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HEALTH QUARTERLY STATEMENT

As of June 30, 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	Treasurer/VP Finance & Analytics
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	Treasurer/VP Finance & Analytics	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

a. Is this an original filing? Yes [X] No [ ]
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
1. Bonds	99,187,616		99,187,616	134,593,371
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....144,013,976), cash equivalents ($.....5,618,063) and short-term investments ($.....197,768,078)	347,400,118		347,400,118	219,605,188
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities	5,750,000		5,750,000	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	452,337,734	0	452,337,734	354,198,559
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	1,093,260		1,093,260	1,414,725
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	59,404,250		59,404,250	23,655,764
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($.....182,933) and contracts subject to redetermination ($.....7,911,157)	8,094,090		8,094,090	7,724,938
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	273,250		273,250	262,895
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	285,227
18.1 Current federal and foreign income tax recoverable and interest thereon			0	5,441,785
18.2 Net deferred tax asset	16,963,726	10,177,564	6,786,162	5,480,640
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software	281,941	281,941	0	
21. Furniture and equipment, including health care delivery assets ($.....0)	3,343,433	3,343,433	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care ($.....11,959,119) and other amounts receivable	28,544,880	16,585,761	11,959,119	9,775,297
25. Aggregate write-ins for other than invested assets	51,462,777	34,232,992	17,229,785	14,251,917
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	621,799,341	64,621,691	557,177,650	422,491,747
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	621,799,341	64,621,691	557,177,650	422,491,747

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid expenses/deposits	145,400	145,400	0	
2502. Goodwill and intangible assets	51,317,377	34,087,592	17,229,785	14,074,414
2503. State income tax recoverable			0	177,503
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	51,462,777	34,232,992	17,229,785	14,251,917

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)	190,141,557	390,574	190,532,131	190,686,347
2. Accrued medical incentive pool and bonus amounts	12,947,849		12,947,849	9,495,552
3. Unpaid claims adjustment expenses	2,438,821	7,338	2,446,159	2,395,583
4. Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act	41,690,313		41,690,313	30,618,685
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance	37,043,336		37,043,336	2,261,701
9. General expenses due or accrued	45,414,831		45,414,831	3,323,583
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	10,776,001		10,776,001	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates	4,505,136		4,505,136	5,789,697
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and certified $.....0 reinsurers)			0	
20. Reinsurance in unauthorized and certified ($.....0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans	5,546,888		5,546,888	3,403,446
23. Aggregate write-ins for other liabilities (including $.....9,961,205 current)	9,961,205	0	9,961,205	14,217,963
24. Total liabilities (Lines 1 to 23)	360,465,937	397,912	360,863,849	262,192,557
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	34,100,000
26. Common capital stock	XXX	XXX	159,000	159,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	82,404,971	82,404,971
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	113,749,830	43,635,219
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	196,313,801	160,299,190
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	557,177,650	422,491,747

DETAILS OF WRITE-INS

2301. Premium/use taxes due	5,023,279		5,023,279	4,576,198
2302. Amounts due to government agencies	4,937,926		4,937,926	9,641,765
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	9,961,205	0	9,961,205	14,217,963
2501. 2018 health insurer fee accrual estimate	XXX	XXX		34,100,000
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	34,100,000
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months	XXX	2,359,163	2,488,387	4,904,292
2. Net premium income (including $.....0 non-health premium income)	XXX	948,362,045	1,009,410,945	1,933,072,561
3. Change in unearned premium reserves and reserve for rate credits	XXX	163,743	7,221,394	16,224,954
4. Fee-for-service (net of $.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	948,525,788	1,016,632,339	1,949,297,515
Hospital and Medical:				
9. Hospital/medical benefits		513,573,628	630,155,518	1,179,572,886
10. Other professional services		9,700,857	28,555,806	50,842,525
11. Outside referrals	2,100,594	40,826,188	36,887,231	69,575,806
12. Emergency room and out-of-area		84,915,320	78,348,851	152,444,481
13. Prescription drugs		109,002,728	108,690,495	218,162,802
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		3,951,046	7,429,135	17,246,168
16. Subtotal (Lines 9 to 15)	2,100,594	761,969,767	890,067,036	1,687,844,668
Less:				
17. Net reinsurance recoveries		190,448	527,952	2,944,213
18. Total hospital and medical (Lines 16 minus 17)	2,100,594	761,779,319	889,539,084	1,684,900,455
19. Non-health claims (net)				
20. Claims adjustment expenses, including $.....20,978,250 cost containment expenses		25,491,112	27,445,340	53,409,469
21. General administrative expenses		114,895,922	76,513,776	161,865,566
22. Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	2,100,594	902,166,353	993,498,200	1,900,175,490
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	46,359,435	23,134,139	49,122,025
25. Net investment income earned		3,037,413	1,709,491	4,197,372
26. Net realized capital gains (losses) less capital gains tax of $.....(1,971)		(7,419)	(23,734)	(23,679)
27. Net investment gains or (losses) (Lines 25 plus 26)	0	3,029,994	1,685,757	4,173,693
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29. Aggregate write-ins for other income or expenses	0	0	(18,684)	(49,859)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	49,389,429	24,801,212	53,245,859
31. Federal and foreign income taxes incurred	XXX	21,221,743	12,326,308	20,288,404
32. Net income (loss) (Lines 30 minus 31)	XXX	28,167,686	12,474,904	32,957,455

DETAILS OF WRITE-INS

0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Fines and penalties			(18,684)	(49,859)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	(18,684)	(49,859)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	160,299,190	172,301,851	172,301,851
34. Net income or (loss) from Line 32	28,167,686	12,474,904	32,957,455
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	590,792	563,052	(12,739,285)
39. Change in nonadmitted assets	7,256,133	10,318,632	17,779,169
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			(50,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	36,014,611	23,356,588	(12,002,661)
49. Capital and surplus end of reporting period (Line 33 plus 48)	196,313,801	195,658,439	160,299,190

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance	953,687,687	1,064,042,849	1,968,871,590
2. Net investment income	3,656,552	2,073,492	4,776,429
3. Miscellaneous income			
4. Total (Lines 1 through 3)	957,344,239	1,066,116,341	1,973,648,019
5. Benefit and loss related payments	762,635,293	907,302,184	1,739,463,366
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	90,079,883	103,917,788	209,889,433
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....(1,971) tax on capital gains (losses)	5,001,986	16,876,382	26,791,888
10. Total (Lines 5 through 9)	857,717,162	1,028,096,354	1,976,144,687
11. Net cash from operations (Line 4 minus Line 10)	99,627,077	38,019,987	(2,496,668)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	60,450,000	28,330,000	65,975,000
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	6,216	(13,440)	(13,356)
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	60,456,216	28,316,560	65,961,644
13. Cost of investments acquired (long-term only):			
13.1 Bonds	25,357,525	65,730,696	109,331,977
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	5,750,000		
13.7 Total investments acquired (Lines 13.1 to 13.6)	31,107,525	65,730,696	109,331,977
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	29,348,691	(37,414,136)	(43,370,333)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			50,000,000
16.6 Other cash provided (applied)	(1,180,838)	454,526	3,032,604
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(1,180,838)	454,526	(46,967,396)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	127,794,930	1,060,377	(92,834,397)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	219,605,188	312,439,585	312,439,585
19.2 End of period (Line 18 plus Line 19.1)	347,400,118	313,499,961	219,605,188

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

20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit 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	0									
5. Current Year	0									
6. Current Year Member Months	2,359,163	110,450						133,447	2,115,266	
Total Member Ambulatory Encounters for Period:										
7. Physician	1,156,208	30,917						162,161	963,130	
8. Non-Physician	1,746,801	30,124						401,254	1,315,423	
9. Total	2,903,009	61,041	0	0	0	0	0	563,415	2,278,553	0
10. Hospital Patient Days Incurred	166,956	2,191						74,944	89,821	
11. Number of Inpatient Admissions	16,721	275						3,195	13,251	
12. Health Premiums Written (a)	948,664,095	28,323,980						202,177,882	718,162,233	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	948,827,838	28,323,980						202,341,625	718,162,233	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	762,316,637	14,753,065						169,941,476	577,622,096	
18. Amount Incurred for Provision of Health Care Services	761,969,767	15,032,601						163,682,250	583,254,916	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....202,177,882.

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	13,908,815					13,908,815
Provider Payables	5,398,851	5,230,694	5,159,165	5,062,634	19,425,809	40,277,153
0199999. Individually Listed Claims Unpaid	19,307,666	5,230,694	5,159,165	5,062,634	19,425,809	54,185,968
0399999. Aggregate Accounts Not Individually Listed-Covered	3,500,374	308,223	310,411	317,980	1,717,956	6,154,944
0499999. Subtotals	22,808,040	5,538,917	5,469,576	5,380,614	21,143,765	60,340,912
0599999. Unreported Claims and Other Claim Reserves						130,191,219
0799999. Total Claims Unpaid						190,532,131
0899999. Accrued Medical Incentive Pool and Bonus Amounts						12,947,849

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	4,291,739	10,422,576	424,290	3,673,745	4,716,029	4,359,898
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare	33,373,895	103,658,107	3,060,787	48,013,463	36,434,682	54,737,965
7. Title XIX - Medicaid	106,598,575	503,781,297	19,307,378	116,052,468	125,905,953	131,588,484
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	144,264,209	617,861,980	22,792,455	167,739,676	167,056,664	190,686,347
10. Healthcare receivables (a)	14,710,561	11,896,054		1,938,265	14,710,561	24,401,180
11. Other non-health					0	
12. Medical incentive pools and bonus amounts		498,749	7,695,773	5,252,076	7,695,773	9,495,552
13. Totals (Lines 9-10+11+12)	129,553,648	606,464,675	30,488,228	171,053,487	160,041,876	175,780,719

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

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Michigan, Inc. (the "Plan") for the fiscal year ended December 31, 2017. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2017 annual statement or audited financial statements have been omitted.

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) Molina Healthcare of Michigan, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	$ 28,167,686	$ 32,957,455
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	$ 28,167,686	$ 32,957,455
SURPLUS					
(5) Molina Healthcare of Michigan, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 196,313,801	$ 160,299,190
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	$ 196,313,801	$ 160,299,190

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

No significant change.

C. Accounting Policy

(1) – (5) No significant changes.

(6) Basis for Loan-Backed Securities and Adjustment Methodology: None.

(7) – (13) No significant changes.

D. Going Concern

None.

Note 2 – Accounting Changes and Corrections of Errors

Until the second quarter of 2018, certain Medicaid pass-through amounts were reported as both revenues and hospital and medical costs in Lines 2 and 18, respectively, of the Statement of Revenue and Expenses. These amounts are now reported as Administrative Services Only (ASO) business, and are reported in Note 18. Additionally, amounts received for reimbursement of premium taxes were also previously reported as premium revenue. Beginning with the second quarter of 2018, these amounts are being treated as fees for ASO business and are being deducted from general administrative expenses in line 21 of the Statement of Revenue and Expenses. This accounting change was at the direction of the Department, and does not affect any previously reported periods. The amounts reported as hospital and medical costs and the corresponding revenue were $340.0 million for 2017 and $23.1 million for the first quarter of 2018. The $23.1 million just referenced should have been $109.7 million. This has been corrected in this filing. The corresponding amount reported as ASO business in the second quarter of 2018 was $114.0 million. The amount received as reimbursement for premium taxes was $3.9 million for 2017 and $0.2 million for the first quarter of 2018. The $0.2 million just referenced should have been $1.1 million. This amount has been corrected in this filing.

Note 3 – Business Combinations and Goodwill

No significant change.

Note 4 – Discontinued Operations

None.

Note 5 – Investments

A. – C. None.

D. Loan-Backed Securities: None.

NOTES TO FINANCIAL STATEMENTS

E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.

H. Repurchase Agreements Transactions Accounted for as a Sale: None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.

J. Real Estate: None.

K. Investment in Low-Income Housing Tax Credits (LIHTC): None.

L. Restricted Assets: No significant change.

M. Working Capital Finance Investments: None.

N. Offsetting and Netting of Assets and Liabilities: None.

O. Structured Notes: None.

P. 5* Securities: None.

Q. Short Sales: None.

R. Prepayment Penalty and Acceleration Fees: No significant change.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant change.

Note 8 – Derivative Instruments

A. – G. None.

H. Total Premium Costs for Contracts: None.

Note 9 – Income Taxes

No significant change.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. No significant change.

B. – C. The Plan neither paid dividends to, nor received contributions from Molina during the period ended June 30, 2018.

D. – N. No significant changes.

Note 11 – Debt

A. None.

B. FHLB (Federal Home Loan Bank) Agreements: None.

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

A. – D. Defined Benefit Plan: None.

E. Defined Contribution Plans: No significant change.

F. Multiemployer Plans: None.

G. Consolidated/Holding Company Plans: No significant change.

H. Postemployment Benefits and Compensated Absences: No significant change.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

(1) – (3) No significant changes.

(4) Dividends paid by the Plan to Molina during the period ended June 30, 2018 were as follows: None.

(5) – (8) No significant changes.

NOTES TO FINANCIAL STATEMENTS

(9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2017 represented the Plan's estimated health insurer fee for 2018. Due to the moratorium on the health insurer fee for the 2019 calendar year, the Plan did not reclassify amounts to special surplus at June 30, 2018.

(10) – (13) No significant changes.

Note 14 – Liabilities, Contingencies and Assessments

No significant change.

Note 15 – Leases

No significant change.

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant change.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales: None.

B. Transfer and Servicing of Financial Assets: None.

C. Wash Sales: None.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and he uninsured portion of partially insured plans was as follows during 2018:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	$	$ 130,113	$ 130,113
b. Total net other income or expenses (including interest paid to or receive from plans)			
c. Net gain or (loss) from operations		130,113	130,113
d. Total claim payment volume	$	$ 113,960,176	$ 113,960,176

B. None.

C. No significant change.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date: The Plan's assets measured and reported at fair value on a recurring basis are listed in the table below. The Plan receives monthly statements from investment brokers that provide market pricing. There were no transfers between Level 1 and Level 2 of the fair value hierarchy.

	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
Assets at Fair Value					
Exempt MM Mutual Fund	$ 5,618,063	$	$	$ 5,618,063	$
Total	$ 5,618,063	$	$	$ 5,618,063	$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy: None.

(3) Policies for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: None.

(5) Derivative assets and liabilities: None

B. Fair Value Reporting under Statement of Statutory Accounting Principles ("SSAP") No.100, *Fair Value Measurement* and Other Accounting Pronouncements: In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of short-term investments, and bonds as of June 30, 2018 is presented in the table below:

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Exempt MM Mutual Fund	$ 5,618,063	$ 5,618,063	$ 5,618,063	$	$	$	$
Indust. & Misc.	$ 224,812,812	$ 225,372,012	$	$ 224,812,812	$	$	$
Open Depositories	$ 144,013,976	$ 144,013,976	$ 144,013,976	$	$	$	$
Special Rev./Assess. Oblig.	$ 46,794,794	$ 46,886,022	$ 39,687,600	$ 7,107,194	$	$	$
US Government	$ 24,695,868	$ 24,697,660	$ 24,695,868	$	$	$	$
Total financial instruments	$ 445,935,514	$ 446,587,734	$ 214,015,507	$ 231,920,007	$	$	$

D. Not Practicable to Estimate Fair Value: None.

Note 21 – Other Items

No significant change.

Note 22 – Events Subsequent

Subsequent events were considered through August 15, 2018, the date the statutory financial statements were available to be issued.

Note 23 – Reinsurance

No significant change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. – C. As described in Note 24 in the Notes to Financial Statements included in the Plan's 2017 Annual Statement, certain components of the Plan's revenue are subject to retrospective rating and/or redetermination. Significant provisions include the following:

Medicare premiums are subject to retrospective rating and redetermination. The Plan recorded a net receivable of $4.8 million and $4.4 million as of June 30, 2018 and December 31, 2017, respectively, relating to its contracts with CMS. The Plan had net premiums written relating to Medicare of $ 202.2 million and $157.6 million for the periods ended June 30, 2018 and 2017, respectively, representing 22.9% and 15.6% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of $38.4 million and $27.3 million as of June 30, 2018 and December 31, 2017, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of $28.3 million and $26.9 million for the periods ended June 30, 2018 and 2017, respectively, representing 3.2% and 2.7% of the total net premiums written, respectively.

The Plan records accrued retrospective premium as an adjustment to earned premium.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act: None.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions Yes [X] No [ ]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	$
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	$ 51,869
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	$ 38,410,305
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	$ (11,078,913)
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	$ (15,469)

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	$ 587
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	$
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	$
5. Ceded reinsurance premiums payable due to ACA Reinsurance	$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	$
Operations (Revenue & Expenses)	
7. Ceded reinsurance premiums due to ACA Reinsurance	$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	$
9. ACA Reinsurance contributions – not reported as ceded premium	$

c. Temporary ACA Risk Corridors Program	AMOUNT
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	$
Liabilities	
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	$
Operations (Revenue & Expenses)	

NOTES TO FINANCIAL STATEMENTS

c. Temporary ACA Risk Corridors Program	AMOUNT
3. Effect of ACA Risk Corridors on net premium income (paid/received)	$
4. Effect of ACA Risk Corridors on change in reserves for rate credits	$

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	$	$	$	$	$	$	$	$	A	$	$
2. Premium adjustments (payable) (including high risk pool premium)		(27,331,392)				(27,331,392)		1,688,960	B		(25,642,432)
3. Subtotal ACA Permanent Risk Adjustment Program	$	$ (27,331,392)	$	$	$	$ (27,331,392)	$	$ 1,688,960		$	$ (25,642,432)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	$ 17,524	$	$ 16,937	$	$ 587	$	$	$	C	$ 587	$
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	$ 17,524	$	$ 16,937	$	$ 587	$	$	$		$ 587	$
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	$	$	$	$	$	$	$	$	I	$	$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	$	$	$	$	$	$	$	$		$	$
d. Total for ACA Risk Sharing Provisions	$ 17,524	$ (27,331,392)	$ 16,937	$	$ 587	$ (27,331,392)	$	$ 1,688,960		$ 587	$ (25,642,432)

Explanations of Adjustments

B. Adjusted to reflect the final settlement amount communicated by CMS in July 2018.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None.

(5) ACA Risk Corridors Receivable as of Reporting Date: The Plan had no ACA risk corridor receivables for periods from 2014 to 2016.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The change in prior year estimated claims reserves represents favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known regarding incurred reported claims. Claims unpaid activity during the current period is summarized below:

	Six months ended 6/30/2018
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	$ 202,577,482
Add provision for claims, net of reinsurance:	
Current year	773,722,022

NOTES TO FINANCIAL STATEMENTS

Prior years	(11,942,703)
Net incurred claims during the current year	761,779,319
Deduct paid claims, net of reinsurance:	
Current year	618,371,084
Prior years	144,264,209
Net paid claims during the current year	762,635,293
Change in claims adjustment expenses	50,576
Change in health care receivables	4,143,700
Change in amounts due from reinsurers	10,355
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	$ 205,926,139

B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid Claim adjustment expenses in 2018.

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

No significant change.

Note 29 – Participating Policies

None.

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

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

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No [ ]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 1179929

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

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

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation. Yes [ ] No [X] N/A [ ]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/15/2017

6.4 By what department or departments?

State of Michigan - Department of Insurance and Financial Services

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

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

7.2 If yes, give full information:

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

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

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

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

		1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds	$ 0	$ 0
14.22	Preferred Stock	0	0
14.23	Common Stock	0	0
14.24	Short-Term Investments	0	0
14.25	Mortgage Loans on Real Estate	0	0
14.26	All Other	0	0
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	$ 0	$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.3 Total payable for securities lending reported on the liability page: $ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
Oppenheimer Trust Company	18 Columbia Turnpike Florham Park, NJ 07932
UBS Financial Services	1000 Harbor Blvd Weehawken, NJ 07086

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

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

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such ["…that have access to the investment accounts", "handle securities"].

1 Name of Firm or Individual	2 Affiliation
Oppenheimer & Co	U
UBS Financial Services	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
249	Oppenheimer & Co		SEC	NO
8174	UBS Financial Services		SEC	NO

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

18.2 If no, list exceptions:

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

    Has the reporting entity self-designated 5*GI securities? Yes [ ] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:
   - 1.1 A&H loss percent ..... 82.5 %
   - 1.2 A&H cost containment percent ..... 2.2 %
   - 1.3 A&H expense percent excluding cost containment expenses ..... 12.6 %

2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date. 0

2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [X]

2.4 If yes, please provide the amount of funds administered as of the reporting date. 0

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [ ] No [X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?..... Yes [ ] No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
A&H Non-Affiliates								
93572.....	43-1235868.....	01/01/2018	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	Authorized.....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	L	28,323,980	202,177,882	718,162,233				948,664,095	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	N							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	28,323,980	202,177,882	718,162,233	0	0	0	948,664,095	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	28,323,980	202,177,882	718,162,233	0	0	0	948,664,095	0

DETAILS OF WRITE-INS

58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1

R - Registered - Non-domiciled RRGs 0

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0

Q - Qualified - Qualified or accredited reinsurer 0

N - None of the above - Not allowed to write business in the state 56

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

PART 1 – ORGANIZATIONAL CHART

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	DE	81-2824030	Molina Clinical Services, LLC
I-00000	AZ	30-0876771	Molina Healthcare of Arizona, Inc.
|-00000	CA	33-0342719	Molina Healthcare of California
|-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
|-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
|-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
|-14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	IA	47-3920055	Molina Healthcare of Iowa, Inc.
I-00000	LA	81-4229476	Molina Healthcare of Louisiana, Inc.
I-00000	MD	46-0598968	Molina Healthcare of Maryland, Inc.
I-52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
I-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
I-00000	NV	20-3567602	Molina Healthcare of Nevada, Inc.
|-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
|-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
I-00000	OK	81-0864563	Molina Healthcare of Oklahoma, Inc.
I-00000	PA	81-0855820	Molina Healthcare of Pennsylvania, Inc.
I-15600	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
|-15329	SC	46-2992125	Molina Healthcare of South Carolina, LLC
|-10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
|-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
|-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
|-15133	VA	26-1769086	Molina Healthcare of Virginia, Inc.
|-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
|-12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	NY	27-1603200	Molina Healthcare of New York, Inc.
I-00000	NY	47-3580625	Molina Holdings Corporation
|-00000	CA	46-2821516	Molina Hospital Management, LLC
|-00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
|-00000	CA	37-1652282	Molina Medical Management, Inc.
|-00000	DE	45-2854547	Molina Pathways, LLC
|-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
|-00000	DE	47-2525144	Pathways Health and Community Support LLC
|-00000	DE	58-2478281	AmericanWork, Inc.

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

PART 1 – ORGANIZATIONAL CHART

|-00000	IL	36-3465604	Camelot Care Centers, Inc.
|-00000	PA	20-2639439	Children's Behavioral Health, Inc.
|-00000	DE	88-0469530	Choices Group, Inc.
|-00000	CA	95-4864640	College Community Services
|-00000	IN	35-2085281	Dockside Services, Inc.
|-00000	VA	54-1620121	Family Preservation Services, Inc.
|-00000	FL	65-0848685	Family Preservation Services of Florida, Inc.
|-00000	NC	86-0976674	Family Preservation Services of North Carolina, Inc.
|-00000	DC	20-0086731	Family Preservation Services of Washington, D.C., Inc.
|-00000	WV	86-1035573	Family Preservation Services of West Virginia, Inc.
|-00000	NV	88-0321776	Maple Star Nevada
|-00000	OR	93-1263318	Maple Star Oregon, Inc.
|-00000	DE	33-0797276	Pathways Community Services LLC
|-00000	PA	23-2820336	Pathways Community Services LLC
|-00000	TX	74-2868929	Pathways Community Support of Texas, Inc.
|-00000	AZ	86-0706547	Pathways of Arizona, Inc.
|-00000	DE	59-3766748	Pathways of Delaware, Inc.
|-00000	DE	81-2396831	Pathways Human Services, LLC
|-00000	DE	46-5044433	Pathways of Idaho LLC
|-00000	ME	86-0970832	Pathways of Maine, Inc.
|-00000	DE	47-1016377	Pathways of Massachusetts LLC
|-00000	OK	74-2884198	Pathways of Oklahoma, Inc.
|-00000	WA	27-2837920	Pathways of Washington, Inc.
|-00000	PA	23-2181371	The RedCo Group, Inc.
|-00000	PA	25-1470445	Raystown Developmental Services, Inc.
|-00000	GA	58-1923779	Transitional Family Services, Inc
I-00000	CA	46-5098489	Molina Youth Academy
|-00000	DE	62-1651095	Pathways Community Corrections, LLC

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	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.	00000	45-2634351				Molina Healthcare Data Center, Inc.	NM	NIA	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	47-3920055				Molina Healthcare of Iowa, Inc.	IA	NIA	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.	00000	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	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	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	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	27-1510177				Molina Information Systems, LLC (dba Molina Medicaid Solutions)	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	47-2525144				Pathways Health and Community Support LLC	DE	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	58-2478281				AmericanWork, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	36-3465604				Camelot Care Centers, Inc.	IL	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-2639439				Children's Behavioral Health, Inc.	PA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	88-0469530				Choices Group, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	95-4864640				College Community Services	CA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	35-2085281				Dockside Services, Inc.	IN	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	54-1620121				Family Preservation Services, Inc.	VA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	65-0848685				Family Preservation Services of Florida, Inc.	FL	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	86-0976674				Family Preservation Services of North Carolina, Inc.	NC	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-0086731				Family Preservation Services of Washington, D.C., Inc.	DC	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	86-1035573				Family Preservation Services of West Virginia, Inc.	WV	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	88-0321776				Maple Star Nevada	NV	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	93-1263318				Maple Star Oregon, Inc.	OR	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	33-0797276				Pathways Community Services LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	23-2820336				Pathways Community Services LLC	PA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	74-2868929				Pathways Community Support of Texas, Inc.	TX	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	86-0706547				Pathways of Arizona, Inc.	AZ	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	59-3766748				Pathways of Delaware, Inc.	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-2396831				Pathways Human Services, LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-5044433				Pathways of Idaho LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	86-0970832				Pathways of Maine, Inc.	ME	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-1016377				Pathways of Massachusetts LLC	DE	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	74-2884198				Pathways of Oklahoma, Inc.	OK	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	27-2837920				Pathways of Washington, Inc.	WA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	25-1470445				Raystown Developmental Services, Inc.	PA	NIA	The RedCo Group, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	23-2181371				The RedCo Group, Inc.	PA	NIA	Pathways Health and Community Support, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	58-1923779				Transitional Family Services, Inc.	GA	NIA	Pathways Health and Community Support, 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	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	SEE EXPLANATION

Explanation:

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

Bar Code:

* 5 2 6 3 0 2 0 1 8 3 6 5 0 0 0 0 2 *

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	134,593,371	92,443,226
2. Cost of bonds and stocks acquired	25,357,525	109,331,977
3. Accrual of discount	50,087	20,279
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(15,606)	(23,074)
6. Deduct consideration for bonds and stocks disposed of	60,450,000	65,975,000
7. Deduct amortization of premium	347,761	1,204,037
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	99,187,616	134,593,371
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	99,187,616	134,593,371

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	266,830,632	99,953,514	106,235,166	(1,961,441)	266,830,632	258,587,539		264,087,611
2. NAIC 2 (a)	39,457,617		3,243,783	2,154,321	39,457,617	38,368,155		32,935,239
3. NAIC 3 (a)						0		
4. NAIC 4 (a)						0		
5. NAIC 5 (a)						0		
6. NAIC 6 (a)						0		
7. Total Bonds	306,288,249	99,953,514	109,478,949	192,880	306,288,249	296,955,694	0	297,022,849
PREFERRED STOCK								
8. NAIC 1						0		
9. NAIC 2						0		
10. NAIC 3						0		
11. NAIC 4						0		
12. NAIC 5						0		
13. NAIC 6						0		
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	306,288,249	99,953,514	109,478,949	192,880	306,288,249	296,955,694	0	297,022,849

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 $.....192,265,176; NAIC 2 $.....5,502,902; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	197,768,078	XXX	197,438,579	727,653	191,839

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	151,646,585	158,633,786
2. Cost of short-term investments acquired	131,507,995	173,899,597
3. Accrual of discount	637,843	849,653
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	6,216	(13,440)
6. Deduct consideration received on disposals	85,750,000	181,083,689
7. Deduct amortization of premium	280,560	639,322
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	197,768,078	151,646,585
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	197,768,078	151,646,585

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	19,137,348	
2. Cost of cash equivalents acquired	158,329,038	263,069,296
3. Accrual of discount	56,746	29,289
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		84
6. Deduct consideration received on disposals	171,904,729	243,961,322
7. Deduct amortization of premium	340	
8. Total foreign exchange change in book/ adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	5,618,063	19,137,348
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	5,618,063	19,137,348

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment									
3130AB K5 4	FEDERAL HOME LOAN BANKS		04/26/2018	Paine Webber		6,014,160	6,000,000	14,651	1
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments					6,014,160	6,000,000	14,651	XXX
Bonds - Industrial and Miscellaneous									
05565E AD 7	BMW US CAPITAL LLC	C	04/04/2018	Paine Webber		4,949,250	5,000,000	36,458	1FE
38145G AJ 9	GOLDMAN SACHS GROUP INC		05/25/2018	OPPENHEIMER & CO. INC		4,466,340	4,500,000	48,013	1FE
94988J 5G 8	WELLS FARGO BANK NA		05/25/2018	OPPENHEIMER & CO. INC		4,458,825	4,500,000	46,763	1FE
H7220N AC 4	UBS AG (LONDON BRANCH)	C	06/19/2018	OPPENHEIMER & CO. INC		1,964,820	2,000,000	1,589	1FE
3899999.	Total - Bonds - Industrial and Miscellaneous					15,839,235	16,000,000	132,822	XXX
8399997.	Total - Bonds - Part 3					21,853,395	22,000,000	147,473	XXX
8399999.	Total - Bonds					21,853,395	22,000,000	147,473	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					21,853,395	XXX	147,473	XXX

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues: 0.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value 11	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment																					
3134G9 UY 1	FEDERAL HOME LOAN MORTGAGE CORP	..	06/29/2018.	Maturity @ 100.00		4,000,000	4,000,000	4,004,600	4,000,000				0		4,000,000			0	20,000	06/29/2018.	1
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments					4,000,000	4,000,000	4,004,600	4,000,000	0	0	0	0	0	4,000,000	0	0	0	20,000	XXX	XXX
Bonds - Industrial and Miscellaneous																					
06366R MS 1	BANK OF MONTREAL	..	04/09/2018.	Maturity @ 100.00		1,000,000	1,000,000	1,003,120	1,000,202		(202)		(202)		1,000,000			0	7,250	04/09/2018.	1FE
064159 BZ 8	BANK OF NOVA SCOTIA	..	04/25/2018.	Maturity @ 100.00		5,000,000	5,000,000	5,001,500	5,000,464		(464)		(464)		5,000,000			0	36,250	04/25/2018.	1FE
377372 AD 9	GLAXOSMITHKLINE CAPITAL INC	C	05/15/2018.	Maturity @ 100.00		3,550,000	3,550,000	3,710,957	3,606,661		(56,661)		(56,661)		3,550,000			0	100,288	05/15/2018.	1FE
44328M BT 0	HSBC BANK PLC	C	05/15/2018.	Maturity @ 100.00		6,250,000	6,250,000	6,248,125	6,249,302		698		698		6,250,000			0	46,875	05/15/2018.	1FE
69349L AE 8	PNC BANK NA	..	04/01/2018.	Maturity @ 100.00		5,000,000	5,000,000	5,264,650	5,062,798		(62,798)		(62,798)		5,000,000			0	171,875	04/01/2018.	1FE
78012K PY 7	ROYAL BANK OF CANADA	..	06/07/2018.	Maturity @ 100.00		9,000,000	9,000,000	9,007,110	9,003,078		(3,078)		(3,078)		9,000,000			0	67,500	06/07/2018.	1FE
931142 BB 8	WAL-MART STORES, INC	..	06/01/2018.	Maturity @ 100.00		4,000,000	4,000,000	4,171,200	4,000,000				0		4,000,000			0	222,974	06/01/2018.	1FE
3899999.	Total - Bonds - Industrial and Miscellaneous					33,800,000	33,800,000	34,406,662	33,922,504	0	(122,504)	0	(122,504)	0	33,800,000	0	0	0	653,012	XXX	XXX
8399997.	Total - Bonds - Part 4					37,800,000	37,800,000	38,411,262	37,922,504	0	(122,504)	0	(122,504)	0	37,800,000	0	0	0	673,012	XXX	XXX
8399999.	Total - Bonds					37,800,000	37,800,000	38,411,262	37,922,504	0	(122,504)	0	(122,504)	0	37,800,000	0	0	0	673,012	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					37,800,000	XXX	38,411,262	37,922,504	0	(122,504)	0	(122,504)	0	37,800,000	0	0	0	673,012	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: 0.

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
US Bank	St. Paul, MI					(997,598)	(861,877)	(871,334)	XXX
US Bank	St. Paul, MI					20,367,310	13,399,568	16,047,551	XXX
JP Morgan Chase	Detroit, Michigan					13,496,162	13,356,943	12,055,909	XXX
Bank of America	Tampa, Florida					6,971,453	8,797,995	10,599,876	XXX
JP Morgan Chase	San Antonio, Texas					(36,085)	(6,169)	(5,294)	XXX
JP Morgan Chase	Detroit, Michigan					(22,379,716)	(12,791,084)	(19,878,716)	XXX
US BANK MMA 5713	St. Paul, MI		0.350	54,955		81,364,337	74,971,629	126,065,036	XXX
0199999. Total Open Depositories		XXX	XXX	54,955	0	98,785,863	96,867,005	144,013,028	XXX
0399999. Total Cash on Deposit		XXX	XXX	54,955	0	98,785,863	96,867,005	144,013,028	XXX
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX	202	1,000	948	XXX
0599999. Total Cash		XXX	XXX	54,955	0	98,786,065	96,868,005	144,013,976	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Exempt Money Market Mutual Funds as Identified by the SVO								
00142W 84 3	INVESCO PREM GV M;INST		06/22/2018	1.820		274,544	2,122	
31846V 20 3	FIRST AMER:GVT OBLG;Y		06/04/2018	1.520		1,023,676	1,190	5,363
90262Y 87 7	UBS SELECT TREASURY PREF		06/29/2018	1.790		4,319,843		634
8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO						5,618,063	3,312	5,998
8899999. Total - Cash Equivalents						5,618,063	3,312	5,998