



HEALTH QUARTERLY STATEMENT

As of June 30, 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 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	880 W. Long Lake Rd., Suite 600 .. Troy .. MI .. US .. 48098-4504 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	248-925-1700 <i>(Area Code) (Telephone Number)</i>
Mail Address	880 W. Long Lake Rd., Suite 600 .. Troy .. MI .. US .. 48098-4504 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	880 W. Long Lake Rd., Suite 600 .. Troy .. MI .. US .. 48098-4504 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	248-925-1700 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Margaret Alderton Crandell <i>(Name)</i> peggy.crandell@molinahealthcare.com <i>(E-Mail Address)</i>	248-925-1701 <i>(Area Code) (Telephone Number) (Extension)</i> 855-502-4911 <i>(Fax Number)</i>

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Christine Margaret Surdock	Matthew Carter Schueren	Scott Robert Johnson	Donna Marie Sickler
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 _____ 1. (Printed Name) _____ President _____ (Title)	_____ (Signature) Dennis Selorm Akotia _____ 2. (Printed Name) _____ Chief Financial Officer _____ (Title)	_____ (Signature) Jeffrey Don Barlow _____ 3. (Printed Name) _____ Secretary _____ (Title)
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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			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	91,310,939		91,310,939	82,447,227
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 (\$....(11,431,536)), cash equivalents (\$....172,382,101) and short-term investments (\$....141,073,184).....	302,023,749		302,023,749	264,245,670
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....	7,500,000		7,500,000	
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).....	400,834,688	0	400,834,688	346,692,897
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,249,785		1,249,785	1,170,382
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	60,426,221		60,426,221	100,600,360
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 (\$....269,226) and contracts subject to redetermination (\$....7,199,314).....	7,468,540		7,468,540	9,831,684
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	413,149		413,149	273,661
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	1,008,286
18.1 Current federal and foreign income tax recoverable and interest thereon.....	811,444		811,444	
18.2 Net deferred tax asset.....	13,414,261	6,199,419	7,214,842	5,606,258
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	40,278	40,278	0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,808,909	2,808,909	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 (\$....11,308,671) and other amounts receivable.....	30,374,043	19,065,372	11,308,671	12,306,879
25. Aggregate write-ins for other than invested assets.....	41,392,909	19,346,627	22,046,282	21,052,810
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	559,234,227	47,460,605	511,773,622	498,543,217
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	559,234,227	47,460,605	511,773,622	498,543,217

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, deposits and other assets.....	52,046	52,046	0	
2502. Goodwill and intangible assets.....	41,340,863	19,294,581	22,046,282	21,052,810
2503.....			0	
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).....	41,392,909	19,346,627	22,046,282	21,052,810

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	159,968,791	198,581	160,167,372	172,065,043
2. Accrued medical incentive pool and bonus amounts.....	12,960,026		12,960,026	8,831,025
3. Unpaid claims adjustment expenses.....	2,133,245	3,205	2,136,450	2,324,862
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	22,481,705		22,481,705	26,532,057
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	773,873		773,873	1,138,023
9. General expenses due or accrued.....	6,549,779		6,549,779	36,689,619
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	1,403,799
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....	613		613	
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.....	5,450,162		5,450,162	4,076,390
16. Derivatives.....			0	
17. Payable for securities.....	5,684,830		5,684,830	
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.....	422,392		422,392	
23. Aggregate write-ins for other liabilities (including \$.....45,422,470 current).....	45,422,470	0	45,422,470	8,295,228
24. Total liabilities (Lines 1 to 23).....	261,847,886	201,786	262,049,672	261,356,046
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	15,500,000	0
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	151,659,979	154,623,200
32. Less treasury stock, at cost:				
32.10.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.20.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	249,723,950	237,187,171
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	511,773,622	498,543,217

DETAILS OF WRITE-INS

2301. Premium/use taxes due.....	34,233,360		34,233,360	541,945
2302. Amounts due to government agencies.....	11,189,110		11,189,110	7,753,283
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).....	45,422,470	0	45,422,470	8,295,228
2501. 2020 health insurer fee accrual estimate.....	XXX	XXX	15,500,000	
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	15,500,000	0
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	2,198,927	2,359,163	4,705,837
2. Net premium income (including \$.....0 non-health premium income).....	.XXX	852,141,848	948,362,045	1,791,104,788
3. Change in unearned premium reserves and reserve for rate credits.....	.XXX	501,383	163,743	(1,361,984)
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	852,643,231	948,525,788	1,789,742,804
Hospital and Medical:				
9. Hospital/medical benefits.....		410,115,057	513,573,628	914,970,132
10. Other professional services.....		17,018,382	9,700,857	26,123,440
11. Outside referrals.....	993,789	28,216,647	40,826,188	69,575,306
12. Emergency room and out-of-area.....		79,742,193	84,915,320	154,590,867
13. Prescription drugs.....		100,449,632	109,002,728	213,363,565
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		7,736,608	3,951,046	11,866,195
16. Subtotal (Lines 9 to 15).....	993,789	643,278,519	761,969,767	1,390,489,505
Less:				
17. Net reinsurance recoveries.....		140,385	190,448	190,859
18. Total hospital and medical (Lines 16 minus 17).....	993,789	643,138,134	761,779,319	1,390,298,646
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....22,843,228 cost containment expenses.....		27,147,277	25,491,112	53,342,663
21. General administrative expenses.....		105,950,667	114,895,922	219,013,930
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).....	993,789	776,236,078	902,166,353	1,662,655,239
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	.XXX	76,407,153	46,359,435	127,087,565
25. Net investment income earned.....		4,976,402	3,037,413	7,141,128
26. Net realized capital gains (losses) less capital gains tax of \$.....8,130.....		30,585	(7,419)	(12,973)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	5,006,987	3,029,994	7,128,155
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	0	0
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	81,414,140	49,389,429	134,215,720
31. Federal and foreign income taxes incurred.....	.XXX	17,942,628	21,221,743	36,721,018
32. Net income (loss) (Lines 30 minus 31).....	.XXX	63,471,512	28,167,686	97,494,702

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.				
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	0	0

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.....	237,187,171	160,299,190	160,299,190
34. Net income or (loss) from Line 32.....	63,471,512	28,167,686	97,494,702
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.....	(1,046,681)	590,792	(1,911,994)
39. Change in nonadmitted assets.....	10,111,947	7,256,133	14,305,273
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.....	(60,000,000)		(33,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	12,536,779	36,014,611	76,887,981
49. Capital and surplus end of reporting period (Line 33 plus 48).....	249,723,950	196,313,801	237,187,171

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.....	896,249,076	953,687,687	1,705,382,874
2. Net investment income.....	4,793,292	3,656,552	7,678,937
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	901,042,368	957,344,239	1,713,061,811
5. Benefit and loss related payments.....	648,950,529	762,635,293	1,417,663,869
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	119,247,180	90,079,883	238,173,988
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....8,130 tax on capital gains (losses).....	20,166,001	5,001,986	29,871,986
10. Total (Lines 5 through 9).....	788,363,710	857,717,162	1,685,709,843
11. Net cash from operations (Line 4 minus Line 10).....	112,678,658	99,627,077	27,351,968
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	120,027,388	60,450,000	115,541,957
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.....	15,322	6,216	6,216
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	120,042,710	60,456,216	115,548,172
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	128,764,000	25,357,525	63,711,916
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	7,500,000	5,750,000	
13.7 Total investments acquired (Lines 13.1 to 13.6).....	136,264,000	31,107,525	63,711,916
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).....	(16,221,290)	29,348,691	51,836,257
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.....	60,000,000		33,000,000
16.6 Other cash provided (applied).....	1,320,711	(1,180,838)	(1,547,743)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(58,679,289)	(1,180,838)	(34,547,743)
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).....	37,778,079	127,794,930	44,640,482
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	264,245,670	219,605,188	219,605,188
19.2 End of period (Line 18 plus Line 19.1).....	302,023,749	347,400,118	264,245,670

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit 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.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	2,198,927	40,334						138,214	2,020,379	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	1,142,812	16,982						174,653	951,177	
8. Non-Physician.....	1,591,102	16,273						455,267	1,119,562	
9. Total.....	2,733,914	33,255	0	0	0	0	0	629,920	2,070,739	0
10. Hospital Patient Days Incurred.....	142,074	872						58,769	82,433	
11. Number of Inpatient Admissions.....	15,315	146						3,191	11,978	
12. Health Premiums Written (a).....	853,073,165	20,478,937						225,556,286	607,037,942	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	853,574,548	20,478,937						226,057,669	607,037,942	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	644,999,770	10,860,425						170,116,374	464,022,971	
18. Amount Incurred for Provision of Health Care Services.....	643,278,519	9,611,281						178,132,925	455,534,313	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....225,556,286.

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.....	13,148,452					13,148,452
0199999. Individually Listed Claims Unpaid.....	13,148,452	0	0	0	0	13,148,452
0399999. Aggregate Accounts Not Individually Listed-Covered.....	2,231,870	176,754	63,556	65,119	12,094,037	14,631,336
0499999. Subtotals.....	15,380,322	176,754	63,556	65,119	12,094,037	27,779,788
0599999. Unreported Claims and Other Claim Reserves.....						132,387,584
0799999. Total Claims Unpaid.....						160,167,372
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						12,960,026

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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical).....	1,709,706	9,150,409	249,463	1,763,788	1,959,169	3,687,835
2. Medicare Supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal Employees Health Benefits Plan.....					.0	
6. Title XVIII - Medicare.....	26,651,466	119,988,183	2,332,515	47,735,082	28,983,981	48,067,230
7. Title XIX - Medicaid.....	102,827,551	384,532,070	14,038,088	94,048,436	116,865,639	120,309,978
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	131,188,723	513,670,662	16,620,066	143,547,306	147,808,789	172,065,043
10. Healthcare receivables (a).....	5,492,415	22,652,800		1,884,779	5,492,415	32,469,806
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	3,607,607		6,377,305	6,582,721	9,984,912	8,831,025
13. Totals (Lines 9-10+11+12).....	129,303,915	491,017,862	22,997,371	148,245,248	152,301,286	148,426,262

600

(a) Excludes \$.....344,049 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, 2018. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2018 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") 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 #	Current Year to Date	2018
NET INCOME					
(1) Molina Healthcare of Michigan, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 63,471,512	\$ 97,494,702
(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	\$ 63,471,512	\$ 97,494,702
SURPLUS					
(5) Molina Healthcare of Michigan, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 249,723,950	\$ 237,187,171
(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	\$ 249,723,950	\$ 237,187,171

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

No significant change.

C. Accounting Policy

(1) No significant change.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method: No significant change.

(3) - (5) No significant changes.

(6) Basis for Loan-Backed Securities and Adjustment Methodology: Loan-backed securities designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) are stated at amortized cost. The Plan's investments in loan-backed securities consist of asset-backed securities and mortgage backed securities. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

(7) – (13) No significant changes.

D. Going Concern

The Plan is not aware of any relevant conditions or events that raise substantial doubt about its abilities to continue as a going concern.

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

No significant change.

Note 4 – Discontinued Operations

None.

Note 5 – Investments

A. - C. None.

D. Loan-Backed Securities

NOTES TO FINANCIAL STATEMENTS

As of June 30, 2019, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

- (1) Description of Sources Used to Determine Prepayment Assumptions: Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.
- (2), (3) Recognized other-than-temporary impairment ("OTTI") securities: None.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$ 118,919
	2. 12 Months or Longer	\$
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 8,708,942
	2. 12 Months or Longer	\$

- (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at June 30, 2019.

- 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. - R. None.

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 paid Molina an ordinary dividend in cash amounting to \$60.0 million on March 29, 2019.

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.

NOTES TO FINANCIAL STATEMENTS

- 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, Shareholder’s Dividend Restrictions and Quasi-Reorganizations

- (1) – (3) No significant changes.
- (4) The Plan paid Molina an ordinary dividend in cash amounting to \$60.0 million on March 29, 2019.
- (5) – (8) No significant changes.
- (9) Changes in the balance of special surplus funds: The Plan reclassified an amount equal to 50% of its estimated 2020 health insurer fee to special surplus funds in accordance with Statement of Statutory Accounting Principles (“SSAP”) No. 106, *Affordable Care Act Assessments*, requirements.
- (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

None.

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 Uninsured Portion of Partially Insured Plans

- A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2019:

	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	\$	\$ 118,245	\$ 118,245
b. Total net other income or expenses (including interest paid to or receive from plans)			
c. Net gain or (loss) from operations		118,245	118,245
d. Total claim payment volume	\$	\$ 209,039,598	\$ 209,039,598

- B. ASC Plans: 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.

Description for Each Type of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at Fair Value					
Other money market mutual fund	\$	\$ 129,288,904	\$	\$	\$ 129,288,904
Total	\$	\$ 129,288,904	\$	\$	\$ 129,288,904

- (2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy: None.
- (3) Policy 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: Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.

NOTES TO FINANCIAL STATEMENTS

(5) Derivative Assets and Liabilities: None.

B. Fair Value Reporting under 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 all financial instruments as of June 30, 2019 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Government	\$ 28,357,172	\$ 28,322,219	\$	\$ 28,357,172	\$	\$	\$
Industrial & Miscellaneous	\$ 201,116,770	\$ 200,917,607	\$	\$ 201,116,770	\$	\$	\$
Special Revenue & Assessment Obligations	\$ 42,402,124	\$ 42,394,253	\$	\$ 42,402,124	\$	\$	\$
Other Money Market Mutual Fund	\$ 129,288,904	\$ 129,288,904	\$	\$ 129,288,904	\$	\$	\$
Other Government	\$ 3,849,850	\$ 3,843,242	\$	\$ 3,849,850	\$	\$	\$
Open depositories	\$ (11,431,537)	\$ (11,431,537)	\$ (11,431,537)	\$	\$	\$	\$
Receivable from Securitites	\$ 7,500,000	\$ 7,500,000	\$	\$ 7,500,000	\$	\$	\$
Total financial instruments	\$ 401,083,283	\$ 400,834,688	\$ (11,431,537)	\$ 412,514,820	\$	\$	\$

D. Not Practicable to Estimate Fair Value: None.

E. NAV Practical Expedient Investments: None.

Note 21 – Other Items

No significant change.

Note 22 – Events Subsequent

Subsequent events were considered through August 13, 2019, 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. – D. No significant changes.

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 to date:

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	\$ 34,772
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 21,154,997
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 2,008,181
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (6,054)

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$
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	

NOTES TO FINANCIAL STATEMENTS

c. Temporary ACA Risk Corridors Program		AMOUNT
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$
Operations (Revenue & Expenses)		
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	
	1	2	3	4	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)
	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)		(23,163,147)				(23,163,147)		3,534,756	B		(19,628,391)
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$ (23,163,147)	\$	\$	\$	\$ (23,163,147)	\$	\$ 3,534,756		\$	\$ (19,628,391)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 587	\$	\$ 897	\$	\$ (310)	\$	\$ 310	\$	C	\$	\$
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	\$ 587	\$	\$ 897	\$	\$ (310)	\$	\$ 310	\$		\$	\$
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	\$ 587	\$ (23,163,147)	\$ 897	\$	\$ (310)	\$ (23,163,147)	\$ 310	\$ 3,534,756		\$	\$ (19,628,391)

Explanations of Adjustments

- B. Adjustments are changes in estimates based on additional information since December 31, 2018.
- C. Adjustment reflects final settlement for 2016.

(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 6/30/2019
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 183,220,930

NOTES TO FINANCIAL STATEMENTS

Add provision for claims, net of reinsurance:	
Current year	643,403,674
Prior years	<u>(265,540)</u>
Net incurred claims during the current year	643,138,134
Deduct paid claims, net of reinsurance:	
Current year	517,761,806
Prior years	<u>131,188,723</u>
Net paid claims during the current year	648,950,529
Change in claims adjustment expenses	(188,412)
Change in health care receivables	(2,095,763)
Change in amounts due from reinsurers	<u>139,488</u>
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u><u>\$ 175,263,848</u></u>

- 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 2019.

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]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 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? Yes [] No [X] N/A []
If yes, attach an explanation.

- 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?
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:

- 14.21 Bonds
- 14.22 Preferred Stock
- 14.23 Common Stock
- 14.24 Short-Term Investments
- 14.25 Mortgage Loans on Real Estate
- 14.26 All Other
- 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
- 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

	1 Prior Year End Book/Adjusted Carrying Value		2 Current Quarter Book/Adjusted Carrying Value
\$	0	\$	0
	0		0
	0		0
	0		0
	0		0
	0		0
\$	0	\$	0
\$	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
US Bank	60 Livingston Ave. St Paul, MN 55107

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
DWS Bank	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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
104518	DWS Bank	CZ83K4EEEX8QVCT3B128	SEC	NO

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

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- 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 5GI securities? Yes No

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes No

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent		<u>78.1 %</u>
1.2 A&H cost containment percent		<u>2.7 %</u>
1.3 A&H expense percent excluding cost containment expenses		<u>12.9 %</u>
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.		<u>0</u>
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.		<u>0</u>
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 of the reporting entity?.....	Yes []	No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

A&H Non-Affiliates

23680.....	47-0698507.....	01/01/2019	Odyssey Reinsurance Company.....	CT.....	SSL/I.....	Authorized.....
------------	-----------------	------------	----------------------------------	---------	------------	-----------------	-------	-------

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	9 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	20,478,937	225,556,286	607,037,942			853,073,165		0
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		20,478,937	225,556,286	607,037,942	0	0	853,073,165	0	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX							0		0
61. Total (Direct Business).....XXX		20,478,937	225,556,286	607,037,942	0	0	853,073,165	0	0

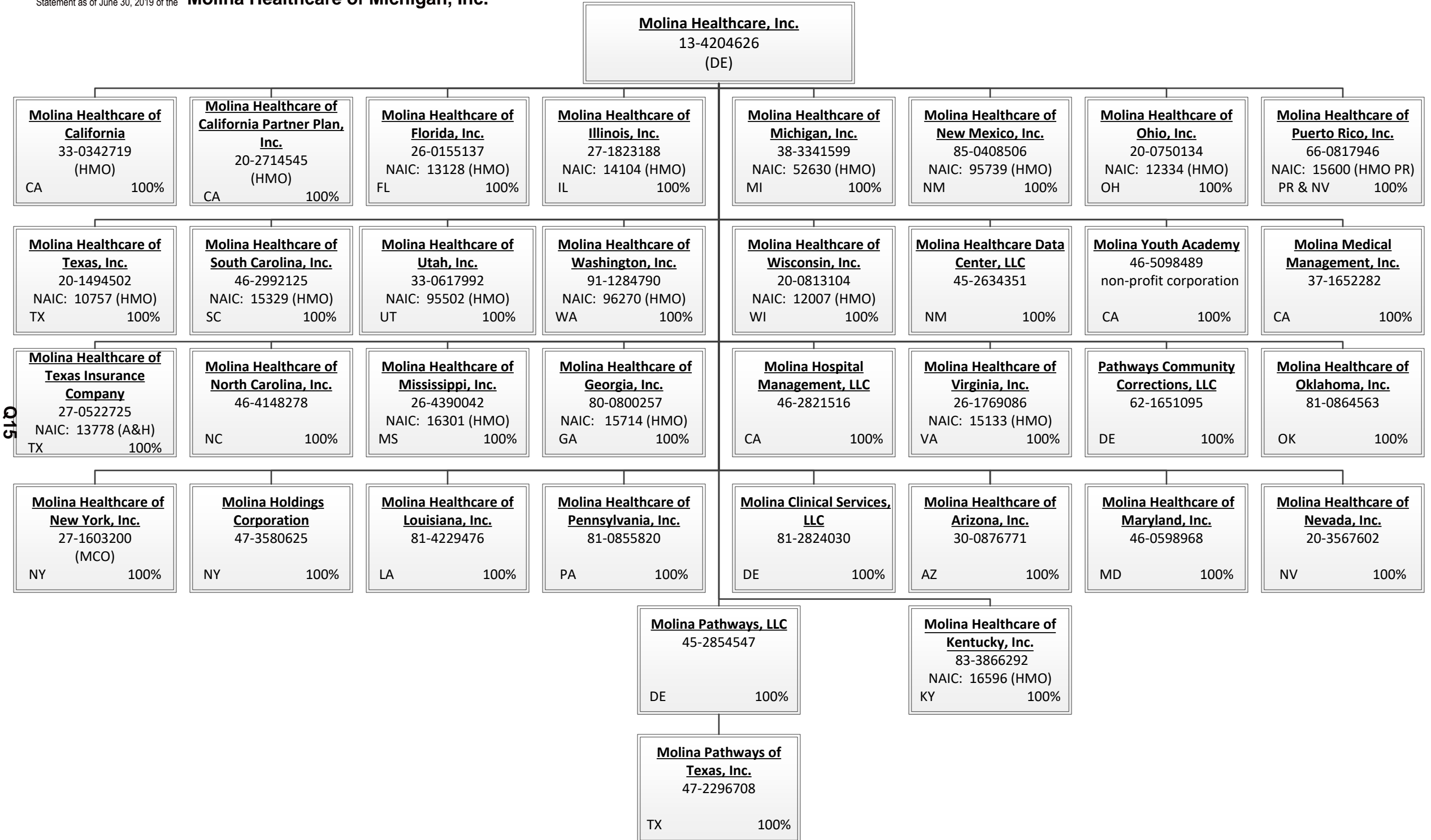
DETAILS OF WRITE-INS

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

Molina Healthcare of Michigan, Inc.



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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.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas Insurance Company	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15133	26-1769086				Molina Healthcare of Virginia, Inc.	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-3580625				Molina Holdings Corporation	NY	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-2821516				Molina Hospital Management, LLC	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	37-1652282				Molina Medical Management, Inc.	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	

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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.....	47-2296708				Molina Pathways of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	100.000	Molina Healthcare, Inc.....	N.....	
1531....	Molina Healthcare, Inc.....	00000.....	46-5098489				Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	N.....	
1531....	Molina Healthcare, Inc.....	00000.....	62-1651095				Pathways Community Corrections, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	N.....	

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?

NO

Explanation:

1.

Bar Code:



NONE

Statement as of June 30, 2019 of the **Molina Healthcare of Michigan, Inc.**
SCHEDULE A - VERIFICATION

Real Estate

	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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	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

NONE

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.....	82,447,227	134,593,371
2. Cost of bonds and stocks acquired.....	128,764,000	63,711,916
3. Accrual of discount.....	181,988	185,872
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	23,352	(22,637)
6. Deduct consideration for bonds and stocks disposed of.....	120,027,388	115,541,957
7. Deduct amortization of premium.....	78,240	479,338
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).....	91,310,939	82,447,227
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	91,310,939	82,447,227

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).....	281,149,774	138,617,547	180,618,313	548,298	281,149,774	239,697,306		275,869,866
2. NAIC 2 (a).....	17,292,975	29,680,144	11,221,280	28,176	17,292,975	35,780,015		31,810,062
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	298,442,750	168,297,691	191,839,593	576,474	298,442,750	275,477,322	0	307,679,929
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.....	298,442,750	168,297,691	191,839,593	576,474	298,442,750	275,477,322	0	307,679,929

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(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 \$.....159,520,703; NAIC 2 \$.....24,645,678; 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.....	141,073,184	XXX	140,207,249	515,893	124,202

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.....	186,533,738	151,646,585
2. Cost of short-term investments acquired.....	84,225,530	275,699,031
3. Accrual of discount.....	1,249,732	1,647,261
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	15,322	6,216
6. Deduct consideration received on disposals.....	130,842,652	242,076,000
7. Deduct amortization of premium.....	108,486	389,355
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).....	141,073,184	186,533,738
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	141,073,184	186,533,738

**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.....	42,740,310	19,137,348
2. Cost of cash equivalents acquired.....	722,004,650	345,257,516
3. Accrual of discount.....	130,622	62,392
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	.68	
6. Deduct consideration received on disposals.....	592,373,530	321,711,655
7. Deduct amortization of premium.....	120,019	5,290
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).....	172,382,101	42,740,310
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	172,382,101	42,740,310

**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	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment									
3134GT CX 9	FREDDIE MAC.....		04/01/2019.....	DIRECT.....		9,752,438	9,750,000		1FE.....
3138WA N8 6	UMBS - POOL AS1314.....		06/24/2019.....	DIRECT.....		3,499,647	3,298,151	8,795	1FE.....
3140JA PW 2	FNMA POOL BM5836.....		06/27/2019.....	DIRECT.....		3,265,747	3,207,117	7,216	1FE.....
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					16,517,832	16,255,268	16,011	XXX.....
Bonds - Industrial and Miscellaneous									
00138C AK 4	AIG GLOBAL FUNDING.....		06/25/2019.....	DIRECT.....		1,109,678	1,110,000		1FE.....
065606 AC 9	BANK OF THE WEST AUTO TRUST 19-1 A3.....		06/17/2019.....	DIRECT.....		1,199,928	1,200,000		1FE.....
12596W AD 6	CSAIL COMMERCIAL MORTGAGE TRUS 19-C16 AS.....		06/18/2019.....	DIRECT.....		2,059,996	2,000,000	4,539	1FE.....
25746U DB 2	DOMINION ENERGY INC.....		06/24/2019.....	DIRECT.....		526,132	526,000	1,227	2FE.....
36257H BQ 8	GS MORTGAGE SECURITIES TRUST 19-GC40 AAB.....		06/26/2019.....	DIRECT.....		2,059,992	2,000,000	676	1FE.....
46849L TK 7	JACKSON NATL LIFE GLOBAL.....		06/17/2019.....	DIRECT.....		1,497,075	1,500,000		1FE.....
89231X AA 9	TOYOTA AUTO LOAN EXTENDED NOTE 19-1A A.....		06/10/2019.....	DIRECT.....		549,816	550,000		1FE.....
92277G AT 4	VENTAS REALTY LP.....		06/24/2019.....	DIRECT.....		1,004,485	1,010,000		2FE.....
92349G AA 9	VERIZON OWNER TRUST 19-B A1A.....		06/04/2019.....	DIRECT.....		2,999,790	3,000,000		1FE.....
981464 HC 7	WORLD FINANCIAL NETWORK CREDIT 19-B A.....		06/19/2019.....	DIRECT.....		1,977,601	1,978,000		1FE.....
06367W MQ 3	BANK OF MONTREAL.....	A.....	06/25/2019.....	DIRECT.....		1,999,720	2,000,000		1FE.....
63254A AV 0	NATIONAL AUSTRALIA BK/NY.....	D.....	04/15/2019.....	DIRECT.....		4,972,250	5,000,000	42,795	1FE.....
892331 AF 6	TOYOTA MOTOR CORP.....	D.....	06/25/2019.....	DIRECT.....		1,510,000	1,510,000		1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					23,466,463	23,384,000	49,237	XXX.....
8399997	Total - Bonds - Part 3.....					39,984,295	39,639,268	65,248	XXX.....
8399999	Total - Bonds.....					39,984,295	39,639,268	65,248	XXX.....
9999999	Total - Bonds, Preferred and Common Stocks.....					39,984,295	XXX	65,248	XXX.....

QE04

(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					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For rei gn	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 and Admini- strative Symbol/ Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment																					
3130AB	K5 4		06/12/2019	FEDERAL HOME LOAN BANK		6,000,000	6,000,000	6,014,160	6,005,581		(5,581)		(5,581)		6,000,000			0	76,607	06/12/2019	1FE
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					6,000,000	6,000,000	6,014,160	6,005,581	0	(5,581)	0	(5,581)	0	6,000,000	0	0	0	76,607	XXX	XXX
Bonds - Industrial and Miscellaneous																					
05565E	AD 7		04/11/2019	BMW US CAPITAL LLC		5,000,000	5,000,000	4,949,250	4,986,162		13,838		13,838		5,000,000			0	37,500	04/11/2019	1FE
24422E	TJ 8		06/18/2019	JOHN DEERE CAPITAL CORP		2,739,935	2,750,000	2,710,400	2,721,736		17,089		17,089		2,738,825		1,110	1,110	23,967	10/09/2019	1FE
345397	XK 4		06/18/2019	FORD MOTOR CREDIT CO LLC		2,104,935	2,100,000	2,088,366	2,090,535		2,745		2,745		2,093,280		11,655	11,655	58,194	08/04/2020	2FE
438516	BQ 8		06/18/2019	HONEYWELL INTERNATIONAL		997,770	1,000,000	990,180	991,890		4,549		4,549		996,439		1,331	1,331	11,500	10/30/2019	1FE
94988J	5G 8		06/18/2019	WELLS FARGO BANK NA		3,495,275	3,500,000	3,467,975	3,487,244		2,885		2,885		3,490,130		5,145	5,145	40,551	12/06/2019	1FE
78012K	CB 1	A	06/18/2019	ROYAL BANK OF CANADA		499,215	500,000	497,450			732		732		498,182		1,033	1,033	3,106	03/06/2020	1FE
05252A	CS 8	D	06/18/2019	AUST & NZ BANKING GROUP		3,004,938	3,000,000	3,018,750	3,013,800		(8,792)		(8,792)		3,005,009		(71)	(71)	50,064	09/23/2019	1FE
20271R	AH 3	D	06/18/2019	COMMONWEALTH BK AUSTR NY		5,898,230	5,900,000	5,876,459	5,884,285		10,796		10,796		5,895,081		3,149	3,149	107,052	09/06/2019	1FE
3899999	Total - Bonds - Industrial and Miscellaneous					23,740,298	23,750,000	23,598,830	23,175,652	0	43,842	0	43,842	0	23,716,946	0	23,352	23,352	331,934	XXX	XXX
8399997	Total - Bonds - Part 4					29,740,298	29,750,000	29,612,990	29,181,233	0	38,261	0	38,261	0	29,716,946	0	23,352	23,352	408,541	XXX	XXX
8399999	Total - Bonds					29,740,298	29,750,000	29,612,990	29,181,233	0	38,261	0	38,261	0	29,716,946	0	23,352	23,352	408,541	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks					29,740,298	XXX	29,612,990	29,181,233	0	38,261	0	38,261	0	29,716,946	0	23,352	23,352	408,541	XXX	XXX

QE05

(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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
US Bank..... St. Paul, MI.....					(1,815,523)	(1,007,782)	(1,068,109)	XXX
US Bank..... St. Paul, MI.....					466,386	349,954	34,952	XXX
JP Morgan Chase..... Detroit, Michigan.....					3,645,526	2,830,044	5,784,157	XXX
Bank of America..... Tampa, Florida.....					2,213,486	1,052,340	1,820,170	XXX
JP Morgan Chase..... San Antonio, Texas.....					(1,976)	(4,526)	(8,652)	XXX
JP Morgan Chase..... Detroit, Michigan.....					(14,625,610)	(14,286,171)	(18,056,304)	XXX
US BANK MONEY MARKET FUND.....			121		61,012	61,133	61,250	XXX
0199999. Total Open Depositories.....	XXX	XXX	121	0	(10,056,699)	(11,005,008)	(11,432,536)	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	121	0	(10,056,699)	(11,005,008)	(11,432,536)	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	1,000	1,000	1,000	XXX
0599999. Total Cash.....	XXX	XXX	121	0	(10,055,699)	(11,004,008)	(11,431,536)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2		3	4	5	6	7	8	9
CUSIP	Description		Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations									
		ARMY AND AIR FORCE EXCHANGE SERVICE.....		06/28/2019.....	2.370	07/01/2019.....	3,000,000		593
		BELL TELEPHONE CO OF CANADA/THE.....		06/07/2019.....	2.576	09/03/2019.....	796,359		1,365
		BELL TELEPHONE CO OF CANADA.....		06/19/2019.....	2.566	09/19/2019.....	1,292,633		921
		BOEING COMPANY CP.....		06/04/2019.....	2.617	09/04/2019.....	796,244		1,560
		BUNGE ASSET FUNDING CORP.....		06/28/2019.....	2.551	07/01/2019.....	2,500,000		531
		CNPC FINANCE HK LTD.....		06/07/2019.....	2.756	07/05/2019.....	799,756		1,467
		CHESHAM FINANCE LTD.....		06/28/2019.....	2.571	07/01/2019.....	3,000,000		643
		COMCAST CORP.....		06/28/2019.....	2.505	07/29/2019.....	2,994,167		625
		CONSOLIDATED EDISON COMPANY OF NEW YORK.....		06/25/2019.....	2.554	07/16/2019.....	5,494,156		2,338
		DUKE ENERGY CORP.....		06/17/2019.....	2.535	07/15/2019.....	799,213		787
		DUKE ENERGY CORP.....		06/19/2019.....	2.556	07/24/2019.....	1,996,742		1,558
		ENI FINANCE USA INC.....		05/31/2019.....	2.691	07/26/2019.....	798,511		1,846
		ENI FINANCE USA INC.....		06/04/2019.....	2.683	08/07/2019.....	897,530		1,802
		ELECTRICITE DE FRANCE.....		06/19/2019.....	2.524	07/10/2019.....	1,499,055		1,155
		ENGIE SA.....		06/04/2019.....	2.586	08/27/2019.....	796,745		1,542
		LVMH MOET HENNESSY LOUIS VUITTON.....		06/05/2019.....	2.513	08/19/2019.....	1,494,896		2,708
		MATCHPOINT FINANCE PLC.....		06/28/2019.....	2.380	07/01/2019.....	3,000,000		595
		NISSAN MOTOR ACCEPTANCE CORP.....		06/04/2019.....	2.679	07/19/2019.....	798,932		1,602
		SWEDBANK AB.....		06/13/2019.....	2.404	07/08/2019.....	741,654		890
		TORONTO-DOMINION BANK/THE.....		06/25/2019.....	2.303	09/23/2019.....	2,983,970		1,145
		UNITEDHEALTH GROUP INC.....		06/13/2019.....	2.537	07/23/2019.....	624,034		791
		VW CREDIT INC.....		06/04/2019.....	2.698	09/04/2019.....	796,129		1,608
		WALGREENS BOOTS ALLIANCE INC.....		06/05/2019.....	2.647	07/12/2019.....	799,355		1,525
		WALGREENS BOOTS ALLIANCE INC.....		06/25/2019.....	2.565	07/23/2019.....	4,393,116		1,877
3299999		Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations.....					43,093,197	0	31,474
3899999		Total - Industrial & Miscellaneous (Unaffiliated).....					43,093,197	0	31,474
Total Bonds									
7799999		Subtotals - Issuer Obligations.....					43,093,197	0	31,474
8399999		Subtotals - Bonds.....					43,093,197	0	31,474
All Other Money Market Mutual Funds									
09248U	70	0	BLACKROCK LIQ FDS FED FUND-IN.....			06/14/2019.....	32,944	.62	
25160K	20	7	DWS GOVT MMKT SER-INST.....			06/14/2019.....	348,453	.674	
31607A	70	3	FIDELITY GOVERNMENT INST MONEY MARKET.....			06/14/2019.....	33,519,414	48,447	
316175	10	8	FIDELITY GOVERNMENT PORT-I.....			06/14/2019.....	6,955	.13	
31846V	20	3	FIRST AMERICAN GOV OBLIG - Y.....			06/14/2019.....	1,042,224	1,699	
31846V	56	7	FIRST AMERICAN GOV OBLIG-Z.....			06/14/2019.....	17,243	.32	
40428X	10	7	HSBC US GOVT MMKT-I.....			06/14/2019.....	7,202,829	25,980	
4812C0	67	0	JPMORGAN U.S. GOVT MONEY MARKET.....			06/14/2019.....	18,438	.34	
608919	71	8	FEDERATED GOVT OBLI FD-PRM.....			06/14/2019.....	45,899	.83	
61747C	70	7	MSILF GOVERNMENT PORT-INST.....			06/14/2019.....	73,379	136	
825252	88	5	STIT GOVT & AGENCY-INST.....			06/14/2019.....	31,181	.58	
857492	70	6	STATE ST INST US GOV MM-PREM.....			06/14/2019.....	30,058,521	57,180	
8AMMF0	AR	2	US BANK MONEY MARKET IT&C 7.....			06/14/2019.....	37,567,378	80,764	

QE13

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
90262Y 74 5	UBS SELECT GOVT PREF-A.....		06/14/2019.....			2,109,333	7,247	
949921 12 6	WELLS FARGO GOVT MM FUND SELECT 3802.....		06/14/2019.....			17,214,713	26,974	
86999999	Total - All Other Money Market Mutual Funds.....					129,288,904	249,383	0
88999999	Total - Cash Equivalents.....					172,382,101	249,383	31,474

QE13.1