



HEALTH QUARTERLY STATEMENT

As of March 31, 2017
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) (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 (Name) 505-348-0410 (Area Code) (Telephone Number) (Extension)
todd.pilger@molinahealthcare.com (E-Mail Address) 505-342-4665 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Daniel Scott Sorrells #	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

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

Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	83,596,094		83,596,094	83,473,074
2. Stocks:				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....178,166,239), cash equivalents (\$.....15,492,013) and short-term investments (\$.....107,848,685).....	301,506,937		301,506,937	272,873,284
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	1,300,000
10. Securities lending reinvested collateral assets.....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	385,103,031	.0	385,103,031	357,646,358
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	405,156		405,156	399,107
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	8,009,353		8,009,353	6,136,026
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 (\$.....9,475,645).....	9,485,638		9,485,638	3,107,405
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,302,693		1,302,693	1,253,137
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	7,851
18.1 Current federal and foreign income tax recoverable and interest thereon.....	22,522,211		22,522,211	17,331,438
18.2 Net deferred tax asset.....	20,945,735	13,282,011	7,663,724	4,860,015
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....	77,886	77,886	.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,532,203	2,532,203	.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	5,140,895		5,140,895	36,512,729
24. Health care (\$.....33,401,555) and other amounts receivable.....	59,091,933	13,969,291	45,122,642	41,061,233
25. Aggregate write-ins for other than invested assets.....	37,424,165	37,424,165	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	552,048,750	67,285,556	484,763,194	468,315,299
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	552,048,750	67,285,556	484,763,194	468,315,299

DETAILS OF WRITE-INS

1101.....			.0	
1102.....			.0	
1103.....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501. Prepays, deposits, and other assets.....	3,040,904	3,040,904	.0	
2502. Goodwill and intangible assets.....	34,383,261	34,383,261	.0	
2503.....			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	37,424,165	37,424,165	.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).....	119,205,386	243,098	119,448,484	122,619,532
2. Accrued medical incentive pool and bonus amounts.....	78,124		78,124	129,998
3. Unpaid claims adjustment expenses.....	1,823,475	4,204	1,827,679	1,974,627
4. Aggregate health policy reserves, including the liability of \$.....9,843,239 for medical loss ratio rebate per the Public Health Service Act.....	176,378,925		176,378,925	161,169,782
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	8,937,247		8,937,247	3,279,830
9. General expenses due or accrued.....	25,626,682		25,626,682	21,567,838
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.0	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....			.0	198
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.....			.0	4,332,635
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....	4,548,787		4,548,787	4,046,719
23. Aggregate write-ins for other liabilities (including \$.....39,265,586 current).....	39,265,586	.0	39,265,586	26,541,160
24. Total liabilities (Lines 1 to 23).....	375,864,212	247,302	376,111,514	345,662,319
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	6,900,000	.0
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	192,880,665
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	(91,143,546)	(70,242,246)
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	108,651,680	122,652,980
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	484,763,194	468,315,299

DETAILS OF WRITE-INS

2301. Other amounts due to HSD and CMS.....	39,265,586		39,265,586	26,541,160
2302. ....			.0	
2303. ....			.0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	39,265,586	.0	39,265,586	26,541,160
2501. 2018 Health insurer fee accrual estimate.....	XXX	XXX	6,900,000	
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	6,900,000	.0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	.0	.0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX	810,450	748,513	3,033,407
2. Net premium income (including \$.....0 non-health premium income).....	XXX	356,602,215	384,787,741	1,417,863,002
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(15,209,143)	30,470	(31,295,608)
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	33	125	499
8. Total revenues (Lines 2 to 7).....	XXX	341,393,105	384,818,336	1,386,567,893
Hospital and Medical:				
9. Hospital/medical benefits.....		218,500,545	205,309,904	823,551,933
10. Other professional services.....		20,878,512	19,770,943	91,767,911
11. Outside referrals.....	688,002	4,130,979	3,421,838	16,488,808
12. Emergency room and out-of-area.....		25,130,645	16,058,961	88,787,770
13. Prescription drugs.....		33,110,851	33,883,768	128,659,545
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		69,407	67,226	487,315
16. Subtotal (Lines 9 to 15).....	688,002	301,820,939	278,512,640	1,149,743,282
Less:				
17. Net reinsurance recoveries.....		526,186	1,113,851	3,450,800
18. Total hospital and medical (Lines 16 minus 17).....	688,002	301,294,753	277,398,789	1,146,292,482
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....16,532,130 cost containment expenses.....		17,330,777	20,007,233	72,675,297
21. General administrative expenses.....		35,763,864	65,735,842	194,695,220
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).....	688,002	354,389,394	363,141,864	1,413,662,999
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(12,996,289)	21,676,472	(27,095,106)
25. Net investment income earned.....		355,552	230,484	1,196,680
26. Net realized capital gains (losses) less capital gains tax of \$.....(1,627).....		(3,023)	3,075	11,027
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	352,529	233,559	1,207,707
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	(1,002,727)	(1,569,142)	(5,078,421)
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	(13,646,487)	20,340,889	(30,965,820)
31. Federal and foreign income taxes incurred.....	XXX	(5,189,146)	14,824,621	(2,512,468)
32. Net income (loss) (Lines 30 minus 31).....	XXX	(8,457,341)	5,516,268	(28,453,352)

DETAILS OF WRITE-INS

0601. TPA.....	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701. Miscellaneous income.....	XXX	33	125	499
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	33	125	499
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. Penalties on late payment of claims.....		(86,964)	(504,865)	(1,691,273)
2902. Fines from regulatory authorities.....		(915,763)	(1,064,277)	(3,387,148)
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	(1,002,727)	(1,569,142)	(5,078,421)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year to Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	122,652,980	109,717,225	109,717,225
34. Net income or (loss) from Line 32.....	(8,457,341)	5,516,268	(28,453,352)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	2,516,688		18,429,047
39. Change in nonadmitted assets.....	(8,060,647)	(8,943,888)	(13,539,940)
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
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	0
48. Net change in capital and surplus (Lines 34 to 47).....	(14,001,300)	(3,427,620)	12,935,755
49. Capital and surplus end of reporting period (Line 33 plus 48).....	108,651,680	106,289,605	122,652,980

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	361,417,157	350,646,490	1,419,813,753
2. Net investment income.....	396,384	236,233	1,346,348
3. Miscellaneous income.....	33	125	499
4. Total (Lines 1 through 3).....	361,813,574	350,882,848	1,421,160,600
5. Benefit and loss related payments.....	312,966,703	286,661,846	1,154,648,576
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	43,035,814	52,635,625	252,809,358
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....(1,627) tax on capital gains (losses).....		6,905,000	18,943,000
10. Total (Lines 5 through 9).....	356,002,517	346,202,471	1,426,400,934
11. Net cash from operations (Line 4 minus Line 10).....	5,811,057	4,680,377	(5,240,334)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	6,187,660	8,528,298	27,505,230
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	63
12.7 Miscellaneous proceeds.....	1,300,000		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	7,487,660	8,528,361	27,505,293
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	6,362,211	8,725,436	27,081,220
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).....	6,362,211	8,725,436	28,381,220
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	1,125,449	(197,075)	(875,927)
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.....	36,500,000		
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).....	(14,802,853)	(4,939,909)	3,796,200
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	21,697,147	(4,939,909)	3,796,200
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	28,633,653	(456,607)	(2,320,061)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	272,873,284	275,193,345	275,193,345
19.2 End of period (Line 18 plus Line 19.1).....	301,506,937	274,736,738	272,873,284
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			36,500,000

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
	Total	2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	253,687	16,313						4,082	233,292	
2. First Quarter.....	270,400	29,743						4,323	236,334	
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	810,450	81,992						12,681	715,777	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	243,138	22,723						9,471	210,944	
8. Non-Physician.....	978,900	36,408						57,423	885,069	
9. Total.....	1,222,038	59,131	0	0	0	0	0	66,894	1,096,013	0
10. Hospital Patient Days Incurred.....	87,473	1,301						5,827	80,345	
11. Number of Inpatient Admissions.....	8,953	262						527	8,164	
12. Health Premiums Written (a).....	357,996,822	35,226,508						11,567,025	311,203,289	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	342,787,679	22,928,054						11,354,559	308,505,066	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	315,070,631	15,822,348						9,467,084	289,781,199	
18. Amount Incurred for Provision of Health Care Services.....	301,820,939	17,903,485						9,477,300	274,440,154	

007

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....11,567,025.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark.....	7,846,180					7,846,180
0199999. Individually Listed Claims Unpaid.....	7,846,180	0	0	0	0	7,846,180
0399999. Aggregate Accounts Not Individually Listed-Covered.....	4,863,032	646,592	87,264	171,623	139,145	5,907,656
0499999. Subtotals.....	12,709,212	646,592	87,264	171,623	139,145	13,753,836
0599999. Unreported Claims and Other Claim Reserves.....						105,694,648
0799999. Total Claims Unpaid.....						119,448,484
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						78,124

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	3,259,216	12,364,764	511,798	7,429,822	3,771,014	5,660,676
2. Medicare Supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal Employees Health Benefits Plan.....					.0	
6. Title XVIII - Medicare.....	3,203,582	6,263,502	561,513	4,749,698	3,765,095	5,435,155
7. Title XIX - Medicaid.....	82,255,614	207,197,767	19,815,472	86,380,182	102,071,086	111,523,701
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	88,718,412	225,826,033	20,888,783	98,559,702	109,607,195	122,619,532
10. Healthcare receivables (a).....	30,253,103	16,233,769		490,423	30,253,103	36,829,243
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	121,281			78,124	121,281	129,998
13. Totals (Lines 9-10+11+12).....	58,586,590	209,592,264	20,888,783	98,147,403	79,475,373	85,920,287

609

(a) Excludes \$.....393,551 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of New Mexico, Inc. (the "Plan") for the fiscal year ended December 31, 2016. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2016 annual statement or audited financial statements have been omitted.

Note 1 – Summary of Significant Accounting Policies and Going Concern**A. Accounting Practices**

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. ("Molina"). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the 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. 16R	§ 59A-8-1-L	Alternate admissibility and depreciation rules for EDP equipment.
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 #	2017 Period	2016
NET INCOME					
(1) Molina Healthcare of New Mexico, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (8,457,341)	\$ (28,453,352)
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (8,457,341)	\$ (28,453,352)
SURPLUS					
(5) Molina Healthcare of New Mexico, Inc. state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 108,651,680	\$ 122,652,980
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP Goodwill (NAIC SAP allows partial admissibility)	68	2	25	(10,098,796)	(11,779,297)
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 118,750,476	\$ 134,432,277

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, Medicaid 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:

- (6) Investments in loan-backed securities:

NOTES TO FINANCIAL STATEMENTS

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.

D. Going Concern

Not applicable.

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

No significant change.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A. – C. None.

D. Loan-Backed Securities:

As of March 31, 2017, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

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

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

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$	8,914
	2. 12 Months or Longer	\$	5,129
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	2,290,384
	2. 12 Months or Longer	\$	4,082,260

(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 March 31, 2017.

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: No significant change.

I. Working Capital Finance Investments: None.

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

K. Structured Notes: None.

L. 5* Securities: None.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant changes.

Note 8 – Derivative Instruments

None.

Note 9 – Income Taxes

No significant changes.

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

A. 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, who is a member of Molina's 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

NOTES TO FINANCIAL STATEMENTS

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. For the periods ended March 31, 2017 and 2016, the Plan paid \$122,152 and \$73,174, respectively to JMMPC for health care services provided by JMMPC to the Plan's members. 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.

B. – C. During the first quarter of 2017, the Plan received funding from Molina in the amount of \$36.5 million to satisfy capital contributions deemed effective in 2016 and recorded as an admitted receivable from parent, subsidiaries, and affiliates in the 2016 Annual Statement.

D. – N. No significant changes.

Note 11 – Debt

A. None.

B. FHLB (Federal Home Loan Bank) Agreements: Not applicable.

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: No significant change.

F. Multiemployer Plans: None.

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

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

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

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

(1) – (3) No significant changes.

(4) Dividends paid by the Plan to Molina during the period ended March 31, 2017 were as follows: None

(5) – (8) No significant changes.

(9) Changes in the balance of special surplus funds: The Plan reclassified an amount equal to 25% of its estimated 2018 health insurer fee to special surplus funds in accordance with Statement of Statutory Accounting Principles ("SSAP") No. 106 - Affordable Care Act Assessment requirements.

(10) – (13) No significant changes.

Note 14 – Liabilities, Contingencies and Assessments

No significant change.

Note 15 – Leases

No significant change.

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

No significant change.

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

A. Transfers of Receivables Reported as Sales: None.

B. Transfer and Servicing of Financial Assets: None.

C. Wash Sales: None.

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

No significant change.

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

Not applicable.

Note 20 – Fair Value Measurements

NOTES TO FINANCIAL STATEMENTS

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 of the fair value hierarchy, a description of the valuation techniques follow: 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 hierarchy of bonds and short-term investments as of March 31, 2017 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Asset-backed securities	\$ 7,917,422	\$ 7,925,758	\$ -	\$ 7,917,422	\$ -	\$ -
Corporate debt securities	132,216,146	132,279,822	-	132,216,146	-	-
Government-sponsored enterprise securities	4,049,543	4,048,616	4,049,543	-	-	-
Money market funds	13,542,216	13,542,216	13,542,216	-	-	-
Mortgage-backed securities	343,568	345,732	343,568	-	-	-
Municipal securities	5,783,931	5,794,725	-	5,783,931	-	-
U.S. Treasury notes	42,979,820	42,999,925	42,979,820	-	-	-
Total bonds and short-term investments	\$ 206,832,646	\$ 206,936,794	\$ 60,915,147	\$ 145,917,499	\$ -	\$ -

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

Note 21 – Other Items

A. – B. No significant change.

C. Other Disclosures and Unusual Items:

The Plan's Medicaid contract is scheduled for re-procurement in the near term. The Plan currently anticipates an award date in the first quarter of 2018, with an effective date of January 1, 2019.

D. – H. No significant change.

Note 22 – Events Subsequent

Subsequent events were considered through May 11, 2017, the date the statutory reporting statements were available to be issued.

Note 23 – Reinsurance

No significant change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. – C. As described in Note 24 in the Notes to Financial Statements included in the Plan's 2016 Annual Statement, certain components of the Plan's revenue are subject to retrospective rating and/or redetermination. Significant provisions include the following:

Medicare premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of approximately \$774,587 and \$607,807 as of March 31, 2017 and December 31, 2016, respectively, relating to its contacts with CMS. The Plan had net premiums written relating to Medicare of \$11.6 million and \$8.1 million for the periods ended March 31, 2017 and 2016, respectively, representing 3.2% and 2.1% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable approximately of \$4.0 million and a net receivable approximately of \$2.0 million as of March 31, 2017 and March 31, 2016, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of \$35.2 million and \$13.9 million for the periods ended March 31, 2017 and 2016, respectively, representing 9.9% and 3.6% of the total net premiums written, respectively.

Medicaid premiums are subject to retrospective rating. The Plan recorded a net payable of \$162.2 million and \$159.5 million as of March 31, 2017 and December 31, 2016, respectively, relating to Medicaid contracts. The Plan had net premiums written relating to Medicaid of \$309.8 million and \$362.8 million for its Medicaid business for the years ended March 31, 2017 and 2016, representing 86.9% and 94.4% of total net premiums written, respectively.

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

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

The Plan accrued \$9.8 million and \$187,250 at March 31, 2017 and December 31, 2016, respectively, relating to medical loss ratio rebates.

NOTES TO FINANCIAL STATEMENTS

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	\$	8,335,256
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		43,431
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		6,338,547
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$	(12,299)

b. Transitional ACA Reinsurance Program		AMOUNT
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$	1,302,693
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		
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	
Operations (Revenue & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance	\$	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		196,817
9. ACA Reinsurance contributions – not reported as ceded premium	\$	

c. Temporary ACA Risk Corridors Program		AMOUNT
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors	\$	
Liabilities		
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		2,455,215
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	(2,455,215)

(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 the Prior Business Before the Prior		During Year on Written Dec. 31 of Year		Received or Paid as of the Current Business Before the Prior		Paid as of Year on Written Dec. 31 of Year		Differences		Adjustments		Unsettled as of the		Balances Reporting Date				
	1	2	3	4	5	6	7	8	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)	0	10			
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)			
a. Permanent ACA Risk Adjustment Program																			
1. Premium adjustments receivable	\$ 1,996,709								\$ 1,996,709					\$ 4,379,232				\$ 6,375,941	
2. Premium adjustments (payable)																			
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 1,996,709								\$ 1,996,709					\$ 4,379,232				\$ 6,375,941	
b. Transitional ACA Reinsurance Program																			
1. Amounts recoverable for claims paid	\$ 1,138,628			\$ 34,304					\$ 1,104,324					\$ 198,368				\$ 1,302,692	
2. Amounts recoverable for claims unpaid (contra liability)																			
3. Amounts receivable relating to uninsured plans																			
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums																			
5. Ceded reinsurance premiums payable				(91,994)															(91,994)
				(367,978)															

NOTES TO FINANCIAL STATEMENTS

Prior years	(154,866)	(24,309,419)
Net incurred claims during the current year	<u>301,294,753</u>	<u>1,146,292,482</u>
Deduct paid claims, net of reinsurance		
Current year	224,248,291	1,062,567,282
Prior years	88,718,412	92,081,294
Net paid claims during the current year	<u>312,966,703</u>	<u>1,154,648,576</u>
Change in claims adjustment expenses	(146,948)	78,025
(903,142)Change in health care receivables	8,399,472	12,877,368
Change in amounts due from reinsurers	49,556	(903,142)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 121,354,288</u>	<u>\$ 124,724,158</u>

Note 26 – Intercompany Pooling Arrangements

No significant change.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

No significant change.

Note 29 – Participating policies

None.

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change: _____

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

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

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

Molina Dental and Vision Services and A to Z In-Home Tutoring LLC have been removed from the organization chart.

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

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

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/02/2016

6.4 By what department or departments?
New Mexico Office of Superintendent of Insurance

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

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

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

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

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

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

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

FINANCIAL

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 5,128,166

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

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

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

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

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

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

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

1 Name of Custodian(s)	2 Custodian Address
Bank of Albuquerque	706A St Michaels Dr Santa Fe, NM 87505
Century Bank	PO Box 1507 Santa Fe, NM 87504-1507

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
PFM Fund Distributors, Inc.	U

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
114474	PFM Fund Distributors, Inc.		SEC	NO

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent	93.1 %	
1.2 A&H cost containment percent	4.8 %	
1.3 A&H expense percent excluding cost containment expenses	10.7 %	
2.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]	
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [] No [X]	
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

A&H Non-Affiliates

93572.....	43-1235868.....	01/01/2017	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	Authorized.....
------------	-----------------	------------	------------------------------	---------	--------------	-----------------	-------	-------

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama.....AL	N								0
2. Alaska.....AK	N								0
3. Arizona.....AZ	N								0
4. Arkansas.....AR	N								0
5. California.....CA	N								0
6. Colorado.....CO	N								0
7. Connecticut.....CT	N								0
8. Delaware.....DE	N								0
9. District of Columbia.....DC	N								0
10. Florida.....FL	N								0
11. Georgia.....GA	N								0
12. Hawaii.....HI	N								0
13. Idaho.....ID	N								0
14. Illinois.....IL	N								0
15. Indiana.....IN	N								0
16. Iowa.....IA	N								0
17. Kansas.....KS	N								0
18. Kentucky.....KY	N								0
19. Louisiana.....LA	N								0
20. Maine.....ME	N								0
21. Maryland.....MD	N								0
22. Massachusetts.....MA	N								0
23. Michigan.....MI	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	35,226,508	11,567,025	311,203,289				357,996,822	
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.....XX		35,226,508	11,567,025	311,203,289	0	0	0	357,996,822	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....(a)1		35,226,508	11,567,025	311,203,289	0	0	0	357,996,822	0

DETAILS OF WRITE-INS

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

(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.

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

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

PART 1 – ORGANIZATIONAL CHART

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

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

PART 1 – ORGANIZATIONAL CHART

Q15.1

-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	PA	20-2639439	Children's Behavioral Health, Inc.
|-00000	DE	88-0469530	Choices Group, Inc.
|-00000	CA	95-4864640	College Community Services
|-00000	IN	35-2085281	Dockside Services, Inc.
|-00000	VA	54-1620121	Family Preservation Services, Inc.
|-00000	FL	65-0848685	Family Preservation Services of Florida, Inc.
|-00000	NC	86-0976674	Family Preservation Services of North Carolina, Inc.
|-00000	DC	20-0086731	Family Preservation Services of Washington, D.C., Inc.
|-00000	WV	86-1035573	Family Preservation Services of West Virginia, Inc.
|-00000	NV	88-0321776	Maple Star Nevada
|-00000	OR	93-1263318	Maple Star Oregon, Inc.
|-00000	DE	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
I-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	

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
1531...	Molina Healthcare, Inc.....	00000...	37-1652282..				Molina Medical Management, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...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...	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...	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.....	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.....	
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.....	

Q16.1

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...	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.....	.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

SEE EXPLANATION

Explanation:

1. This Line of Business is not written by the company.

Bar Code:



NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	83,473,073	84,094,054
2. Cost of bonds and stocks acquired.....	6,362,211	27,081,221
3. Accrual of discount.....	9,440	39,553
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(4,650)	16,901
6. Deduct consideration for bonds and stocks disposed of.....	6,187,660	27,505,230
7. Deduct amortization of premium.....	56,318	253,425
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	83,596,096	83,473,073
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	83,596,096	83,473,073

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	180,171,503	145,527,192	133,795,726	139,462	192,042,431			180,171,503
2. NAIC 2 (a).....	6,233,753	10,802,188	2,124,926	(16,651)	14,894,363			6,233,753
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	186,405,256	156,329,379	135,920,652	122,811	206,936,794	0	0	186,405,256
PREFERRED STOCK								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	186,405,256	156,329,379	135,920,652	122,811	206,936,794	0	0	186,405,256

QSI02

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
 NAIC 1 \$.....113,638,662; NAIC 2 \$.....9,702,035; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	107,848,685	XXX	107,656,660		46,981

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	102,932,182	94,012,437
2. Cost of short-term investments acquired.....	134,474,723	532,391,686
3. Accrual of discount.....	208,236	638,026
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		63
6. Deduct consideration received on disposals.....	129,727,603	523,996,427
7. Deduct amortization of premium.....	38,854	113,603
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	107,848,685	102,932,182
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	107,848,685	102,932,182

**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

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	6,595,150
2. Cost of cash equivalents acquired.....	15,492,445	27,469,482
3. Accrual of discount.....	307	14,601
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	740	34,075,000
7. Deduct amortization of premium.....		4,233
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	15,492,013	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	15,492,013	0

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

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

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

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

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

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

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
912828 H5 2	UNITED STATES TREASURY		01/03/2017	CITIGROUP GLOBAL MARKETS INC.		1,289,234	1,300,000	6,933	1
912828 W2 2	UNITED STATES TREASURY		03/01/2017	Bank of America Securities		1,017,968	1,020,000	542	1
0599999	Total - Bonds - U.S. Government					2,307,202	2,320,000	7,475	XXX
Bonds - Industrial and Miscellaneous									
05565Q CX 4	BP CAPITAL MARKETS PLC	C	02/08/2017	BARCLAYS CAPITAL INC FIXED INC.		236,896	235,000	15	1FE
12636W AD 8	CNHI 17A A3 - ABS		03/15/2017	CITIGROUP GLOBAL MARKETS INC.		499,987	500,000		1FE
172967 JJ 1	CITIGROUP INC.		03/09/2017	MORGAN STANLEY & CO INC, NY		1,097,701	1,100,000	1,613	2FE
17305E GA 7	CCCIT-17A2-A2 - ABS		01/26/2017	CITIGROUP GLOBAL MARKETS INC.		714,863	715,000		1FE
46625H LW 8	JPMORGAN CHASE & CO		02/15/2017	GOLDMAN, SACHS & CO		455,877	450,000	1,788	1FE
47787X AC 1	JDOT 2017 A3 - ABS		03/01/2017	Bank of America Securities		199,972	200,000		1FE
89238M AD 0	TAOT 17A A3 - ABS		03/07/2017	Bank of America Securities		249,971	250,000		1FE
961214 DJ 9	WESTPAC BANKING CORP	C	03/01/2017	CITIGROUP GLOBAL MARKETS INC.		599,742	600,000		1FE
3899999	Total - Bonds - Industrial and Miscellaneous					4,055,008	4,050,000	3,416	XXX
8399997	Total - Bonds - Part 3					6,362,211	6,370,000	10,891	XXX
8399999	Total - Bonds					6,362,211	6,370,000	10,891	XXX
9999999	Total - Bonds, Preferred and Common Stocks					6,362,211	XXX	10,891	XXX

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

QE04

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
912828	SJ 0		03/01/2017	VARIOUS.....		1,975,242	1,975,000	1,982,001	1,975,538		(418)		(418)		1,975,120		122	122	7,989	02/28/2017	1.....
0599999	Total - Bonds - U.S. Government.....					1,975,242	1,975,000	1,982,001	1,975,538	0	(418)	0	(418)	0	1,975,120	0	122	122	7,989	XXX	XXX
Bonds - Industrial and Miscellaneous																					
14314E	AB 7		03/15/2017	PAYDOWN.....		65,500	65,500	65,495	65,497		3		3		65,500			0	125	08/15/2019	1FE.....
172967	HK 0		03/10/2017	Maturity @ 100.0.....		1,125,000	1,125,000	1,122,929	1,124,840		160		160		1,125,000			0	7,594	03/10/2017	2FE.....
17305E	FN 0		02/23/2017	PAYDOWN.....		560,000	560,000	559,234	559,943		57		57		560,000			0	2,856	02/22/2019	1FE.....
34530V	AD 1		03/15/2017	PAYDOWN.....		75,235	75,235	75,228	75,233		2		2		75,235			0	76	11/15/2019	1FE.....
43813N	AC 0		03/21/2017	PAYDOWN.....		121,238	121,238	121,219	121,232		5		5		121,238			0	112	02/21/2019	1FE.....
43814M	AC 1		03/18/2017	PAYDOWN.....		26,920	26,920	26,920	26,920		0		0		26,920		(0)	(0)	56	04/18/2019	1FE.....
46623E	JY 6		03/01/2017	Maturity @ 100.0.....		450,000	450,000	449,775	449,991		9		9		450,000			0	3,038	02/15/2017	1FE.....
65477U	AC 4		03/15/2017	PAYDOWN.....		89,840	89,840	89,821	89,833		6		6		89,840			0	83	10/15/2019	1FE.....
89237C	AD 3		03/15/2017	PAYDOWN.....		103,575	103,575	103,569	103,573		2		2		103,575			0	176	05/15/2019	1FE.....
92343V	DF 8		02/03/2017	PFM.....		994,900	1,000,000	999,910	999,923		3		3		999,926		(5,026)	(5,026)	6,951	08/15/2019	2FE.....
961214	CH 4		03/01/2017	PFM.....		600,210	600,000	599,370	599,919		38		38		599,956		254	254	2,140	05/19/2017	1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					4,212,417	4,217,307	4,213,470	4,216,905	0	285	0	285	0	4,217,190	0	(4,773)	(4,773)	23,207	XXX	XXX
8399997	Total - Bonds - Part 4.....					6,187,660	6,192,307	6,195,471	6,192,443	0	(133)	0	(133)	0	6,192,310	0	(4,650)	(4,650)	31,196	XXX	XXX
8399999	Total - Bonds.....					6,187,660	6,192,307	6,195,471	6,192,443	0	(133)	0	(133)	0	6,192,310	0	(4,650)	(4,650)	31,196	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					6,187,660	6,192,307	6,195,471	6,192,443	0	(133)	0	(133)	0	6,192,310	0	(4,650)	(4,650)	31,196	XXX	XXX

QE05

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

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Bank of Albuquerque..... Albuquerque, NM.....					(823,402)	(902,583)	(722,359)	XXX
Bank of Albuquerque..... Albuquerque, NM.....		0.200	6,471		119,724,301	135,884,657	112,928,331	XXX
JP Morgan Chase Bank..... Phoenix, AZ.....					27,767,190	31,514,209	35,485,286	XXX
JP Morgan Chase Bank..... Phoenix, AZ.....					63,658	63,658	63,658	XXX
Bank of Albuquerque Payroll..... Albuquerque, NM.....					(32,744)	(23,974)	(31,744)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					(13,194,311)	(13,922,820)	(11,885,560)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					(320,512)	(452,191)	(503,911)	XXX
BK OF ALB SALUD RESTRICTED REPO..... Albuquerque, NM.....			1,116		22,256,417	22,256,765	22,257,149	XXX
BK OF ALB SALUD RESTRICTED RESERVE REPO..... Albuquerque, NM.....		0.200	1,032		20,574,313	20,574,634	20,574,989	XXX
0199999. Total Open Depositories.....	XXX	XXX	8,619	0	176,014,910	194,992,354	178,165,839	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	8,619	0	176,014,910	194,992,354	178,165,839	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	400	400	400	XXX
0599999. Total Cash.....	XXX	XXX	8,619	0	176,015,310	194,992,754	178,166,239	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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
U.S. Government Bonds - Issuer Obligations							
UNITED STATES TREASURY.....		03/31/2017.....		04/27/2017.....	15,492,013		307
0199999. U.S. Government Bonds - Issuer Obligations.....					15,492,013	0	307
0599999. Total - U.S. Government Bonds.....					15,492,013	0	307
Total Bonds							
7799999. Subtotals - Issuer Obligations.....					15,492,013	0	307
8399999. Subtotals - Bonds.....					15,492,013	0	307
8699999. Total - Cash Equivalents.....					15,492,013	0	307

QE13