

ANNUAL STATEMENT

OF THE

**Molina Healthcare of New Mexico,
Inc.**

Of

Albuquerque

in the state of NM

to the Insurance Department

of the state of New Mexico

For the Year Ended

December 31, 2016

2016



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

Molina Healthcare of New Mexico, Inc.

NAIC Group Code.....1531, 1531 (Current Period) (Prior Period) NAIC Company Code..... 95739 Employer's ID Number..... 85-0408506

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

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

Incorporated/Organized..... November 6, 1992 Commenced Business..... December 27, 1993

Statutory Home Office 400 Tijeras Ave NW, Suite 200..... Albuquerque NM US 87102-3234
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 400 Tijeras Ave NW, Suite 200..... Albuquerque NM US 87102-3234 505-348-0410
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 400 Tijeras Ave NW, Suite 200..... Albuquerque NM US 87102-3234
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 400 Tijeras Ave NW, Suite 200..... Albuquerque NM US 87102-3234 505-348-0410
(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 Todd Jay Pilger 505-348-0410
(Name) (Area Code) (Telephone Number) (Extension)
todd.pilger@molinahealthcare.com 505-342-4665
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Patty Ann Kehoe	President	2. Todd Jay Pilger	Treasurer/VP Finance & Analytics
3. Darcie Leslie Robran-Marquez	Chief Medical Officer	4. Jeffrey Don Barlow	Secretary

OTHER

DIRECTORS OR TRUSTEES

Patty Ann Kehoe Lisa Ann Rubino Craig Lawton Bass George Stephen Goldstein Ph.D.

State of..... New Mexico
County of..... Bernalillo

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) Patty Ann Kehoe	_____ (Signature) Todd Jay Pilger	_____ (Signature) Darcie Leslie Robran-Marquez
1. (Printed Name) President	2. (Printed Name) Treasurer/VP Finance & Analytics	3. (Printed Name) Chief Medical Officer
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This _____ day of _____ 2017

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 Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	83,473,074		83,473,074	84,094,054
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
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 (\$.....169,941,102, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....102,932,182, Schedule DA).....	272,873,284		272,873,284	275,193,345
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....	1,300,000		1,300,000	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	0	0	.0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	357,646,358	0	357,646,358	359,287,399
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	399,107		399,107	334,904
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	6,136,026		6,136,026	10,317,870
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 (\$.....9,993) and contracts subject to redetermination (\$.....3,097,412).....	3,107,405		3,107,405	363,736
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,253,137		1,253,137	2,105,709
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.....	7,851		7,851	209,469
18.1 Current federal and foreign income tax recoverable and interest thereon.....	17,331,438		17,331,438	
18.2 Net deferred tax asset.....	18,429,047	13,569,032	4,860,015	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....	91,630	91,630	.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,553,934	2,553,934	.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	36,512,729		36,512,729	
24. Health care (\$.....31,850,437) and other amounts receivable.....	48,182,170	7,120,937	41,061,233	36,523,838
25. Aggregate write-ins for other-than-invested assets.....	35,889,376	35,889,376	.0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	527,540,208	59,224,909	468,315,299	409,142,925
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTAL (Lines 26 and 27).....	527,540,208	59,224,909	468,315,299	409,142,925

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 through 1103 plus 1198) (Line 11 above).....	0	0	.0	0
2501. Prepaids, deposits, and other assets.....	173,866	173,866	.0	
2502. Goodwill and intangible assets.....	35,715,510	35,715,510	.0	
2503.....			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	.0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	35,889,376	35,889,376	.0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	122,438,261	181,271	122,619,532	119,072,141
2. Accrued medical incentive pool and bonus amounts.....	129,998		129,998	59,257
3. Unpaid claims adjustment expenses.....	1,971,270	3,357	1,974,627	1,896,602
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	161,169,782		161,169,782	129,874,174
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	3,279,830		3,279,830	2,776,937
9. General expenses due or accrued.....	21,567,838		21,567,838	30,186,485
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			0	4,118,093
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....	198		198	250
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	4,332,635		4,332,635	3,503,473
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 \$.....0 certified 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.....	4,046,719		4,046,719	
23. Aggregate write-ins for other liabilities (including \$.....26,541,160 current).....	26,541,160	0	26,541,160	7,938,288
24. Total liabilities (Lines 1 to 23).....	345,477,691	184,628	345,662,319	299,425,700
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	22,600,000
26. Common capital stock.....	XXX	XXX	14,561	14,561
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	192,880,665	156,380,665
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	(70,242,246)	(69,278,001)
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	122,652,980	109,717,225
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	468,315,299	409,142,925

DETAILS OF WRITE-INS

2301. Other amounts due to HSD and CMS.....	26,541,160		26,541,160	7,938,288
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	26,541,160	0	26,541,160	7,938,288
2501. 2016 Health insurer fee accrual estimate.....	XXX	XXX		22,600,000
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	22,600,000
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	.XXX	3,033,407	2,771,735
2. Net premium income (including \$.....0 non-health premium income).....	.XXX	1,417,863,002	1,411,642,842
3. Change in unearned premium reserves and reserve for rate credits.....	.XXX	(31,295,608)	(94,063,610)
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	433,128
7. Aggregate write-ins for other non-health revenues.....	.XXX	499	5,739
8. Total revenues (Lines 2 to 7).....	.XXX	1,386,567,893	1,318,018,099
Hospital and Medical:			
9. Hospital/medical benefits.....		823,551,933	772,939,254
10. Other professional services.....		91,767,911	77,797,658
11. Outside referrals.....	1,994,515	16,488,808	12,607,404
12. Emergency room and out-of-area.....		88,787,770	81,008,945
13. Prescription drugs.....		128,659,545	105,904,657
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....		487,315	(1,466,103)
16. Subtotal (Lines 9 to 15).....	1,994,515	1,149,743,282	1,048,791,815
Less:			
17. Net reinsurance recoveries.....		3,450,800	4,567,598
18. Total hospital and medical (Lines 16 minus 17).....	1,994,515	1,146,292,482	1,044,224,217
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$....69,725,385 cost containment expenses.....		72,675,297	77,052,752
21. General administrative expenses.....		194,695,220	181,114,440
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).....	1,994,515	1,413,662,999	1,302,391,409
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	.XXX	(27,095,106)	15,626,690
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,196,680	693,505
26. Net realized capital gains or (losses) less capital gains tax of \$....5,937.....		11,027	35,003
27. Net investment gains or (losses) (Lines 25 plus 26).....	.0	1,207,707	728,508
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	(5,078,421)	(5,977,998)
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	(30,965,820)	10,377,200
31. Federal and foreign income taxes incurred.....	.XXX	(2,512,468)	11,976,566
32. Net income (loss) (Lines 30 minus 31).....	.XXX	(28,453,352)	(1,599,366)

DETAILS OF WRITE-INS

0601. TPA.....	.XXX		433,128
0602. ....	.XXX		
0603. ....	.XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.XXX	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	.XXX	.0	433,128
0701. Miscellaneous income.....	.XXX	499	5,739
0702. ....	.XXX		
0703. ....	.XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	.XXX	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	.XXX	499	5,739
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	.0	.0	.0
2901. Penalties on late payment of claims.....		(1,691,273)	(2,694,303)
2902. Fines from regulatory authorities.....		(3,387,148)	(3,283,695)
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	.0	(5,078,421)	(5,977,998)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting period.....	109,717,225	86,083,313
34. Net income or (loss) from Line 32.....	(28,453,352)	(1,599,366)
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (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.....	18,429,047	
39. Change in nonadmitted assets.....	(13,539,940)	5,233,278
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.....	36,500,000	20,000,000
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	12,935,755	23,633,912
49. Capital and surplus end of reporting period (Line 33 plus 48).....	122,652,980	109,717,225

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,419,813,753	1,427,759,990
2. Net investment income.....	1,346,348	851,811
3. Miscellaneous income.....	499	797,245
4. Total (Lines 1 through 3).....	1,421,160,600	1,429,409,046
5. Benefit and loss related payments.....	1,154,648,576	1,084,952,597
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	252,809,358	257,818,347
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....5,937 tax on capital gains (losses).....	18,943,000	3,222,000
10. Total (Lines 5 through 9).....	1,426,400,934	1,345,992,944
11. Net cash from operations (Line 4 minus Line 10).....	(5,240,334)	83,416,102
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	27,505,230	31,901,440
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.....	63	1,355
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	27,505,293	31,902,795
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	27,081,220	49,027,874
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....	1,300,000	
13.7 Total investments acquired (Lines 13.1 to 13.6).....	28,381,220	49,027,874
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(875,927)	(17,125,079)
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.....		20,000,000
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	3,796,200	5,811,781
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	3,796,200	25,811,781
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(2,320,061)	92,102,804
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	275,193,345	183,090,541
19.2 End of year (Line 18 plus Line 19.1).....	272,873,284	275,193,345
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001 Capital contribution.....	36,500,000	

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	60,385,942		463,488	59,922,454
2. Medicare supplement.....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal employees health benefits plan.....				.0
6. Title XVIII - Medicare.....	35,825,249		9,930	35,815,319
7. Title XIX - Medicaid.....	1,327,396,081		5,270,852	1,322,125,229
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8).....	1,423,607,272	.0	5,744,270	1,417,863,002
10. Life.....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11).....	1,423,607,272	.0	5,744,270	1,417,863,002

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	1,156,651,099	41,442,497					29,185,632	1,086,022,970		
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	4,561,228	267,851						4,293,377		
1.4 Net.....	1,152,089,871	41,174,646	0	0	0	0	29,185,632	1,081,729,593	0	0
2. Paid medical incentive pools and bonuses.....	416,574	1,350					301,550	113,674		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	122,619,532	5,660,676					5,435,155	111,523,701		
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	122,619,532	5,660,676	0	0	0	0	5,435,155	111,523,701	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	129,998						7,250	122,748		
6. Net healthcare receivables (a).....	10,735,237	605,174					1,002,901	9,127,162		
7. Amounts recoverable from reinsurers December 31, current year.....	1,253,137	1,138,628						114,509		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	119,279,427	1,603,379					3,092,938	114,583,110		
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	207,286	207,286								
8.4 Net.....	119,072,141	1,396,093	0	0	0	0	3,092,938	114,583,110	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	59,257							59,257		
11. Amounts recoverable from reinsurers December 31, prior year.....	2,156,279	186,809						1,969,470		
12. Incurred benefits:										
12.1 Direct.....	1,149,255,967	44,894,620	0	0	0	0	30,524,948	1,073,836,399	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	3,450,800	1,012,384	0	0	0	0	0	2,438,416	0	0
12.4 Net.....	1,145,805,167	43,882,236	0	0	0	0	30,524,948	1,071,397,983	0	0
13. Incurred medical incentive pools and bonuses.....	487,315	1,350	0	0	0	0	308,800	177,165	0	0

(a) Excludes \$.....2,142,131 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	15,989,665	1,059,674					724,247	14,205,744		
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	15,989,665	1,059,674	0	0	0	0	724,247	14,205,744	0	0
2. Incurred but unreported:										
2.1 Direct.....	106,629,867	4,601,002					4,710,908	97,317,957		
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	106,629,867	4,601,002	0	0	0	0	4,710,908	97,317,957	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	122,619,532	5,660,676	0	0	0	0	5,435,155	111,523,701	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	122,619,532	5,660,676	0	0	0	0	5,435,155	111,523,701	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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).....	987,036	39,235,791	(21,397)	5,682,073	965,639	1,396,093
2. Medicare supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal employees health benefits plan.....					0	
6. Title XVIII - Medicare.....	2,398,176	26,787,456	(6,042)	5,441,197	2,392,134	3,092,938
7. Title XIX - Medicaid.....	66,956,121	1,016,628,433	2,916,153	108,607,548	69,872,274	114,583,110
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	70,341,333	1,082,651,680	2,888,714	119,730,818	73,230,047	119,072,141
10. Healthcare receivables (a).....	9,467,225	26,942,353		419,665	9,467,225	26,094,005
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	59,257	357,317		129,998	59,257	59,257
13. Totals (Lines 9 - 10 + 11 + 12).....	60,933,365	1,056,066,644	2,888,714	119,441,151	63,822,079	93,037,393

(a) Excludes \$.....2,142,131 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....	18,747	18,747	18,747	18,747	18,747
2. 2012.....	255,809	269,058	269,058	269,058	269,058
3. 2013.....	XXX	373,704	407,181	407,181	407,181
4. 2014.....	XXX	XXX	812,472	933,189	933,189
5. 2015.....	XXX	XXX	XXX	963,952	1,034,293
6. 2016.....	XXX	XXX	XXX	XXX	1,082,651

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....	18,747	18,747	18,747	18,747	18,747
2. 2012.....	277,933	271,095	271,095	271,095	271,095
3. 2013.....	XXX	410,082	406,970	406,970	406,970
4. 2014.....	XXX	XXX	957,157	933,304	933,304
5. 2015.....	XXX	XXX	XXX	1,082,969	1,037,182
6. 2016.....	XXX	XXX	XXX	XXX	1,202,511

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SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012.....	328,742	269,058	6,981	2.6	276,039	84.0			276,039	84.0
2. 2013.....	490,705	407,181	16,294	4.0	423,475	86.3			423,475	86.3
3. 2014.....	1,118,143	933,189	57,761	6.2	990,950	88.6			990,950	88.6
4. 2015.....	1,322,291	1,034,293	77,052	7.4	1,111,345	84.0	2,889	45	1,114,279	84.3
5. 2016.....	1,392,312	1,082,651	72,675	6.7	1,155,326	83.0	119,860	1,929	1,277,115	91.7

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX	2,763	3,501	3,501
5. 2015.....	XXX	XXX	XXX	7,219	8,206
6. 2016.....	XXX	XXX	XXX	XXX	39,236

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX	3,499	3,513	3,513
5. 2015.....	XXX	XXX	XXX	8,603	8,185
6. 2016.....	XXX	XXX	XXX	XXX	44,918

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012.....				0.0	0	0.0			0	0.0
2. 2013.....				0.0	0	0.0			0	0.0
3. 2014.....	5,158	3,501	285	8.1	3,786	73.4			3,786	73.4
4. 2015.....	12,716	8,206	704	8.6	8,910	70.1	(21)		8,889	69.9
5. 2016.....	62,056	39,236	2,865	7.3	42,101	67.8	5,682	86	47,869	77.1

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....	773	773	773	773	773
2. 2012.....	6,736	7,575	7,575	7,575	7,575
3. 2013.....	XXX	7,917	8,687	8,687	8,687
4. 2014.....	XXX	XXX	14,616	16,746	16,746
5. 2015.....	XXX	XXX	XXX	15,063	17,461
6. 2016.....	XXX	XXX	XXX	XXX	26,787

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....	773	773	773	773	773
2. 2012.....	7,561	7,571	7,571	7,571	7,571
3. 2013.....	XXX	8,842	8,682	8,682	8,682
4. 2014.....	XXX	XXX	16,310	16,747	16,747
5. 2015.....	XXX	XXX	XXX	18,155	17,455
6. 2016.....	XXX	XXX	XXX	XXX	32,235

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012.....	8,721	7,575	177	2.3	7,752	88.9			7,752	88.9
2. 2013.....	9,166	8,687	388	4.5	9,075	99.0			9,075	99.0
3. 2014.....	15,971	16,746	642	3.8	17,388	108.9			17,388	108.9
4. 2015.....	21,792	17,461	2,068	11.8	19,529	89.6	(6)		19,523	89.6
5. 2016.....	34,591	26,787	5,850	21.8	32,637	94.4	5,448	87	38,172	110.4

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....	17,974	17,974	17,974	17,974	17,974
2. 2012.....	249,073	261,483	261,483	261,483	261,483
3. 2013.....	XXX	365,787	398,494	398,494	398,494
4. 2014.....	XXX	XXX	795,093	912,942	912,942
5. 2015.....	XXX	XXX	XXX	941,670	1,008,626
6. 2016.....	XXX	XXX	XXX	XXX	1,016,628

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....	17,974	17,974	17,974	17,974	17,974
2. 2012.....	270,372	263,524	263,524	263,524	263,524
3. 2013.....	XXX	401,240	398,288	398,288	398,288
4. 2014.....	XXX	XXX	937,348	913,044	913,044
5. 2015.....	XXX	XXX	XXX	1,056,211	1,011,542
6. 2016.....	XXX	XXX	XXX	XXX	1,125,358

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SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012.....	320,021	261,483	6,804	2.6	268,287	83.8			268,287	83.8
2. 2013.....	481,539	398,494	15,906	4.0	414,400	86.1			414,400	86.1
3. 2014.....	1,097,014	912,942	56,834	6.2	969,776	88.4			969,776	88.4
4. 2015.....	1,287,783	1,008,626	74,280	7.4	1,082,906	84.1	2,916	45	1,085,867	84.3
5. 2016.....	1,295,665	1,016,628	63,960	6.3	1,080,588	83.4	108,730	1,756	1,191,074	91.9

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....	NONE				
2. 2012.....					
3. 2013.....		.XXX			
4. 2014.....		.XXX	.XXX		
5. 2015.....		.XXX	.XXX	.XXX	
6. 2016.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - OTHER

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Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....	NONE				
2. 2012.....					
3. 2013.....		.XXX			
4. 2014.....		.XXX	.XXX		
5. 2015.....		.XXX	.XXX	.XXX	
6. 2016.....		.XXX	.XXX	.XXX	.XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012.....				0.0	0	.00			0	.00
2. 2013.....				0.0	0	.00			0	.00
3. 2014.....				0.0	0	.00			0	.00
4. 2015.....				0.0	0	.00			0	.00
5. 2016.....				0.0	0	.00			0	.00

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	0								
2. Additional policy reserves (a).....	0								
3. Reserve for future contingent benefits.....	0								
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income.....	161,169,782						1,712,503	159,457,279	
5. Aggregate write-ins for other policy reserves.....	0	0	0	0	0	0	0	0	0
6. Totals (gross).....	161,169,782	0	0	0	0	0	1,712,503	159,457,279	0
7. Reinsurance ceded.....	0								
8. Totals (net) (Page 3, Line 4).....	161,169,782	0	0	0	0	0	1,712,503	159,457,279	0
9. Present value of amounts not yet due on claims.....	0								
10. Reserve for future contingent benefits.....	0								
11. Aggregate write-ins for other claim reserves.....	0	0	0	0	0	0	0	0	0
12. Totals (gross).....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded.....	0								
14. Totals (net) (Page 3, Line 7).....	0	0	0	0	0	0	0	0	0

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DETAILS OF WRITE-INS

0501.	0								
0502.	0								
0503.	0								
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0	0	0	0	0	0	0	0
1101.	0								
1102.	0								
1103.	0								
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0	0	0	0	0	0

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....	375		4,024,243		4,024,618
2. Salaries, wages and other benefits.....	56,425,370	1,358,808	43,335,376		101,119,554
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....			1,554,062		1,554,062
4. Legal fees and expenses.....			1,090,649		1,090,649
5. Certifications and accreditation fees.....	1,950		1,159		3,109
6. Auditing, actuarial and other consulting services.....	184,519	70,432	10,315,875		10,570,826
7. Traveling expenses.....	1,362,012	2,585	961,979		2,326,576
8. Marketing and advertising.....	161,222		1,724,652		1,885,874
9. Postage, express and telephone.....	496,146	446	2,874,704		3,371,296
10. Printing and office supplies.....	84,273	3,477	2,783,243		2,870,993
11. Occupancy, depreciation and amortization.....			13,607,574		13,607,574
12. Equipment.....			232,686		232,686
13. Cost or depreciation of EDP equipment and software.....	205,501	89	6,589,874		6,795,464
14. Outsourced services including EDP, claims, and other services.....	6,949,863	1,425,010	5,728,579		14,103,452
15. Boards, bureaus and association fees.....	14,102		176,394		190,496
16. Insurance, except on real estate.....			352,339		352,339
17. Collection and bank service charges.....				587,475	587,475
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....			211		211
22. Real estate taxes.....			342,285		342,285
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....	7,846		198,280		206,126
23.2 State premium taxes.....	215,308	89,065	47,319,383		47,623,756
23.3 Regulatory authority licenses and fees.....	10,109		44,884,033		44,894,142
23.4 Payroll taxes.....	3,606,709		691,399		4,298,108
23.5 Other (excluding federal income and real estate taxes).....			34		34
24. Investment expenses not included elsewhere.....				44,164	44,164
25. Aggregate write-ins for expenses.....	80	0	5,906,207	0	5,906,287
26. Total expenses incurred (Lines 1 to 25).....	69,725,385	2,949,912	194,695,220	631,639	(a) 268,002,156
27. Less expenses unpaid December 31, current year.....		1,974,627	21,567,838		23,542,465
28. Add expenses unpaid December 31, prior year.....		1,896,602	30,186,485		32,083,087
29. Amounts receivable relating to uninsured plans, prior year.....			209,469		209,469
30. Amounts receivable relating to uninsured plans, current year.....			7,851		7,851
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	69,725,385	2,871,887	203,112,249	631,639	276,341,160

DETAILS OF WRITE-INS

2501. Charitable contributions.....	80		5,140		5,220
2502. Borrowing costs.....			5,819,659		5,819,659
2503. Other administrative expenses.....			81,408		81,408
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	80	0	5,906,207	0	5,906,287

(a) Includes management fees of \$.....89,154,653 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....181,760	.....170,413
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....813,515	.....900,776
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....768,840	.....757,130
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....1,764,115	.....1,828,319
11. Investment expenses.....	.....	(g).....631,639
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....631,639
17. Net investment income (Line 10 minus Line 16).....	.....	.....1,196,680

DETAILS OF WRITE-INS

0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0

- (a) Includes \$.....39,553 accrual of discount less \$.....253,425 amortization of premium and less \$.....24,426 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....652,627 accrual of discount less \$.....117,837 amortization of premium and less \$.....68,474 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....631,639 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....6,078	.....	.....6,078	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....10,823	.....	.....10,823	.....	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....63	.....	.....63	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....16,964	.....0	.....16,964	.....0	.....0

DETAILS OF WRITE-INS

0901. ....	.....	.....	.....0	.....	.....
0902. ....	.....	.....	.....0	.....	.....
0903. ....	.....	.....	.....0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....		9,683	9,683
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....		50,570	50,570
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
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....	13,569,032		(13,569,032)
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....	91,630	146,608	54,978
21. Furniture and equipment, including health care delivery assets.....	2,553,934	2,565,191	11,257
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....	7,120,937	1,604,006	(5,516,931)
25. Aggregate write-ins for other-than-invested assets.....	35,889,376	41,308,911	5,419,535
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	59,224,909	45,684,969	(13,539,940)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	59,224,909	45,684,969	(13,539,940)

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
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepays, deposits, and other assets.....	173,866	264,408	90,542
2502. Goodwill and intangible assets.....	35,715,510	41,044,503	5,328,993
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	35,889,376	41,308,911	5,419,535

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	230,736	246,305	251,354	253,085	253,687	3,033,407
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	230,736	246,305	251,354	253,085	253,687	3,033,407

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals.....	680,848					680,848
0399999. Premiums due and unpaid from Medicare entities.....	38,456					38,456
0499999. Premiums due and unpaid from Medicaid entities.....	3,088,294	1,445,302	385,409	497,717		5,416,722
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	3,807,598	1,445,302	385,409	497,717	0	6,136,026

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS Caremark.....	839,329	849,845	920,765	3,228,133	3,228,133	2,609,939
0199999. Total Pharmaceutical Rebate Receivables.....	839,329	849,845	920,765	3,228,133	3,228,133	2,609,939
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually.....	305,797	28,342	224,657	601,477	692,804	467,469
0299999. Total Claim Overpayment Receivables.....	305,797	28,342	224,657	601,477	692,804	467,469
Loans and Advances to Providers						
0399998. Loans and Advances to Providers Not Listed Individually.....		7,250		2,134,881	2,000,000	142,131
0399999. Total Loans and Advances to Providers.....	0	7,250	0	2,134,881	2,000,000	142,131
Other Receivables						
IHS.....	2,499,739	2,499,739	2,499,739	21,049,625		28,548,842
0699998. Other Receivables Not Listed Individually.....	9,256	9,147	7,742	1,255,911	1,200,000	82,056
0699999. Total Other Receivables.....	2,508,995	2,508,886	2,507,481	22,305,536	1,200,000	28,630,898
0799999. Gross Health Care Receivables.....	3,654,121	3,394,323	3,652,903	28,270,027	7,120,937	31,850,437

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables.....	2,572,896	6,602,193	77,640	5,760,432	2,650,536	2,734,715
2. Claim overpayment receivables.....				1,160,273	0	
3. Loans and advances to providers.....	34,565			2,142,131	34,565	34,565
4. Capitation arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....	16,628,802	295,851	9,389,585	20,441,313	26,018,387	23,324,725
7. Totals (Lines 1 through 6).....	19,236,263	6,898,044	9,467,225	29,504,149	28,703,488	26,094,005

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Caremark Rx.....	6,194,432					6,194,432
0199999. Individually listed claims unpaid.....	6,194,432	0	0	0	0	6,194,432
0399999. Aggregate accounts not individually listed - covered.....	6,482,210	1,082,625	421,934	281,999	1,526,465	9,795,233
0499999. Subtotals.....	12,676,642	1,082,625	421,934	281,999	1,526,465	15,989,665
0599999. Unreported claim and other claim reserves.....						106,629,867
0799999. Total claims unpaid.....						122,619,532
0899999. Accrued medical incentive pool and bonus amounts.....						129,998

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Molina Healthcare Inc.....	36,500,000					36,500,000	
Molina Healthcare of South Carolina.....	12,729					12,729	
0199999. Individually listed receivables.....	36,512,729	0	0	0	0	36,512,729	0
0399999. Total gross amounts receivable.....	36,512,729	0	0	0	0	36,512,729	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molina Healthcare Inc.....	Misc Charges.....	4,332,635	4,332,635	
0199999. Individually listed payables.....		4,332,635	4,332,635	0
0399999. Total gross payables.....		4,332,635	4,332,635	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	0	0.0				
2. Intermediaries.....	5,310,533	0.5	235,705	92.9		5,310,533
3. All other providers.....	29,530,531	2.5	253,687	100.0		29,530,531
4. Total capitation payments.....	34,841,064	3.0	489,392	192.9	0	34,841,064
Other Payments:						
5. Fee-for-service.....	62,379,345	5.4	XXX	XXX		62,379,345
6. Contractual fee payments.....	1,061,572,821	91.6	XXX	XXX		1,061,572,821
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	XXX	XXX		
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	0	0.0	XXX	XXX		
12. Total other payments.....	1,123,952,166	97.0	XXX	XXX	0	1,123,952,166
13. Total (Line 4 plus Line 12).....	1,158,793,230	100.0	XXX	XXX	0	1,158,793,230

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EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
	March Vision.....	5,310,533	442,544		
9999999	Totals.....	5,310,533	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	2,006,477		615,428	1,391,049	1,391,049	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....	4,439,114		3,276,229	1,162,885	1,162,885	.0
6. Total.....	6,445,591	0	3,891,657	2,553,934	2,553,934	.0

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

Molina Healthcare of New Mexico, Inc. (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 New Mexico Office of Superintendent of Insurance (the "Department").

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

The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically,

Citation adopting the Manual: § 59A-5-29		
SSAP or Appendices	State Law or Regulation	Description
A-001	§ 59A-9-1 to 59A-9-27	Provides limitations on investments that are outside the scope of the Manual.
SSAP No. 62R	§ 59A-8-1-E	Provides alternative admissibility rules for reinsurance premiums over 90 days past due.
SSAP No. 68	§ 59A-8-2-A(1)	States that goodwill is a nonadmitted asset.

A reconciliation of the Plan's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of New Mexico is shown below.

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) Molina Healthcare of New Mexico, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (28,453,352)	\$ (1,599,366)
(2) State Prescribed Practices that increase/decrease NAIC SAP					
(3) State Permitted Practices that increase/decrease NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (28,453,352)	\$ (1,599,366)
SURPLUS					
(5) Molina Healthcare of New Mexico, Inc. state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 122,652,980	\$ 109,717,225
(6) State Prescribed Practices that increase/decrease NAIC SAP					
Goodwill (NAIC SAP allows partial admissibility)	68	2	25	(11,779,297)	(10,971,723)
(7) State Permitted Practices that increase/decrease NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 134,432,277	\$ 120,688,948

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

The preparation of financial statements in conformity with the NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses in the period. Actual results could differ from those estimates.

C. Accounting Policy

Revenue Recognition: The Plan arranges for the provision of health care services to Medicaid and Medicare recipients under contracts with the state of New Mexico and the Centers for Medicare and Medicaid Services ("CMS"). The Plan also serves members through the Health Insurance Marketplace ("Marketplace"). Premium revenue is recognized in the month that members are entitled to receive health care services, and is fixed in advance of the periods covered. Premiums received in advance are deferred. Generally, premium revenue is not subject to significant accounting estimates except as described below and in Note 24.

Medical Cost Corridors: New Mexico Human Services Department ("HSD") may require the Plan to return premiums related to its Medicaid expansion business, or the Plan may receive additional premiums from HSD if the amount spent on medical care cost relative to premiums is below or above the threshold levels specified by HSD. There is also a similar medical cost corridor in the Temporary Assistance for Needy Families and Aged, Blind and Disabled populations related to Hepatitis C pharmacy expenditures.

Gain Sharing: The Plan's contract with HSD contains gain-sharing provisions for certain lines of business under which the Plan refunds a shared amount to the state if the Plan generates an underwriting gain above a certain specified percentage.

Medical Cost Floors: The Plan may be required to return a portion of Medicare and Marketplace premiums if certain minimum amounts are not spent on defined medical care costs in accordance with requirements established by the Federal government.

Quality Incentive Premiums: Under the Plan's contract with the state of New Mexico, 1.5% of revenue is withheld and is not earned until certain performance measures are met. These performance measures are generally linked to various administrative measures dictated by the state.

Recognition of Medical Care Costs: Medical care costs include primarily fee-for-services expenses. Nearly all hospital services and the majority of the Plan's primary care and physician specialist services are paid on a fee-for-service basis. Under fee-for-service arrangements, the Plan retains the financial responsibility for medical care provided and incurs costs based on actual utilization of services. Such expenses are recorded in the period in which the related services are dispensed. Medical care costs include amounts that have been paid by the Plan through the reporting date, as well as estimated liabilities for medical care costs incurred but not paid by the Plan as of the reporting date. Refer to Note 25 for further information.

In addition, the Plan applies the following accounting policies:

NOTES TO FINANCIAL STATEMENTS

- (1) Short-term investments consist primarily of money market funds and investments in corporate debt securities with maturity dates of less than one year from the date of issuance. Realized capital gains and losses are determined using the specific-identification method.
- (2) Investments in bonds: Bonds not backed by other loans are principally stated at amortized cost using the scientific method. Changes in admitted asset carrying amounts of bonds are credited or charged directly to unassigned surplus.
- (3) Investments in common stock: None.
- (4) Investments in preferred stock: None.
- (5) Investments in mortgage loans: None.
- (6) Investments in loan-backed securities:

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) Investments in subsidiaries, controlled or affiliated companies: None.
- (8) Investments in joint ventures, partnerships and limited liability companies: None.
- (9) Investments in derivatives: None.
- (10) Premium deficiency calculation: The Plan anticipates investment income as a factor in the premium deficiency calculation, in accordance with Statement of Statutory Accounting Principles ("SSAP") No. 54, *Individual and Group Accident and Health Contracts*.
- (11) Claims unpaid and claims adjustment expenses: Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) Capitalization policy: No change from prior period.
- (13) Pharmacy rebate receivables: Amounts receivable for pharmacy rebates are estimated based upon billed amounts to pharmaceutical companies, utilization data, historical collection trends and the Plan's judgment regarding the ability to collect specific amounts. Income from pharmacy rebates is reported as a reduction of hospital and medical expense in the statement of revenue and expenses. The Plan admits estimated pharmacy rebate receivables relating to the three months immediately preceding the reporting date in accordance with SSAP No. 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans*.

D. Going Concern

Not applicable.

Note 2 – Accounting Changes and Corrections of Errors

There were no accounting changes or corrections of errors during the year ended December 31, 2016.

Note 3 – Business Combinations and Goodwill

For business combinations accounted for under the statutory purchase method, disclose the following for as long as unamortized goodwill is reported as a component of the investment.

A. Statutory Purchase Method

- (1) On August 1, 2013, the Plan acquired Lovelance Community Health Plan's contract for the New Mexico Program, under which Lovelance's Medicaid members become the Plan's Medicaid members and now received their Medicaid managed services and benefits from Plan.
- (2) This transaction was accounted for as a statutory purchase.
- (3) The cost was \$51.6 million, resulting in goodwill in the amount of \$35.2 million.
- (4) Goodwill amortization relating to the Lovelance acquisition was \$3,517,882 for the year ended December 31, 2016.

B. Statutory Merger: None.

C. Assumption Reinsurance: None.

D. Impairment Loss: None

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans: None.

B. Debt Restructuring: None.

C. Reverse Mortgages: None.

D. Loan-Backed Securities:

- (1) Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

NOTES TO FINANCIAL STATEMENTS

(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	\$	7,433
		2.	12 Months or Longer	\$	2,886
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$	1,007,427
		2.	12 Months or Longer	\$	343,862

(5) 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 December 31, 2016.

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

F. Real Estate: None.

G. Investments in Low-Income Housing Trade Credits (LIHTC): None.

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted from Prior Year	3 Increase (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Additional Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending arrangements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	325,269	325,993	(724)		325,269	0.062	0.069
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets	127,856,304	126,852,683	1,003,621		127,856,304	24.236	27.301
o. Total Restricted Assets	\$ 128,181,573	\$ 127,178,676	\$ 1,002,897	\$	\$ 128,181,573	\$ 24.298	\$ 27.371

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate): None.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate):

	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (Admitted & Nonadmitted) Restricted to Total Assets	6 Admitted Restricted to Total Admitted Assets
Cash-Invest-At Cost USBank	\$ 85,026,314	\$ 84,031,820	\$ 994,494	\$ 85,026,314	16.118	18.156
Cash Restricted #1 Bank of Albuquerque	22,256,033	22,251,088	4,945	22,256,033	4.219	4.752
Cash Restricted #1 Bank of Albuquerque	20,573,957	20,569,775	4,182	20,573,957	3.900	4.393
Total (c)	\$ 127,856,304	\$ 126,852,683	\$ 1,003,621	\$ 127,856,304	24.236	27.301

(a) Total Line for Columns 1 through 3 should equal 5H(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5H(1)n Column 5.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements: None.

I. Working Capital Finance Investments: None.

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

K. Structured Notes: None.

L. 5* Securities: None.

NOTES TO FINANCIAL STATEMENTS

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

The Plan had no investment income that was excluded in 2016 or 2015. All of the Plan's investments and the income derived from such investments meet the criteria for admitted receivables.

Note 8 – Derivative Instruments

None.

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$ 18,429,047	\$	\$ 18,429,047	\$ 17,618,719	\$	\$ 17,618,719	\$ 810,328	\$	\$ 810,328
b. Statutory valuation allowance adjustment				17,618,719		17,618,719	(17,618,719)		(17,618,719)
c. Adjusted gross deferred tax assets (1a-1b)	18,429,047		18,429,047				18,429,047		18,429,047
d. Deferred tax assets nonadmitted	13,569,032		13,569,032				13,569,032		13,569,032
e. Subtotal net admitted deferred tax asset (1c-1d)	4,860,015		4,860,015				4,860,015		4,860,015
f. Deferred tax liabilities									
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 4,860,015	\$	\$ 4,860,015	\$	\$	\$	\$ 4,860,015	\$	\$ 4,860,015

2. Admission Calculation Components

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 4,860,015	\$	\$ 4,860,015	\$	\$	\$	\$ 4,860,015	\$	\$ 4,860,015
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:									
Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
Adjusted gross deferred tax assets allowed per limitation threshold			11,779,297			10,971,723			807,574
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax									

NOTES TO FINANCIAL STATEMENTS

assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities										
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	\$	4,860,015	\$	4,860,015	\$		\$	4,860,015	\$	4,860,015

3. Other Admissibility Criteria

	2016	2015
a. Ratio percentage used to determine recovery period and threshold limitation amount	261.309%	271.000%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 117,792,965	\$ 109,717,225

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/2016		12/31/2015		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 18,429,047	\$	\$	\$	\$ 18,429,047	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 4,860,015	\$	\$	\$	\$ 4,860,015	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Does the plan's tax planning strategies include the use of reinsurance? NO

B. Deferred Tax Liabilities Not Recognized: None.

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2016	2 2015	3 (Col 1-2) Change
a. Federal	\$ (2,438,290)	\$ 12,057,974	\$ (14,496,264)
b. Foreign			
c. Subtotal	\$ (2,438,290)	\$ 12,057,974	\$ (14,496,264)
d. Federal income tax on net capital gains	5,937	18,848	(12,911)
e. Utilization of capital loss carry-forwards			
f. Other	(74,178)	(81,408)	7,230
g. Federal and Foreign income taxes incurred	\$ (2,506,531)	\$ 11,995,414	\$ (14,501,945)

2. Deferred Tax Assets

	1 2016	2 2015	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$ 341,179	\$ 351,428	\$ (10,249)
2. Unearned premium reserve	229,590	204,125	25,465
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets	14,418,045	15,596,970	(1,178,925)
8. Compensation and benefits accrual	490,163	501,989	(11,826)
9. Pension accrual			
10. Receivables - nonadmitted	1,793,337	582,491	1,210,846

NOTES TO FINANCIAL STATEMENTS

11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)	1,156,733	381,716	775,017
99. Subtotal	\$ 18,429,047	\$ 17,618,719	\$ 810,328
b. Statutory valuation allowance adjustment		17,618,719	(17,618,719)
c. Nonadmitted	13,569,032		13,569,032
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 4,860,015	\$	\$ 4,860,015
e. Capital:			
1. Investments	\$	\$	\$
2. Net capital loss carry-forward			
3. Real estate			
4. Other (including items <5% of total capital tax assets)			
99. Subtotal	\$	\$	\$
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	\$ 4,860,015	\$	\$ 4,860,015

3. Deferred Tax Liabilities

	1 2016	2 2015	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$	\$	\$
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax liabilities)			
99. Subtotal	\$	\$	\$
b. Capital:			
1. Investments	\$	\$	\$
2. Real estate			
3. Other (including items <5% of total capital tax liabilities)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)	\$	\$	\$

4. Net Deferred Tax Assets (2i - 3c)	\$ 4,860,015	\$	\$ 4,860,015
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The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in deferred income taxes in the surplus section of the Annual Statement):

	12/31/2016	12/31/2015	Change
Total deferred tax assets	18,429,047	17,618,719	810,328
Statutory valuation allowance	-	(17,618,719)	17,618,719
Net deferred tax asset (liability)	18,429,047	-	18,429,047
Tax effect of unrealized (gains)/losses	-	-	-
Change in net deferred income tax assets - increase (decrease)			18,429,047

The Plan is subject to taxation in the United States and the state of New Mexico. The Plan is currently under exam by the Internal Revenue Service for tax year 2011. With few exceptions, the Plan is no longer subject to U.S. federal, state, or local tax examination for the tax years before 2011.

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate:

The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory federal tax rate to income before income taxes. The significant items causing this difference are as follows:

	Amount	Effective Tax Rate (%)
Taxes on income at federal statutory tax rate	\$ (10,835,959)	35.00%
Changes in nonadmitted assets	10,182	-0.03%
Statutory valuation allowance	(17,618,719)	56.91%
Health insurance providers fee	7,597,357	-24.54%
Other	(88,440)	0.29%
Report tax expense	(20,935,578)	67.63%
Federal and foreign income taxes incurred	(2,512,468)	8.12%
Realized capital gains (losses) tax	5,937	-0.02%
Change in net deferred income taxes	(18,429,047)	59.53%

NOTES TO FINANCIAL STATEMENTS

Total statutory income taxes	\$ (20,935,578)	67.63%
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The provision for federal and foreign taxes incurred is different from that which would be obtained by applying the statutory federal tax rate to income before taxes. The significant items causing this difference are as follows:

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2016, the Plan did not have any unused operating loss carryforwards available to offset against future taxable income.

The following is income tax expense for 2016 and 2015 that is available for recoupment in the event of future net losses:

Year	Amount
2016	\$ 0
2015	\$ 11,938,056

The Plan did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

(1) The Plan's federal income tax return is consolidated with the following entities:

A to Z In-Home Tutoring LLC	Molina Healthcare of South Carolina, LLC
AmericanWork, Inc.	Molina Healthcare of Texas Insurance Company
Camelot Care Centers, Inc.	Molina Healthcare of Texas, Inc.
Children's Behavioral Health, Inc.	Molina Healthcare of Utah, Inc.
Choices Group, Inc.	Molina Healthcare of Virginia, Inc.
College Community Services	Molina Healthcare of Washington, Inc.
Dockside Services, Inc.	Molina Healthcare of Wisconsin, Inc.
Family Preservation Services of Florida, Inc.	Molina Healthcare, Inc.
Family Preservation Services of North Carolina, Inc.	Molina Holdings Corporation (f/k/a Molina Healthcare of New York, Inc.)
Family Preservation Services of Washington, D.C., Inc.	Molina Hospital Management, Inc.
Family Preservation Services of West Virginia, Inc.	Molina Information Systems, LLC
Family Preservation Services, Inc.	Molina Medical Management, Inc.
Integrated Care Alliance, LLC (f/k/a Synergy Partners, LLC)	Molina Pathways of Ohio, LLC
Maple Star Nevada, Inc.	Molina Pathways of Texas, Inc.
Maple Star Oregon, Inc.	Molina Pathways, LLC
Molina Clinical Services, LLC	Molina Personal Care of South Carolina, Inc.
Molina Dental & Vision Services, LLC	Molina Personal Care of Texas, Inc.
Molina Health Plan Management, Inc.	Pathways Community Corrections, Inc.
Molina Healthcare Data Center, Inc.	Pathways Community Services LLC
Molina Healthcare of Arizona, Inc.	Pathways Community Services LLC
Molina Healthcare of California	Pathways Community Support of Texas, Inc.
Molina Healthcare of California Partner Plan, Inc.	Pathways Health and Community Support of Florida, Inc.
Molina Healthcare of Florida, Inc.	Pathways Health and Community Support, LLC
Molina Healthcare of Georgia, Inc.	Pathways Human Services, LLC
Molina Healthcare of Illinois, Inc.	Pathways of Alabama, Inc.
Molina Healthcare of Iowa, Inc.	Pathways of Arizona, Inc.
Molina Healthcare of Louisiana, Inc.	Pathways of Delaware, Inc.
Molina Healthcare of Maryland, Inc.	Pathways of Idaho LLC
Molina Healthcare of Michigan, Inc.	Pathways of Maine, Inc.
Molina Healthcare of Mississippi, Inc.	Pathways of Massachusetts LLC
Molina Healthcare of Nevada, Inc.	Pathways of Oklahoma, Inc.
Molina Healthcare of New Mexico, Inc.	Pathways of Washington, Inc.
Molina Healthcare of New York, Inc. (f/k/a Today's Options of New York, Inc.)	Raystown Developmental Services, Inc.
Molina Healthcare of North Carolina, Inc.	Rio Grande Management Company, L.L.C.
Molina Healthcare of Ohio, Inc.	The RedCo Group, Inc.
Molina Healthcare of Oklahoma, Inc.	Transitional Family Services, Inc.
Molina Healthcare of Pennsylvania, Inc.	W.D. Management, L.L.C.
Molina Healthcare of Puerto Rico, Inc.	

(2) Molina and its subsidiaries, including the Plan, file a consolidated federal income tax return. Under a written intercompany tax-sharing agreement with Molina, approved by the Plan's board of directors, the combined federal income tax is allocated to each entity which is a party to the consolidation. Molina collects from, or refunds to, the subsidiaries the amount of taxes or benefits determined as if each entity filed separate tax returns. Under the tax-sharing agreement, the Plan has an enforceable right to recoup federal income taxes paid in prior years in the event of future net losses or to recoup net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany balances are settled within 90 days of filing the consolidated federal income tax return.

G. Federal or Foreign Federal Income Tax Loss Contingencies

NOTES TO FINANCIAL STATEMENTS

The Plan does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

A. The Plan is a wholly owned subsidiary of Molina. Molina and its subsidiaries provide quality managed care to people receiving government assistance. Molina offers healthcare services for persons served by Medicaid, Medicare, and the Marketplace, and products to assist government agencies in their administration of the Medicaid Program. Molina has wholly owned operating subsidiaries in various states as indicated in Schedule Y, Parts 1 and 1A.

The Joseph M. Molina, M.D. Professional Corporations (“JMMPC”) were created to further advance Molina’s direct delivery business. JMMPC’s primary shareholder is Dr. J. Mario Molina, Molina’s chief executive officer, president, and chairman of the board of directors. Dr. Molina is paid no salary and receives no dividends in connection with his work for, or ownership of, JMMPC. JMMPC provides primary care medical services through its employed physicians and other medical professionals. Substantially all of the individuals served by JMMPC are members of Molina’s health plans. JMMPC does not have agreements to provide professional medical services with any other entities.

Molina’s wholly owned subsidiary, Molina Medical Management, Inc. (“MMM”), has entered into services agreements with JMMPC to provide clinic facilities, clinic administrative support staff, patient scheduling services and medical supplies to JMMPC. The services agreements were designed such that JMMPC will operate at break even, ensuring the availability of quality care and access for the Plan’s members. The services agreements provide that the administrative fees charged to JMMPC by MMM are reviewed annually to assure the achievement of this goal.

The Plan has entered into a primary care services agreement with JMMPC. This agreement directs the Plan to either fund JMMPC’s operating deficits, or receive JMMPC’s operating surpluses, such that JMMPC will derive no profit or loss. Because the MMM services agreement described above mitigates the likelihood of significant operating deficits or surpluses, such amounts either paid to JMMPC or received by the Plan are generally insignificant. For the years ended December 31, 2016 and 2015, the Plan paid \$582,658 and \$276,085, respectively to JMMPC for health care services provided by JMMPC to the Plan’s members.

B., C. The Plan received contributions amounting to \$36.5 million from Molina in the year ended December 31, 2016, principally to provide funding to meet mandated net worth requirements. Molina has agreed to provide additional future funding to the Plan, if necessary, to ensure the Plan’s compliance with minimum net worth requirements during the next 12 months.

The Plan has an agreement with Molina whereby Molina provides certain management services to the Plan. Expenses incurred relating to this agreement amounted to \$89.2 million and \$86.6 million for the years ended December 31, 2016 and 2015, respectively.

D. As of December 31, 2016, amounts due to Molina and affiliates totaled \$4,332,635 and amounts due from Molina and affiliates totaled \$36,512,729. Intercompany receivables and payables are generally settled on a monthly basis.

E. The Plan is not a guarantor and does not participate in any undertakings.

F. The Plan has a services agreement with Molina, as described in Note 10.C. above.

G. As indicated in Note 10.A. above, the Plan is a wholly owned subsidiary of Molina. The entities under common ownership of Molina are indicated in Schedule Y, Parts 1 and 1A.

H. Amount deducted from the value of an upstream intermediate entity or ultimate parent owned: None.

I. Investment in subsidiary, controlled or affiliated (“SCA”) entity that exceeds 10% of the admitted assets of the insurer: None.

J. Investment in impaired SCA entities: None.

K. Investment in foreign subsidiary: None.

L. Investment in downstream noninsurance holding company: None.

M. All SCA investment value: None.

N. Investment in Insurance SCAs: None.

Note 11 – Debt

None.

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

A.-D. Defined Benefit Plan: Not applicable.

E. Defined Contribution Plans: See Note 12.G. below.

F. Multiemployer Plans: None.

G. Consolidated/Holding Company Plans: The Plan’s employees participate in a defined contribution 401(k) plan sponsored by Molina that covers substantially all full-time salaried and clerical employees. Eligible employees are allowed to contribute up to the maximum allowed by law. The Plan matches up to the first 4% of compensation contributed by the employees. The Plan has no legal obligation to provide benefits under the plan. The Plan’s expense recognized in connection with the 401(k) plan was \$1,981,429 and \$1,898,681 for the years ended December 31, 2016 and 2015, respectively.

H. Postemployment Benefits and Compensated Absences: No postemployment benefits and no unrecorded amounts for compensated absences.

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

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

(1) The Plan has 500,000 shares of \$1 par value common stock authorized, 14,561 shares issued and outstanding.

NOTES TO FINANCIAL STATEMENTS

- (2) Preferred stock: None.
- (3) Dividend restrictions: The Plan must receive approval from the Department superintendent within thirty-day period, prior to the distribution of dividends.
- (4) Dividends paid by the Plan to Molina during 2016 were as follows: None.
- (5) Subject to the limitations of (3) above, no restrictions have been placed on the portion of the Plan's profits that may be paid as ordinary dividends to Molina.
- (6) Restrictions placed on unassigned funds (surplus): None.
- (7) Advances to surplus not repaid: None.
- (8) Stock held for special purposes: None.
- (9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2015 represented the Plan's estimated health insurer fee for 2016. Due to the moratorium on the health insurer fee for the 2017 calendar year, the Plan did not reclassify amounts to special surplus at December 31, 2016.
- (10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses: \$0.
- (11) Surplus debentures or similar obligations: None.
- (12) The impact of any restatement due to prior quasi-reorganizations: None.
- (13) The effective dates of all quasi-reorganizations in the prior 10 years: None.

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

- (1) Total SSAP No. 97, *Investments in Subsidiary, Controlled, and Affiliated Entities*, A Replacement of SSAP No. 88, and SSAP No. 48, *Joint Ventures, Partnerships and Limited Liability Companies* contingent liabilities: None.
- (2), (3) Detail of other contingent commitments: None; the Plan is not a guarantor.

B. Assessments: The Plan Participated in the New Mexico Insurance Pool ("NMMIP"), which is funded through a combination of member premium, state fund, and assessments of Health Insurance companies within the state of New Mexico. The Plan's net assessment paid were \$18.7 million and \$18.2 million at December 31, 2016 and 2015, respectively. Unpaid assessments expressed are due and paid in full in the subsequent year.

C. Gain Contingencies: None.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits: None.

E. Joint and Several Liabilities: None.

F. All Other Contingencies: From time to time, the Plan may be involved in legal actions in the normal course of business, some of which involve a demand for both compensatory and punitive damages not covered by insurance. Currently, there are no pending or threatened actions which, to the knowledge and in the opinion of management and the Plan's counsel, would have a material adverse effect on the Plan's financial position, results of operations or cash flow.

Note 15 – Leases

A. Lessee Operating Lease

- (1) The Plan leases office facilities and equipment under noncancelable long-term operating leases. Some of the leases contain escalation clauses and renewal options. Rental expense relating to these leases totaled \$2,477,858 and \$3,526,072 for the years ended December 31, 2016 and 2015, respectively.

(2)

a. At January 1, 2017 the minimum aggregate rental commitments are as follows:			
	Year Ending December 31	Operating Leases	
1.	2017	\$	2,953,543
2.	2018	\$	2,970,303
3.	2019	\$	3,019,248
4.	2020	\$	3,110,192
5.	2021	\$	3,202,833
6.	Thereafter	\$	11,675,031
7.	Total	\$	26,931,151

- (3) Sale-leaseback transactions: None.

B. Revenue, Net Income or Assets with Respect to Leases: None.

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

The Plan has no financial instruments with off-balance-sheet risk.

Financial instruments that potentially subject the Plan to concentrations of credit risk consist primarily of cash, short-term investments, bonds and receivables. The Plan maintains deposits with certain financial institutions which exceed Federal Deposit Insurance Corporation limits. The Plan's investments and a portion of its cash equivalents are managed by professional portfolio managers operating under documented investment guidelines. Concentrations of credit risk with respect to receivables is limited because the Plan's primary payors are the state of New Mexico and CMS.

NOTES TO FINANCIAL STATEMENTS**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: None.
- B. ASC Plans: None.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract: The Medicare Part D program is a partially insured plan. The Plan recorded a receivable of \$7,851 and \$209,469 and a payable of \$4,046,719 and \$0 relating to uninsured plans at December 31, 2016 and 2015, respectively, for cost reimbursements under the Medicare Part D program.

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

Not applicable.

Note 20 – Fair Value Measurements

- A.
- (1) Fair Value Measurements at Reporting Date: None.
 - (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) For fair value measurements categorized within Level 2 and Level 3 of the fair value hierarchy, a description of the valuation techniques follows: None.
 - (5) Derivative assets and liabilities: None.
- B. 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 by hierarchy of all financial instruments as of December 31, 2016 and 2015 is presented in the table below:

2016:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Asset-backed securities	\$ 7,304,317	\$ 7,303,128	\$	\$ 7,304,317	\$	\$
Corporate debt securities	124,150,813	124,284,067		124,150,813		
Government-sponsored enterprise securities	4,054,178	4,049,685	4,054,178			
Money market funds	2,013,983	2,013,983	2,013,983			
Mortgage-backed securities	343,862	346,748	343,862			
Municipal securities	5,773,183	5,795,802		5,773,183		
U.S. Treasury notes	42,597,956	42,611,843	42,597,956			
Total bonds and short-term investments	186,238,292	186,405,256	49,009,979	137,228,313		

2015:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Asset-backed securities	\$ 5,351,830	\$ 5,373,163	\$	\$ 5,351,830	\$	\$
Corporate debt securities	112,142,148	112,261,981		112,142,148		
Government-sponsored enterprise securities	17,375,114	17,377,348	17,375,114			
Money market funds	280,244	280,244	280,244			
Mortgage-backed securities	343,006	348,230	343,006			
Municipal securities	6,029,434	6,027,118		6,029,434		
U.S. Treasury notes	42,960,704	43,033,558	42,960,704			
Total bonds and short-term investments	184,482,480	184,701,642	60,955,068	123,523,412		

- D. Not Practicable to Estimate Fair Value: Not applicable.

Note 21 – Other Items

NOTES TO FINANCIAL STATEMENTS

- A. Unusual or Infrequent Items: None.
- B. Troubled Debt Restructuring Debtors: None.
- C. Other Disclosures and Unusual Items:

The state of New Mexico imposes a minimum net worth requirement on health insurance companies licensed in and conducting business within the state. Calculated in accordance with New Mexico regulations, the minimum net worth requirement as of December 31, 2016 is indicated below:

Net Worth per Statutory Financial Statement:		\$122,652,980
59A-46-13 (A)(2)		Requirement is:
(a) Minimum Net Worth Required		\$ 1,000,000 Satisfied
(b) Annual premium revenues as reported on the most recently filed annual statement	\$1,417,863,002	
2% of first \$150,000,000	\$ 3,000,000	
1% of premiums greater than \$150,000,000	12,678,630	
Total Requirement	\$ 15,678,630	\$ 15,678,630 Satisfied
(c) The sum of three months uncovered health care expenditures as reported on most recently filed financial statement		\$ 845,526 Satisfied
(d) The sum of:		
(1) Annual health care expenditures for enrollees Under prepaid contracts (except those paid on a capitated basis or managed hospital basis) as reported on the most recent financial statement		
Total expenditures per financial statement	\$1,149,743,282	
Less capitated reinsurance premium	(5,744,270)	
Less capitation expense	(32,063,889)	
Less managed care hospital expense	(372,762,219)	
Total	\$ 739,172,904	
	8% of total	\$ 59,133,832
(2) Annual hospital expenditures for enrollees under prepaid contracts paid on a capitated basis and a managed hospital payment as reported on the recently filed financial statement.		
Annual hospital expenditures – Capitated	32,063,889	
Annual hospital expenditures – FFS	<u>372,762,219</u>	
Total	\$ 404,826,108	
	4% of total	\$ 16,193,044
	Combine (1) & (2)	\$ 75,326,877 Satisfied
Largest Requirement of (a), (b), (c), or (d)		
All requirements are satisfied		
Net worth greater (less) than requirement		\$ 47,326,103

In February 2017, HSD notified the Plan that it has disallowed certain medically related administrative expenses and other items in the computation of its Medicaid Expansion risk corridor, which was effective January 1, 2014, through December 31, 2016. Although the Plan disputed their contractual interpretations, the Plan reduced premium revenue for the year ended December 31, 2016, by approximately \$45.0 million as a result of this communication, because such revenue is presently subject to refund or adjustment. Of this amount, \$29.0 million relates to dates of service prior to 2016. At December 31, 2016, the Plan aggregates Medicaid Expansion risk corridor payable to HSD is \$145.0 million. The Plan is further engaging in discussions with HSD on various components in this matter prior to determining if an Appeal will be necessary.

- D. Business Interruption Insurance Recoveries: None.
- E. State Transferable and Non-Transferable Tax Credits: None.

NOTES TO FINANCIAL STATEMENTS

- F. Subprime Mortgage Related Risk Exposure: None.
- G. Retained Assets: None.
- H. Insurance-Linked Securities (ILS) Contracts: None.

Note 22 – Events Subsequent

Prior to the 2017 calendar year, the Plan is subject to an annual health insurer fee under section 9010 of the Federal Affordable Care Act (“ACA”). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. The special surplus balance at December 31, 2015 represented the Plan’s estimated health insurer fee for 2016. Due to the moratorium on the health insurer fee for the 2017 calendar year, the Plan did not reclassify amounts to special surplus at December 31, 2016.

A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B.	ACA fee assessment payable for the upcoming year	\$	0	\$ 22,600,000
C.	ACA fee assessment paid		21,706,735	19,311,627
D.	Premium written subject to ACA 9010 assessment		0	1,186,632,815
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)		122,652,980	
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)		122,652,980	
G.	Authorized control level (Five-Year Historical Line 15)	\$	45,078,211	
H.	Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

As of December 31, 2016, the balance sheet reflects a contribution receivable from Molina in the amount of \$36.5 million which was received on January 31, 2017 in the amount of \$6.5 million and on February 17, 2017 in the amount of \$30.0 million. The Plan received approval from the Department to reflect the contribution receivable as an admitted asset in accordance with the provisions of SSAP 72.

With the exception of the subsequent event disclosed above, there were no recognized or unrecognized events occurring subsequent to the close of the books that would have a material effect on the Plan’s financial condition. Subsequent events were considered through February 28, 2017, for the statutory statement available to be issued on February 28, 2017.

Note 23 – Reinsurance

- A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? No.
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? No.

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? No.
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? No.

- B. Uncollectible Reinsurance: None.
- C. Commutation of Ceded Reinsurance: None.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A.-C. Based on member encounter data that the Plan submits to CMS, Medicare premiums are subject to retroactive increase or decrease based upon member medical conditions for up to two years after the original year of service. The Plan estimates the amount of Medicare revenue that will ultimately be realized for the periods presented based on its knowledge of its members’ health care utilization patterns and CMS practices. Based on the Plan’s knowledge of member health care utilization patterns and expenses, the Plan recorded a net payable of approximately \$601,807 and \$219,801 as of December 31, 2016 and 2015, respectively, related to its contracts with CMS. The Plan had net premiums written of \$35.8 million and \$22.1 million for its Medicare business for the years ended December 31, 2016 and 2015, representing 2.5% and 1.6% of total net premiums written in 2016 and 2015, respectively.

The Plan began serving members through the Marketplace in January 2014. Under the risk sharing provisions of the ACA, Marketplace premiums are subject to redetermination through the risk adjustment program in which the risk scores of enrollees are used to determine the final premium amount. In addition,

NOTES TO FINANCIAL STATEMENTS

Marketplace premiums are subject to retrospective rating through the risk corridor program in which the Plan and the Federal government share in loss experience above or below a specified range. The Plan estimates accrued retrospective premium adjustments for its Marketplace business through a mathematical approach with inputs that may include premiums, claims costs, administrative expenses, reinsurance recoveries, and risk adjustment transfer payments. The Plan recorded a net receivable of approximately \$2.0 million and a net payable of approximately \$1.6 million as of December 31, 2016 and 2015, respectively, related to its Marketplace business. The Plan had net premiums written of \$59.9 million and \$14.3 million for its Marketplace business for the years ended December 31, 2016 and 2015, representing 4.2% and 1.0% of the total net premiums written in 2016 and 2015, respectively.

Medicaid premiums are subject to retrospective rating. The Plan recorded a net payable of \$159.5 million and \$127.7 million as of December 31, 2016 and 2015, respectively, relating to Medicaid contracts. The Plan had net premiums written relating to Medicaid of \$1,322.1 million and \$1,379.9 million for its Medicaid business for the years ended December 31, 2016 and 2015, representing 93.2% and 97.4% of total net premiums written in 2016 and 2015, respectively.

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

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 187,250	\$	\$	\$	\$ 187,250
(2) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid	187,250				187,250
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	187,250
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ (187,250)	\$	\$	\$	\$ (187,250)
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid					
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	

E. Risk Sharing Provisions of the Affordable Care Act

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

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

a.	Permanent ACA Risk Adjustment Program	AMOUNT
Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment	\$ 1,996,709
Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	31,132
3.	Premium adjustments payable due to ACA Risk Adjustment	
Operations (Revenue & Expenses)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	1,629,194
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (31,147)
b. Transitional ACA Reinsurance Program		
Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$ 1,138,628
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	91,994
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	367,978
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operations (Revenue & Expenses)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$ (367,977)
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	1,012,384
9.	ACA Reinsurance contributions – not reported as ceded premium	\$ (91,995)
c. Temporary ACA Risk Corridors Program		
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	\$
Liabilities		
2.	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)	(107,006)
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ 1,482,885

(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 December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	Differences	Adjustments	Unsettled Balances as of the Reporting Date

NOTES TO FINANCIAL STATEMENTS

					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	1	2	3	4	5	6	7	8		9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program												
1.	Premium adjustments receivable	\$ 105,301	\$	\$ 3,406	\$	\$ 101,895	\$	\$ (101,895)	\$	A	\$	\$
2.	Premium adjustments (payable)				(265,619)		265,619		(265,619)	B		
3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 105,301	\$	\$ 3,406	\$ (265,619)	\$ 101,895	\$ 265,619	\$ (101,895)	\$ (265,619)		\$	\$
b. Transitional ACA Reinsurance Program												
1.	Amounts recoverable for claims paid	\$ 186,809	\$	\$ 267,851	\$	\$ (81,042)	\$	\$ 114,058	\$	C	\$ 33,016	\$
2.	Amounts recoverable for claims unpaid (contra liability)	207,286				207,286		(207,286)		D		
3.	Amounts receivable relating to uninsured plans									E		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums		(42,581)		(42,581)					F		
5.	Ceded reinsurance premiums payable		(127,743)		(127,743)					G		
6.	Liability for amounts held under uninsured plans									H		
7.	Subtotal ACA Transitional Reinsurance Program	\$ 394,095	\$ (170,324)	\$ 267,851	\$ (170,324)	\$ 126,244	\$	\$ (93,228)	\$		\$ 33,016	\$
c. Temporary ACA Risk Corridors Program												
1.	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2.	Reserve for rate credits or policy experience rating refunds		(1,482,884)		(107,006)		(1,375,878)		1,375,878	J		
3.	Subtotal ACA Risk Corridors Program		(1,482,884)		(107,006)		(1,375,878)		1,375,878			
d.	Total for ACA Risk Sharing Provisions	\$ 499,396	\$ (1,653,208)	\$ 271,257	\$ (542,949)	\$ 228,139	\$ (1,110,259)	\$ (195,123)	\$ 1,110,259		\$ 33,016	\$

Explanations of Adjustments

- A. Adjusted to reflect the final settlement amount communicated by CMS in June 2016.
- B. Adjusted to reflect the final settlement amount communicated by CMS in June 2016.
- C. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in June 2016.
- D. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in June 2016.
- J. Adjusted as a result of additional months of development and for final settlements related to risk adjustment and reinsurance.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

					Differences		Adjustments		Unsettled Balances as of the Reporting Date			
	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		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)	Ref	Receivable	(Payable)	
a. 2014												
1.	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	A	\$	\$	
2.	Reserve for rate credits for policy experience rating refunds								B			
b. 2015												
1.	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	C	\$	\$	
2.	Reserve for rate credits for policy experience rating refunds		(1,482,884)		(107,006)		(1,375,878)		1,375,878	D		
c. 2016												
1.	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	E	\$	\$	
2.	Reserve for rate credits or policy experience rating refunds								F			
d.	Total for Risk Corridors	\$	\$ (1,482,884)	\$	\$ (107,006)	\$	\$ (1,375,878)	\$	\$ 1,375,878		\$	\$

Explanations of Adjustments

- D. Adjusted as a result of additional months of development and for final settlements related to risk adjustment and reinsurance.

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

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

NOTES TO FINANCIAL STATEMENTS

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 periods indicated is summarized below:

	Year ended 12/31/2016	Year ended 12/31/2015
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 121,028,001	\$ 146,856,123
Add provision for claims, net of reinsurance:		
Current year	1,170,601,901	1,064,913,909
Prior years	(24,309,419)	(20,689,691)
Net incurred claims during the current year	<u>\$ 1,146,292,482</u>	<u>\$ 1,044,224,218</u>
Deduct paid claims, net of reinsurance		
Current year	1,062,567,282	964,235,273
Prior years	92,081,294	120,717,324
Net paid claims during the current year	<u>1,154,648,576</u>	<u>1,084,952,597</u>
Change in claims adjustment expenses	78,025	(485,090)
Change in health care receivables	12,877,368	13,956,281
Change in amounts due from reinsurers	(903,142)	1,429,066
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 124,724,158</u>	<u>\$ 121,028,001</u>

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2016	\$ 2,609,940	\$ -	\$ -	\$ -	\$ -
09/30/2016	2,674,696	-	-	-	-
06/30/2016	5,284,636	-	-	1,929,707	-
03/31/2016	1,483,773	-	-	1,777,660	321,931
12/31/2015	1,340,232	-	-	939,947	327,416
09/30/2015	1,239,070	-	-	1,040,942	146,618
06/30/2015	816,195	-	-	935,052	102,475
03/31/2015	611,895	-	-	532,433	235,131
12/31/2014	316,767	-	-	489,518	195,630
09/30/2014	282,622	-	-	456,005	142,442
06/30/2014	260,396	-	-	351,747	108,390
03/31/2014	259,787	-	-	342,246	48,219

B. Risk Sharing Receivables: None.

Note 29 – Participating Policies

None.

Note 30 – Premium Deficiency Reserves

- Liability carried for premium deficiency reserve: \$0
- Date of most recent evaluation of this liability: December 31, 2016
- Was anticipated investment income utilized in the calculation? Yes [X] No []

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 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 No
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State regulating? New Mexico
- 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
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 3.2 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. 12/31/2014
- 3.3 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). 02/02/2016
- 3.4 By what department or departments?
New Mexico Office of Superintendent of Insurance
- 3.5 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
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes No
- 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes No
- 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 5.2 If yes, provide the 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 |
|---------------------|------------------------------|---------------------------|
| | | |
- 6.1 Has the 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
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes,
- 7.21 State the percentage of foreign control _____ %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).
- | 1
Nationality | 2
Type of Entity |
|------------------|---------------------|
| | |
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes No
- 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
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Grant Thornton LLP, 90 State House Square, 10th Floor, Hartford, CT 06103
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes No
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes No N/A
- 10.6 If the response to 10.5 is no or n/a, please explain:
The Company is a direct wholly owned subsidiary of Molina Healthcare, Inc. ("Molina") Molina is a publicly traded company and is subject to compliance with the Sarbanes-Oxley Act. An Audit Committee is maintained at the Corporate level (Molina).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Brian F. Goebel, FSA, MAAA, Chief Actuary, 200 Oceangate, Suite 100, Long Beach, CA 90802 . Employee of the reporting entity
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes [] No []
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers \$ 0
- 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$
- 21.22 Borrowed from others \$
- 21.23 Leased from others \$
- 21.24 Other \$
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [X] No []
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 262,213
- 22.22 Amount paid as expenses \$ 4,282,846
- 22.23 Other amounts paid \$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01 Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes No

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes No N/A

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ _____

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ _____

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes No N/A

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes No N/A

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

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

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

24.103 Total payable for securities lending reported on the liability page: \$ _____ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes No

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements \$ _____ 0

25.22 Subject to reverse repurchase agreements \$ _____ 0

25.23 Subject to dollar repurchase agreements \$ _____ 0

25.24 Subject to reverse dollar repurchase agreements \$ _____ 0

25.25 Placed under option agreements \$ _____ 0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ _____ 0

25.27 FHLB Capital Stock \$ _____ 0

25.28 On deposit with states \$ _____ 325,269

25.29 On deposit with other regulatory bodies \$ _____ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ _____ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ _____ 0

25.32 Other \$ _____ 127,856,304

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$ _____

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year: \$ _____

28. 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 No

28.01 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's Address
Bank of Albuquerque	706A St Michaels Dr Santa Fe, NM 87505
Century Bank	PO Box 1507 Santa Fe, NM 87504-1507

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No

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

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

28.05 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
PFM Fund Distributors, Inc.	U

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 No

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes No

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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
114474	PFM Fund Distributors, Inc.			NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes No

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	186,405,256	186,238,292	(166,964)
30.2	Preferred Stocks	0	0	0
30.3	Totals	186,405,256	186,238,292	(166,964)

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are provided by third party vendor, Clearwater Analytics, who uses unit prices published by the Securities Valuation Office of the NAIC (SVO) when available. For securities not priced by the SVO Clearwater Analytics receives pricing from S&P Capital IQ Pricing. Securities with short maturities and infrequent secondary market trades such as Commercial Paper and Certificates of Deposit, Clearwater will calculate prices by accreting the purchase price to face value at maturity.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes No

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes No

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any? \$ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?			Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.		\$		0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?		\$		0
1.31	Reason for excluding:				
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.		\$		0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.		\$		0
1.6	Individual policies:				
	Most current three years:				
1.61	Total premium earned		\$		0
1.62	Total incurred claims		\$		0
1.63	Number of covered lives		\$		0
	All years prior to most current three years:				
1.64	Total premium earned		\$		0
1.65	Total incurred claims		\$		0
1.66	Number of covered lives		\$		0
1.7	Group policies:				
	Most current three years:				
1.71	Total premium earned		\$		0
1.72	Total incurred claims		\$		0
1.73	Number of covered lives		\$		0
	All years prior to most current three years:				
1.74	Total premium earned		\$		0
1.75	Total incurred claims		\$		0
1.76	Number of covered lives		\$		0
2.	Health Test:				
				1	2
				Current Year	Prior Year
2.1	Premium Numerator	\$	1,417,863,002	\$	1,411,642,842
2.2	Premium Denominator	\$	1,417,863,002	\$	1,411,642,842
2.3	Premium Ratio (2.1/2.2)	\$	100.000	\$	100.000
2.4	Reserve Numerator	\$	283,919,312	\$	249,005,572
2.5	Reserve Denominator	\$	283,919,312	\$	249,005,572
2.6	Reserve Ratio (2.4/2.5)	\$	100.000	\$	100.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?			Yes []	No [X]
3.2	If yes, give particulars:				
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?			Yes [X]	No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?			Yes [X]	No []
5.1	Does the reporting entity have stop-loss reinsurance?			Yes [X]	No []
5.2	If no, explain:				
5.3	Maximum retained risk (see instructions)				
5.31	Comprehensive Medical	\$		1,167,500	
5.32	Medical Only	\$		0	
5.33	Medicare Supplement	\$		0	
5.34	Dental and Vision	\$		0	
5.35	Other Limited Benefit Plan	\$		0	
5.36	Other	\$		0	
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:				

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

The Company is insured under an annual HMO excess risk reinsurance agreement effective 1/1/16-12/31/16 with RGA Reinsurance Company. Subscribers are also protected against the Company's insolvency through provider agreements, evidence of coverage, and/or member handbooks

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes No
 7.2 If no, give details

8. Provide the following information regarding participating providers:
- | | | |
|-----|--|--------|
| 8.1 | Number of providers at start of reporting year | 13,717 |
| 8.2 | Number of providers at end of reporting year | 15,552 |

- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No

- 9.2 If yes, direct premium earned:
- | | | |
|------|---|------|
| 9.21 | Business with rate guarantees with rate guarantees between 15-36 months | \$ 0 |
| 9.22 | Business with rate guarantees over 36 months | \$ 0 |

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | | |
|-------|---|------------|
| 10.21 | Maximum amount payable bonuses | \$ 0 |
| 10.22 | Amount actually paid for year bonuses | \$ 416,574 |
| 10.23 | Maximum amount payable withholds | \$ 0 |
| 10.24 | Amount actually paid for year withholds | \$ 0 |

- 11.1 Is the reporting entity organized as:
- | | | |
|-------|---|---|
| 11.12 | A Medical Group/Staff Model, | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.13 | An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.14 | A Mixed Model (combination of above)? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
New Mexico
- 11.4 If yes, show the amount required. \$ 90,156,422

- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation
200% of RBC Authorized Control Level. \$45,078,211x 2 = \$90,156,422

12. List service areas in which reporting entity is licensed to operate:
- | | |
|---|----------------------|
| 1 | Name of Service Area |
| | All counties |

- 13.1 Do you act as a custodian for health savings accounts? Yes No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

- 13.3 Do you act as an administrator for health savings accounts? Yes No
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes No N/A

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		\$	\$	\$	\$

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- | | | |
|------|-------------------------|------|
| 15.1 | Direct Premium Written | \$ 0 |
| 15.2 | Total Incurred Claims | \$ 0 |
| 15.3 | Number of Covered Lives | 0 |

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	468,315,299	409,142,925	304,257,404	95,265,961	74,058,962
2. Total liabilities (Page 3, Line 24).....	345,662,319	299,425,700	218,174,091	54,318,349	26,589,317
3. Statutory minimum capital and surplus requirement.....	90,156,422	81,685,910	59,376,102	20,478,304	13,636,429
4. Total capital and surplus (Page 3, Line 33).....	122,652,980	109,717,225	86,083,313	40,947,612	47,469,645
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	1,386,567,893	1,318,018,099	1,121,179,278	499,683,611	337,451,106
6. Total medical and hospital expenses (Line 18).....	1,146,292,482	1,044,224,217	944,179,968	402,891,408	274,236,559
7. Claims adjustment expenses (Line 20).....	72,675,297	77,052,752	57,761,166	16,904,738	6,980,282
8. Total administrative expenses (Line 21).....	194,695,220	181,114,440	152,322,378	78,512,475	47,411,240
9. Net underwriting gain (loss) (Line 24).....	(27,095,106)	15,626,690	(33,084,234)	1,461,280	8,742,072
10. Net investment gain (loss) (Line 27).....	1,207,707	728,508	225,693	150,329	142,743
11. Total other income (Lines 28 plus 29).....	(5,078,421)	(5,977,998)	(1,387,464)	(78,844)	(171,007)
12. Net income or (loss) (Line 32).....	(28,453,352)	(1,599,366)	(24,899,163)	1,046,265	5,969,056
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(5,240,334)	83,416,102	107,299,781	18,121,128	(1,735,473)
Risk-Based Capital Analysis					
14. Total adjusted capital.....	122,652,980	109,717,225	86,083,313	40,947,612	47,469,645
15. Authorized control level risk-based capital.....	45,078,211	40,842,955	36,653,728	14,849,069	10,009,366
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	253,687	230,736	212,449	168,154	90,460
17. Total member months (Column 6, Line 7).....	3,033,407	2,771,735	2,471,030	1,492,389	1,069,001
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	82.7	79.3	84.4	82.1	83.4
20. Cost containment expenses.....	5.0	5.6	4.9	3.0	1.7
21. Other claims adjustment expenses.....	0.2	0.3	0.3	0.4	0.4
22. Total underwriting deductions (Line 23).....	102.0	98.8	103.2	101.6	100.0
23. Total underwriting gain (loss) (Line 24).....	(2.0)	1.2	(3.0)	0.3	2.7
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	63,822,079	121,210,903	29,588,433	15,240,560	18,310,222
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	93,037,393	132,336,706	34,406,564	18,973,339	19,292,896
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of New Mexico, Inc. 2. Albuquerque, NM

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....1531

NAIC Company Code.....95739

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	230,736	3,937						2,567	224,232	
2. First quarter.....	246,305	19,072						2,949	224,284	
3. Second quarter.....	251,354	18,245						3,450	229,659	
4. Third quarter.....	253,085	17,348						3,928	231,809	
5. Current year.....	253,687	16,313						4,082	233,292	
6. Current year member months.....	3,033,407	207,403						41,611	2,784,393	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	930,066	59,696						32,905	837,465	
8. Non-physician.....	3,581,635	101,269						175,972	3,304,394	
9. Totals.....	4,511,701	160,965	0	0	0	0	0	208,877	4,141,859	0
10. Hospital patient days incurred.....	384,906	4,816						17,745	362,345	
11. Number of inpatient admissions.....	39,535	915						1,734	36,886	
12. Health premiums written (b).....	1,423,607,272	60,385,942						35,825,249	1,327,396,081	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	1,392,311,664	62,056,077						34,590,982	1,295,664,605	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,158,793,230	41,442,497						29,185,632	1,088,165,101	
18. Amount incurred for provision of health care services.....	1,149,743,282	44,895,970						30,833,748	1,074,013,564	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....35,825,249



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of New Mexico, Inc. 2. Albuquerque, NM

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

(Location)

NAIC Group Code.....1531

NAIC Company Code.....95739

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	230,736	3,937						2,567	224,232	
2. First quarter.....	246,305	19,072						2,949	224,284	
3. Second quarter.....	251,354	18,245						3,450	229,659	
4. Third quarter.....	253,085	17,348						3,928	231,809	
5. Current year.....	253,687	16,313						4,082	233,292	
6. Current year member months.....	3,033,407	207,403						41,611	2,784,393	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	930,066	59,696						32,905	837,465	
8. Non-physician.....	3,581,635	101,269						175,972	3,304,394	
9. Totals.....	4,511,701	160,965	0	0	0	0	0	208,877	4,141,859	0
10. Hospital patient days incurred.....	384,906	4,816						17,745	362,345	
11. Number of inpatient admissions.....	39,535	915						1,734	36,886	
12. Health premiums written (b).....	1,423,607,272	60,385,942						35,825,249	1,327,396,081	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	1,392,311,664	62,056,077						34,590,982	1,295,664,605	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,158,793,230	41,442,497						29,185,632	1,088,165,101	
18. Amount incurred for provision of health care services.....	1,149,743,282	44,895,970						30,833,748	1,074,013,564	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....35,825,249

SCHEDULE S - PART 1 - SECTION 2

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

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

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572.....	43-1235868....	01/01/2016	RGA Reinsurance Company	MO.....	.....114,509	.....
00000.....	AA-9990032....	01/01/2016	U.S. Department of Health and Human Services	DC.....	.....1,138,628	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....1,253,137	.....0
2199999.	Total - Accident and Health Non-Affiliates.....				.....1,253,137	.....0
2299999.	Total - Accident and Health.....				.....1,253,137	.....0
2399999.	Total U.S.....				.....1,253,137	.....0
9999999.	Total.....				.....1,253,137	.....0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93572....	43-1235868....	.01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	MC.....	5,270,852						
93572....	43-1235868....	.01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	CMM.....	9,930						
93572....	43-1235868....	.01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	MR.....	95,511						
00000....	AA-9990032....	.01/01/2016	U.S. Department of Health and Human Services.....	DC.....	OTH/A/I.....	CMM.....	367,977						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						5,744,270	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						5,744,270	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						5,744,270	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						5,744,270	0	0	0	0	0	0
6999999.	Total - U.S.....						5,744,270	0	0	0	0	0	0
9999999.	Total.....						5,744,270	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....	463	153	79		
2. Title XVIII - Medicare.....	10	5	5	6	8
3. Title XIX - Medicaid.....	5,271	4,554	4,522	1,507	1,392
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	1,253	2,106	727	1,010	
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	357,646,358		357,646,358
2. Accident and health premiums due and unpaid (Line 15).....	9,243,431		9,243,431
3. Amounts recoverable from reinsurers (Line 16.1).....	1,253,137	(1,253,137)	0
4. Net credit for ceded reinsurance.....	XXX	1,253,137	1,253,137
5. All other admitted assets (balance).....	100,172,373		100,172,373
6. Totals assets (Line 28).....	468,315,299	0	468,315,299
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	122,619,532		122,619,532
8. Accrued medical incentive pool and bonus payments (Line 2).....	129,998		129,998
9. Premiums received in advance (Line 8).....	3,279,830		3,279,830
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	219,632,959		219,632,959
15. Total liabilities (Line 24).....	345,662,319	0	345,662,319
16. Total capital and surplus (Line 33).....	122,652,980	XXX	122,652,980
17. Total liabilities, capital and surplus (Line 34).....	468,315,299	0	468,315,299
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	1,253,137		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	1,253,137		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	1,253,137		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & 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	..N							..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	..L	60,385,942	35,825,249	1,327,396,081				1,423,607,272	
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		60,385,942	35,825,249	1,327,396,081	0	0	0	1,423,607,272	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....(a)	1	60,385,942	35,825,249	1,327,396,081	0	0	0	1,423,607,272	0

DETAILS OF WRITE-INS

58001.....								0	
58002.....								0	
58003.....								0	
58998. Summary of remaining write-ins for line 58.....		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998).....		0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.
All premiums written in the state of New Mexico

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL						0
2. Alaska.....AK						0
3. Arizona.....AZ						0
4. Arkansas.....AR						0
5. California.....CA						0
6. Colorado.....CO						0
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL						0
11. Georgia.....GA						0
12. Hawaii.....HI						0
13. Idaho.....ID						0
14. Illinois.....IL						0
15. Indiana.....IN						0
16. Iowa.....IA						0
17. Kansas.....KS						0
18. Kentucky.....KY						0
19. Louisiana.....LA						0
20. Maine.....ME						0
21. Maryland.....MD						0
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS						0
26. Missouri.....MO						0
27. Montana.....MT						0
28. Nebraska.....NE						0
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM						0
33. New York.....NY						0
34. North Carolina.....NC						0
35. North Dakota.....ND						0
36. Ohio.....OH						0
37. Oklahoma.....OK						0
38. Oregon.....OR						0
39. Pennsylvania.....PA						0
40. Rhode Island.....RI						0
41. South Carolina.....SC						0
42. South Dakota.....SD						0
43. Tennessee.....TN						0
44. Texas.....TX						0
45. Utah.....UT						0
46. Vermont.....VT						0
47. Virginia.....VA						0
48. Washington.....WA						0
49. West Virginia.....WV						0
50. Wisconsin.....WI						0
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	0	0	0	0	0	0

NONE

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

PART 1 – ORGANIZATIONAL CHART

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	DE	81-2824030	Molina Clinical Services, LLC
I-00000	AZ	30-0876771	Molina Healthcare of Arizona, Inc.
I-00000	CA	33-0342719	Molina Healthcare of California
I-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
I-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
I-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
I-14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	IA	47-3920055	Molina Healthcare of Iowa, Inc.
I-00000	LA	81-4229476	Molina Healthcare of Louisiana, Inc.
I-00000	MD	46-0598968	Molina Healthcare of Maryland, Inc.
I-52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
I-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
I-00000	NV	20-3567602	Molina Healthcare of Nevada, Inc.
I-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
I-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
I-00000	OK	81-0864563	Molina Healthcare of Oklahoma, Inc.
I-00000	PA	81-0855820	Molina Healthcare of Pennsylvania, Inc.
I-15600	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
I-15329	SC	46-2992125	Molina Healthcare of South Carolina, LLC
I-10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
I-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
I-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
I-15133	VA	26-1769086	Molina Healthcare of Virginia, Inc.
I-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
I-12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	NY	47-3797019	Molina Health Plan Management, Inc.
I-00000	NY	27-1603200	Molina Healthcare of New York, Inc.
I-00000	NY	47-3580625	Molina Holdings Corporation
I-00000	CA	46-2821516	Molina Hospital Management, Inc.
I-00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
I-00000	CA	37-1652282	Molina Medical Management, Inc.
I-00000	CA	47-1446940	Easy Care MSO, LLC
I-00000	DE	45-2854547	Molina Pathways, LLC
I-00000	DE	81-1863393	Molina Dental and Vision Services, LLC

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

PART 1 – ORGANIZATIONAL CHART

40.1

|-00000	OH	47-4937011	Molina Pathways of Ohio, LLC
|-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
|-00000	TX	47-2308753	Molina Personal Care of Texas, Inc.
|-00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.
|-00000	DE	47-2525144	Pathways Health and Community Support LLC
|-00000	DE	58-2478281	AmericanWork, Inc.
|-00000	NV	61-1436598	A to Z In-Home Tutoring LLC
|-00000	PA	20-2639439	Children's Behavioral Health, Inc.
|-00000	DE	88-0469530	Choices Group, Inc.
|-00000	CA	95-4864640	College Community Services
|-00000	IN	35-2085281	Dockside Services, Inc.
|-00000	VA	54-1620121	Family Preservation Services, Inc.
|-00000	FL	65-0848685	Family Preservation Services of Florida, Inc.
|-00000	NC	86-0976674	Family Preservation Services of North Carolina, Inc.
|-00000	DC	20-0086731	Family Preservation Services of Washington, D.C., Inc.
|-00000	WV	86-1035573	Family Preservation Services of West Virginia, Inc.
|-00000	NV	88-0321776	Maple Star Nevada, Inc.
|-00000	OR	93-1263318	Maple Star Oregon, Inc.
|-00000	DE	62-1651095	Pathways Community Corrections, Inc.
|-00000	IL	36-3465604	Camelot Care Centers, Inc.
|-00000	DE	33-0797276	Pathways Community Services LLC
|-00000	PA	23-2820336	Pathways Community Services LLC
|-00000	TX	74-2868929	Pathways Community Support of Texas, Inc.
|-00000	AZ	86-0706547	Pathways of Arizona, Inc.
|-00000	DE	59-3766748	Pathways of Delaware, Inc.
|-00000	DE	81-2396831	Pathways Human Services, LLC
|-00000	DE	46-5044433	Pathways of Idaho LLC
|-00000	ME	86-0970832	Pathways of Maine, Inc.
|-00000	DE	47-1016377	Pathways of Massachusetts LLC
|-00000	OK	74-2884198	Pathways of Oklahoma, Inc.
|-00000	WA	27-2837920	Pathways of Washington, Inc.
|-00000	PA	23-2181371	The RedCo Group, Inc.
|-00000	PA	25-1470445	Raystown Developmental Services, Inc.
|-00000	GA	58-1923779	Transitional Family Services, Inc.
|-00000	MI	38-3611499	Integrated Care Alliance, LLC
|-00000	CA	46-5098489	Molina Youth Academy

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	30-0876771				Molina Healthcare of Arizona, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-2714545				Molina Healthcare of California Partner Plan, Inc.	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, Inc.	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-3920055				Molina Healthcare of Iowa, Inc.	IA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-0598968				Molina Healthcare of Maryland, Inc.	MD	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	NIA	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	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-4148278				Molina Healthcare of North Carolina, Inc.	NC	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, LLC	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas Insurance Company	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15133	26-1769086				Molina Healthcare of Virginia, Inc.	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-3797019				Molina Health Plan Management, Inc.	NY	NIA	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 Health Plan Management, 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, Inc.	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	27-1510177				Molina Information Systems, LLC (dba Molina Medicaid Solutions)	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	37-1652282				Molina Medical Management, Inc.	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	

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...	47-1446940..				Easy Care MSO, LLC.....	CA.....	NIA.....	Molina Medical Management, Inc.....	Ownership.....	...54.770	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...	81-1863393..				Molina Dental and Vision Services, LLC.....	DE.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-4937011..				Molina Pathways of Ohio, LLC.....	OH.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-2296708..				Molina Pathways of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-2308753..				Molina Personal Care of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-2373467..				Molina Personal Care of South Carolina, Inc.....	SC.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-2525144..				Pathways Health and Community Support LLC.....	DE.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	58-2478281..				AmericanWork, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	61-1436598..				A to Z In-Home Tutoring LLC.....	NV.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	36-3465604..				Camelot Care Centers, Inc.....	IL.....	NIA.....	Pathways Community Corrections, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	20-2639439..				Children's Behavioral Health, Inc.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	88-0469530..				Choices Group, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	95-4864640..				College Community Services.....	CA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	35-2085281..				Dockside Services, Inc.....	IN.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	54-1620121..				Family Preservation Services, Inc.....	VA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	65-0848685..				Family Preservation Services of Florida, Inc.....	FL.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	86-0976674..				Family Preservation Services of North Carolina, Inc.....	NC.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	20-0086731..				Family Preservation Services of Washington, D.C., Inc.....	DC.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	86-1035573..				Family Preservation Services of West Virginia, Inc.....	WV.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	88-0321776..				Maple Star Nevada, Inc.....	NV.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	93-1263318..				Maple Star Oregon, Inc.....	OR.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	62-1651095..				Pathways Community Corrections, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	33-0797276..				Pathways Community Services LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	23-2820336..				Pathways Community Services LLC.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	74-2868929..				Pathways Community Support of Texas, Inc.....	TX.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	86-0706547..				Pathways of Arizona, Inc.....	AZ.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	59-3766748..				Pathways of Delaware, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	81-2396831..				Pathways Human Services, LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	46-5044433..				Pathways of Idaho LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	86-0970832..				Pathways of Maine, Inc.....	ME.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-1016377..				Pathways of Massachusetts LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	74-2884198..				Pathways of Oklahoma, Inc.....	OK.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	27-2837920..				Pathways of Washington, Inc.....	WA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	25-1470445..				Raystown Developmental Services, Inc.....	PA.....	NIA.....	The RedCo Group, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	23-2181371..				The RedCo Group, Inc.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	

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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...	58-1923779..	.....	.....	.....	Transitional Family Services, Inc.....	GA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531...	Molina Healthcare, Inc.....	00000...	38-3611499..	.....	.....	.....	Integrated Care Alliance, LLC.....	MI.....	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.....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc.	105,341,636	(447,632,658)			1,224,341,756				882,050,734	
00000	33-0342719	Molina Healthcare of California	(50,000,000)				1,455,611,878				1,405,611,878	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc.				(1,665,572,841)					(1,665,572,841)	
00000	45-2634351	Molina Healthcare Data Center, Inc.		(1,000,000)			5,461,987				4,461,987	
13128	26-0155137	Molina Healthcare of Florida, Inc.		110,000,000			(101,011,421)				8,988,579	
15714	80-0800257	Molina Healthcare of Georgia, Inc.					1,000				1,000	
14104	27-1823188	Molina Healthcare of Illinois, Inc.		24,500,000			(46,728,868)				(22,228,868)	
52630	38-3341599	Molina Healthcare of Michigan, Inc.					(131,409,323)				(131,409,323)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.		36,500,000			(107,447,206)				(70,947,206)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.					(162,827,243)				(162,827,243)	
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.		51,000,000			(17,339,293)				33,660,707	
15329	46-2992125	Molina Healthcare of South Carolina, LLC	(50,000,000)				(30,143,254)				(80,143,254)	
10757	20-1494502	Molina Healthcare of Texas, Inc.	(5,341,636)	15,000,000			(204,566,208)	(1,420,794)			(196,328,638)	
13778	27-0522725	Molina Healthcare of Texas Insurance Company		3,000,000			(756,560)	1,420,794			3,664,234	
95502	33-0617992	Molina Healthcare of Utah, Inc.		25,500,000			(26,696,147)				(1,196,147)	
00000	26-1769086	Molina Healthcare of Virginia, Inc.		4,000,000			(167,432)				3,832,568	
96270	91-1284790	Molina Healthcare of Washington, Inc.		35,000,000			(184,150,797)				(149,150,797)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.		51,500,000			(15,882,416)				35,617,584	
00000	46-2821516	Molina Hospital Management, Inc.		3,700,000			5,692,766				9,392,766	
00000	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)					(2,636,929)				(2,636,929)	
00000	27-1603200	Molina Healthcare of New York, Inc.		45,844,234			465,000				46,309,234	
00000	20-3567602	Molina Healthcare of Nevada, Inc.		5,000							5,000	
00000	81-4229476	Molina Healthcare of Louisiana, Inc.		3,000,000							3,000,000	
00000	81-0855820	Molina Healthcare of Pennsylvania, Inc.		20,010,000							20,010,000	
00000	81-2824030	Molina Clinical Services, LLC		1,000							1,000	
00000	37-1652282	Molina Medical Management, Inc.		12,757,000			(1,755,038)				11,001,962	
00000	46-0598968	Molina Healthcare of Maryland, Inc.					(1,000)				(1,000)	
00000	47-1446940	Easy Care MSO, LLC		243,000							243,000	
00000	45-2854547	Molina Pathways, LLC		2,284,224			2,417,338				4,701,562	
00000	47-2296708	Molina Pathways of Texas, Inc.		100			1,330,043				1,330,143	
00000	47-2308753	Molina Personal Care of Texas, Inc.		100			1,000				1,100	
00000	47-2525144	Pathways Health and Community Support LLC		4,788,000			3,837,208				8,625,208	
00000	38-3611499	Synergy Partners, L.L.C.					(68,000)				(68,000)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will the Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	<u>SEE EXPLANATION</u>
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	<u>SEE EXPLANATION</u>
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	<u>SEE EXPLANATION</u>
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	<u>SEE EXPLANATION</u>
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	<u>SEE EXPLANATION</u>
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	<u>SEE EXPLANATION</u>
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	<u>SEE EXPLANATION</u>
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	<u>SEE EXPLANATION</u>
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

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

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

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

14. Not applicable.

15. Not applicable.

16. Not applicable.

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

18. Not applicable.


19. Not applicable.

20. Not applicable.


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

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


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




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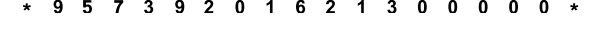
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NONE**

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NONE**

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities.....	16,532,874	4.6	16,532,874		16,532,874	4.6
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies.....		0.0			0	0.0
1.22 Issued by U.S. government sponsored agencies.....	4,049,685	1.1	4,049,685		4,049,685	1.1
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....		0.0			0	0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations.....	2,280,802	0.6	2,280,802		2,280,802	0.6
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....		0.0			0	0.0
1.43 Revenue and assessment obligations.....	3,515,000	1.0	3,515,000		3,515,000	1.0
1.44 Industrial development and similar obligations.....		0.0			0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA.....		0.0			0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0			0	0.0
1.513 All other.....		0.0			0	0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....	346,748	0.1	346,748		346,748	0.1
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....		0.0			0	0.0
1.523 All other.....		0.0			0	0.0
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....	38,674,406	10.8	38,674,406		38,674,406	10.8
2.2 Unaffiliated non-U.S. securities (including Canada).....	18,073,558	5.1	18,073,558		18,073,558	5.1
2.3 Affiliated securities.....		0.0			0	0.0
3. Equity interests:						
3.1 Investments in mutual funds.....		0.0			0	0.0
3.2 Preferred stocks:						
3.21 Affiliated.....		0.0			0	0.0
3.22 Unaffiliated.....		0.0			0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated.....		0.0			0	0.0
3.32 Unaffiliated.....		0.0			0	0.0
3.4 Other equity securities:						
3.41 Affiliated.....		0.0			0	0.0
3.42 Unaffiliated.....		0.0			0	0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated.....		0.0			0	0.0
3.52 Unaffiliated.....		0.0			0	0.0
4. Mortgage loans:						
4.1 Construction and land development.....		0.0			0	0.0
4.2 Agricultural.....		0.0			0	0.0
4.3 Single family residential properties.....		0.0			0	0.0
4.4 Multifamily residential properties.....		0.0			0	0.0
4.5 Commercial loans.....		0.0			0	0.0
4.6 Mezzanine real estate loans.....		0.0			0	0.0
5. Real estate investments:						
5.1 Property occupied by company.....		0.0			0	0.0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....		0.0			0	0.0
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt).....		0.0			0	0.0
6. Contract loans.....		0.0			0	0.0
7. Derivatives.....		0.0			0	0.0
8. Receivables for securities.....	1,300,000	0.4	1,300,000		1,300,000	0.4
9. Securities lending (Line 10, Asset Page reinvested collateral).....		0.0		XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments.....	272,873,284	76.3	272,873,284		272,873,284	76.3
11. Other invested assets.....		0.0			0	0.0
12. Total invested assets.....	357,646,358	100.0	357,646,358	0	357,646,358	100.0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 6).....		
2.2	Additional investment made after acquisition (Part 2, Column 9).....		0
3.	Current year change in encumbrances:		
3.1	Totals, Part 1, Column 13.....		
3.2	Totals, Part 3, Column 11.....		0
4.	Total gain (loss) on disposals, Part 3, Column 18.....		
5.	Deduct amounts received on disposals, Part 3, Column 15.....		
6.	Total foreign exchange change in book/adjusted carrying value:		
6.1	Totals, Part 1, Column 15.....		
6.2	Totals, Part 3, Column 13.....		0
7.	Deduct current year's other-than-temporary impairment recognized:		
7.1	Totals, Part 1, Column 12.....		
7.2	Totals, Part 3, Column 10.....		0
8.	Deduct current year's depreciation:		
8.1	Totals, Part 1, Column 11.....		
8.2	Totals, Part 3, Column 9.....		0
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....		0
10.	Deduct total nonadmitted amounts.....		
11.	Statement value at end of current period (Line 9 minus Line 10).....		0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year.....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 7).....		
2.2	Additional investment made after acquisition (Part 2, Column 8).....		0
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 12.....		
3.2	Totals, Part 3, Column 11.....		0
4.	Accrual of discount.....		
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 9.....		
5.2	Totals, Part 3, Column 8.....		0
6.	Total gain (loss) on disposals, Part 3, Column 18.....		
7.	Deduct amounts received on disposals, Part 3, Column 15.....		
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:		
9.1	Totals, Part 1, Column 13.....		
9.2	Totals, Part 3, Column 13.....		0
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	Totals, Part 1, Column 11.....		
10.2	Totals, Part 3, Column 10.....		0
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
12.	Total valuation allowance.....		
13.	Subtotal (Line 11 plus Line 12).....		0
14.	Deduct total nonadmitted amounts.....		
15.	Statement value at end of current period (Line 13 minus Line 14).....		0

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8).....		
2.2 Additional investment made after acquisition (Part 2, Column 9).....		0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 16.....		
3.2 Totals, Part 3, Column 12.....		0
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13.....		
5.2 Totals, Part 3, Column 9.....		0
6. Total gain (loss) on disposals, Part 3, Column 19.....		
7. Deduct amounts received on disposals, Part 3, Column 16.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17.....		
9.2 Totals, Part 3, Column 14.....		0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 15.....		
10.2 Totals, Part 3, Column 11.....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....		0

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year.....		84,094,054
2. Cost of bonds and stocks acquired, Part 3, Column 7.....		27,081,221
3. Accrual of discount.....		39,553
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12.....		
4.2 Part 2, Section 1, Column 15.....		
4.3 Part 2, Section 2, Column 13.....		
4.4 Part 4, Column 11.....		0
5. Total gain (loss) on disposals, Part 4, Column 19.....		16,901
6. Deduct consideration for bonds and stocks disposed of, Part 4, Column 7.....		27,505,230
7. Deduct amortization of premium.....		253,425
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15.....		
8.2 Part 2, Section 1, Column 19.....		
8.3 Part 2, Section 2, Column 16.....		
8.4 Part 4, Column 15.....		0
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14.....		
9.2 Part 2, Section 1, Column 17.....		
9.3 Part 2, Section 2, Column 14.....		
9.4 Part 4, Column 13.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....		83,473,073
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....		83,473,073

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description	1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS				
Governments (Including all obligations guaranteed by governments)	1. United States.....16,532,874	.....16,523,096	.....16,516,897	.....16,525,000
	2. Canada.....	.....	.....	.....
	3. Other Countries.....	.....	.....	.....
	4. Totals.....16,532,874	.....16,523,096	.....16,516,897	.....16,525,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals.....2,280,802	.....2,254,472	.....2,287,343	.....2,275,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals.....	.....	.....	.....
U.S. Special Revenue and Special Assessment Obligations and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	7. Totals.....7,911,433	.....7,916,750	.....7,924,805	.....7,910,000
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States.....38,674,406	.....38,618,802	.....38,896,983	.....38,560,597
	9. Canada.....5,423,312	.....5,386,923	.....5,422,415	.....5,425,000
	10. Other Countries.....12,650,246	.....12,610,176	.....12,731,214	.....12,580,000
	11. Totals.....56,747,965	.....56,615,900	.....57,050,613	.....56,565,597
Parent, Subsidiaries and Affiliates	12. Totals.....	.....	.....	.....
	13. Total Bonds.....83,473,074	.....83,310,218	.....83,779,659	.....83,275,597
PREFERRED STOCKS				
Industrial and Miscellaneous (Unaffiliated)	14. United States.....	.....	.....	.....
	15. Canada.....	.....	.....	.....
	16. Other Countries.....	.....	.....	.....
	17. Totals.....0	.....0	.....0	.....0
Parent, Subsidiaries and Affiliates	18. Totals.....	.....	.....	.....
	19. Total Preferred Stocks.....0	.....0	.....0	.....0
COMMON STOCKS				
Industrial and Miscellaneous (Unaffiliated)	20. United States.....	.....	.....	.....
	21. Canada.....	.....	.....	.....
	22. Other Countries.....	.....	.....	.....
	23. Totals.....0	.....0	.....0	.....0
Parent, Subsidiaries and Affiliates	24. Totals.....	.....	.....	.....
	25. Total Common Stocks.....0	.....0	.....0	.....0
	26. Total Stocks.....0	.....0	.....0	.....0
	27. Total Bonds and Stocks.....83,473,074	.....83,310,218	.....83,779,659	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1.....	38,854,327	5,771,498				XXX.....	44,625,826	23.9	43,313,802	23.5	44,625,826	
1.2 NAIC 2.....						XXX.....	0	0.0		0.0		
1.3 NAIC 3.....						XXX.....	0	0.0		0.0		
1.4 NAIC 4.....						XXX.....	0	0.0		0.0		
1.5 NAIC 5.....						XXX.....	0	0.0		0.0		
1.6 NAIC 6.....						XXX.....	0	0.0		0.0		
1.7 Totals.....	38,854,327	5,771,498	0	0	0	XXX.....	44,625,826	23.9	43,313,802	23.5	44,625,826	0
2. All Other Governments												
2.1 NAIC 1.....						XXX.....	0	0.0		0.0		
2.2 NAIC 2.....						XXX.....	0	0.0		0.0		
2.3 NAIC 3.....						XXX.....	0	0.0		0.0		
2.4 NAIC 4.....						XXX.....	0	0.0		0.0		
2.5 NAIC 5.....						XXX.....	0	0.0		0.0		
2.6 NAIC 6.....						XXX.....	0	0.0		0.0		
2.7 Totals.....	0	0	0	0	0	XXX.....	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1.....	602,627	1,678,175				XXX.....	2,280,802	1.2	2,696,741	1.5	2,280,802	
3.2 NAIC 2.....						XXX.....	0	0.0		0.0		
3.3 NAIC 3.....						XXX.....	0	0.0		0.0		
3.4 NAIC 4.....						XXX.....	0	0.0		0.0		
3.5 NAIC 5.....						XXX.....	0	0.0		0.0		
3.6 NAIC 6.....						XXX.....	0	0.0		0.0		
3.7 Totals.....	602,627	1,678,175	0	0	0	XXX.....	2,280,802	1.2	2,696,741	1.5	2,280,802	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1.....						XXX.....	0	0.0		0.0		
4.2 NAIC 2.....						XXX.....	0	0.0		0.0		
4.3 NAIC 3.....						XXX.....	0	0.0		0.0		
4.4 NAIC 4.....						XXX.....	0	0.0		0.0		
4.5 NAIC 5.....						XXX.....	0	0.0		0.0		
4.6 NAIC 6.....						XXX.....	0	0.0		0.0		
4.7 Totals.....	0	0	0	0	0	XXX.....	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1.....	4,246,102	3,665,331				XXX.....	7,911,433	4.2	21,055,955	11.4	7,911,433	
5.2 NAIC 2.....						XXX.....	0	0.0		0.0		
5.3 NAIC 3.....						XXX.....	0	0.0		0.0		
5.4 NAIC 4.....						XXX.....	0	0.0		0.0		
5.5 NAIC 5.....						XXX.....	0	0.0		0.0		
5.6 NAIC 6.....						XXX.....	0	0.0		0.0		
5.7 Totals.....	4,246,102	3,665,331	0	0	0	XXX.....	7,911,433	4.2	21,055,955	11.4	7,911,433	0

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SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1.....	85,419,164	39,934,278				XXX	125,353,442	67.2	112,643,732	61.0	121,023,268	4,330,174
6.2 NAIC 2.....	2,124,692	4,109,061				XXX	6,233,753	3.3	4,991,411	2.7	6,233,753	
6.3 NAIC 3.....						XXX	0	0.0		0.0		
6.4 NAIC 4.....						XXX	0	0.0		0.0		
6.5 NAIC 5.....						XXX	0	0.0		0.0		
6.6 NAIC 6.....						XXX	0	0.0		0.0		
6.7 Totals.....	87,543,856	44,043,339	0	0	0	XXX	131,587,195	70.6	117,635,143	63.7	127,257,021	4,330,174
7. Hybrid Securities												
7.1 NAIC 1.....						XXX	0	0.0		0.0		
7.2 NAIC 2.....						XXX	0	0.0		0.0		
7.3 NAIC 3.....						XXX	0	0.0		0.0		
7.4 NAIC 4.....						XXX	0	0.0		0.0		
7.5 NAIC 5.....						XXX	0	0.0		0.0		
7.6 NAIC 6.....						XXX	0	0.0		0.0		
7.7 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1.....						XXX	0	0.0		0.0		
8.2 NAIC 2.....						XXX	0	0.0		0.0		
8.3 NAIC 3.....						XXX	0	0.0		0.0		
8.4 NAIC 4.....						XXX	0	0.0		0.0		
8.5 NAIC 5.....						XXX	0	0.0		0.0		
8.6 NAIC 6.....						XXX	0	0.0		0.0		
8.7 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
9.1 NAIC 1.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 NAIC 2.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 NAIC 3.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.4 NAIC 4.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.5 NAIC 5.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.6 NAIC 6.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.7 Totals.....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0

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SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1.....	(d).....129,122,221	.....51,049,282	.....0	.....0	.....0	.....0	.....180,171,503	.....96.7	.....XXX	.....XXX	.....175,841,329	.....4,330,174
10.2 NAIC 2.....	(d).....2,124,692	.....4,109,061	.....0	.....0	.....0	.....0	.....6,233,753	.....3.3	.....XXX	.....XXX	.....6,233,753	.....0
10.3 NAIC 3.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10.4 NAIC 4.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10.5 NAIC 5.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10.6 NAIC 6.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10.7 Totals.....	.....131,246,912	.....55,158,343	.....0	.....0	.....0	.....0	(b).....186,405,256	.....100.0	.....XXX	.....XXX	.....182,075,082	.....4,330,174
10.8 Line 10.7 as a % of Col. 7.....	.....70.4	.....29.6	.....0.0	.....0.0	.....0.0	.....0.0	.....100.0	.....XXX	.....XXX	.....XXX	.....97.7	.....2.3
11. Total Bonds Prior Year												
11.1 NAIC 1.....	.....124,155,199	.....55,555,030	.....0	.....0	.....0	.....XXX	.....XXX	.....XXX	.....179,710,229	.....97.3	.....175,080,183	.....4,630,046
11.2 NAIC 2.....	.....1,422,413	.....3,568,997	.....0	.....0	.....0	.....XXX	.....XXX	.....XXX	.....4,991,410	.....2.7	.....4,991,411	.....0
11.3 NAIC 3.....	.....0	.....0	.....0	.....0	.....0	.....XXX	.....XXX	.....XXX	.....0	.....0.0	.....0	.....0
11.4 NAIC 4.....	.....0	.....0	.....0	.....0	.....0	.....XXX	.....XXX	.....XXX	.....0	.....0.0	.....0	.....0
11.5 NAIC 5.....	.....0	.....0	.....0	.....0	.....0	.....XXX	.....XXX	.....XXX	(c).....0	.....0.0	.....0	.....0
11.6 NAIC 6.....	.....0	.....0	.....0	.....0	.....0	.....XXX	.....XXX	.....XXX	(c).....0	.....0.0	.....0	.....0
11.7 Totals.....	.....125,577,612	.....59,124,027	.....0	.....0	.....0	.....XXX	.....XXX	.....XXX	(b).....184,701,639	.....100.0	.....180,071,594	.....4,630,046
11.8 Line 11.7 as a % of Col. 9.....	.....68.0	.....32.0	.....0.0	.....0.0	.....0.0	.....XXX	.....XXX	.....XXX	.....100.0	.....XXX	.....97.5	.....2.5
12. Total Publicly Traded Bonds												
12.1 NAIC 1.....	.....128,122,588	.....47,718,741	.....0	.....0	.....0	.....0	.....175,841,329	.....94.3	.....175,080,183	.....94.8	.....175,841,329	.....XXX
12.2 NAIC 2.....	.....2,124,692	.....4,109,061	.....0	.....0	.....0	.....0	.....6,233,753	.....3.3	.....4,991,411	.....2.7	.....6,233,753	.....XXX
12.3 NAIC 3.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
12.4 NAIC 4.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
12.5 NAIC 5.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
12.6 NAIC 6.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
12.7 Totals.....	.....130,247,280	.....51,827,802	.....0	.....0	.....0	.....0	.....182,075,082	.....97.7	.....180,071,594	.....97.5	.....182,075,082	.....XXX
12.8 Line 12.7 as a % of Col. 7.....	.....71.5	.....28.5	.....0.0	.....0.0	.....0.0	.....0.0	.....100.0	.....XXX	.....XXX	.....XXX	.....100.0	.....XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10.....	.....69.9	.....27.8	.....0.0	.....0.0	.....0.0	.....0.0	.....97.7	.....XXX	.....XXX	.....XXX	.....97.7	.....XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1.....	.....999,632	.....3,330,541	.....0	.....0	.....0	.....0	.....4,330,174	.....2.3	.....4,630,046	.....2.5	.....XXX	.....4,330,174
13.2 NAIC 2.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.3 NAIC 3.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.4 NAIC 4.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.5 NAIC 5.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.6 NAIC 6.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.7 Totals.....	.....999,632	.....3,330,541	.....0	.....0	.....0	.....0	.....4,330,174	.....2.3	.....4,630,046	.....2.5	.....XXX	.....4,330,174
13.8 Line 13.7 as a % of Col. 7.....	.....23.1	.....76.9	.....0.0	.....0.0	.....0.0	.....0.0	.....100.0	.....XXX	.....XXX	.....XXX	.....XXX	.....100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10.....0.51.80.00.00.00.02.3XXXXXXXXXXXX2.3

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- (a) Includes \$.....4,330,174 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.
- (c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
- (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....102,932,182; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations.....	38,854,327	5,771,498				XXX	44,625,826	23.9	43,313,802	23.5	44,625,826	
1.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
1.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
1.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0		0.0		
1.5 Totals.....	38,854,327	5,771,498	0	0	0	XXX	44,625,826	23.9	43,313,802	23.5	44,625,826	0
2. All Other Governments												
2.1 Issuer Obligations.....						XXX	0	0.0		0.0		
2.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
2.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
2.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0		0.0		
2.5 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations.....	602,627	1,678,175				XXX	2,280,802	1.2	2,696,741	1.5	2,280,802	
3.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
3.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
3.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0		0.0		
3.5 Totals.....	602,627	1,678,175	0	0	0	XXX	2,280,802	1.2	2,696,741	1.5	2,280,802	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations.....						XXX	0	0.0		0.0		
4.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
4.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
4.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0		0.0		
4.5 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations.....	4,214,685	3,350,000				XXX	7,564,685	4.1	20,707,725	11.2	7,564,685	
5.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
5.3 Commercial Mortgage-Backed Securities.....	31,417	315,331				XXX	346,748	0.2	348,230	0.2	346,748	
5.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0		0.0		
5.5 Totals.....	4,246,102	3,665,331	0	0	0	XXX	7,911,433	4.2	21,055,955	11.4	7,911,433	0
6. Industrial and Miscellaneous (unaffiliated)												
6.1 Issuer Obligations.....	83,912,979	40,371,088				XXX	124,284,067	66.7	112,261,980	60.8	119,953,893	4,330,174
6.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
6.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
6.4 Other Loan-Backed and Structured Securities.....	3,630,877	3,672,251				XXX	7,303,128	3.9	5,373,163	2.9	7,303,128	
6.5 Totals.....	87,543,856	44,043,339	0	0	0	XXX	131,587,195	70.6	117,635,143	63.7	127,257,021	4,330,174
7. Hybrid Securities												
7.1 Issuer Obligations.....						XXX	0	0.0		0.0		
7.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
7.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
7.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0		0.0		
7.5 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations.....						XXX	0	0.0		0.0		
8.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
8.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0		0.0		
8.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0		0.0		
8.5 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 Bond Mutual Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 Totals.....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10. Total Bonds Current Year												
10.1 Issuer Obligations.....	127,584,619	51,170,762	0	0	0	XXX	178,755,380	95.9	XXX	XXX	174,425,207	4,330,174
10.2 Residential Mortgage-Backed Securities.....	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.3 Commercial Mortgage-Backed Securities.....	31,417	315,331	0	0	0	XXX	346,748	0.2	XXX	XXX	346,748	0
10.4 Other Loan-Backed and Structured Securities.....	3,630,877	3,672,251	0	0	0	XXX	7,303,128	3.9	XXX	XXX	7,303,128	0
10.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals.....	131,246,912	55,158,343	0	0	0	0	186,405,256	100.0	XXX	XXX	182,075,082	4,330,174
10.7 Line 10.6 as a % of Col. 7.....	70.4	29.6	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	97.7	2.3
11. Total Bonds Prior Year												
11.1 Issuer Obligations.....	121,995,412	56,984,835				XXX	XXX	XXX	178,980,247	96.9	174,350,202	4,630,046
11.2 Residential Mortgage-Backed Securities.....						XXX	XXX	XXX	0	0.0	0	0
11.3 Commercial Mortgage-Backed Securities.....	167,150	181,079				XXX	XXX	XXX	348,230	0.2	348,230	0
11.4 Other Loan-Backed and Structured Securities.....	3,415,050	1,958,113				XXX	XXX	XXX	5,373,163	2.9	5,373,163	0
11.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.6 Totals.....	125,577,612	59,124,027	0	0	0	XXX	XXX	XXX	184,701,639	100.0	180,071,594	4,630,046
11.7 Line 11.6 as a % of Col. 9.....	68.0	32.0	0.0	0.0	0.0	XXX	XXX	XXX	100.0	XXX	97.5	2.5
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations.....	126,584,986	47,840,220				XXX	174,425,207	93.6	174,350,202	94.4	174,425,207	XXX
12.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0	0	0.0	0	XXX
12.3 Commercial Mortgage-Backed Securities.....	31,417	315,331				XXX	346,748	0.2	348,230	0.2	346,748	XXX
12.4 Other Loan-Backed and Structured Securities.....	3,630,877	3,672,251				XXX	7,303,128	3.9	5,373,163	2.9	7,303,128	XXX
12.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	0	XXX
12.6 Totals.....	130,247,280	51,827,802	0	0	0	0	182,075,082	97.7	180,071,594	97.5	182,075,082	XXX
12.7 Line 12.6 as a % of Col. 7.....	71.5	28.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10.....	69.9	27.8	0.0	0.0	0.0	0.0	97.7	XXX	XXX	XXX	97.7	XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations.....	999,632	3,330,541				XXX	4,330,174	2.3	4,630,046	2.5	XXX	4,330,174
13.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0	0	0.0	XXX	0
13.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0	0	0.0	XXX	0
13.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0	0	0.0	XXX	0
13.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	XXX	0
13.6 Totals.....	999,632	3,330,541	0	0	0	0	4,330,174	2.3	4,630,046	2.5	XXX	4,330,174
13.7 Line 13.6 as a % of Col. 7.....	23.1	76.9	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10.....	0.5	1.8	0.0	0.0	0.0	0.0	2.3	XXX	XXX	XXX	XXX	2.3

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SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....	94,012,437	94,012,437			
2. Cost of short-term investments acquired.....	532,391,686	532,391,686			
3. Accrual of discount.....	638,026	638,026			
4. Unrealized valuation increase (decrease).....	.0				
5. Total gain (loss) on disposals.....	63	63			
6. Deduct consideration received on disposals.....	523,996,427	523,996,427			
7. Deduct amortization of premium.....	113,603	113,603			
8. Total foreign exchange change in book/adjusted carrying value.....	.0				
9. Deduct current year's other-than-temporary impairment recognized.....	.0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	102,932,182	102,932,182	.0	.0	.0
11. Deduct total nonadmitted amounts.....	.0				
12. Statement value at end of current period (Line 10 minus Line 11).....	102,932,182	102,932,182	.0	.0	.0

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(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:.....

**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 - VERIFICATION BETWEEN YEARS

Cash Equivalents

	1 Total	2 Bonds	3 Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	6,595,150	6,595,150	
2. Cost of cash equivalents acquired.....	27,469,482	27,469,482	
3. Accrual of discount.....	14,601	14,601	
4. Unrealized valuation increase (decrease).....	.0		
5. Total gain (loss) on disposals.....	.0		
6. Deduct consideration received on disposals.....	34,075,000	34,075,000	
7. Deduct amortization of premium.....	4,233	4,233	
8. Total foreign exchange change in book/adjusted carrying value.....	.0		
9. Deduct current year's other-than-temporary impairment recognized.....	.0		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.0	.0	.0
11. Deduct total nonadmitted amounts.....	.0		
12. Statement value at end of current period (Line 10 minus Line 11).....	.0	.0	.0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:...

**Sch. A - Pt. 1
NONE**

**Sch. A - Pt. 2
NONE**

**Sch. A - Pt. 3
NONE**

**Sch. B - Pt. 1
NONE**

**Sch. B - Pt. 2
NONE**

**Sch. B - Pt. 3
NONE**

**Sch. BA - Pt. 1
NONE**

**Sch. BA - Pt. 2
NONE**

**Sch. BA - Pt. 3
NONE**

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2			Codes			6	7			10				11				Change in Book/Adjusted Carrying Value					Interest					Dates	
				3	4	5		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22								
CUSIP Identification	Description			Code	For	Bond	NAIC	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date							
U.S. Government - Issuer Obligations																														
912828	RE	2	UNITED STATES TREASURY				1	990,463	100.633	981,172	975,000	983,566		(5,104)			1.500	0.965	FA	4,969	14,625	08/25/2015	08/31/2018							
912828	RH	5	UNITED STATES TREASURY				1	1,973,613	100.391	1,957,625	1,950,000	1,963,738		(7,784)			1.375	0.967	MS	6,850	26,813	09/24/2015	09/30/2018							
912828	SH	4	UNITED STATES TREASURY				1	833,218	100.274	827,261	825,000	830,798		(2,420)			1.375	1.045	FA	3,854	11,344	02/01/2016	02/28/2019							
912828	SJ	0	UNITED STATES TREASURY				1	1,982,001	100.059	1,976,165	1,975,000	1,975,538		(3,354)			0.875	0.704	FA	5,872	17,281	02/11/2015	02/28/2017							
912828	SS	0	UNITED STATES TREASURY				1	2,137,534	100.110	2,127,338	2,125,000	2,127,063		(6,262)			0.875	0.579	AO	3,185	18,594	04/28/2015	04/30/2017							
912828	TS	9	UNITED STATES TREASURY				1	1,924,635	99.864	1,947,348	1,950,000	1,944,135		7,822			0.625	1.032	MS	3,114	12,188	06/26/2014	09/30/2017							
912828	UA	6	UNITED STATES TREASURY				1	3,721,777	99.774	3,741,525	3,750,000	3,741,983		8,719			0.625	0.861	MN	2,060	23,438	04/27/2015	11/30/2017							
912828	UE	8	UNITED STATES TREASURY				1	642,078	99.844	648,986	650,000	647,388		2,590			0.750	1.157	JD	13	4,875	12/08/2014	12/31/2017							
912828	UZ	1	UNITED STATES TREASURY				1	1,985,156	99.516	1,990,320	2,000,000	1,993,397		4,925			0.625	0.876	AO	2,141	12,500	04/27/2015	04/30/2018							
912828	WH	9	UNITED STATES TREASURY				1	326,422	100.110	325,358	325,000	325,269		(724)			0.875	0.651	MN	369	2,844	05/26/2015	05/15/2017							
0199999	U.S. Government - Issuer Obligations								16,516,897	XXX	16,523,096	16,525,000	16,532,874		0	(1,593)	0	XXX	XXX	XXX	32,428	144,500	XXX	XXX						
0599999	Total - U.S. Government								16,516,897	XXX	16,523,096	16,525,000	16,532,874		0	(1,593)	0	XXX	XXX	XXX	32,428	144,500	XXX	XXX						
U.S. States, Territories & Possessions (Direct and Guaranteed) - Issuer Obligations																														
13063C	FC	9	CALIFORNIA ST ECONOMIC RECOVERY				1FE	508,725	100.438	502,190	500,000	502,627		(3,131)			1.750	1.113	MN	1,458	8,750	01/13/2015	11/01/2017							
20772J	3D	2	CONNECTICUT ST				1FE	1,678,618	98.648	1,652,354	1,675,000	1,678,175		(443)			1.300	1.226	FA	8,105		08/03/2016	08/15/2019							
605581	FX	0	MISSISSIPPI ST				1FE	100,000	99.928	99,928	100,000	100,000					1.090	1.090	AO	273	1,090	02/04/2015	10/01/2017							
1199999	U.S. States, Territories & Possessions - Issuer Obligations								2,287,343	XXX	2,254,472	2,275,000	2,280,802		0	(3,575)	0	XXX	XXX	XXX	9,836	9,840	XXX	XXX						
1799999	Total - U.S. States, Territories & Possessions (Direct and Guaranteed)								2,287,343	XXX	2,254,472	2,275,000	2,280,802		0	(3,575)	0	XXX	XXX	XXX	9,836	9,840	XXX	XXX						
U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivisions - Issuer Obligations																														
13017H	AD	8	CALIFORNIA EARTHQUAKE AUTH REV.				1FE	165,000	100.117	165,193	165,000	165,000					1.824	1.824	JJ	1,505	3,010	10/29/2014	07/01/2017							
3135G0	JA	2	FEDERAL NATIONAL MORTGAGE ASSOCIATION				1FE	3,019,410	100.155	3,004,650	3,000,000	3,002,207		(6,897)			1.125	0.893	AO	6,000	33,750	06/26/2014	04/27/2017							
3135G0	RT	2	FEDERAL NATIONAL MORTGAGE ASSOCIATION				1FE	1,041,947	99.955	1,049,528	1,050,000	1,047,479		2,579			0.875	1.125	JD	281	9,188	11/05/2014	12/20/2017							
341271	AA	2	FLORIDA ST BRD ADMIN FIN CORP REV.				1FE	1,675,000	100.738	1,687,362	1,675,000	1,675,000					2.163	2.163	JJ	18,115	11,372	02/23/2016	07/01/2019							
759911	2M	1	REGIONAL TRANSN AUTH ILL.				1FE	1,675,000	99.472	1,666,156	1,675,000	1,675,000					1.250	1.250	AO	5,234	8,549	04/26/2016	05/04/2018							
2599999	U.S. Special Revenue & Assessment Obligations - Issuer Obligations								7,576,357	XXX	7,572,888	7,565,000	7,564,685		0	(4,317)	0	XXX	XXX	XXX	31,135	65,869	XXX	XXX						
U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivisions - Commercial Mortgage-Backed Securities																														
3136AN	JY	4	FN 15M07A AQ2 - CMBS				4	348,449	99.670	343,862	345,000	346,748		(1,482)			1.550	1.016	MON	446	5,348	04/15/2015	04/25/2018							
2799999	U.S. Special Revenue - Commercial Mortgage-Backed Securities								348,449	XXX	343,862	345,000	346,748		0	(1,482)	0	XXX	XXX	XXX	446	5,348	XXX	XXX						
3199999	Total - U.S. Special Revenue & Special Assessment Obligations								7,924,805	XXX	7,916,750	7,910,000	7,911,433		0	(5,799)	0	XXX	XXX	XXX	31,581	71,216	XXX	XXX						
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																														
00206R	AJ	1	AT&T INC				2FE	855,088	103.977	831,816	800,000	830,578		(24,510)			5.500	1.920	FA	18,333	22,000	02/09/2016	02/01/2018							
0258M0	DM	8	AMERICAN EXPRESS CREDIT CORP				1FE	628,463	99.756	628,463	630,000	629,779		516			1.125	1.208	JD	512	7,088	06/02/2014	06/05/2017							
0258M0	DZ	9	AMERICAN EXPRESS CREDIT CORP				2	1,001,010	100.346	1,003,460	1,000,000	1,000,640		(347)			1.875	1.838	MN	2,917	18,750	12/04/2015	11/05/2018							
02665W	BA	8	AMERICAN HONDA FINANCE CORP			C	1FE	324,935	99.842	324,487	325,000	324,953		18			1.700	1.707	FA	1,980	2,747	02/18/2016	02/22/2019							
02665W	BE	0	AMERICAN HONDA FINANCE CORP			C	1FE	424,575	98.186	417,291	425,000	424,641		66			1.200	1.234	JJ	2,394		07/07/2016	07/12/2019							
035242	AG	1	ANHEUSER-BUSCH INBEV FINANCE INC			C	1FE	847,697	100.275	852,338	850,000	848,395		699			1.900	1.993	FA	6,729	8,344	01/13/2016	02/01/2019							
037833	BQ	2	APPLE INC				1FE	499,915	100.304	501,520	500,000	499,939		24			1.700	1.706	FA	3,022	4,250	02/16/2016	02/22/2019							
05253J	AN	1	AUSTRALIA AND NEW ZEALAND BANKING GROUP			C	1FE	1,249,888	98.732	1,234,150	1,250,000	1,249,904		17			1.600	1.603	JJ	9,222		07/11/2016	07/15/2019							
05531F	AL	7	BB&T CORP				2	1,513,530	100.040	1,500,600	1,500,000	1,503,319		(6,136)			1.600	1.185	FA	9,067	24,000	04/27/2015	08/15/2017							
06051G	ET	2	BANK OF AMERICA CORP				2FE	387,522	100.056	385,216	385,000	385,945		(904)			2.000	1.758	JJ	3,636	7,700	03/26/2015	01/11/2018							
06051G	FJ	3	BANK OF AMERICA CORP				2FE	999,340	99.951	999,510	1,000,000	999,851		226			1.700	1.723	FA	5,950	17,000	09/22/2014	08/25/2017							
06366R	E7	6	BANK OF MONTREAL				1FE	1,099,296	99.703	1,096,733	1,100,000	1,099,698		234			1.400	1.422	AO	3,465	15,400	04/07/2015	04/10/2018							

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SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2		Codes			6	7		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates		
			3	4	5		8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification		Description	Code	F o r e i g n	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
06406H	DB	2	BANK OF NEW YORK MELLON CORP.....			2	1FE	100.032	1,624,854	1,625,520	1,625,000		49		1.600	1.603	MN	2,817	26,000	05/22/2015	05/22/2018	
064159	GM	2	BANK OF NOVA SCOTIA.....			2	1FE	99.993	1,374,354	1,374,904	1,375,000		214		1.700	1.716	JD	1,299	23,375	06/04/2015	06/11/2018	
084664	CG	4	BERKSHIRE HATHAWAY FINANCE CORP.....			1	1FE	100.032	124,905	125,040	125,000		25		1.700	1.726	MS	626	1,063	03/08/2016	03/15/2019	
084664	CK	5	BERKSHIRE HATHAWAY FINANCE CORP.....			1	1FE	98.863	244,762	242,214	245,000		29		1.300	1.333	FA	1,203		08/08/2016	08/15/2019	
12189T	AY	0	BURLINGTON NORTHERN SANTA FE CORP.....			1	1FE	101.467	1,150,203	1,036,993	1,022,000		(44,837)		5.650	1.209	MN	9,624	57,743	06/13/2014	05/01/2017	
13607R	AB	6	CANADIAN IMPERIAL BANK OF COMMERCE.....				1FE	99.205	849,847	843,243	850,000		16		1.600	1.606	MS	4,344		08/29/2016	09/06/2019	
14912L	6D	8	CATERPILLAR FINANCIAL SERVICES CORP.....				1FE	100.047	549,725	550,259	550,000		92		1.250	1.267	FA	2,540	6,875	08/13/2014	08/18/2017	
166764	BH	2	CHEVRON CORP.....			1	1FE	99.712	1,100,000	1,096,832	1,100,000				1.561	1.561	MN	2,146	8,586	05/09/2016	05/16/2019	
17275R	AU	6	CISCO SYSTEMS INC.....			1	1FE	100.295	859,854	862,537	860,000		49		1.650	1.656	JD	631	14,190	06/10/2015	06/15/2018	
172967	HK	0	CITIGROUP INC.....				2FE	99.947	1,122,929	1,124,404	1,125,000		846		1.350	1.426	MS	4,683	15,188	09/22/2014	03/10/2017	
172967	KS	9	CITIGROUP INC.....				2FE	99.704	329,828	329,023	330,000		31		2.050	2.068	JD	451	3,345	06/02/2016	06/07/2019	
20271R	AJ	9	COMMONWEALTH BANK OF AUSTRALIA.....			C	1FE	99.574	998,750	995,740	1,000,000		416		1.625	1.668	MS	4,920	16,250	03/04/2015	03/12/2018	
24422E	TA	7	JOHN DEERE CAPITAL CORP.....				1FE	100.245	849,167	852,083	850,000		285		1.750	1.785	MS	5,826	13,594	09/08/2015	08/10/2018	
30231G	AL	6	EXXON MOBIL CORP.....			1	1FE	100.000	1,500,000	1,500,000	1,500,000				1.305	1.305	MS	6,253	19,575	03/03/2015	03/06/2018	
345397	XY	4	FORD MOTOR CREDIT COMPANY LLC.....				2FE	98.925	857,174	840,863	850,000		(1,086)		2.021	1.707	MN	2,768	8,542	07/22/2016	05/03/2019	
377372	AD	9	GLAXOSMITHKLINE CAPITAL INC.....			C	1FE	105.435	1,246,267	1,159,785	1,100,000		(46,739)		5.650	1.287	MN	7,941	62,150	04/01/2015	05/15/2018	
38141G	FM	1	GOLDMAN SACHS GROUP INC.....				1FE	104.946	496,562	472,257	450,000		(17,943)		6.150	2.006	AO	6,919	27,675	09/01/2015	04/01/2018	
38141G	RC	0	GOLDMAN SACHS GROUP INC.....				1FE	100.480	1,156,067	1,140,448	1,135,000		(7,647)		2.375	1.681	JJ	11,906	26,956	05/04/2015	01/22/2018	
40428H	PQ	9	HSBC USA INC.....			C	1FE	99.842	1,473,628	1,472,670	1,475,000		457		1.700	1.732	MS	8,080	25,075	02/26/2015	03/05/2018	
40434C	AA	3	HSBC USA INC (NEW).....			C	1FE	100.040	329,498	330,132	330,000		168		1.300	1.352	JD	95	4,290	06/16/2014	06/23/2017	
459200	HZ	7	INTERNATIONAL BUSINESS MACHINES CORP.....				1FE	99.793	1,644,968	1,646,585	1,650,000		1,675		1.125	1.229	FA	7,477	18,563	02/03/2015	02/06/2018	
46623E	JY	6	JPMORGAN CHASE & CO.....				1FE	99.987	449,775	449,942	450,000		76		1.350	1.367	FA	2,295	6,075	02/12/2014	02/15/2017	
46623E	KD	0	JPMORGAN CHASE & CO.....			2	1FE	100.048	914,762	915,439	915,000		79		1.700	1.709	MS	5,185	15,555	02/25/2015	03/01/2018	
58013M	EE	0	MCDONALDS CORPORATION.....				2FE	104.236	753,118	703,593	675,000		(26,916)		5.350	1.272	MS	12,038	36,113	04/01/2015	03/01/2018	
594918	BN	3	MICROSOFT CORP.....				1FE	98.663	599,382	591,978	600,000		81		1.100	1.135	FA	2,622		08/01/2016	08/08/2019	
61746B	DX	1	MORGAN STANLEY.....				1FE	100.659	852,346	855,602	850,000		(697)		2.450	2.354	FA	8,677	10,644	02/01/2016	02/01/2019	
64952W	BW	2	NEW YORK LIFE GLOBAL FUNDING.....				1FE	100.137	998,860	1,001,370	1,000,000		380		1.450	1.489	JD	644	14,500	12/10/2014	12/15/2017	
650119	AE	0	NEW YORK UNIVERSITY.....				1FE	99.485	335,000	333,275	335,000				1.315	1.315	JJ	2,203	5,323	04/10/2015	07/01/2018	
65557C	AQ	6	NORDEA BANK AB.....			C	1FE	99.932	856,647	849,422	850,000		(883)		1.875	1.471	MS	4,604		09/22/2016	09/17/2018	
69353R	EJ	3	PNC BANK NA.....			2	1FE	100.269	1,099,714	1,102,959	1,100,000		95		1.500	1.509	FA	5,867	16,500	02/18/2015	02/23/2018	
713448	CR	7	PEPSICO INC.....				1FE	100.099	324,961	325,322	325,000		13		1.250	1.254	AO	688	4,063	04/27/2015	04/30/2018	
713448	DJ	4	PEPSICO INC.....				1FE	99.260	524,921	521,115	525,000		6		1.350	1.355	AO	1,673		10/03/2016	10/04/2019	
717081	DU	4	PFIZER INC.....				1FE	99.493	849,031	845,691	850,000		184		1.450	1.489	JD	959	6,163	05/31/2016	06/03/2019	
74153W	CK	3	PRICOA GLOBAL FUNDING I.....				1FE	98.546	849,924	837,641	850,000		8		1.450	1.453	MS	3,698		09/06/2016	09/13/2019	
78012K	RK	5	ROYAL BANK OF CANADA.....				1FE	98.711	849,031	839,044	850,000		134		1.500	1.539	JJ	5,383		07/25/2016	07/29/2019	
822582	AW	2	SHELL INTERNATIONAL FINANCE BV.....			C	1FE	100.578	907,227	905,202	900,000		(2,400)		1.900	1.623	FA	6,698	17,100	08/13/2015	08/10/2018	
82620K	AB	9	SIEMENS FINANCIERINGSMAATSCHAPPIJ NV.....			C	1FE	99.854	1,624,675	1,622,628	1,625,000		108		1.450	1.457	MN	2,356	23,563	05/18/2015	05/25/2018	
857477	AK	9	STATE STREET CORP.....				1FE	99.654	844,620	847,059	850,000		2,215		1.350	1.626	MN	1,466	11,475	01/06/2016	05/15/2018	
89114Q	BJ	6	TORONTO-DOMINION BANK.....				1FE	98.640	1,249,888	1,233,000	1,250,000		13		1.450	1.453	FA	6,948	1,510	07/13/2016	08/13/2019	
89236T	CP	8	TOYOTA MOTOR CREDIT CORP.....			C	1FE	100.022	849,278	850,187	850,000		239		1.550	1.579	JJ	6,148	13,175	07/08/2015	07/13/2018	
90331H	MU	4	US BANK NA.....			2	1FE	100.262	849,269	852,227	850,000		335		1.450	1.494	JJ	5,204	6,163	01/26/2016	01/29/2018	
92343V	DF	8	VERIZON COMMUNICATIONS INC.....				2FE	98.220	999,910	982,200	1,000,000		13		1.375	1.378	FA	5,729		07/27/2016	08/15/2019	
94974B	FU	9	WELLS FARGO & CO.....				1FE	100.404	853,477	853,434	850,000		(869)		2.125	1.988	AO	3,462	18,063	03/10/2016	04/22/2019	

E10.1

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2			Codes			6	7			Fair Value				10	11	Change in Book/Adjusted Carrying Value				Interest				Dates	
				3	4	5		8	9	12	13	14	15	16			17	18	19	20	21	22				
CUSIP Identification	Description			Code	For ei g n	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date			
961214 CH 4	WESTPAC BANKING CORP.....			C			1FE	599,370	99.921	599,526	600,000	599,919		212			1.200	1.236	MN	840	7,200	05/14/2014	05/19/2017			
961214 CM 3	WESTPAC BANKING CORP.....			C			1FE	998,780	99.662	996,620	1,000,000	999,424		405			1.550	1.592	MN	1,550	15,500	05/18/2015	05/25/2018			
3299999	Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations.....							49,748,563	XXX	49,311,588	49,262,000	49,444,837	0	(171,164)	0		XXX	XXX	XXX	256,712	734,996	XXX	XXX			
Industrial & Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																										
02007L AC 6	ALLYA 163 A3 - ABS.....					4	1FE	299,971	100.205	300,615	300,000	299,979		8			1.440	1.449	MON	192	2,340	05/23/2016	08/17/2020			
05522R CU 0	BACCT 152 A - ABS.....					4	1FE	649,922	100.090	650,585	650,000	649,966		26			1.360	1.368	MON	393	8,840	04/22/2015	09/15/2020			
12594D AD 0	CNHI 16B A3 - ABS.....					4	1FE	199,950	99.623	199,246	200,000	199,960		10			1.630	1.644	MON	145	1,766	05/24/2016	08/16/2021			
12635Y AD 5	CNHI 16C A3 - ABS.....					4	1FE	189,962	99.011	188,121	190,000	189,965		4			1.440	1.451	MON	122	638	09/13/2016	12/15/2021			
14314E AB 7	CARMX 163 A2 - ABS.....					4	1FE	849,931	100.113	850,961	850,000	849,957		26			1.170	1.180	MON	442	4,006	07/14/2016	08/15/2019			
17305E FN 0	CCCIT 14A2 A2 - ABS.....					4	1FE	559,234	100.008	560,045	560,000	559,943		399			1.020	1.090	FA	2,047	5,712	03/17/2015	02/22/2019			
34530V AD 1	FORDO 15B A3 - ABS.....					4	1FE	407,007	100.083	407,383	407,045	407,034		18			1.160	1.167	MON	210	4,729	05/19/2015	11/15/2019			
34530Y AD 5	FORDO 15C A3 - ABS.....					4	1FE	419,918	100.267	421,121	420,000	419,961		34			1.410	1.422	MON	263	5,922	09/15/2015	02/15/2020			
43813N AC 0	HAROT 152 A3 - ABS.....					4	1FE	527,844	100.052	528,200	527,925	527,902		(944)			1.040	1.050	MON	153	5,543	05/13/2015	02/21/2019			
43814M AC 1	HAROT 153 A3 - ABS.....					4	1FE	339,996	100.195	340,663	340,000	339,999		(2)			1.270	1.274	MON	156	4,318	08/12/2015	04/18/2019			
44891E AC 3	HART 16B A3 - ABS.....					4	1FE	439,941	99.082	435,961	440,000	439,947		6			1.290	1.299	MON	252	1,324	09/14/2016	04/15/2021			
44930U AD 8	HART 16A A3 - ABS.....					4	1FE	164,968	100.324	165,535	165,000	164,977		9			1.560	1.573	MON	114	1,823	03/22/2016	09/15/2020			
47788N AC 2	JDOT 16B A3 - ABS.....					4	1FE	184,985	99.513	184,099	185,000	184,988		3			1.250	1.257	MON	103	886	07/19/2016	06/15/2020			
65475W AD 0	NAROT 15B A3 - ABS.....					4	1FE	799,936	100.174	801,392	800,000	799,970		25			1.340	1.347	MON	476	10,720	07/15/2015	03/16/2020			
65477U AC 4	NAROT 15A A3 - ABS.....					4	1FE	468,528	100.047	468,847	468,626	468,593		36			1.050	1.062	MON	219	4,988	04/07/2015	10/15/2019			
89237C AD 3	TAOT 15B A3 - ABS.....					4	1FE	799,957	100.193	801,544	800,000	799,987		23			1.270	1.276	MON	452	10,160	06/10/2015	05/15/2019			
3599999	Industrial & Miscellaneous - Other Loan-Backed and Structured Securities.....							7,302,050	XXX	7,304,317	7,303,597	7,303,128	0	(319)	0		XXX	XXX	XXX	5,738	73,717	XXX	XXX			
3899999	Total - Industrial & Miscellaneous (Unaffiliated).....							57,050,613	XXX	56,615,905	56,565,597	56,747,965	0	(171,483)	0		XXX	XXX	XXX	262,449	808,712	XXX	XXX			
Totals																										
7799999	Total - Issuer Obligations.....							76,129,159	XXX	75,662,044	75,627,000	75,823,199	0	(180,650)	0		XXX	XXX	XXX	330,111	955,204	XXX	XXX			
7999999	Total - Commercial Mortgage-Backed Securities.....							348,449	XXX	343,862	345,000	346,748	0	(1,482)	0		XXX	XXX	XXX	446	5,348	XXX	XXX			
8099999	Total - Other Loan-Backed and Structured Securities.....							7,302,050	XXX	7,304,317	7,303,597	7,303,128	0	(319)	0		XXX	XXX	XXX	5,738	73,717	XXX	XXX			
8399999	Grand Total - Bonds.....							83,779,659	XXX	83,310,222	83,275,597	83,473,074	0	(182,450)	0		XXX	XXX	XXX	336,294	1,034,268	XXX	XXX			

E10.2

Sch. D - Pt. 2 - Sn. 1
NONE

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

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
Bonds - U.S. Government								
912828 SH 4	UNITED STATES TREASURY		02/01/2016	JEFFERIES & COMPANY, INC.		833,218	825,000	4,799
0599999. Total - Bonds - U.S. Government						833,218	825,000	4,799
Bonds - U.S. States, Territories and Possessions								
20772J 3D 2	CONNECTICUT ST		08/03/2016	MORGAN STANLEY & CO INC, NY		1,678,618	1,675,000	
1799999. Total - Bonds - U.S. States, Territories & Possessions						1,678,618	1,675,000	0
Bonds - U.S. Special Revenue and Special Assessment								
341271 AA 2	FLORIDA ST BRD ADMIN FIN CORP REV		03/01/2016	MORGAN STANLEY & CO INC, NY		1,675,000	1,675,000	
759911 2M 1	REGIONAL TRANSN AUTH ILL		05/01/2016	MORGAN STANLEY & CO INC, NY		1,675,000	1,675,000	
3199999. Total - Bonds - U.S. Special Revenue and Special Assessments						3,350,000	3,350,000	0
Bonds - Industrial and Miscellaneous								
00206R AJ 1	AT&T INC		02/09/2016	WELLS FARGO SECURITIES LLC		855,088	800,000	1,344
02007L AC 6	ABS - ALLYA 163 A3		05/23/2016	CHASE SECURITIES		299,971	300,000	
02665W BA 8	AMERICAN HONDA FINANCE CORP	C	02/18/2016	CITIGROUP GLOBAL MARKETS INC		324,935	325,000	
02665W BE 0	AMERICAN HONDA FINANCE CORP	C	07/07/2016	BARCLAYS CAPITAL INC FIXED INC		424,575	425,000	
035242 AG 1	ANHEUSER-BUSCH INBEV FINANCE INC	C	01/13/2016	Bank of America Securities		847,697	850,000	
037833 BQ 2	APPLE INC		02/16/2016	GOLDMAN, SACHS & CO		499,915	500,000	
05253J AN 1	AUSTRALIA AND NEW ZEALAND BANKING GROUP	C	07/11/2016	DAIN BOSWORTH INC		1,249,888	1,250,000	
084664 CG 4	BERKSHIRE HATHAWAY FINANCE CORP		03/08/2016	CHASE SECURITIES		124,905	125,000	
084664 CK 5	BERKSHIRE HATHAWAY FINANCE CORP		08/08/2016	Bank of America Securities		244,762	245,000	
12594D AD 0	ABS - CNHI 16B A3		05/24/2016	Bank of America Securities		199,950	200,000	
12635Y AD 5	CNHI 16C A3 - ABS		09/13/2016	WELLS FARGO SECURITIES LLC		189,962	190,000	
13607R AB 6	CANADIAN IMPERIAL BANK OF COMMERCE		09/01/2016	MORGAN STANLEY & CO INC, NY		849,847	850,000	
14314E AB 7	ABS - CARMX 163 A2		07/14/2016	CREDIT SUISSE		849,931	850,000	
166764 BH 2	CHEVRON CORP		05/09/2016	WELLS FARGO SECURITIES LLC		1,100,000	1,100,000	
172967 KS 9	CITIGROUP INC		06/02/2016	CITIGROUP GLOBAL MARKETS INC		329,828	330,000	
345397 XY 4	FORD MOTOR CREDIT COMPANY LLC		07/22/2016	CREDIT AGRICOLE SECURITIES USA INC		857,174	850,000	3,961
44891E AC 3	HART 16B A3 - ABS		09/14/2016	CHASE SECURITIES		439,941	440,000	
44930U AD 8	ABS - HART-16A-A3		03/22/2016	Bank of America Securities		164,968	165,000	
47788N AC 2	ABS - JDOT-16B-A3		07/19/2016	DAIN BOSWORTH INC		184,985	185,000	
594918 BN 3	MICROSOFT CORP		08/01/2016	Bank of America Securities		599,382	600,000	
61746B DX 1	MORGAN STANLEY		02/01/2016	GOLDMAN, SACHS & CO		852,346	850,000	231
65557C AQ 6	NORDEA BANK AB	C	09/22/2016	WELLS FARGO SECURITIES LLC		856,647	850,000	443
713448 DJ 4	PEPSICO INC		10/03/2016	CITIGROUP GLOBAL MARKETS INC		524,921	525,000	
717081 DU 4	PFIZER INC		06/01/2016	Adjustment		849,031	850,000	
74153W CK 3	PRICOA GLOBAL FUNDING I		09/06/2016	US BANCORP INVESTMENTS INC		849,924	850,000	
78012K RK 5	ROYAL BANK OF CANADA		07/25/2016	DAIN BOSWORTH INC		849,031	850,000	
857477 AK 9	STATE STREET CORP		01/06/2016	GOLDMAN, SACHS & CO		844,620	850,000	1,785
89114Q BJ 6	TORONTO-DOMINION BANK		07/13/2016	TORONTO DOMINION SECURITIES (USA) INC		1,249,888	1,250,000	
90331H MU 4	US BANK NA		01/26/2016	US BANCORP INVESTMENTS INC		849,269	850,000	
92343V DF 8	VERIZON COMMUNICATIONS INC		08/01/2016	MORGAN STANLEY & CO INC, NY		999,910	1,000,000	
94974B FU 9	WELLS FARGO & CO		03/10/2016	NOMURA SECURITIES INTL, FIXED I		853,477	850,000	7,175
3899999. Total - Bonds - Industrial and Miscellaneous						20,216,765	20,155,000	14,939

E13

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
8399997	Total - Bonds - Part 3					26,078,601	26,005,000	19,738
8399998	Total - Bonds - Summary Item from Part 5					1,002,620	1,000,000	4,688
8399999	Total - Bonds					27,081,221	27,005,000	24,426
9999999	Total - Bonds, Preferred and Common Stocks					27,081,221	XXX	24,426

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	For reig 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
Bonds - U.S. Government																				
912828	QX 1		01/06/2016	CITIGROUP GLOBAL MARKETS INC.....		226,116	225,000	231,012	226,160		(54)		(54)		226,106		10	10	1,504	07/31/2016
912828	RJ 1		07/22/2016	VARIOUS.....		4,009,607	4,000,000	4,030,625	4,011,447		(4,200)		(4,200)		4,007,247		2,360	2,360	21,123	09/30/2016
912828	RM 4		08/09/2016	CITIGROUP GLOBAL MARKETS INC.....		1,427,974	1,425,000	1,438,192	1,429,716		(2,802)		(2,802)		1,426,913		1,060	1,060	9,459	10/31/2016
912828	RX 0		12/31/2016	VARIOUS.....		3,753,634	3,750,000	3,772,787	3,761,505		(9,167)		(9,167)		3,752,337		1,296	1,296	25,785	12/31/2016
912828	SJ 0		02/09/2016	CITIGROUP GLOBAL MARKETS INC.....		426,195	425,000	426,345	425,587		(58)		(58)		425,529		666	666	1,686	02/28/2017
912828	TB 6		02/09/2016	CITIGROUP GLOBAL MARKETS INC.....		400,391	400,000	399,344	399,680		25		25		399,705		686	686	354	06/30/2017
0599999	Total - Bonds - U.S. Government.....					10,243,916	10,225,000	10,298,305	10,254,095	0	(16,257)	0	(16,257)	0	10,237,838	0	6,078	6,078	59,910	XXX
Bonds - U.S. States, Territories and Possessions																				
13063B	N7 3		02/01/2016	CALIFORNIA ST.....		830,000	830,000	834,840	830,273		(273)		(273)		830,000			0	4,358	02/01/2016
1799999	Total - Bonds - U.S. States, Territories & Possessions.....					830,000	830,000	834,840	830,273	0	(273)	0	(273)	0	830,000	0	0	0	4,358	XXX
Bonds - U.S. Special Revenue and Special Assessment																				
13017H	AC 0		07/01/2016	CALIFORNIA EARTHQUAKE AUTH REV.....		220,000	220,000	220,000	220,000				0		220,000			0	2,627	07/01/2016
3130A2	T9 7		06/01/2016	FEDERAL HOME LOAN BANKS.....		1,329,885	1,330,000	1,327,008	1,328,963		586		586		1,329,549		336	336	4,512	09/28/2016
68428L	DJ 0		05/06/2016	ORANGE CNTY CALIF PENSION OBLIG.....		945,000	945,000	945,000	945,000				0		945,000			0	5,508	05/02/2016
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					2,494,885	2,495,000	2,492,008	2,493,963	0	586	0	586	0	2,494,549	0	336	336	12,646	XXX
Bonds - Industrial and Miscellaneous																				
02665W	AB 7		03/01/2016	AMERICAN HONDA FINANCE CORP.....		1,307,581	1,305,000	1,308,919	1,306,611		(370)		(370)		1,306,241		1,339	1,339	5,883	10/07/2016
035242	AD 8		01/15/2016	ANHEUSER-BUSCH INBEV FINANCE INC.....		1,250,000	1,250,000	1,249,925	1,249,999		1		1		1,250,000			0	5,000	01/15/2016
05253J	AF 8		07/11/2016	AUSTRALIA AND NEW ZEALAND BANKING GROUP.....		1,251,250	1,250,000	1,246,938	1,248,356		605		605		1,248,960		2,290	2,290	9,201	06/13/2017
06051G	EV 7		03/22/2016	BANK OF AMERICA CORPORATION.....		400,000	400,000	400,000	400,000				0		400,000			0	1,421	03/22/2016
172967	HK 0		06/02/2016	CITIGROUP INC.....		325,250	325,000	324,867	324,947		20		20		324,966		284	284	3,278	03/10/2017
24422E	SN 0		09/01/2016	JOHN DEERE CAPITAL CORP.....		780,819	780,000	779,633	779,822		84		84		779,905		914	914	6,435	06/12/2017
34530V	AD 1		12/15/2016	FORDO 15B A3 - ABS.....		7,955	7,955	7,954	7,954		1		1		7,955			0	85	11/15/2019
36962G	6R 0		01/08/2016	GENERAL ELECTRIC CAPITAL CORP.....		360,000	360,000	358,844	359,993		7		7		360,000			0	1,800	01/08/2016
377373	AC 9		09/06/2016	GLAXOSMITHKLINE CAPITAL PLC.....		376,343	375,000	378,911	376,780		(918)		(918)		375,862		480	480	4,769	05/08/2017
43813N	AC 0		12/21/2016	HAROT 152 A3 - ABS.....		62,075	62,075	62,065	62,183		(108)		(108)		62,075		(0)	(0)	576	02/21/2019
65477U	AC 4		12/15/2016	NAROT 15A A3 - ABS.....		81,374	81,374	81,357	81,362		12		12		81,374			0	727	10/15/2019
713448	CW 6		09/22/2016	PEPSICO INC.....		1,175,668	1,175,000	1,174,624	1,174,709		137		137		1,174,846		822	822	15,658	07/17/2017
74153W	CB 3		09/01/2016	PRICOA GLOBAL FUNDING I.....		2,006,787	2,005,000	2,007,720	2,006,056		(700)		(700)		2,005,356		1,431	1,431	15,996	11/25/2016
89114Q	AE 8		07/06/2016	TORONTO DOMINION BANK.....		1,255,475	1,250,000	1,287,988	1,264,822		(9,839)		(9,839)		1,254,983		492	492	21,771	10/19/2016
89153V	AD 1		01/25/2016	TOTAL CAPITAL INTERNATIONAL SA.....		450,000	450,000	448,803	449,974		26		26		450,000			0	1,688	01/25/2016
89236W	AB 4		10/17/2016	ABS - TART-15A-A2.....		247,928	247,928	247,925	247,926		2		2		247,928		(0)	(0)	726	07/17/2017
92343V	BN 3		04/04/2016	VERIZON COMMUNICATIONS INC.....		1,019,691	1,012,000	1,040,984	1,022,414		(3,805)		(3,805)		1,018,608		1,083	1,083	13,985	09/15/2016
94974B	FL 9		03/10/2016	WELLS FARGO & CO.....		576,064	575,000	574,448	574,896		38		38		574,934		1,130	1,130	4,692	07/20/2016
3899999	Total - Bonds - Industrial and Miscellaneous.....					12,934,259	12,911,331	12,981,904	12,938,802	0	(14,808)	0	(14,808)	0	12,923,993	0	10,266	10,266	113,692	XXX

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SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										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
8399997.	Total - Bonds - Part 4.....					26,503,060	26,461,331	26,607,057	26,517,132	0	(30,752)	0	(30,752)	0	26,486,380	0	16,680	16,680	190,605	XXX
8399998.	Total - Bonds - Summary Item from Part 5.....					1,002,170	1,000,000	1,002,620			(671)		(671)		1,001,949		221	221	8,700	XXX
8399999.	Total - Bonds.....					27,505,230	27,461,331	27,609,677	26,517,132	0	(31,423)	0	(31,423)	0	27,488,330	0	16,901	16,901	199,305	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....					27,505,230	XXX	27,609,677	26,517,132	0	(31,423)	0	(31,423)	0	27,488,330	0	16,901	16,901	199,305	XXX

SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identification	Description	F o r e i g n	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/Adjusted Carrying Value at Disposal	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (12+13-14)	Total Foreign Exchange Change in B./A.C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
Bonds - Industrial and Miscellaneous																				
92343V CE 2	VERIZON COMMUNICATIONS INC.....	..	04/13/2016	Bank of America Securities.....	08/01/2016	PFM.....	.....1,000,000	.....1,002,620	.....1,002,170	.....1,001,949	.....	.....(671)	.....	.....(671)	.....	.....	.....221	.....221	.....8,700	.....4,688
3899999	Total - Bonds - Industrial and Miscellaneous.....						.....1,000,000	.....1,002,620	.....1,002,170	.....1,001,949	.....0	.....(671)	.....0	.....(671)	.....0	.....0	.....221	.....221	.....8,700	.....4,688
8399998	Total - Bonds.....						.....1,000,000	.....1,002,620	.....1,002,170	.....1,001,949	.....0	.....(671)	.....0	.....(671)	.....0	.....0	.....221	.....221	.....8,700	.....4,688
9999999	Total - Bonds, Preferred and Common Stocks.....						.....1,002,620	.....1,002,620	.....1,002,170	.....1,001,949	.....0	.....(671)	.....0	.....(671)	.....0	.....0	.....221	.....221	.....8,700	.....4,688

SCHEDULE D - PART 6 - SECTION 1
Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method (See Purposes and Procedures Manual of the NAIC Investment Analysis Office)	7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	8 Total Amount of Such Intangible Assets	9 Book/Adjusted Carrying Value	10 Nonadmitted Amount	Stock of Such Company Owned by Insurer on Statement Date	
										11 Number of Shares	12 % of Outstanding

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$.....0.
2. Total amount of intangible assets nonadmitted \$.....0.

NONE

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SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding

NONE

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	Interest					21			
		3	4					9	10	11	12			15	16	17	18	19		20		
CUSIP Identification	Description	Code	F o r e i g n	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued December 31 of Current Year on Bond Not in Default	Nonadmitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest		
U.S. Government Bonds - Issuer Obligations																						
	UNITED STATES TREASURY.....			07/29/2016	GREENWICH CAPITAL MARKETS.....	01/31/2017	5,627,233		(11,390)			5,625,000	5,638,623	20,597			0.875	0.387	JJ.....	134		
	UNITED STATES TREASURY.....			10/31/2016	VARIOUS.....	03/31/2017	15,445,981		(19,454)			15,425,000	15,465,435	39,410			1.000	0.442	MS.....	26,500	30,842	
	UNITED STATES TREASURY.....			12/29/2016	Bank of albuquerque.....	06/15/2017	5,005,755		(105)			5,000,000	5,005,859	2,043			0.875	0.620	JD.....	1,683		
0199999	U.S. Government Bonds - Issuer Obligations.....							26,078,969	0	(30,948)	0	0	26,050,000	26,109,917	62,050	0		XXX	XXX	XXX	26,500	32,659
0599999	Total - U.S. Government Bonds.....							26,078,969	0	(30,948)	0	0	26,050,000	26,109,917	62,050	0		XXX	XXX	XXX	26,500	32,659
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																						
	Bank of Montreal.....			07/05/2016	Bank of Tokyo Mitsubishi.....	01/03/2017	4,999,762		21,407			5,000,000	4,978,355				0.860		N/A.....			
	BNP Paribas.....	C		09/02/2016	BNP PARIBAS SECURITIES CORP./FIXED INCOM	01/04/2017	4,999,588		16,638			5,000,000	4,982,950				0.994		N/A.....			
	Cooperatieve Rabobank U.A.....	C		09/12/2016	CREDIT AGRICOLE CIB.....	03/10/2017	4,988,572		18,654			5,000,000	4,969,918				1.217		N/A.....			
	Credit Agricole Corporate and Investment.....	C		08/08/2016	CREDIT AGRICOLE CIB.....	02/08/2017	4,993,667		24,333			5,000,000	4,969,333				1.207		N/A.....			
	DNB Bank ASA.....	C		11/07/2016	Paine Webber.....	04/25/2017	4,983,217		8,097			5,000,000	4,975,119				1.065		N/A.....			
	ING (U.S.) Funding LLC.....	C		07/28/2016	CHASE SECURITIES.....	01/24/2017	4,996,582		23,332			5,000,000	4,973,250				1.076		N/A.....			
	MetLife Short Term Funding LLC.....			11/28/2016	CREDIT SUISSE.....	04/24/2017	4,984,149		4,769			5,000,000	4,979,379				1.015		N/A.....			
	Mizuho Bank, Ltd.....	C		10/03/2016	GOLDMAN, SACHS & CO.....	02/27/2017	4,990,738		14,625			5,000,000	4,976,113				1.176		N/A.....			
	Nestle Capital Corporation.....	C		12/19/2016	Bank of America Securities.....	05/18/2017	4,984,017		1,517			5,000,000	4,982,500				0.843		N/A.....			
	Nordea Bank AB.....	C		10/12/2016	Bank of America Securities.....	04/04/2017	4,985,792		12,375			5,000,000	4,973,417				1.106		N/A.....			
	Old Line Funding, LLC.....			08/25/2016	Bank of America Securities.....	02/21/2017	4,991,783		20,783			5,000,000	4,971,000				1.164		N/A.....			
	Societe Generale.....	C		11/07/2016	COWEN AND COMPANY, LLC.....	04/10/2017	4,985,563		7,875			5,000,000	4,977,688				1.055		N/A.....			
	Toronto Dominion Holdings (U.S.A.), Inc.....			12/02/2016	TORONTO DOMINION SECURITIES (USA) INC...	05/01/2017	4,982,833		4,292			5,000,000	4,978,542				1.035		N/A.....			
	Toyota Motor Credit Corporation.....	C		07/15/2016	CITIBANK/IPA.....	02/03/2017	4,995,829		21,486			5,000,000	4,974,343				0.914		N/A.....			
	Westpac Banking Corporation.....	C		12/05/2016	JP Morgan Chase.....	06/01/2017	4,977,140		4,088			5,000,000	4,973,053				1.096		N/A.....			
3299999	Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations.....							74,839,230	0	204,271	0	0	75,000,000	74,634,959	0	0		XXX	XXX	XXX	0	0
3899999	Total - Industrial & Miscellaneous (Unaffiliated).....							74,839,230	0	204,271	0	0	75,000,000	74,634,959	0	0		XXX	XXX	XXX	0	0
Total Bonds																						
7799999	Subtotals - Issuer Obligations.....							100,918,199	0	173,323	0	0	101,050,000	100,744,876	62,050	0		XXX	XXX	XXX	26,500	32,659
8399999	Subtotals - Bonds.....							100,918,199	0	173,323	0	0	101,050,000	100,744,876	62,050	0		XXX	XXX	XXX	26,500	32,659
Exempt Money Market Mutual Funds as Identified by the SVO																						
825252	88	5		12/30/2016	AIM SHORT TERM INV GOV CL INSTI MMF.....	Direct.....	2,013,983					2,013,983	287				0.440		N/A.....			
8899999	Total - Exempt Money Market Mutual Funds as Identified by the SVO.....							2,013,983	0	0	0	0	2,013,983	287	0			XXX	XXX	XXX	0	0
9199999	Total - Short-Term Investments.....							102,932,182	0	173,323	0	0	102,758,859	102,758,859	62,337	0		XXX	XXX	XXX	26,500	32,659

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

**Sch. DB - Pt. A - Sn. 2
NONE**

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

**Sch. DB - Pt. B - Sn. 2
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

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Open Depositories						
Bank of Albuquerque.....					(937,332)	XXX
Bank of Albuquerque.....		.020	28,509		115,747,108	XXX
JP Morgan Chase Bank.....					24,025,475	XXX
JP Morgan Chase Bank.....					63,658	XXX
Bank of Albuquerque Payroll.....					(34,901)	XXX
Bank of Albuquerque.....					(10,140,397)	XXX
Bank of Albuquerque.....					(312,899)	XXX
BK OF ALB SALUD RESTRICTED RESERVE REPO.....		.020	4,183		20,573,957	XXX
BK OF ALB SALUD RESTRICTED REPO.....		.020	4,945		22,256,033	XXX
Bank of Albuquerque.....					(1,300,000)	XXX
0199999. Total - Open Depositories.....	XXX	XXX	37,637	.0	169,940,702	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	37,637	.0	169,940,702	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	400	XXX
0599999. Total Cash.....	XXX	XXX	37,637	.0	169,941,102	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	178,373,881	4. April.....	179,943,856	7. July.....	176,943,442	10. October.....	159,954,470
2. February.....	176,054,506	5. May.....	186,684,599	8. August.....	176,414,730	11. November.....	170,583,597
3. March.....	173,949,927	6. June.....	178,363,780	9. September.....	167,230,451	12. December.....	169,940,702

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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NONE

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

1 States, Etc.	2 Type of Deposit	3 Purpose of Deposit	Deposits for the Benefit of All Policyholders		All Other Special Deposits	
			4 Book/Adjusting Carrying Value	5 Fair Value	6 Book/Adjusting Carrying Value	7 Fair Value
1. Alabama.....AL						
2. Alaska.....AK						
3. Arizona.....AZ						
4. Arkansas.....AR						
5. California.....CA						
6. Colorado.....CO						
7. Connecticut.....CT						
8. Delaware.....DE						
9. District of Columbia.....DC						
10. Florida.....FL						
11. Georgia.....GA						
12. Hawaii.....HI						
13. Idaho.....ID						
14. Illinois.....IL						
15. Indiana.....IN						
16. Iowa.....IA						
17. Kansas.....KS						
18. Kentucky.....KY						
19. Louisiana.....LA						
20. Maine.....ME						
21. Maryland.....MD						
22. Massachusetts.....MA						
23. Michigan.....MI						
24. Minnesota.....MN						
25. Mississippi.....MS						
26. Missouri.....MO						
27. Montana.....MT						
28. Nebraska.....NE						
29. Nevada.....NV						
30. New Hampshire.....NH						
31. New Jersey.....NJ						
32. New Mexico.....NM	Statutory				325,269	325,358
33. New York.....NY						
34. North Carolina.....NC						
35. North Dakota.....ND						
36. Ohio.....OH						
37. Oklahoma.....OK						
38. Oregon.....OR						
39. Pennsylvania.....PA						
40. Rhode Island.....RI						
41. South Carolina.....SC						
42. South Dakota.....SD						
43. Tennessee.....TN						
44. Texas.....TX						
45. Utah.....UT						
46. Vermont.....VT						
47. Virginia.....VA						
48. Washington.....WA						
49. West Virginia.....WV						
50. Wisconsin.....WI						
51. Wyoming.....WY						
52. American Samoa.....AS						
53. Guam.....GU						
54. Puerto Rico.....PR						
55. US Virgin Islands.....VI						
56. Northern Mariana Islands.....MP						
57. Canada.....CAN						
58. Aggregate Alien and Other.....OT	XXX	XXX	0	0	127,856,304	127,856,304
59. Total.....	XXX	XXX	0	0	128,181,573	128,181,662

DETAILS OF WRITE-INS

5801. New Mexico.....		Contractual			22,256,033	22,256,033
5802. New Mexico.....		Contractual			20,573,957	20,573,957
5803. New Mexico.....		Contractual			85,026,314	85,026,314
5898. Summary of remaining write-ins for line 58 from overflow page.....	XXX	XXX	0	0	0	0
5899. Total (Lines 5801 thru 5803+5898) (Line 58 above).....	XXX	XXX	0	0	127,856,304	127,856,304