



ANNUAL STATEMENT

For the Year Ended December 31, 2019
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 248-925-1700
(Street and Number) (City or Town, State, Country and Zip Code) (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 248-925-1700
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.molinahealthcare.com

Statutory Statement Contact Margaret Alderton Crandell 248-925-1701
(Name) (Area Code) (Telephone Number) (Extension)
peggy.crandell@molinahealthcare.com 855-502-4911
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Christine Margaret Surdock	President	2. Josephine Ida Piraneo #	Chief Financial Officer
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Christine Margaret Surdock	Matthew Carter Schueren	Scott Robert Johnson	Amy Margaret Conn #
Joanne Carol Smith #	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) Christine Margaret Surdock	_____ (Signature) Josephine Ida Piraneo	_____ (Signature) Jeffrey Don Barlow
1. (Printed Name) President	2. (Printed Name) Chief Financial Officer	3. (Printed Name) Secretary
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This _____ day of _____ 2020

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.....	19,261					19,261
0499999. Premiums due and unpaid from Medicaid entities.....	10,963,521	7,499,141	7,582,524	41,617,385		67,662,571
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	10,982,782	7,499,141	7,582,524	41,617,385	0	67,681,832

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.....	4,099,659	4,099,659	4,099,658	18,617,785	18,617,786	12,298,976
0199999. Total Pharmaceutical Rebate Receivables.....	4,099,659	4,099,659	4,099,658	18,617,785	18,617,786	12,298,976
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually.....	673,736	96,376	208,749	3,626,636	2,730,283	1,875,214
0299999. Total Claim Overpayment Receivables.....	673,736	96,376	208,749	3,626,636	2,730,283	1,875,214
Loans and Advances to Providers						
0399998. Loans and Advances to Providers Not Listed Individually.....	353,170	52,443			405,614	(0)
0399999. Total Loans and Advances to Providers.....	353,170	52,443	0	0	405,614	(0)
Capitation Arrangement Receivables						
0499998. Capitation Arrangement Receivables Not Listed Individually.....	8,964	7,750	15,751			32,465
0499999. Total Capital Arrangement Receivables.....	8,964	7,750	15,751	0	0	32,465
Other Receivables						
0699998. Other Receivables Not Listed Individually.....	2,426,877	31,054	31,054	279,489	2,768,475	(0)
0699999. Total Other Receivables.....	2,426,877	31,054	31,054	279,489	2,768,475	(0)
0799999. Gross Health Care Receivables.....	7,562,406	4,287,283	4,355,212	22,523,910	24,522,157	14,206,654

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables.....	37,617	11,825,078	1,051,839	29,864,922	1,089,456	28,100,751
2. Claim overpayment receivables.....	143,333		1,601,656	3,003,840	1,744,989	949,333
3. Loans and advances to providers.....				405,614	0	1,330,562
4. Capitation arrangement receivables.....	814	70,427		32,465	814	43,909
5. Risk sharing receivables.....					0	
6. Other health care receivables.....	2,387,504			2,768,475	2,387,504	2,045,251
7. Totals (Lines 1 through 6).....	2,569,268	11,895,505	2,653,495	36,075,316	5,222,763	32,469,806

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.....	15,493,094					15,493,094
0199999. Individually listed claims unpaid.....	15,493,094	0	0	0	0	15,493,094
0399999. Aggregate accounts not individually listed - covered.....	321,332				1,540,000	1,861,332
0499999. Subtotals.....	15,814,426	0	0	0	1,540,000	17,354,426
0599999. Unreported claim and other claim reserves.....						134,106,926
0799999. Total claims unpaid.....						151,461,352
0899999. Accrued medical incentive pool and bonus amounts.....						9,811,616

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 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.....	6,430,368	6,430,368	
0199999. Individually listed payables.....		6,430,368	6,430,368	0
0399999. Total gross payables.....		6,430,368	6,430,368	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.....	7,393,298	0.6	362,421	100.0		7,393,298
2. Intermediaries.....	7,488,872	0.6	476	0.1		7,488,872
3. All other providers.....	36,513,693	2.8	362,421	100.0		36,513,693
4. Total capitation payments.....	51,395,863	4.0	725,318	200.1	0	51,395,863
Other Payments:						
5. Fee-for-service.....	57,010,759	4.4	XXX	XXX		57,010,759
6. Contractual fee payments.....	1,179,665,134	91.6	XXX	XXX		1,179,665,134
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.....	1,236,675,893	96.0	XXX	XXX	0	1,236,675,893
13. Total (Line 4 plus Line 12).....	1,288,071,756	100.0	XXX	XXX	0	1,288,071,756

24

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					
	Vision Service Plan.....	7,488,872	624,073		
9999999	Totals.....	7,488,872	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.....	1,991,094		1,447,257	543,837	543,837	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....	4,080,526		1,766,738	2,313,788	2,313,788	.0
6. Total.....	6,071,620	0	3,213,995	2,857,625	2,857,625	.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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	383,277	14,968						23,217	345,092	
2. First quarter.....	368,551	6,752						23,031	338,768	
3. Second quarter.....	360,389	6,137						23,667	330,585	
4. Third quarter.....	360,547	5,578						24,130	330,839	
5. Current year.....	362,421	5,165						24,081	333,175	
6. Current year member months.....	4,382,652	73,154						281,840	4,027,658	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	2,371,762	32,035						362,813	1,976,914	
8. Non-physician.....	3,536,484	32,276						912,766	2,591,442	
9. Totals.....	5,908,246	64,311	0	0	0	0	0	1,275,579	4,568,356	0
10. Hospital patient days incurred.....	309,356	1,748						140,638	166,970	
11. Number of inpatient admissions.....	31,082	285						6,588	24,209	
12. Health premiums written (b).....	1,694,947,424	36,900,504						452,089,269	1,205,957,651	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	1,694,375,805	35,952,387						452,465,767	1,205,957,651	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,288,071,756	20,161,354						353,543,684	914,366,718	
18. Amount incurred for provision of health care services.....	1,278,967,939	18,674,584						350,033,593	910,259,762	

(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 \$.....452,089,269



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

(Location)

NAIC Group Code.....1531

NAIC Company Code.....52630

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	383,277	14,968						23,217	345,092	
2. First quarter.....	368,551	6,752						23,031	338,768	
3. Second quarter.....	360,389	6,137						23,667	330,585	
4. Third quarter.....	360,547	5,578						24,130	330,839	
5. Current year.....	362,421	5,165						24,081	333,175	
6. Current year member months.....	4,382,652	73,154						281,840	4,027,658	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	2,371,762	32,035						362,813	1,976,914	
8. Non-physician.....	3,536,484	32,276						912,766	2,591,442	
9. Totals.....	5,908,246	64,311	0	0	0	0	0	1,275,579	4,568,356	0
10. Hospital patient days incurred.....	309,356	1,748						140,638	166,970	
11. Number of inpatient admissions.....	31,082	285						6,588	24,209	
12. Health premiums written (b).....	1,694,947,424	36,900,504						452,089,269	1,205,957,651	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	1,694,375,805	35,952,387						452,465,767	1,205,957,651	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,288,071,756	20,161,354						353,543,684	914,366,718	
18. Amount incurred for provision of health care services.....	1,278,967,939	18,674,584						350,033,593	910,259,762	

(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 \$.....452,089,269

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	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	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
23680.....	47-0698507....	01/01/2019	Odyssey Reinsurance Company.....	CT.....	.....138,274	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....138,274	.....0
2199999.	Total - Accident and Health Non-Affiliates.....				.....138,274	.....0
2299999.	Total - Accident and Health.....				.....138,274	.....0
2399999.	Total U.S.....				.....138,274	.....0
9999999.	Total.....				.....138,274	.....0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
23680.....	47-0698507....	.01/01/2019	Odyssey Reinsurance Company.....	CT.....	SSL/I.....	MC.....	1,385,319						
23680.....	47-0698507....	.01/01/2019	Odyssey Reinsurance Company.....	CT.....	SSL/I.....	MR.....	370,801						
23680.....	47-0698507....	.01/01/2019	Odyssey Reinsurance Company.....	CT.....	SSL/I.....	CMM.....	75,882						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						1,832,003	.0	.0	.0	.0	.0	.0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						1,832,003	.0	.0	.0	.0	.0	.0
1199999.	Total - General Account - Authorized.....						1,832,003	.0	.0	.0	.0	.0	.0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						1,832,003	.0	.0	.0	.0	.0	.0
6999999.	Total - U.S.....						1,832,003	.0	.0	.0	.0	.0	.0
9999999.	Total.....						1,832,003	.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 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums.....	76	67	105	94	50
2. Title XVIII - Medicare.....	371	46	41	39	34
3. Title XIX - Medicaid.....	1,385	460	501	459	166
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.....	138	274	263	43	1,512
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	338,653,251		338,653,251
2. Accident and health premiums due and unpaid (Line 15).....	84,537,930		84,537,930
3. Amounts recoverable from reinsurers (Line 16.1).....	138,274	(138,274)	0
4. Net credit for ceded reinsurance.....	XXX	138,274	138,274
5. All other admitted assets (balance).....	47,145,334		47,145,334
6. Totals assets (Line 28).....	470,474,789	0	470,474,789
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	151,461,352		151,461,352
8. Accrued medical incentive pool and bonus payments (Line 2).....	9,811,616		9,811,616
9. Premiums received in advance (Line 8).....	993,164		993,164
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).....	97,956,114		97,956,114
15. Total liabilities (Line 24).....	260,222,246	0	260,222,246
16. Total capital and surplus (Line 33).....	210,252,543	XXX	210,252,543
17. Total liabilities, capital and surplus (Line 34).....	470,474,789	0	470,474,789
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.....	138,274		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	138,274		
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.....	138,274		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	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	
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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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.....	16596.....	83-3866292.....				Molina Healthcare of Kentucky, Inc.....	KY.....	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, Inc.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531...	Molina Healthcare, Inc.....	00000.....	84-3288805.....				Molina Healthcare of Tennessee, Inc.....	TN.....	NIA.....	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.....	00000.....	26-1769086.....				Molina Healthcare of Virginia, Inc.....	VA.....	NIA.....	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.....	45-2854547.....				Molina Pathways, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531...	Molina Healthcare, Inc.....	00000.....	47-2296708.....				Molina Pathways of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/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.....	84-4517063.....	.....	.....	.....	Blitz IL MergeSub, Inc.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531...	Molina Healthcare, Inc.....	00000.....	84-4039542.....	.....	.....	.....	Oceangate Reinsurance, Inc.....	UT.....	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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc.	742,628,089	565,662,254			1,270,679,263				2,578,969,606	
00000	33-0342719	Molina Healthcare of California	(210,000,000)				1,441,908,566				1,231,908,566	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc.					(1,648,789,019)				(1,648,789,019)	
00000	45-2634351	Molina Healthcare Data Center, Inc.		20,360,111							20,360,111	
13128	26-0155137	Molina Healthcare of Florida, Inc.		(285,000,000)			(69,262,240)				(354,262,240)	
14104	27-1823188	Molina Healthcare of Illinois, Inc.		(40,000,000)			(80,068,122)				(120,068,122)	
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(150,000,000)				(156,787,055)				(306,787,055)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.		(195,000,000)			(32,440,800)				(227,440,800)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(117,000,000)				(161,960,757)				(278,960,757)	
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.		(60,000,000)			(15,195,118)				(75,195,118)	
15329	46-2992125	Molina Healthcare of South Carolina, Inc.		(15,000,000)			(43,722,877)				(58,722,877)	
10757	20-1494502	Molina Healthcare of Texas, Inc.	(177,000,000)				(211,620,719)				(388,620,719)	(1,956,720)
13778	27-0522725	Molina Healthcare of Texas Insurance Company									0	1,956,720
95502	33-0617992	Molina Healthcare of Utah, Inc.	(8,628,089)	(16,371,911)			(37,874,434)				(62,874,434)	
00000	26-1769086	Molina Healthcare of Virginia, Inc.		(3,969,133)							(3,969,133)	
96270	91-1284790	Molina Healthcare of Washington, Inc.	(80,000,000)				(232,244,433)				(312,244,433)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.		(15,000,000)			(26,340,921)				(41,340,921)	
15714	80-0800257	Molina Healthcare of Georgia, Inc.									0	
00000	27-1603200	Molina Healthcare of New York, Inc.					(14,833,412)				(14,833,412)	
16596	83-3866292	Molina Healthcare of Kentucky, Inc.		3,498,679							3,498,679	
00000	81-2824030	Molina Clinical Services, LLC					34,127,052				34,127,052	
00000	47-2296708	Molina Pathways of Texas, Inc.		820,000							820,000	
16301	26-4390042	Molina Healthcare of Mississippi, Inc.		40,000,000			(15,574,974)				24,425,026	
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

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses

YES
 YES
 YES
 YES

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES
 YES
 YES

JUNE FILING

8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES
 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?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
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?
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?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
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?
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?
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
 NO
 NO
 NO
 NO
 NO
 NO
 NO
 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?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
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?
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?
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?
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
 NO
 YES
 YES
 YES
 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:

BAR CODE:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.

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

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

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

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

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

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


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

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


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

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


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




* 5 2 6 3 0 2 0 1 9 3 6 0 0 0 0 0 *




* 5 2 6 3 0 2 0 1 9 2 0 5 0 0 0 0 *




* 5 2 6 3 0 2 0 1 9 4 2 0 0 0 0 0 *




* 5 2 6 3 0 2 0 1 9 3 7 1 0 0 0 0 *




* 5 2 6 3 0 2 0 1 9 3 7 0 0 0 0 0 *




* 5 2 6 3 0 2 0 1 9 3 6 5 0 0 0 0 *




* 5 2 6 3 0 2 0 1 9 2 2 4 0 0 0 0 *



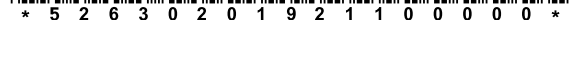
* 5 2 6 3 0 2 0 1 9 2 2 5 0 0 0 0 *



* 5 2 6 3 0 2 0 1 9 2 2 6 0 0 0 0 *



* 5 2 6 3 0 2 0 1 9 3 0 6 0 0 0 0 *



* 5 2 6 3 0 2 0 1 9 2 1 1 0 0 0 0 *

**Overflow Page
NONE**

**Overflow Page
NONE**

**2019 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business	7	Schedule D – Summary By Country	SI04
Assets	2	Schedule D – Verification Between Years	SI03
Cash Flow	6	Schedule DA – Part 1	E17
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Verification Between Years	SI10
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DB – Part A – Section 1	E18
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part A – Section 2	E19
Exhibit 3A – Health Care Receivables Collected and Accrued	20	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule DB – Part B – Section 1	E20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24	Schedule DB – Part C – Section 1	SI12
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Furniture, Equipment and Supplies Owned	25	Schedule DB – Part D – Section 1	E22
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part D – Section 2	E23
Exhibit of Net Investment Income	15	Schedule DB – Part E	E24
Exhibit of Nonadmitted Assets	16	Schedule DB – Verification	SI14
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Schedule DL – Part 1	E25
Five-Year Historical Data	29	Schedule DL – Part 2	E26
General Interrogatories	27	Schedule E – Part 1 – Cash	E27
Jurat Page	1	Schedule E – Part 2 – Cash Equivalents	E28
Liabilities, Capital and Surplus	3	Schedule E – Verification Between Years	SI15
Notes To Financial Statements	26	Schedule E – Part 3 – Special Deposits	E29
Overflow Page For Write-ins	44	Schedule S – Part 1 – Section 2	31
Schedule A – Part 1	E01	Schedule S – Part 2	32
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 2	33
Schedule A – Part 3	E03	Schedule S – Part 4	34
Schedule A – Verification Between Years	SI02	Schedule S – Part 5	35
Schedule B – Part 1	E04	Schedule S – Part 6	36
Schedule B – Part 2	E05	Schedule S – Part 7	37
Schedule B – Part 3	E06	Schedule T – Part 2 – Interstate Compact	39
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Other Considerations	38
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Schedule BA – Verification Between Years	SI03	Statement of Revenue and Expenses	4
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	43
Schedule D – Part 1A – Section 2	SI08	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 2 – Section 1	E11	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 3	14
Schedule D – Part 6 – Section 2	E16		