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ANNUAL STATEMENT

For the Year Ended December 31, 2018

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 MI State of Domicile or Port of Entry MI 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 *(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 *(Street and Number) (City or Town, State, Country and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Mail Address	880 W. Long Lake Rd., Suite 600 .. Troy .. MI .. US .. 48098-4504 *(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 *(Street and Number) (City or Town, State, Country and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Margaret Alderton Crandell *(Name)*	248-925-1701 *(Area Code) (Telephone Number) (Extension)*
	peggy.crandell@molinahealthcare.com *(E-Mail Address)*	855-502-4911 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Christine Margaret Surdock	President	2. Dennis Selorm Akotia	Chief Financial Officer
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Christine Margaret Surdock	Matthew Carter Schueren	Scott Robert Johnson	Donna Marie Sickler
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)
Christine Margaret Surdock	Dennis Selorm Akotia	Jeffrey Don Barlow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Chief Financial Officer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2019

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 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	105,040					105,040
0399999. Premiums due and unpaid from Medicare entities	27,743					27,743
0499999. Premiums due and unpaid from Medicaid entities	55,649,794	6,270,361	6,833,543	31,713,879		100,467,577
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	55,782,577	6,270,361	6,833,543	31,713,879	0	100,600,360

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS Caremark Corporation	4,101,839	4,101,839	4,101,839	15,795,234	15,795,234	12,305,517
0199999. Total Pharmaceutical Rebate Receivables	4,101,839	4,101,839	4,101,839	15,795,234	15,795,234	12,305,517
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually				949,333	949,333	0
0299999. Total Claim Overpayment Receivables	0	0	0	949,333	949,333	0
Loans and Advances to Providers						
0399998. Loans and Advances to Providers Not Listed Individually	481,495	294,194	131,076	423,797	1,330,562	0
0399999. Total Loans and Advances to Providers	481,495	294,194	131,076	423,797	1,330,562	0
Capitation Arrangement Receivables						
0499998. Capitation Arrangement Receivables Not Listed Individually	183	581	598	42,547	42,547	1,362
0499999. Total Capital Arrangement Receivables	183	581	598	42,547	42,547	1,362
Other Receivables						
0699998. Other Receivables Not Listed Individually	1,983,348			61,903	2,045,251	0
0699999. Total Other Receivables	1,983,348	0	0	61,903	2,045,251	0
0799999. Gross Health Care Receivables	6,566,865	4,396,614	4,233,513	17,272,814	20,162,927	12,306,879

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 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	20,264,415	19,326,559	329,902	27,770,849	20,594,317	20,920,363
2. Claim overpayment receivables	206,667		949,333		1,156,000	1,715,329
3. Loans and advances to providers				1,330,562	0	
4. Capitation arrangement receivables	65,773	128,596	42,547	1,362	108,320	1,765,488
5. Risk sharing receivables					0	
6. Other health care receivables			61,903	1,983,348	61,903	
7. Totals (Lines 1 through 6)	20,536,855	19,455,155	1,383,685	31,086,121	21,920,540	24,401,180

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark Corporation	13,818,466					13,818,466
0199999. Individually listed claims unpaid	13,818,466	0	0	0	0	13,818,466
0399999. Aggregate accounts not individually listed - covered	4,375,209		912,203	1,338,292	11,264,411	17,890,115
0499999. Subtotals	18,193,675	0	912,203	1,338,292	11,264,411	31,708,581
0599999. Unreported claim and other claim reserves						140,356,462
0799999. Total claims unpaid						172,065,043
0899999. Accrued medical incentive pool and bonus amounts						8,831,025

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molina Healthcare, Inc.	Miscellaneous charges	4,076,390	4,076,390	
0199999. Individually listed payables		4,076,390	4,076,390	0
0399999. Total gross payables		4,076,390	4,076,390	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	6,284,267	0.4	357,037	93.2		6,284,267
3. All other providers	136,482,615	9.7	383,277	100.0		136,482,615
4. Total capitation payments	142,766,882	10.2	740,314	193.2	0	142,766,882
Other Payments:						
5. Fee-for-service	64,894,883	4.6	XXX	XXX		64,894,883
6. Contractual fee payments	1,197,651,475	85.2	XXX	XXX		1,197,651,475
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	1,262,546,358	89.8	XXX	XXX	0	1,262,546,358
13. Total (Line 4 plus Line 12)	1,405,313,240	100.0	XXX	XXX	0	1,405,313,240

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
	March Vision Care Group, Inc.	2,807,263	233,939		
	Vision Service Plan	3,477,004	289,750		
9999999. Totals		6,284,267	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,958,673		1,193,873	764,800	764,800	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	3,668,558		1,399,392	2,269,166	2,269,166	0
6. Total	5,627,231	0	2,593,265	3,033,966	3,033,966	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	398,239	20,519						22,104	355,616	
2. First quarter	388,047	18,939						22,223	346,885	
3. Second quarter	397,220	17,129						22,568	357,523	
4. Third quarter	393,567	15,980						23,111	354,476	
5. Current year	383,277	14,968						23,217	345,092	
6. Current year member months	4,705,837	204,537						271,739	4,229,561	
Total Member Ambulatory Encounters for Year:										
7. Physician	2,387,090	59,954						335,421	1,991,715	
8. Non-physician	3,645,252	58,217						906,345	2,680,690	
9. Totals	6,032,342	118,171	0	0	0	0	0	1,241,766	4,672,405	0
10. Hospital patient days incurred	291,747	3,944						120,218	167,585	
11. Number of inpatient admissions	33,832	528						6,449	26,855	
12. Health premiums written (b)	1,791,677,928	51,563,178						411,177,619	1,328,937,131	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,790,315,944	51,563,178						409,815,635	1,328,937,131	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,405,313,240	29,274,833						335,108,155	1,040,930,252	
18. Amount incurred for provision of health care services	1,390,489,505	29,072,894						322,225,858	1,039,190,753	

(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 $.....411,177,619

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	398,239	20,519						22,104	355,616	
2. First quarter	388,047	18,939						22,223	346,885	
3. Second quarter	397,220	17,129						22,568	357,523	
4. Third quarter	393,567	15,980						23,111	354,476	
5. Current year	383,277	14,968						23,217	345,092	
6. Current year member months	4,705,837	204,537						271,739	4,229,561	
Total Member Ambulatory Encounters for Year:										
7. Physician	2,387,090	59,954						335,421	1,991,715	
8. Non-physician	3,645,252	58,217						906,345	2,680,690	
9. Totals	6,032,342	118,171	0	0	0	0	0	1,241,766	4,672,405	0
10. Hospital patient days incurred	291,747	3,944						120,218	167,585	
11. Number of inpatient admissions	33,832	528						6,449	26,855	
12. Health premiums written (b)	1,791,677,928	51,563,178						411,177,619	1,328,937,131	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,790,315,944	51,563,178						409,815,635	1,328,937,131	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,405,313,240	29,274,833						335,108,155	1,040,930,252	
18. Amount incurred for provision of health care services	1,390,489,505	29,072,894						322,225,858	1,039,190,753	

(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 $.....411,177,619

SCHEDULE S - PART 1 - SECTION 2

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

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

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572	43-1235868	01/01/2018	RGA Reinsuance Company	MO	273,074	
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	587	
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				273,661	0
2199999.	Total - Accident and Health Non-Affiliates				273,661	0
2299999.	Total - Accident and Health				273,661	0
2399999.	Total U.S.				273,661	0
9999999.	Total				273,661	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93572	43-1235868	01/01/2018	RGA Reinsurance Company	MO	SSL/I	MC	460,102						
93572	43-1235868	01/01/2018	RGA Reinsurance Company	MO	SSL/I	MR	46,003						
93572	43-1235868	01/01/2018	RGA Reinsurance Company	MO	SSL/I	CMM	67,035						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						573,140	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						573,140	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						573,140	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						573,140	0	0	0	0	0	0
6999999.	Total - U.S.						573,140	0	0	0	0	0	0
9999999.	Total						573,140	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 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	67	105	94	50	6
2. Title XVIII - Medicare	46	41	39	34	36
3. Title XIX - Medicaid	460	501	459	166	157
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	274	263	43	1,512	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					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	346,692,897		346,692,897
2.	Accident and health premiums due and unpaid (Line 15)	110,432,044		110,432,044
3.	Amounts recoverable from reinsurers (Line 16.1)	273,661	(273,661)	0
4.	Net credit for ceded reinsurance	XXX	273,661	273,661
5.	All other admitted assets (balance)	41,144,615		41,144,615
6.	Totals assets (Line 28)	498,543,217	0	498,543,217
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	172,065,043		172,065,043
8.	Accrued medical incentive pool and bonus payments (Line 2)	8,831,025		8,831,025
9.	Premiums received in advance (Line 8)	1,138,023		1,138,023
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)	79,321,955		79,321,955
15.	Total liabilities (Line 24)	261,356,046	0	261,356,046
16.	Total capital and surplus (Line 33)	237,187,171	XXX	237,187,171
17.	Total liabilities, capital and surplus (Line 34)	498,543,217	0	498,543,217
	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	273,661		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	273,661		
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	273,661		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

	Direct Business Only					
States, Etc.	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 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
1531	Molina Healthcare, Inc.	00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	30-0876771				Molina Healthcare of Arizona, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
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.	N	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-0598968				Molina Healthcare of Maryland, Inc.	MD	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-3567602				Molina Healthcare of Nevada, Inc.	NV	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-4148278				Molina Healthcare of North Carolina, Inc.	NC	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, LLC	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas Insurance Company	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15133	26-1769086				Molina Healthcare of Virginia, Inc.	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-3580625				Molina Holdings Corporation	NY	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-2821516				Molina Hospital Management, LLC	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	37-1652282				Molina Medical Management, Inc.	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
1531	Molina Healthcare, Inc	00000	47-2296708				Molina Pathways of Texas, Inc.	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc	00000	46-5098489				Molina Youth Academy	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc	00000	62-1651095				Pathways Community Corrections, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc.	248,000,000	(16,286,324)			1,357,440,038				1,589,153,714	
00000	33-0342719	Molina Healthcare of California	(50,000,000)				1,334,666,312				1,284,666,312	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc.					(1,502,353,279)				(1,502,353,279)	
00000	45-2634351	Molina Healthcare Data Center, Inc.					5,569,491				5,569,491	
13128	26-0155137	Molina Healthcare of Florida, Inc.					(151,196,778)				(151,196,778)	
14104	27-1823188	Molina Healthcare of Illinois, Inc.					(72,690,380)				(72,690,380)	
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(33,000,000)				(147,848,985)				(180,848,985)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.		37,000,000			(104,790,724)				(67,790,724)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(60,000,000)				(188,136,769)				(248,136,769)	
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.					(3,881,265)				(3,881,265)	
15329	46-2992125	Molina Healthcare of South Carolina, LLC.					(35,704,911)				(35,704,911)	
10757	20-1494502	Molina Healthcare of Texas, Inc.	(25,000,000)				(247,408,129)	3,438,330			(268,969,799)	(1,665,518)
13778	27-0522725	Molina Healthcare of Texas Insurance Company					4,511,621	(3,438,330)			1,073,291	1,665,518
95502	33-0617992	Molina Healthcare of Utah, Inc.	(40,000,000)				(40,840,866)				(80,840,866)	
15133	26-1769086	Molina Healthcare of Virginia, Inc.					(10,881)				(10,881)	
96270	91-1284790	Molina Healthcare of Washington, Inc.	(30,000,000)				(175,654,260)				(205,654,260)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.		(50,000,000)			(21,212,436)				(71,212,436)	
15714	80-0800257	Molina Healthcare of Georgia, Inc.					181				181	
00000	46-0598968	Molina Healthcare of Maryland, Inc.					528				528	
00000	27-1603200	Molina Healthcare of New York, Inc.					(16,278,762)				(16,278,762)	
12905	20-3567602	Molina Healthcare of Nevada, Inc.		(1,197)			206				(991)	
00000	81-4229476	Molina Healthcare of Louisiana, Inc.		(2,993)							(2,993)	
00000	81-0855820	Molina Healthcare of Pennsylvania, Inc.									0	
00000	81-2824030	Molina Clinical Services, LLC					30,837,197				30,837,197	
00000	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)	(10,000,000)				(4,097,656)				(14,097,656)	
00000	37-1652282	Molina Medical Management, Inc.		165,000			(116,704)				48,296	
00000	45-2854547	Molina Pathways, LLC		342,785			(20,023,056)				(19,680,271)	
00000	47-2296708	Molina Pathways of Texas, Inc.		782,729			(96,149)				686,580	
16301	26-4390042	Molina Healthcare of Mississippi, Inc.		28,000,000			(683,584)				27,316,416	
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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will 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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.**
If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	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
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO
	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:

BAR CODE:

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11. The data for this supplement is not required to be filed. *5263020183600000*

12. The data for this supplement is not required to be filed. *5263020182050000*

13. The data for this supplement is not required to be filed. *5263020184200000*

14. The data for this supplement is not required to be filed. *5263020183710000*

15. The data for this supplement is not required to be filed. *5263020183700000*

16. The data for this supplement is not required to be filed. *5263020183650000*

17. The data for this supplement is not required to be filed. *5263020182240000*

18. The data for this supplement is not required to be filed. *5263020182250000*

19. The data for this supplement is not required to be filed. *5263020182260000*

20. The data for this supplement is not required to be filed. *5263020183060000*

21. The data for this supplement is not required to be filed. *5263020182110000*

22.

23.

24. The data for this supplement is not required to be filed. *5263020182900000*

25. The data for this supplement is not required to be filed. *5263020183000000*

26.

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