wisconsin, Inc. | | | | | (17,012,990) | | | | (17,012,990) | |
| 00000 | 46-2821516 | Molina Hospital Management, Inc. | | 15,500,000 | | | 8,949,148 | | | | 24,449,148 | |
| 00000 | 27-1510177 | Molina Information Systems, LLC (dba Molina Medicaid Soluti | | | | | (17,723,664) | | | | (17,723,664) | |
| 00000 | 37-1652282 | Molina Medical Management, Inc. | | 14,000,000 | | | 35,118,306 | | | | 49,118,306 | |
| 9999999. | Control Totals | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | MARCH FILING | Responses |
|---|---|---|
| 1. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 2. | Will an actuarial opinion be filed by March 1? | YES |
| 3. | Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1? | YES |
| 4. | Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1? | YES |
| | **APRIL FILING** | |
| 5. | Will the Management's Discussion and Analysis be filed by April 1? | YES |
| 6. | Will the Supplemental Investment Risk Interrogatories be filed by April 1? | YES |
| 7. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| | **JUNE FILING** | |
| 8. | Will an audited financial report be filed by June 1? | YES |
| 9. | Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |
| | **AUGUST FILING** | |
| 10. | Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | YES |

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.

| | MARCH FILING | |
|---|---|---|
| 11. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | SEE EXPLANATION |
| 12. | Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | SEE EXPLANATION |
| 13. | Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | SEE EXPLANATION |
| 14. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | SEE EXPLANATION |
| 15. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | SEE EXPLANATION |
| 16. | Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | SEE EXPLANATION |
| 17. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | SEE EXPLANATION |
| 18. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1? | SEE EXPLANATION |
| 19. | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | SEE EXPLANATION |
| 20. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | SEE EXPLANATION |
| | **APRIL FILING** | |
| 21. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | SEE EXPLANATION |
| 22. | Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | SEE EXPLANATION |
| 23. | Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | SEE EXPLANATION |
| 24. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | YES |
| 25. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | YES |
| | **AUGUST FILING** | |
| 26. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**EXPLANATIONS:**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11. This line of business is not written by the company.

12. This line of business is not written by the company.

13. This line of business is not written by the company.

14. Not applicable

15. Not applicable

16. Not applicable

17. This line of business is not written by the company.

18. Not applicable

19. Not applicable

20. Not applicable

21. This line of business is not written by the company.

22. This line of business is not written by the company.

23. This line of business is not written by the company.

24.

25.

26.

**BAR CODE:**

*52630201436000000*

*52630201420500000*

*52630201420700000*

*52630201442000000*

*52630201437100000*

*52630201437000000*

*52630201436500000*

*52630201422400000*

*52630201422500000*

*52630201422600000*

*52630201430600000*

*52630201421100000*

*52630201421300000*

# Overflow Page for Write-Ins

## Additional Write-ins for Assets:

| | Current Statement Date | | | 4 |
|---|---|---|---|---|
| | 1<br>Assets | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets (Cols. 1 - 2) | December 31, Prior Year Net Admitted Assets |
| 2504. State Income Tax Recoverable | | | 0 | 807,276 |
| 2597. Summary of remaining write-ins for Line 25 | 0 | 0 | 0 | 807,276 |

## Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

| | 1<br>Cost Containment Expenses | 2<br>Other Claim Adjustment Expenses | 3<br>General Administrative Expenses | 4<br>Investment Expenses | 5<br>Total |
|---|---|---|---|---|---|
| 2504. Conferences/Seminars | 17,751 | 59 | 79,400 | | 97,210 |
| 2505. Miscellaneous and Other Administrative Expenses | 2,591,329 | 750,994 | 157,227 | | 3,499,550 |
| 2597. Summary of remaining write-ins for Line 25 | 2,609,080 | 751,053 | 236,627 | 0 | 3,596,760 |

# Overflow Page for Write-Ins

# NONE

# 2014 ALPHABETICAL INDEX
# HEALTH ANNUAL STATEMENT BLANK


| | |
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| Schedule DB – Part B – Verification Between Years | SI11 |
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