



HEALTH QUARTERLY STATEMENT

As of June 30, 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. Jeffrey Don Barlow	Secretary	4.	

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) Jeffrey Don Barlow 3. (Printed Name) Secretary (Title)
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Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	84,412,448		84,412,448	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 (\$.....145,128,189), cash equivalents (\$.....9,987,154) and short-term investments (\$.....86,087,320).....	241,202,663		241,202,663	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).....	325,615,111	.0	325,615,111	357,646,358
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	419,667		419,667	399,107
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	7,301,295		7,301,295	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 (\$.....5,493,580).....	5,503,573		5,503,573	3,107,405
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,467,232		1,467,232	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.....			.0	17,331,438
18.2 Net deferred tax asset.....	20,407,971	12,973,978	7,433,993	4,860,015
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....	64,141	64,141	.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,452,323	2,452,323	.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	36,512,729
24. Health care (\$.....22,601,232) and other amounts receivable.....	36,547,871	8,254,969	28,292,902	41,061,233
25. Aggregate write-ins for other than invested assets.....	35,155,016	35,155,016	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	434,942,051	58,900,427	376,041,624	468,315,299
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	434,942,051	58,900,427	376,041,624	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. Prepaids, deposits, and other assets.....	2,104,003	2,104,003	.0	
2502. Goodwill and intangible assets.....	33,051,013	33,051,013	.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).....	35,155,016	35,155,016	.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).....	131,765,762	180,000	131,945,762	122,619,532
2. Accrued medical incentive pool and bonus amounts.....	124,451		124,451	129,998
3. Unpaid claims adjustment expenses.....	2,218,885	3,333	2,222,218	1,974,627
4. Aggregate health policy reserves, including the liability of \$....4,385,476 for medical loss ratio rebate per the Public Health Service Act.....	.51,804,509		.51,804,509	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.....	9,407,095		9,407,095	3,279,830
9. General expenses due or accrued.....	14,467,154		14,467,154	.21,567,838
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	28,918		28,918	
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.....	2,864,520		2,864,520	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.....	5,176,555		5,176,555	4,046,719
23. Aggregate write-ins for other liabilities (including \$....43,823,188 current).....	43,823,188	.0	43,823,188	26,541,160
24. Total liabilities (Lines 1 to 23).....	261,681,037	183,333	261,864,370	345,662,319
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	13,800,000	.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	202,880,665	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	(102,517,972)	(70,242,246)
32. Less treasury stock, at cost:				
32.10.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.20.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	114,177,254	122,652,980
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	376,041,624	468,315,299

DETAILS OF WRITE-INS

2301. Other amounts due to HSD and CMS.....	43,823,188		43,823,188	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).....	43,823,188	.0	43,823,188	26,541,160
2501. 2018 Health insurer fee accrual estimate.....	XXX	XXX	13,800,000	
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	13,800,000	.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	1,619,677	1,504,369	3,033,407
2. Net premium income (including \$.....0 non-health premium income).....	XXX	596,504,592	747,570,571	1,417,863,002
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	109,407,881	(8,162,542)	(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	207	339	499
8. Total revenues (Lines 2 to 7).....	XXX	705,912,680	739,408,368	1,386,567,893
Hospital and Medical:				
9. Hospital/medical benefits.....		445,314,471	416,732,035	823,551,933
10. Other professional services.....		42,028,850	42,374,019	91,767,911
11. Outside referrals.....	941,506	9,847,611	5,121,406	16,488,808
12. Emergency room and out-of-area.....		51,348,996	40,089,295	88,787,770
13. Prescription drugs.....		70,063,019	65,449,558	128,659,545
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		202,950	191,353	487,315
16. Subtotal (Lines 9 to 15).....	941,506	618,805,897	569,957,666	1,149,743,282
Less:				
17. Net reinsurance recoveries.....		859,666	2,041,838	3,450,800
18. Total hospital and medical (Lines 16 minus 17).....	941,506	617,946,231	567,915,828	1,146,292,482
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....32,276,799 cost containment expenses.....		33,940,186	38,896,350	72,675,297
21. General administrative expenses.....		78,453,832	108,915,300	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).....	941,506	730,340,249	715,727,478	1,413,662,999
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(24,427,569)	23,680,890	(27,095,106)
25. Net investment income earned.....		786,842	512,422	1,196,680
26. Net realized capital gains (losses) less capital gains tax of \$.....(1,616).....		(3,002)	5,238	11,027
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	783,840	517,660	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	(5,392,431)	(4,916,383)	(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	(29,036,160)	19,282,167	(30,965,820)
31. Federal and foreign income taxes incurred.....	XXX	(8,257,028)	14,304,597	(2,512,468)
32. Net income (loss) (Lines 30 minus 31).....	XXX	(20,779,132)	4,977,570	(28,453,352)

DETAILS OF WRITE-INS

0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701. Miscellaneous income.....	XXX	207	339	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	207	339	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.....		(689,825)	(927,665)	(1,691,273)
2902. Fines from regulatory authorities.....		(4,702,606)	(3,988,718)	(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	(5,392,431)	(4,916,383)	(5,078,421)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	122,652,980	109,717,225	109,717,225
34. Net income or (loss) from Line 32.....	(20,779,132)	4,977,570	(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.....	1,978,924		18,429,047
39. Change in nonadmitted assets.....	324,482	(6,609,145)	(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.....	10,000,000		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).....	(8,475,726)	(1,631,575)	12,935,755
49. Capital and surplus end of reporting period (Line 33 plus 48).....	114,177,254	108,085,650	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.....	607,292,871	717,247,778	1,419,813,753
2. Net investment income.....	849,938	651,675	1,346,348
3. Miscellaneous income.....	207	339	499
4. Total (Lines 1 through 3).....	608,143,016	717,899,792	1,421,160,600
5. Benefit and loss related payments.....	600,724,470	574,733,741	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.....	111,510,345	133,126,239	252,809,358
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$(1,616) tax on capital gains (losses).....	(25,619,000)	16,188,000	18,943,000
10. Total (Lines 5 through 9).....	686,615,815	724,047,980	1,426,400,934
11. Net cash from operations (Line 4 minus Line 10).....	(78,472,799)	(6,148,188)	(5,240,334)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	14,382,772	13,883,921	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).....	15,682,772	13,883,984	27,505,293
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	15,410,420	14,181,836	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).....	15,410,420	14,181,836	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).....	272,352	(297,852)	(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.....	46,500,000		
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).....	29,826	10,855,278	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).....	46,529,826	10,855,278	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).....	(31,670,621)	4,409,238	(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).....	241,202,663	279,602,583	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	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year.....	253,687	16,313						4,082	233,292	
2. First Quarter.....	270,400	29,743						4,323	236,334	
3. Second Quarter.....	266,178	27,754						4,775	233,649	
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	1,619,677	165,852						26,564	1,427,261	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	506,355	48,802						20,814	436,739	
8. Non-Physician.....	2,062,576	75,640						125,739	1,861,197	
9. Total.....	2,568,931	124,442	0	0	0	0	0	146,553	2,297,936	0
10. Hospital Patient Days Incurred.....	195,874	3,856						12,936	179,082	
11. Number of Inpatient Admissions.....	19,385	681						1,224	17,480	
12. Health Premiums Written (a).....	599,302,606	59,758,046						24,483,237	515,061,323	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	708,710,487	54,860,788						24,106,004	629,743,695	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	603,095,084	36,671,990						19,211,911	547,211,183	
18. Amount Incurred for Provision of Health Care Services.....	618,805,897	38,743,351						19,462,846	560,599,700	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....24,483,237.

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.....	7,324,581					7,324,581
0199999. Individually Listed Claims Unpaid.....	7,324,581	0	0	0	0	7,324,581
0399999. Aggregate Accounts Not Individually Listed-Covered.....	4,621,426					4,621,426
0499999. Subtotals.....	11,946,007	0	0	0	0	11,946,007
0599999. Unreported Claims and Other Claim Reserves.....						119,999,755
0799999. Total Claims Unpaid.....						131,945,762
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						124,451

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).....	3,424,274	33,114,400	76,153	8,154,804	3,500,427	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.....	2,636,332	16,575,579	31,034	5,688,248	2,667,366	5,435,155
7. Title XIX - Medicaid.....	76,621,214	469,863,618	11,945,228	106,050,295	88,566,442	111,523,701
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	82,681,820	519,553,597	12,052,415	119,893,347	94,734,235	122,619,532
10. Healthcare receivables (a).....	14,017,460	16,187,909		442,241	14,017,460	36,829,243
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	208,497			124,451	208,497	129,998
13. Totals (Lines 9-10+11+12).....	68,872,857	503,365,688	12,052,415	119,575,557	80,925,272	85,920,287

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(a) Excludes \$.208,592 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	\$ (20,779,132)	\$ (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	\$ (20,779,132)	\$ (28,453,352)
SURPLUS					
(5) Molina Healthcare of New Mexico, Inc. state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 114,177,254	\$ 122,652,980
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
Goodwill (NAIC SAP allows partial admissibility)				(10,674,326)	(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	\$ 124,851,580	\$ 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 generally received based on per member per month (PMPM) rates established in advance of the periods covered. These premium revenues are recognized in the month that members are entitled to receive health care services, and premiums collected in advance are deferred. Certain components of premium revenue are subject to accounting estimates and fall into the following categories:

Contractual Provisions that May Adjust or Limit Revenue or Profit

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

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

NOTES TO FINANCIAL STATEMENTS

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:

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

None.

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

No significant change.

Note 4 – Discontinued Operations

None.

Note 5 – Investments

A. – C. None.

D. Loan-Backed Securities:

As of June 30, 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	\$	5,151
	2. 12 Months or Longer	\$	6,528
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	974,725
	2. 12 Months or Longer	\$	5,206,891

(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 June 30, 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.

M. Short Sales: None.

N. Prepayment Penalty and Acceleration Fees: None.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant change.

Note 8 – Derivative Instruments

None.

NOTES TO FINANCIAL STATEMENTS

Note 9 – Income Taxes

No significant change.

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

- A. Effective the later of September 30, 2017, or the date required regulatory approvals are received, the Plan's primary care services agreement with the Joseph M. Molina, M.D. Professional Corporations ("JMMPC") will be terminated. Under this agreement, the Plan paid \$236,221 and \$339,350 to JMMPC for health care services provided to the Plan's members in the year-to-date periods ended June 30, 2017 and 2016, respectively.
- 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. Additionally, in April 2017 the Plan received contributions in the amount of \$10.0 million from Molina, principally to provide funding to meet mandated net worth requirements. Molina has agreed to provide additional future funding to the Plan, if necessary, to ensure the Plan's compliance with minimum net worth requirements during the next 12 months.
- D. – N. No significant changes.

Note 11 – Debt

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

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

- A.-D. Defined Benefit Plan: None.
- E. Defined Contribution Plans: No significant change.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- H. Postemployment Benefits and Compensated Absences: No significant change.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None.

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

- (1) – (3) No significant changes.
- (4) Dividends paid by the Plan to Molina during the period ended June 30, 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 50% 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

- A. – B. None.
- C. No significant change.

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

No significant change.

NOTES TO FINANCIAL STATEMENTS**Note 20 – Fair Value Measurements**

A.

- (1) Fair Value Measurements at Reporting Date: None.
- (2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy: None.
- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.
- (4) For fair value measurements categorized within Level 2 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 cash equivalents, bonds and short-term investments as of June 30, 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	\$ 7,530,388	\$ 7,536,887	\$ -	\$ 7,530,388	\$ -	\$ -
Corporate debt securities	\$ 117,346,899	\$ 117,397,350	\$ -	\$ 117,346,899	\$ -	\$ -
Government-sponsored enterprise securities	\$ 4,040,493	\$ 4,046,668	\$ 4,040,493	\$ -	\$ -	\$ -
Money market funds	\$ 1,201,576	\$ 1,201,576	\$ 1,201,576	\$ -	\$ -	\$ -
Mortgage-backed securities	\$ 320,455	\$ 321,239	\$ 320,455	\$ -	\$ -	\$ -
Municipal securities	\$ 5,762,602	\$ 5,793,638	\$ -	\$ 5,762,602	\$ -	\$ -
U.S. Treasury notes	\$ 44,151,828	\$ 44,189,564	\$ 44,151,828	\$ -	\$ -	\$ -
Total cash equivalents, bonds and short-term investments	\$ 180,354,241	\$ 180,486,922	\$ 49,714,352	\$ 130,639,889	\$ -	\$ -

D. Not Practicable to Estimate Fair Value: None.

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 August 15, 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 \$362,969 and \$601,807 as of June 30, 2017 and December 31, 2016, respectively, relating to its contracts with CMS. The Plan had net premiums written relating to Medicare of \$24.5 million and \$17.4 million for the periods ended June 30, 2017 and 2016, respectively, representing 4.1% and 2.3% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of \$1.2 million and a net receivable of \$2.0 million as of June 30, 2017 and December 31, 2016, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of \$60.0 million and \$30.0 million for the periods ended June 30, 2017 and 2016, respectively, representing 10.0% and 4.0% of the total net premiums written, respectively.

Medicaid premiums are subject to retrospective rating. The Plan recorded a net payable of \$44.8 million and \$159.5 million as of June 30, 2017 and December 31, 2016, respectively, relating to Medicaid contracts. The Plan had net premiums written relating to Medicaid of \$512.3 million and \$700.1 million for its Medicaid business for the years ended June 30, 2017 and 2016, representing 85.9% and 93.3% 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:

NOTES TO FINANCIAL STATEMENTS

The Plan accrued \$4.4 million and \$187,250 at June 30, 2017 and December 31, 2016, respectively, relating to medical loss ratio rebates.

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	\$ 3,734,198
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	52,672
3. Premium adjustments payable due to ACA Risk Adjustment	
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	1,737,489
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (21,540)

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 1,237,639
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	133,315
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	511,782
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	\$ (511,782)

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

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$ 1,996,709	\$	\$	\$	\$ 1,996,709	\$	\$ 174,570	\$	A	\$ 2,171,279	\$
2. Premium adjustments (payable)									B		
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 1,996,709	\$	\$	\$	\$ 1,996,709	\$	\$ 174,570	\$		\$ 2,171,279	\$
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 1,138,628	\$	\$ 34,304	\$	\$ 1,104,324	\$	\$ 133,315	\$	C	\$ 1,237,639	\$
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported		(91,994)				(91,994)			F		(91,994)

NOTES TO FINANCIAL STATEMENTS

Deduct paid claims, net of reinsurance	
Current year	518,042,650
Prior years	82,681,820
Net paid claims during the current year	600,724,470
Change in claims adjustment expenses	247,591
(903,142)Change in health care receivables	(8,115,173)
Change in amounts due from reinsurers	214,095
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 134,292,432

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

No significant change.

Note 29 – Participating policies

None.

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change:

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

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

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

Molina Personal Care of South Carolina, Inc., Molina Personal Care of Texas, Inc., Molina Pathways of Ohio, LLC, and Easy Care MSO, 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 [X] No [] N/A []
If yes, attach an explanation.

The Services Agreement between reporting entity and its parent was amended and restated to add Medicare-related provisions and to expand the scope of services (Second Amended & Restated Services Agreement eff. 4/17/17)

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]
- 14.2 If yes, please complete the following:

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

	1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$	0	\$ 0
	0	0
	0	0
	0	0
	0	0
\$	0	\$ 0
\$	0	\$ 0

- 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	92.1 %	92.1 %
1.2 A&H cost containment percent	4.6 %	4.6 %
1.3 A&H expense percent excluding cost containment expenses	11.3 %	11.3 %
2.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]	
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [] No [X]	
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0

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.....
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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	59,758,046	24,483,237	515,061,323				599,302,606	
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		59,758,046	24,483,237	515,061,323	0	0	0	599,302,606	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....(a)1		59,758,046	24,483,237	515,061,323	0	0	0	599,302,606	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.
I-00000	CA	33-0342719	Molina Healthcare of California
I-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
I-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
I-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
I-14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	IA	47-3920055	Molina Healthcare of Iowa, Inc.
I-00000	LA	81-4229476	Molina Healthcare of Louisiana, Inc.
I-00000	MD	46-0598968	Molina Healthcare of Maryland, Inc.
I-52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
I-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
I-00000	NV	20-3567602	Molina Healthcare of Nevada, Inc.
I-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
I-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
I-00000	OK	81-0864563	Molina Healthcare of Oklahoma, Inc.
I-00000	PA	81-0855820	Molina Healthcare of Pennsylvania, Inc.
I-15600	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
I-15329	SC	46-2992125	Molina Healthcare of South Carolina, LLC
I-10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
I-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
I-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
I-15133	VA	26-1769086	Molina Healthcare of Virginia, Inc.
I-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
I-12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	NY	47-3797019	Molina Health Plan Management, Inc.
I-00000	NY	27-1603200	Molina Healthcare of New York, Inc.
I-00000	NY	47-3580625	Molina Holdings Corporation
I-00000	CA	46-2821516	Molina Hospital Management, Inc.
I-00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
I-00000	CA	37-1652282	Molina Medical Management, Inc.
I-00000	DE	45-2854547	Molina Pathways, LLC
I-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
I-00000	DE	47-2525144	Pathways Health and Community Support LLC

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

PART 1 – ORGANIZATIONAL CHART

Q15.1

-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	
1531	Molina Healthcare, Inc.	00000	37-1652282				Molina Medical Management, Inc.	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...	45-2854547..				Molina Pathways, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-2296708				Molina Pathways of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-2525144..				Pathways Health and Community Support LLC.....	DE.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	58-2478281..				AmericanWork, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	36-3465604..				Camelot Care Centers, Inc.....	IL.....	NIA.....	Pathways 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.....	
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.....	

Q16.1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

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.....	15,410,420	27,081,221
3. Accrual of discount.....	20,296	39,553
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(4,618)	16,901
6. Deduct consideration for bonds and stocks disposed of.....	14,382,772	27,505,230
7. Deduct amortization of premium.....	103,953	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).....	84,412,447	83,473,073
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	84,412,447	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).....	192,042,431	162,699,453	189,329,058	195,946	192,042,431	165,608,771		180,171,503
2. NAIC 2 (a).....	14,894,363			(16,212)	14,894,363	14,878,151		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.....	206,936,794	162,699,453	189,329,058	179,733	206,936,794	180,486,922	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.....	206,936,794	162,699,453	189,329,058	179,733	206,936,794	180,486,922	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 \$.....86,374,261; NAIC 2 \$.....9,700,213; 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.....	86,087,320	XXX	85,891,709	80,252	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.....	263,147,832	532,391,686
3. Accrual of discount.....	429,237	638,026
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		63
6. Deduct consideration received on disposals.....	280,357,285	523,996,427
7. Deduct amortization of premium.....	64,645	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).....	86,087,320	102,932,182
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	86,087,320	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.....	40,470,580	27,469,482
3. Accrual of discount.....	21,609	14,601
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(0)	
6. Deduct consideration received on disposals.....	30,505,035	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).....	9,987,154	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	9,987,154	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 VP 2	UNITED STATES TREASURY		06/23/2017	CITIGROUP GLOBAL MARKETS INC.		1,521,914	1,500,000	11,851	1
912828 XE 5	UNITED STATES TREASURY		05/01/2017	MORGAN STANLEY & CO INC, NY		2,134,917	2,135,000	13,373	1
0599999	Total - Bonds - U.S. Government					3,656,831	3,635,000	25,224	XXX
Bonds - U.S. Special Revenue and Special Assessment									
3135G0 T2 9	FEDERAL NATIONAL MORTGAGE ASSOCIATION		04/27/2017	CITIGROUP GLOBAL MARKETS INC.		2,997,750	3,000,000	7,375	1FE
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					2,997,750	3,000,000	7,375	XXX
Bonds - Industrial and Miscellaneous									
02582J HG 8	AMXCA 174 A - ABS		05/22/2017	DAIN BOSWORTH INC		349,944	350,000		1FE
25468P DP 8	WALT DISNEY CO		05/01/2017	Bank of America Securities		1,025,712	1,020,000	3,039	1FE
437076 BQ 4	HOME DEPOT INC		06/01/2017	CHASE SECURITIES		469,727	470,000		1FE
904764 AV 9	UNILEVER CAPITAL CORP	C	05/02/2017	MORGAN STANLEY & CO INC, NY		548,246	550,000		1FE
3899999	Total - Bonds - Industrial and Miscellaneous					2,393,629	2,390,000	3,039	XXX
8399997	Total - Bonds - Part 3					9,048,209	9,025,000	35,638	XXX
8399999	Total - Bonds					9,048,209	9,025,000	35,638	XXX
9999999	Total - Bonds, Preferred and Common Stocks					9,048,209	XXX	35,638	XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					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	SS 0		04/30/2017	UNITED STATES TREASURY		2,125,000	2,125,000	2,137,534	2,127,063		(2,063)		(2,063)		2,125,000			0	9,297	04/30/2017	1
912828	WH 9		06/01/2017	UNITED STATES TREASURY		325,000	325,000	326,422	325,269		(269)		(269)		325,000			0	1,422	05/15/2017	1
0599999	Total - Bonds - U.S. Government					2,450,000	2,450,000	2,463,956	2,452,332	0	(2,332)	0	(2,332)	0	2,450,000	0	0	0	10,719	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3135G0	JA 2		04/27/2017	FEDERAL NATIONAL MORTGAGE ASSOCIATION		3,000,000	3,000,000	3,019,410	3,002,207		(2,207)		(2,207)		3,000,000			0	16,875	04/27/2017	1FE
3136AN	JY 4		06/01/2017	FN 15M07A AQ2 - CMBS		24,205	24,205	24,446	24,327		(123)		(123)		24,205			0	136	04/25/2018	1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					3,024,205	3,024,205	3,043,856	3,026,534	0	(2,329)	0	(2,329)	0	3,024,205	0	0	0	17,011	XXX	XXX
Bonds - Industrial and Miscellaneous																					
0258M0	DM 8		06/01/2017	AMERICAN EXPRESS CREDIT CORP	WACHOVIA SECURITIES, LLC	629,987	630,000	628,463	629,779		177		177		629,956		32	32	2,953	06/05/2017	1FE
12189T	AY 0		06/01/2017	BURLINGTON NORTHERN SANTA FE CORP		1,022,000	1,022,000	1,150,203	1,036,954		(14,954)		(14,954)		1,022,000		(0)	(0)	28,872	05/01/2017	1FE
14314E	AB 7		06/15/2017	CARMX 163 A2 - ABS		194,491	194,491	194,475	194,481		10		10		194,491			0	784	08/15/2019	1FE
34530V	AD 1		06/15/2017	FORDO 15B A3 - ABS		71,802	71,802	71,796	71,801		2		2		71,802		(0)	(0)	295	11/15/2019	1FE
34530Y	AD 5		06/15/2017	FORDO 15C A3 - ABS		22,400	22,400	22,395	22,398		2		2		22,400			0	132	02/15/2020	1FE
40434C	AA 3	C	06/23/2017	HSBC USA INC (NEW)		330,000	330,000	329,498	329,919		81		81		330,000			0	2,145	06/23/2017	1FE
43813N	AC 0		06/21/2017	HAROT 152 A3 - ABS		114,219	114,219	114,201	114,214		5		5		114,219			0	429	02/21/2019	1FE
43814M	AC 1		06/18/2017	HAROT 153 A3 - ABS		77,912	77,912	77,911	77,912		0		0		77,912			0	343	04/18/2019	1FE
65477U	AC 4		06/15/2017	NAROT 15A A3 - ABS		85,979	85,979	85,961	85,973		6		6		85,979			0	321	10/15/2019	1FE
89237C	AD 3		06/15/2017	TAOT 15B A3 - ABS		172,117	172,117	172,108	172,114		3		3		172,117			0	766	05/15/2019	1FE
3899999	Total - Bonds - Industrial and Miscellaneous					2,720,907	2,720,920	2,847,012	2,735,543	0	(14,667)	0	(14,667)	0	2,720,876	0	32	32	37,040	XXX	XXX
8399997	Total - Bonds - Part 4					8,195,112	8,195,125	8,354,824	8,214,409	0	(19,329)	0	(19,329)	0	8,195,080	0	32	32	64,770	XXX	XXX
8399999	Total - Bonds					8,195,112	8,195,125	8,354,824	8,214,409	0	(19,329)	0	(19,329)	0	8,195,080	0	32	32	64,770	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks					8,195,112	XXX	8,354,824	8,214,409	0	(19,329)	0	(19,329)	0	8,195,080	0	32	32	64,770	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.....					325,000	325,000	XXX
Bank of Albuquerque.....	Albuquerque, NM.....				(343,473)	(659,012)	(408,312)	XXX
Bank of Albuquerque.....	Albuquerque, NM.....	0.120	11,420		140,541,292	34,966,020	77,298,026	XXX
JP Morgan Chase Bank.....	Phoenix, AZ.....				31,116,440	34,756,207	38,514,109	XXX
JP Morgan Chase Bank.....	Phoenix, AZ.....				63,658	-	-	XXX
Bank of Albuquerque Payroll.....	Albuquerque, NM.....				(31,154)	(79,045)	(39,434)	XXX
Bank of Albuquerque.....	Albuquerque, NM.....				(13,530,825)	(10,705,967)	(13,018,905)	XXX
Bank of Albuquerque.....	Albuquerque, NM.....				(490,862)	(313,066)	(384,879)	XXX
BK OF ALB SALUD RESTRICTED REPO.....	Albuquerque, NM.....	0.120	5,220		22,257,831	22,260,137	22,262,369	XXX
BK OF ALB SALUD RESTRICTED RESERVE REPO.....	Albuquerque, NM.....	0.120	4,826		20,575,619	20,577,751	20,579,815	XXX
0199999. Total Open Depositories.....	XXX	XXX	21,466	0	200,158,526	101,128,025	145,127,789	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	21,466	0	200,158,526	101,128,025	145,127,789	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	400	400	400	XXX
0599999. Total Cash.....	XXX	XXX	21,466	0	200,158,926	101,128,425	145,128,189	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
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							
Old Line Funding, LLC.....		06/01/2017.....		08/07/2017.....	4,994,501		4,458
Manhattan Asset Funding Company LLC.....		05/18/2017.....		08/16/2017.....	4,992,653		7,028
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.....					9,987,154	0	11,486
3899999. Total - Industrial and Miscellaneous (Unaffiliated).....					9,987,154	0	11,486
Total Bonds							
7799999. Subtotals - Issuer Obligations.....					9,987,154	0	11,486
8399999. Subtotals - Bonds.....					9,987,154	0	11,486
8699999. Total - Cash Equivalents.....					9,987,154	0	11,486

QE13