



# HEALTH QUARTERLY STATEMENT

As of June 30, 2020  
of the Condition and Affairs of the

## Molina Healthcare of Michigan, Inc.

NAIC Group Code..... 1531, 1531 (Current Period) (Prior Period) NAIC Company Code..... 52630 Employer's ID Number..... 38-3341599

Organized under the Laws of MI State of Domicile or Port of Entry MI Country of Domicile US

Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [ X ]

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

Statutory Home Office 880 W. Long Lake Rd., Suite 600 .. Troy .. MI .. US .. 48098-4504  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 880 W. Long Lake Rd., Suite 600 .. Troy .. MI .. US .. 48098-4504 248-925-1700  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 880 W. Long Lake Rd., Suite 600 .. Troy .. MI .. US .. 48098-4504  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 880 W. Long Lake Rd., Suite 600 .. Troy .. MI .. US .. 48098-4504 248-925-1700  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta 614-392-3818  
(Name) (Area Code) (Telephone Number) (Extension)  
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(E-Mail Address) (Fax Number)

### OFFICERS

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

### OTHER

### DIRECTORS OR TRUSTEES

Christine Margaret Surdock	Matthew Carter Schueren	Scott Robert Johnson	Amy Margaret Conn
Joanne Carol Smith	Marissa Ann Morgan		

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

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

<u>/s/ Christine Margaret Surdock</u> (Signature) Christine Margaret Surdock 1. (Printed Name) President (Title)	<u>/s/ Josephine Ida Piraneo</u> (Signature) Josephine Ida Piraneo 2. (Printed Name) Chief Financial Officer (Title)	<u>/s/ Jeffrey Don Barlow</u> (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.....	176,736,615		176,736,615	149,707,651
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 (\$....4,430,800), cash equivalents (\$....225,011,781) and short-term investments (\$....26,789,280).....	256,231,861		256,231,861	188,945,600
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	
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).....	432,968,476	.0	432,968,476	338,653,251
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	862,097		862,097	1,003,267
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	99,766,638		99,766,638	67,681,832
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 (\$....954,274) and contracts subject to redetermination (\$....14,555,524).....	15,509,798		15,509,798	16,856,098
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,295		1,295	138,274
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.....	627,705		627,705	4,303,709
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	1,437,668
18.2 Net deferred tax asset.....	14,658,140	5,589,350	9,068,790	7,788,185
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....	30,588	30,588	.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,615,262	2,615,262	.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 (\$....15,117,963) and other amounts receivable.....	44,335,156	29,217,193	15,117,963	14,206,654
25. Aggregate write-ins for other than invested assets.....	31,723,828	8,375,410	23,348,418	18,405,851
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	643,098,983	45,827,803	597,271,180	470,474,789
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	643,098,983	45,827,803	597,271,180	470,474,789

### 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.....	359,480	359,480	.0	
2502. Goodwill and intangible assets.....	31,364,348	8,015,930	23,348,418	18,405,851
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).....	31,723,828	8,375,410	23,348,418	18,405,851

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	160,008,141	214,483	160,222,624	151,461,352
2. Accrued medical incentive pool and bonus amounts.....	10,816,235		10,816,235	9,811,616
3. Unpaid claims adjustment expenses.....	2,674,465	4,018	2,678,483	2,338,124
4. Aggregate health policy reserves, including the liability of \$.....1,843,794 for medical loss ratio rebate per the Public Health Service Act.....	12,011,751		12,011,751	2,959,483
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	858,550		858,550	993,164
9. General expenses due or accrued.....	76,103,265		76,103,265	44,327,035
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	27,606,852		27,606,852	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....	4,597		4,597	526
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.....	15,908,382		15,908,382	6,430,368
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.....	996,064		996,064	24,600,853
23. Aggregate write-ins for other liabilities (including \$.....24,162,988 current).....	24,162,988	.0	24,162,988	17,299,725
24. Total liabilities (Lines 1 to 23).....	331,151,290	218,501	331,369,791	260,222,246
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	.0	32,500,000
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	183,337,418	95,188,572
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	265,901,389	210,252,543
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	597,271,180	470,474,789

### DETAILS OF WRITE-INS

2301. Amounts due to government agencies.....	24,162,988		24,162,988	17,299,725
2302. ....			.0	
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).....	24,162,988	.0	24,162,988	17,299,725
2501. 2020 health insurer fee accrual estimate.....	XXX	XXX		32,500,000
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	.0	32,500,000
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	2,214,075	2,198,927	4,382,652
2. Net premium income (including \$.....0 non-health premium income).....	XXX	891,522,199	852,141,848	1,693,115,421
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(533,655)	501,383	(571,619)
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	890,988,544	852,643,231	1,692,543,802
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		402,558,812	410,115,057	815,792,374
10. Other professional services.....		16,840,871	17,018,382	33,709,762
11. Outside referrals.....	918,971	30,455,080	28,216,647	55,176,245
12. Emergency room and out-of-area.....		67,800,010	79,742,193	162,347,424
13. Prescription drugs.....		96,701,021	100,449,632	194,588,869
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		7,774,462	7,736,608	17,353,265
16. Subtotal (Lines 9 to 15).....	918,971	622,130,256	643,278,519	1,278,967,939
<b>Less:</b>				
17. Net reinsurance recoveries.....		786,294	140,385	(134,490)
18. Total hospital and medical (Lines 16 minus 17).....	918,971	621,343,962	643,138,134	1,279,102,429
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....24,279,516 cost containment expenses.....		26,659,481	27,147,277	57,446,759
21. General administrative expenses.....		142,556,027	105,950,667	216,556,917
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).....	918,971	790,559,470	776,236,078	1,553,106,105
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	100,429,074	76,407,153	139,437,697
25. Net investment income earned.....		2,967,949	4,976,402	9,395,053
26. Net realized capital gains (losses) less capital gains tax of \$.....190,236.....		715,646	30,585	1,231,040
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	3,683,595	5,006,987	10,626,093
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	53	0	19,600
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	104,112,722	81,414,140	150,083,390
31. Federal and foreign income taxes incurred.....	XXX	28,854,285	17,942,628	32,477,231
32. Net income (loss) (Lines 30 minus 31).....	XXX	75,258,437	63,471,512	117,606,159

### 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.....		53		19,600
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	53	0	19,600

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

<b>CAPITAL AND SURPLUS ACCOUNT</b>	<b>1</b> Current Year to Date	<b>2</b> Prior Year To Date	<b>3</b> Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	210,252,543	237,187,171	237,187,171
34. Net income or (loss) from Line 32.....	75,258,437	63,471,512	117,606,159
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$..... 19,388.....	(72,938)		
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	(343,774)	(1,046,681)	521,585
39. Change in nonadmitted assets.....	6,807,120	10,111,947	4,937,628
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.....	(26,000,000)	(60,000,000)	(150,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	55,648,846	12,536,779	(26,934,628)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	265,901,389	249,723,950	210,252,543

**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
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	876,030,955	896,249,076	1,706,314,162
2. Net investment income.....	3,430,955	4,793,292	9,553,819
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	879,461,910	901,042,368	1,715,867,981
5. Benefit and loss related payments.....	617,047,437	648,950,529	1,304,849,147
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	151,723,952	119,247,180	236,854,583
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$..... 190,236 tax on capital gains (losses).....		20,166,001	35,647,000
10. Total (Lines 5 through 9).....	768,771,389	788,363,710	1,577,350,730
11. Net cash from operations (Line 4 minus Line 10).....	110,690,521	112,678,658	138,517,251
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	36,911,311	120,027,388	166,798,119
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.....	23	15,322	56,943
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	36,911,334	120,042,710	166,855,062
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	63,448,579	128,764,000	232,547,794
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....		7,500,000	
13.7 Total investments acquired (Lines 13.1 to 13.6).....	63,448,579	136,264,000	232,547,794
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).....	(26,537,245)	(16,221,290)	(65,692,732)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
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.....	26,000,000	60,000,000	150,000,000
16.6 Other cash provided (applied).....	9,132,984	1,320,711	1,875,411
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(16,867,016)	(58,679,289)	(148,124,589)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	67,286,261	37,778,079	(75,300,070)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	188,945,600	264,245,670	264,245,670
19.2 End of period (Line 18 plus Line 19.1).....	256,231,861	302,023,749	188,945,600

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							
<b>Total Members at End of:</b>										
1. Prior Year.....	362,421	5,165						24,081	333,175	
2. First Quarter.....	367,144	10,237						24,817	332,090	
3. Second Quarter.....	376,829	9,840						25,329	341,660	
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	2,214,075	60,091						148,837	2,005,147	
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	942,692	19,010						153,796	769,886	
8. Non-Physician.....	1,289,276	17,815						283,132	988,329	
9. Total.....	2,231,968	36,825	0	0	0	0	0	436,928	1,758,215	0
10. Hospital Patient Days Incurred.....	103,721	939						34,384	68,398	
11. Number of Inpatient Admissions.....	18,461	169						4,268	14,024	
12. Health Premiums Written (a).....	891,972,803	18,793,535						250,114,233	623,065,035	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	891,439,148	17,897,858						250,476,255	623,065,035	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	611,002,423	11,098,613						174,917,512	424,986,298	
18. Amount Incurred for Provision of Health Care Services.....	622,130,256	11,764,137						176,912,553	433,453,566	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....250,114,233.

## 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
<b>Claims Unpaid (Reported)</b>						
CVS Caremark.....	14,471,055					14,471,055
0199999. Individually Listed Claims Unpaid.....	14,471,055	0	0	0	0	14,471,055
0399999. Aggregate Accounts Not Individually Listed-Covered.....	723,757	408,175	413,364	409,251	808,659	2,763,206
0499999. Subtotals.....	15,194,812	408,175	413,364	409,251	808,659	17,234,261
0599999. Unreported Claims and Other Claim Reserves.....						142,988,363
0799999. Total Claims Unpaid.....						160,222,624
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						10,816,235



## 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).....	1,137,616	9,960,997	47,613	2,427,080	1,185,229	1,694,078
2. Medicare Supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal Employees Health Benefits Plan.....					.0	
6. Title XVIII - Medicare.....	29,671,951	113,679,350	2,658,062	43,219,891	32,330,013	49,107,824
7. Title XIX - Medicaid.....	96,255,738	359,510,478	12,642,364	99,227,614	108,898,102	100,659,450
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	127,065,305	483,150,825	15,348,039	144,874,585	142,413,344	151,461,352
10. Healthcare receivables (a).....	10,831,823	30,611,575		2,287,700	10,831,823	38,323,197
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	5,011,328	1,758,514	4,038,342	6,777,893	9,049,670	9,811,616
13. Totals (Lines 9-10+11+12).....	121,244,810	454,297,764	19,386,381	149,364,778	140,631,191	122,949,771

609

(a) Excludes \$.....604,058 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, 2019. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2019 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, or the Parent). 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 #	2020	2019
<b>NET INCOME</b>					
(1) Molina Healthcare of Michigan, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 75,258,437	\$ 117,606,159
(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	\$ 75,258,437	\$ 117,606,159
<b>SURPLUS</b>					
(5) Molina Healthcare of Michigan, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 265,901,389	\$ 210,252,543
(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	\$ 265,901,389	\$ 210,252,543

B. Use of Estimates in the Preparation of the Financial Statement: 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**

None.

**Note 4 – Discontinued Operations**

None.

**Note 5 – Investments**

A. – C. None.

**D. Loan-Backed Securities**

As of June 30, 2020, 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 for mortgage-backed securities, collateralized mortgage obligations and other structure securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonally), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and model is calibrated to reflect actual experience, market factors and view point.

(2), (3) Recognized other-than-temporary impairment (OTTI) securities: None.

**NOTES TO FINANCIAL STATEMENTS**

- (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	\$	432,848
	2. 12 Months or Longer	\$	
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	21,040,869
	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, 2020.

- 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. Low-Income Housing Tax Credits (LIHTC): None.
- L. Restricted Assets: No significant change.
- M. - P. None.
- Q. Prepayment Penalty and Acceleration Fees: No significant change.

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

None.

**Note 7 – Investment Income**

None.

**Note 8 – Derivative Instruments**

A. – B. 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 ordinary dividends in cash amounting to \$26.0 million on May 26, 2020.
- 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, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

- (1) – (3) No significant changes.

**NOTES TO FINANCIAL STATEMENTS**

- (4) The Plan paid Molina ordinary dividends in cash amounting to \$26.0 million on May 26, 2020.
- (5) – (8) No significant changes.
- (9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2019 represented the Plan's estimated health insurer fee for 2020. Due to the repeal of the health insurer fee for calendar years 2021 and beyond, the Plan did not reclassify amounts to special surplus at June 30, 2020.
- (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 2020:

	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	\$	\$ 458,928	\$ 458,928
b. Total net other income or expenses (including interest paid to or receive from plans)			
c. Net gain or (loss) from operations		458,928	458,928
d. Total claim payment volume	\$	\$ 239,008,082	\$ 239,008,082

- 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					
Industrial & Miscellaneous	\$	\$ 401,375	\$	\$	\$ 401,375
Other money market mutual fund	\$	\$	\$	\$ 190,820,899	\$ 190,820,899
Total	\$	\$ 401,375	\$	\$ 190,820,899	\$ 191,222,274
Liabilities at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

- (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: None.
- (5) Derivative Assets and Liabilities: None.
- B. Fair Value Reporting under Statement of Statutory Accounting Principles No. 100, *Fair Value Measurements*, 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

**NOTES TO FINANCIAL STATEMENTS**

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, 2020 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)
Special Revenue & Special Assessments	\$ 32,615,303	\$ 32,354,572	\$	\$ 32,615,303	\$	\$	\$
Industrial & Miscellaneous	\$ 209,207,816	\$ 205,362,205	\$	\$ 209,207,816	\$	\$	\$
Open Depositories	\$ 4,430,800	\$ 4,430,800	\$ 4,430,800	\$ -	\$	\$	\$
Other Money Market Mutual Funds	\$ 190,820,899	\$ 190,820,899	\$	\$ -	\$	\$ 190,820,899	\$
<b>Total Financial Instruments</b>	<b>\$ 437,074,818</b>	<b>\$ 432,968,476</b>	<b>\$ 4,430,800</b>	<b>\$ 241,823,119</b>	<b>\$</b>	<b>\$ 190,820,899</b>	<b>\$</b>

D. Not Practicable to Estimate Fair Value: None.

E. NAV Practical Expedient Investments: None.

**Note 21 – Other Items**

A. - B. No significant change.

C. Other Disclosures and Unusual Items:

As the COVID-19 pandemic continues to evolve, its ultimate impact to the Plan's business, results of operations, financial condition and cash flows is uncertain and difficult to predict. The Plan continues to monitor and assess the estimated operating and financial impact of the COVID-19 pandemic, and as the pandemic evolves, the Plan continues to process, assemble, and assess utilization information. The Plan believes that its cash flow generated from operations will be sufficient to withstand the financial impact of the pandemic, and will enable it to continue to support operations, regulatory requirements, and capital expenditures for the foreseeable future.

On April 27, 2020, the United States Supreme Court issued its opinion in *Maine Community Health Options v. United States*. The Supreme Court held that §1342 of the Affordable Care Act obligated the federal government to pay participating insurers the full Marketplace risk corridor amounts calculated by that statute, that such payment obligations survived Congress' appropriations riders, and that impacted insurers may sue the federal government in the U.S. Court of Federal Claims to recover damages for breach of that obligation. On June 18, 2020, the Claims Court granted the Parent judgment in the amount of \$128.1 million for its consolidated 2014, 2015, and 2016 Marketplace risk corridor claims. This favorable judgment does not create additional minimum MLR rebates. The Parent had not recognized the judgment as of June 30, 2020, because the timing of collection of the judgment award is uncertain. Refer to Note 24E(5).

D. - H. No significant changes.

**Note 22 – Events Subsequent**

Subsequent events were considered through August 13, 2020, 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
<b>Assets</b>	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$
<b>Liabilities</b>	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 21,848
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 4,902,845
<b>Operations (Revenue &amp; Expenses)</b>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (5,799,307)
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (10,820)
<b>b. Transitional ACA Reinsurance Program</b>	<b>AMOUNT</b>
<b>Assets</b>	
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	\$
<b>Liabilities</b>	
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	\$

## NOTES TO FINANCIAL STATEMENTS

<b>b. Transitional ACA Reinsurance Program</b>		<b>AMOUNT</b>
<b>Operations (Revenue &amp; Expenses)</b>		
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		\$
<b>c. Temporary ACA Risk Corridors Program</b>		<b>AMOUNT</b>
<b>Assets</b>		
1. Accrued retrospective premium due to ACA Risk Corridors		\$
<b>Liabilities</b>		
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$
<b>Operations (Revenue &amp; Expenses)</b>		
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 to Date 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)	
<b>a. Permanent ACA Risk Adjustment Program</b>											
1. Premium adjustments receivable (including high risk pool payments)	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Premium adjustments payable (including high risk pool premium)		(559,773)				(559,773)		(896,462)	B		(1,456,235)
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$ (559,773)	\$	\$	\$	\$ (559,773)	\$	\$ (896,462)		\$	\$ (1,456,235)
<b>b. Transitional ACA Reinsurance Program</b>											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	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	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
<b>c. Temporary ACA Risk Corridors Program</b>											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
<b>d. Total for ACA Risk Sharing Provisions</b>	\$	\$ (559,773)	\$	\$	\$	\$ (559,773)	\$	\$ (896,462)		\$	\$ (1,456,235)

**Explanations of Adjustments**

B. Adjustments are changes in estimates based on additional information since December 31, 2019.

(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 the periods from 2014 to 2016.

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

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## NOTES TO FINANCIAL STATEMENTS

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**A. Change in Incurred Losses and Loss Adjustment Expenses**

The change in prior year estimated claims reserves represents unfavorable 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 6/30/2020
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 163,611,092
Add provision for claims, net of reinsurance:	
Current year	616,812,169
Prior years	4,531,793
Net incurred claims during the current year	621,343,962
Deduct paid claims, net of reinsurance:	
Current year	489,982,132
Prior years	127,065,305
Net paid claims during the current year	617,047,437
Change in claims adjustment expenses	340,359
Change in health care receivables	5,606,345
Change in amounts due from reinsurers	(136,979)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 173,717,342

**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 2020.

**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 [X] No [ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
Blitz IL MergeSub, Inc. and Molina Holdings Corporation have been removed from the organizational chart.

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. 12/31/2018

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. 12/31/2018

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). 06/19/2020

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 [X] No [ ]

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

On May 7, 2020, the Board of Directors (the Board) of Molina Healthcare, Inc. (Molina), amended Molina's Code of Business Conduct and Ethics (the Code) in order to update the Code consistent with currently prevailing best practices. The following is a summary of the updates and amendments to the Code: (1) An introductory message was added from Molina's chief executive officer, Joe Zubretsky. (2) the Code was reorganized by topic. (3) the Code now includes a statement of Molina's newly adopted mission statement, vision, and values. (4) the Code's scope was expanded to make clear it covers subcontractors, vendors, and other stakeholders. (5) certain sections of the Code were revised to reinforce the duty to report any



## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

perceived misconduct, and (6) language was added to address, among other things: (i) fraud, waste, and abuse, with clear mention of whistleblower protections, (ii) clear reporting protocols for both privacy and cybersecurity concerns, (iii) interacting with the media, (iv) compliance with antitrust laws, anti-money laundering laws, and the Foreign Corrupt Practices Act, (v) social media expectations, and (vi) facilities, environment, health and safety, such as not allowing firearms on the premises. The above is intended only as a summary of certain of the amendments to the Code approved by the Board. Employees, subcontractors, vendors, stakeholders, and other interested parties should read the amended Code in its entirety.

- 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).

#### 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 [ ] N/A [X]
- 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
U.S. Bank Institutional Trust & Custody	555 SW Oak Street 6th Flr, PD-OR-P6TD Portland, OR 97204

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
DWS	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 invested 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 invested 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	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

Number				Management Agreement (IMA) Filed
104518	DWS	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  ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The security was purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes  ] No  ]

## GENERAL INTERROGATORIES (continued)

### PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent .....		72.5 %
1.2 A&H cost containment percent .....		2.7 %
1.3 A&H expense percent excluding cost containment expenses .....		16.3 %
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 of 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 Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
------------------------------	----------------	---------------------	------------------------	----------------------------------	-----------------------------------	-----------------------------	------------------------	--	--

**NONE**

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	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	18,793,535	250,114,233	623,065,035				891,972,803	
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		18,793,535	250,114,233	623,065,035	0	0	0	891,972,803	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....XXX		18,793,535	250,114,233	623,065,035	0	0	0	891,972,803	0

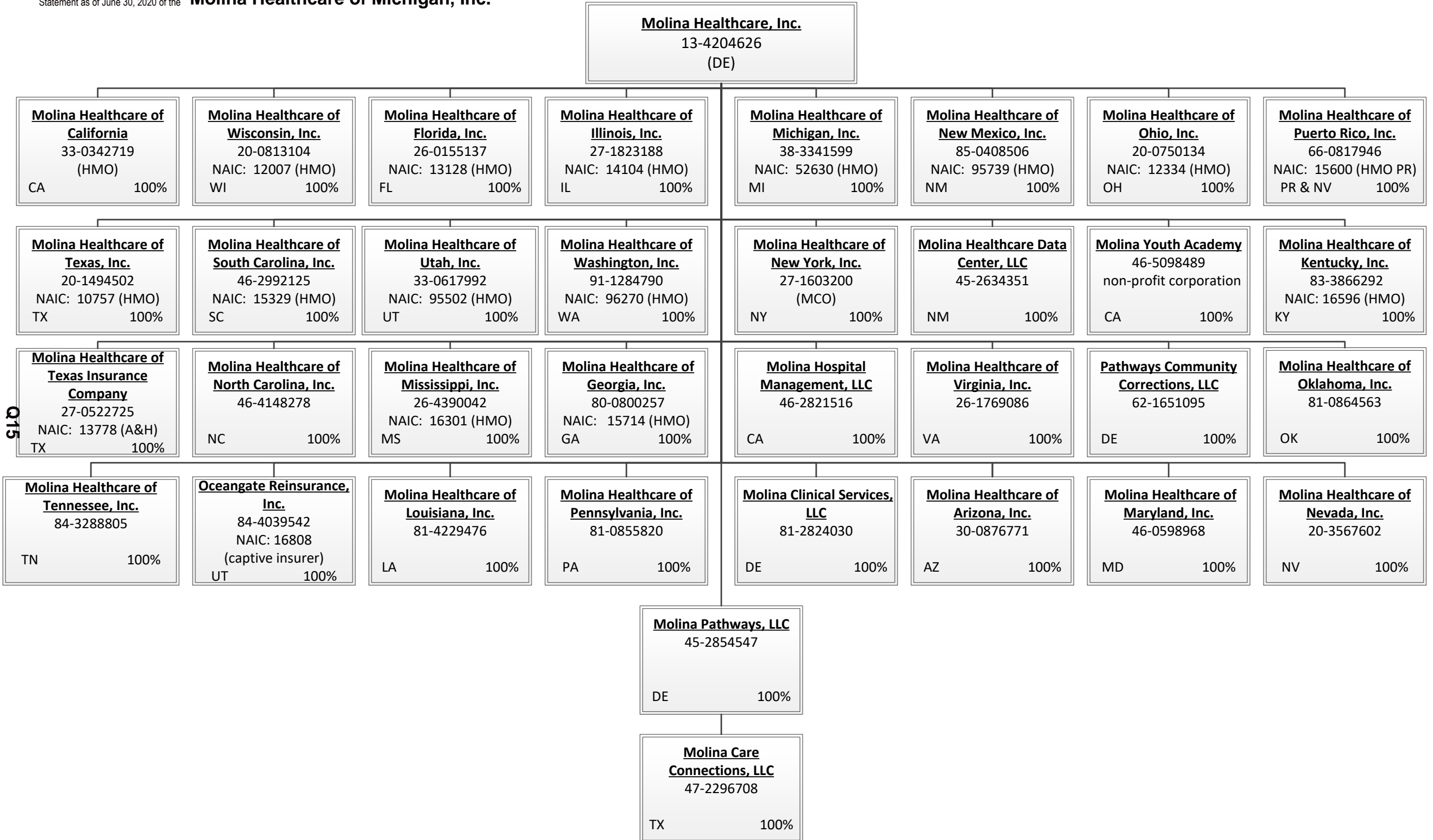
**DETAILS OF WRITE-INS**

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.**



Q15

## 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)	*
<b>Members</b>															
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.....	13128...	26-0155137..				Molina Healthcare of Florida, Inc.....	FL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	15714...	80-0800257..				Molina Healthcare of Georgia, Inc.....	GA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	14104...	27-1823188..				Molina Healthcare of Illinois, Inc.....	IL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	16596...	83-3866292..				Molina Healthcare of Kentucky, Inc.....	KY.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	81-4229476..				Molina Healthcare of Louisiana, Inc.....	LA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	46-0598968..				Molina Healthcare of Maryland, Inc.....	MD.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	52630...	38-3341599..				Molina Healthcare of Michigan, Inc.....	MI.....	RE.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	16301...	26-4390042..				Molina Healthcare of Mississippi, Inc.....	MS.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	20-3567602..				Molina Healthcare of Nevada, Inc.....	NV.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	95739...	85-0408506..				Molina Healthcare of New Mexico, Inc.....	NM.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	27-1603200..				Molina Healthcare of New York, Inc.....	NY.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	46-4148278..				Molina Healthcare of North Carolina, Inc.....	NC.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	12334...	20-0750134..				Molina Healthcare of Ohio, Inc.....	OH.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	81-0864563..				Molina Healthcare of Oklahoma, Inc.....	OK.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	81-0855820..				Molina Healthcare of Pennsylvania, Inc.....	PA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	15600...	66-0817946..				Molina Healthcare of Puerto Rico, Inc.....	PR.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	15329...	46-2992125..				Molina Healthcare of South Carolina, Inc.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	84-3288805..				Molina Healthcare of Tennessee, Inc.....	TN.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	10757...	20-1494502..				Molina Healthcare of Texas, Inc.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	13778...	27-0522725..				Molina Healthcare of Texas Insurance Company.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	95502...	33-0617992..				Molina Healthcare of Utah, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	26-1769086..				Molina Healthcare of Virginia, Inc.....	VA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	96270...	91-1284790..				Molina Healthcare of Washington, Inc.....	WA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	12007...	20-0813104..				Molina Healthcare of Wisconsin, Inc.....	WI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	46-2821516..				Molina Hospital Management, LLC.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	45-2854547..				Molina Pathways, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	47-2296708..				Molina Care Connections, LLC.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	

Q16

## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
1531..	Molina Healthcare, Inc.....	00000...	46-5098489..	.....	.....	.....	Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	.....100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531..	Molina Healthcare, Inc.....	16808...	84-4039542..	.....	.....	.....	Oceangate Reinsurance, Inc.....	UT.....	IA.....	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.....	.....

Q16.1



## 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, 2020 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

**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

**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

**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.....	149,707,649	82,447,227
2. Cost of bonds and stocks acquired.....	63,448,579	232,547,794
3. Accrual of discount.....	23,301	278,726
4. Unrealized valuation increase (decrease).....	(92,326)	
5. Total gain (loss) on disposals.....	905,859	1,502,427
6. Deduct consideration for bonds and stocks disposed of.....	37,005,076	166,802,119
7. Deduct amortization of premium.....	345,138	270,406
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.....	93,765	4,000
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	176,736,615	149,707,649
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	176,736,615	149,707,649

### 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
<b>BONDS</b>								
1. NAIC 1 (a).....	194,230,273	100,188,161	98,991,829	11,309,336	194,230,273	206,735,941		223,546,238
2. NAIC 2 (a).....	37,990,526			(7,411,067)	37,990,526	30,579,459		24,750,923
3. NAIC 3 (a).....	236,761			164,614	236,761	401,375		
4. NAIC 4 (a).....	3,993,363			(3,993,363)	3,993,363	0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	236,450,923	100,188,161	98,991,829	69,520	236,450,923	237,716,775	0	248,297,161
<b>PREFERRED STOCK</b>								
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.....	236,450,923	100,188,161	98,991,829	69,520	236,450,923	237,716,775	0	248,297,161

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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 \$.....60,980,161; NAIC 2 \$.....0; 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.....	26,789,280	XXX.....	26,796,231	94,796	59,958

## 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.....	59,528,832	186,533,738
2. Cost of short-term investments acquired.....	34,702,766	122,965,575
3. Accrual of discount.....	197,834	1,885,136
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		56,875
6. Deduct consideration received on disposals.....	67,613,000	251,725,718
7. Deduct amortization of premium.....	27,152	186,774
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).....	26,789,280	59,528,832
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	26,789,280	59,528,832

**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.....	77,882,338	42,740,310
2. Cost of cash equivalents acquired.....	944,314,488	2,397,484,496
3. Accrual of discount.....	235,047	433,223
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	.23	.68
6. Deduct consideration received on disposals.....	797,419,036	2,362,655,740
7. Deduct amortization of premium.....	1,079	120,019
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).....	225,011,781	77,882,338
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	225,011,781	77,882,338

**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
<b>Bonds - U.S. Special Revenue and Special Assessment</b>									
3140J9 UF 6	UMBS - POOL BM5081.....		03/11/2020.....	DIRECT.....		(32,066)	(29,541)	(46)	1FE.....
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					(32,066)	(29,541)	(46)	XXX.....
8399997	Total - Bonds - Part 3.....					(32,066)	(29,541)	(46)	XXX.....
8399999	Total - Bonds.....					(32,066)	(29,541)	(46)	XXX.....
9999999	Total - Bonds, Preferred and Common Stocks.....					(32,066)	XXX	(46)	XXX.....

QE04

### 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	F o r e i g n	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 Administrative Symbol
<b>Bonds - U.S. Special Revenue and Special Assessment</b>																					
31307N	TV 6		06/01/2020	FHLMC POOL J32364		178,036	178,036	181,179			(222)		(222)		178,036			.0	1,489	11/01/2028	1FE
3136AB	VF 7		06/01/2020	FANNIE MAE 13 12A		340,777	340,777	339,392			169		169		340,777			.0	1,590	11/25/2041	1FE
3138EB	Y9 0		06/01/2020	UMBS - POOL AK7035		124,149	124,149	130,405	124,460		(310)		(310)		124,149			.0	1,878	05/01/2042	1FE
3138ER	NX 4		06/01/2020	UMBS - POOL AL9405		188,265	188,265	197,995	188,965		(700)		(700)		188,265			.0	2,812	06/01/2044	1FE
3140J9	MA 6		06/01/2020	UMBS - POOL BM4852		69,805	69,805	74,222	70,043		(238)		(238)		69,805			.0	1,185	07/01/2044	1FE
3140J9	PE 5		06/01/2020	UMBS - POOL BM4920		141,569	141,569	158,070			(301)		(301)		141,569			.0	1,017	10/01/2038	1FE
3140J9	UF 6		06/01/2020	UMBS - POOL BM5081		77,799	77,799	84,449			(98)		(98)		77,799			.0	380	11/01/2048	1FE
3140JA	JP 4		06/01/2020	UMBS - POOL BM5669		142,406	142,406	159,005			(162)		(162)		142,406			.0	1,228	03/01/2039	1FE
3140Q9	6F 5		06/01/2020	UMBS - POOL CA2669		123,048	123,048	137,391			(228)		(228)		123,048			.0	895	11/01/2038	1FE
31410L	WR 9		06/01/2020	UMBS - POOL 890856		92,515	92,515	97,235	92,695		(180)		(180)		92,515			.0	1,393	01/01/2047	1FE
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					1,478,369	1,478,369	1,559,343	476,163	.0	(2,270)	.0	(2,270)	.0	1,478,369	.0	.0	.0	13,867	XXX	XXX
<b>Bonds - Industrial and Miscellaneous</b>																					
14310M	AW 7		04/17/2020	CARLYLE GLOBAL MARKET STRATEGI 14-1A A1R		3,783	3,783	3,747	3,778		5		5		3,783			.0	.56	04/17/2031	1FE
AN8231	94 5	D	05/12/2020	UBS AG LONDON		2,000,000	2,000,000	1,964,820	1,992,012		6,665		6,665		1,998,677		1,323	1,323	18,333	06/08/2020	1FE
3899999	Total - Bonds - Industrial and Miscellaneous					2,003,783	2,003,783	1,968,567	1,995,790	.0	6,670	.0	6,670	.0	2,002,460	.0	1,323	1,323	18,389	XXX	XXX
8399997	Total - Bonds - Part 4					3,482,152	3,482,152	3,527,910	2,471,953	.0	4,400	.0	4,400	.0	3,480,829	.0	1,323	1,323	32,256	XXX	XXX
8399999	Total - Bonds					3,482,152	3,482,152	3,527,910	2,471,953	.0	4,400	.0	4,400	.0	3,480,829	.0	1,323	1,323	32,256	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks					3,482,152	XXX	3,527,910	2,471,953	.0	4,400	.0	4,400	.0	3,480,829	.0	1,323	1,323	32,256	XXX	XXX

QE05

**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. DB - Pt. E**  
**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	
<b>Open Depositories</b>								
US Bank..... St. Paul, MI.....					(1,666,910)	(5,212,434)	(1,750,265)	XXX
US Bank..... St. Paul, MI.....					256,835	216,601	218,177	XXX
JP Morgan Chase..... Detroit, Michigan.....					2,628,639	3,188,320	3,275,089	XXX
Bank of America..... Tampa, Florida.....					532,349	1,422,326	2,390,360	XXX
JP Morgan Chase..... San Antonio, Texas.....					(1,031)	(55)	(3,076)	XXX
JP Morgan Chase..... Detroit, Michigan.....					(13,546,732)	(11,748,763)	(13,913,541)	XXX
BANK OF AMERICA CORP.....		1.984	1,115	661	250,000	250,000	250,000	XXX
US BANK MONEY MARKET FUND.....			1,047		2,326,515	3,226,678	13,626,957	XXX
SUNTRUST BK MMF.....			102		336,027	336,072	336,099	XXX
0199999. Total Open Depositories.....	XXX	XXX	2,264	661	(8,884,309)	(8,321,255)	4,429,800	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	2,264	661	(8,884,309)	(8,321,255)	4,429,800	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	1,000	1,000	1,000	XXX
0599999. Total Cash.....	XXX	XXX	2,264	661	(8,883,309)	(8,320,255)	4,430,800	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
<b>Bonds - Industrial &amp; Miscellaneous (Unaffiliated) - Issuer Obligations</b>								
	BANCO DEL ESTADO DE CHILE/NEW YORK.....		05/26/2020.....	0.380	08/24/2020.....	4,797,264		1,824
	BENNINGTON STARK CAPITAL CO.....		06/03/2020.....	0.200	07/14/2020.....	1,999,856		311
	DCAT LLC.....		05/07/2020.....	0.521	07/30/2020.....	2,998,743		2,383
	DUKE ENERGY CORP.....		06/25/2020.....	0.240	08/06/2020.....	2,953,291		118
	GLENCOVE FUNDING LLC.....		06/03/2020.....	0.200	07/17/2020.....	1,999,822		311
	LA FAYETTE ASSET SECURITIZATION.....		04/20/2020.....	1.002	07/10/2020.....	1,324,669		2,650
	LANDESBANK HESSEN THURINGEN.....		05/08/2020.....	0.270	07/24/2020.....	3,489,398		1,413
	LONGSHIP FUNDING DAC.....		06/03/2020.....	0.170	07/20/2020.....	1,499,865		198
	LVMH MOET HENNESSY LOUIS VUITTON.....		05/07/2020.....	0.370	07/06/2020.....	2,799,856		1,583
	MONT BLANC CAPITAL CORP.....		05/19/2020.....	0.280	08/14/2020.....	2,799,042		936
	PORT AUTHORITY OF NEW YORK & NEW JERSEY.....		04/20/2020.....		07/09/2020.....	4,530,000		
	BARTON CAPITAL CORP.....		05/13/2020.....	0.300	08/07/2020.....	2,999,075		1,225
3299999	Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations.....					34,190,881	0	12,952
3899999	Total - Industrial & Miscellaneous (Unaffiliated).....					34,190,881	0	12,952
<b>Total Bonds</b>								
7699999	Subtotals - Issuer Obligations.....					34,190,881	0	12,952
8399999	Subtotals - Bonds.....					34,190,881	0	12,952
<b>All Other Money Market Mutual Funds</b>								
25160K	20 7 DWS GOVT MMKT SER-INST.....		05/29/2020.....				241	6
31607A	70 3 FIDELITY GOVERNMENT INST MONEY MARKET.....		06/17/2020.....			39,200,000	2,696	
31846V	56 7 FIRST AMERICAN GOV OBLIG-Z.....		06/17/2020.....			45,631,353	2,060	
40428X	10 7 HSBC US GOVT MMKT-I.....		06/30/2020.....				499	
608919	71 8 FEDERATED GOVT OBLIGATIONS FUND.....		06/17/2020.....			29,521,507	4,437	
857492	70 6 STATE STATE INST US GOV MMF - PREM.....		06/17/2020.....			35,068,040	3,544	
949921	12 6 WELLS FARGO GOVT MM FUND SELECT 3802.....		06/17/2020.....			41,400,000	3,475	
8699999	Total - All Other Money Market Mutual Funds.....					190,820,900	16,952	6
8899999	Total - Cash Equivalents.....					225,011,781	16,952	12,958

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