

QUARTERLY STATEMENT

OF THE

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

Of

**Albuquerque
in the state of NM**

**to the Insurance Department
of the State of New Mexico**

For the Period Ended
June 30, 2016

2016



HEALTH QUARTERLY STATEMENT

As of June 30, 2016
of the Condition and Affairs of the

Molina Healthcare of New Mexico, Inc.

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

Organized under the Laws of New Mexico State of Domicile or Port of Entry New Mexico 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. Patty Ann Kehoe | President | 2. Todd Jay Pilger | Treasurer/VP Finance & Analytics |
| 3. Darcie Leslie Robran-Marquez | Chief Medical Officer | 4. Jeffrey Don Barlow | Secretary |

OTHER

DIRECTORS OR TRUSTEES

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

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

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

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

Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

| | Current Statement Date | | | 4 Prior Year Net Admitted Assets |
|--|------------------------|----------------------------|--|--|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | 84,285,388 | | 84,285,388 | 84,094,054 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks..... | | | .0 | |
| 2.2 Common stocks..... | | | .0 | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens..... | | | .0 | |
| 3.2 Other than first liens..... | | | .0 | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances)..... | | | .0 | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances)..... | | | .0 | |
| 4.3 Properties held for sale (less \$.....0 encumbrances)..... | | | .0 | |
| 5. Cash (\$....178,364,180), cash equivalents (\$....10,625,633) and short-term investments (\$....90,612,770)..... | 279,602,583 | | 279,602,583 | 275,193,345 |
| 6. Contract loans (including \$.....0 premium notes)..... | | | .0 | |
| 7. Derivatives..... | | | .0 | |
| 8. Other invested assets..... | | | .0 | |
| 9. Receivables for securities..... | | | .0 | |
| 10. Securities lending reinvested collateral assets..... | | | .0 | |
| 11. Aggregate write-ins for invested assets..... | .0 | .0 | .0 | .0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 363,887,971 | .0 | 363,887,971 | 359,287,399 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | .0 | |
| 14. Investment income due and accrued..... | 310,228 | | 310,228 | 334,904 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 40,307,299 | | 40,307,299 | 10,317,870 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... | | | .0 | |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$....1,244,096)..... | 1,244,096 | | 1,244,096 | 363,736 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | 245,194 | | 245,194 | 2,105,709 |
| 16.2 Funds held by or deposited with reinsured companies..... | | | .0 | |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | .0 | |
| 17. Amounts receivable relating to uninsured plans..... | 381,086 | | 381,086 | 209,469 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | .0 | |
| 18.2 Net deferred tax asset..... | | | .0 | |
| 19. Guaranty funds receivable or on deposit..... | | | .0 | |
| 20. Electronic data processing equipment and software..... | 119,119 | 119,119 | .0 | |
| 21. Furniture and equipment, including health care delivery assets (\$.....0)..... | 2,416,784 | 2,416,784 | .0 | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | .0 | |
| 23. Receivables from parent, subsidiaries and affiliates..... | 12,729 | | 12,729 | |
| 24. Health care (\$....30,398,434) and other amounts receivable..... | 43,701,739 | 9,742,979 | 33,958,760 | 36,523,838 |
| 25. Aggregate write-ins for other than invested assets..... | 40,015,232 | 40,015,232 | .0 | .0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 492,641,477 | 52,294,114 | 440,347,363 | 409,142,925 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | .0 | |
| 28. Total (Lines 26 and 27)..... | 492,641,477 | 52,294,114 | 440,347,363 | 409,142,925 |

DETAILS OF WRITE-INS

| | | | | |
|--|------------|------------|----|----|
| 1101..... | | | .0 | |
| 1102..... | | | .0 | |
| 1103..... | | | .0 | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | .0 | .0 | .0 | .0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)..... | .0 | .0 | .0 | .0 |
| 2501. Prepaid expenses..... | 1,635,225 | 1,635,225 | .0 | |
| 2502. Goodwill & contract rights..... | 38,380,007 | 38,380,007 | .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)..... | 40,015,232 | 40,015,232 | .0 | .0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$.....1,838,096 reinsurance ceded)..... | 124,122,249 | 141,270 | 124,263,519 | 119,072,141 |
| 2. Accrued medical incentive pool and bonus amounts..... | 186,288 | | 186,288 | 59,257 |
| 3. Unpaid claims adjustment expenses..... | 1,938,348 | 2,523 | 1,940,871 | 1,896,602 |
| 4. Aggregate health policy reserves, including the liability of \$.....1,496,218 for medical loss ratio rebate per the Public Health Service Act..... | 138,302,335 | | 138,302,335 | 129,874,174 |
| 5. Aggregate life policy reserves..... | | | .0 | |
| 6. Property/casualty unearned premium reserve..... | | | .0 | |
| 7. Aggregate health claim reserves..... | | | .0 | |
| 8. Premiums received in advance..... | 3,048,628 | | 3,048,628 | 2,776,937 |
| 9. General expenses due or accrued..... | 39,823,742 | | 39,823,742 | 30,186,485 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))..... | 2,237,511 | | 2,237,511 | 4,118,093 |
| 10.2 Net deferred tax liability..... | | | .0 | |
| 11. Ceded reinsurance premiums payable..... | | | .0 | |
| 12. Amounts withheld or retained for the account of others..... | | | .0 | 250 |
| 13. Remittances and items not allocated..... | | | .0 | |
| 14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)..... | | | .0 | |
| 15. Amounts due to parent, subsidiaries and affiliates..... | 4,428,643 | | 4,428,643 | 3,503,473 |
| 16. Derivatives..... | | | .0 | |
| 17. Payable for securities..... | | | .0 | |
| 18. Payable for securities lending..... | | | .0 | |
| 19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and 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..... | | | .0 | |
| 23. Aggregate write-ins for other liabilities (including \$.....18,030,176 current)..... | 18,030,176 | .0 | 18,030,176 | 7,938,288 |
| 24. Total liabilities (Lines 1 to 23)..... | 332,117,920 | 143,793 | 332,261,713 | 299,425,700 |
| 25. Aggregate write-ins for special surplus funds..... | XXX | XXX | .0 | 22,600,000 |
| 26. Common capital stock..... | XXX | XXX | 14,561 | 14,561 |
| 27. Preferred capital stock..... | XXX | XXX | | |
| 28. Gross paid in and contributed surplus..... | XXX | XXX | 156,380,665 | 156,380,665 |
| 29. Surplus notes..... | XXX | XXX | | |
| 30. Aggregate write-ins for other than special surplus funds..... | XXX | XXX | .0 | .0 |
| 31. Unassigned funds (surplus)..... | XXX | XXX | (48,309,576) | (69,278,001) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 .....0.000 shares common (value included in Line 26 \$.....0)..... | XXX | XXX | | |
| 32.2 .....0.000 shares preferred (value included in Line 27 \$.....0)..... | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)..... | XXX | XXX | 108,085,650 | 109,717,225 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)..... | XXX | XXX | 440,347,363 | 409,142,925 |

DETAILS OF WRITE-INS

| | | | | |
|--|------------|-----|------------|------------|
| 2301. Other amounts due to HSD and CMS..... | 18,030,176 | | 18,030,176 | 7,938,288 |
| 2302. | | | .0 | |
| 2303. | | | .0 | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page..... | .0 | .0 | .0 | .0 |
| 2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)..... | 18,030,176 | .0 | 18,030,176 | 7,938,288 |
| 2501. 2016 Health insurer fee accrual estimate..... | XXX | XXX | | 22,600,000 |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | XXX | XXX | .0 | .0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | XXX | XXX | .0 | 22,600,000 |
| 3001. | | | | |
| 3002. | | | | |
| 3003. | | | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page..... | XXX | XXX | .0 | .0 |
| 3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)..... | XXX | XXX | .0 | .0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|-------------|-----------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member months..... | XXX | 1,504,369 | 1,373,621 | 2,771,735 |
| 2. Net premium income (including \$.....0 non-health premium income)..... | XXX | 747,570,571 | 703,820,243 | 1,411,642,842 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | (8,162,542) | (16,653,979) | (94,063,610) |
| 4. Fee-for-service (net of \$.....0 medical expenses)..... | XXX | | | |
| 5. Risk revenue..... | XXX | | | |
| 6. Aggregate write-ins for other health care related revenues..... | XXX | 0 | 433,128 | 433,128 |
| 7. Aggregate write-ins for other non-health revenues..... | XXX | 339 | 4,404 | 5,739 |
| 8. Total revenues (Lines 2 to 7)..... | XXX | 739,408,368 | 687,603,796 | 1,318,018,099 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits..... | | 416,732,035 | 397,186,165 | 772,939,254 |
| 10. Other professional services..... | | 42,374,019 | 37,771,496 | 77,797,658 |
| 11. Outside referrals..... | 722,259 | 5,121,406 | 7,239,743 | 12,607,404 |
| 12. Emergency room and out-of-area..... | | 40,089,295 | 42,638,251 | 81,008,945 |
| 13. Prescription drugs..... | | 65,449,558 | 52,708,155 | 105,904,657 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | 191,353 | (322,238) | (1,466,103) |
| 16. Subtotal (Lines 9 to 15)..... | 722,259 | 569,957,666 | 537,221,572 | 1,048,791,815 |
| Less: | | | | |
| 17. Net reinsurance recoveries..... | | 2,041,838 | 1,639,690 | 4,567,598 |
| 18. Total hospital and medical (Lines 16 minus 17)..... | 722,259 | 567,915,828 | 535,581,882 | 1,044,224,217 |
| 19. Non-health claims (net)..... | | | | |
| 20. Claims adjustment expenses, including \$.....37,014,415 cost containment expenses..... | | 38,896,350 | 36,992,817 | 77,052,752 |
| 21. General administrative expenses..... | | 108,915,300 | 104,647,775 | 181,114,440 |
| 22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)..... | | | | |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 722,259 | 715,727,478 | 677,222,474 | 1,302,391,409 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX | 23,680,890 | 10,381,322 | 15,626,690 |
| 25. Net investment income earned..... | | 512,422 | 279,627 | 693,505 |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....2,821..... | | 5,238 | 29,395 | 35,003 |
| 27. Net investment gains or (losses) (Lines 25 plus 26)..... | 0 | 517,660 | 309,022 | 728,508 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]..... | | | | |
| 29. Aggregate write-ins for other income or expenses..... | 0 | (4,916,383) | (1,400,559) | (5,977,998) |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)..... | XXX | 19,282,167 | 9,289,785 | 10,377,200 |
| 31. Federal and foreign income taxes incurred..... | XXX | 14,304,597 | 11,205,266 | 11,976,566 |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX | 4,977,570 | (1,915,481) | (1,599,366) |

DETAILS OF WRITE-INS

| | | | | |
|--|-----|-------------|-------------|-------------|
| 0601. TPA..... | XXX | | 433,128 | 433,128 |
| 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 | 433,128 | 433,128 |
| 0701. Miscellaneous income..... | XXX | 339 | 4,404 | 5,739 |
| 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 | 339 | 4,404 | 5,739 |
| 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..... | | (927,665) | (1,557,764) | (2,694,303) |
| 2902. Fines from regulatory authorities..... | | (3,988,718) | 157,205 | (3,283,695) |
| 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 | (4,916,383) | (1,400,559) | (5,977,998) |

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..... | 109,717,225 | 86,083,313 | 86,083,313 |
| 34. Net income or (loss) from Line 32..... | 4,977,570 | (1,915,481) | (1,599,366) |
| 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..... | | | |
| 39. Change in nonadmitted assets..... | (6,609,145) | 1,795,346 | 5,233,278 |
| 40. Change in unauthorized and certified reinsurance..... | | | |
| 41. Change in treasury stock..... | | | |
| 42. Change in surplus notes..... | | | |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital changes: | | | |
| 44.1 Paid in..... | | | |
| 44.2 Transferred from surplus (Stock Dividend)..... | | | |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in..... | | | 20,000,000 |
| 45.2 Transferred to capital (Stock Dividend)..... | | | |
| 45.3 Transferred from capital..... | | | |
| 46. Dividends to stockholders..... | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus..... | 0 | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47)..... | (1,631,575) | (120,135) | 23,633,912 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)..... | 108,085,650 | 85,963,178 | 109,717,225 |

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..... | 717,247,778 | 668,890,738 | 1,427,759,990 |
| 2. Net investment income..... | 651,675 | 386,273 | 851,811 |
| 3. Miscellaneous income..... | 339 | 789,910 | 797,245 |
| 4. Total (Lines 1 through 3)..... | 717,899,792 | 670,066,921 | 1,429,409,046 |
| 5. Benefit and loss related payments..... | 574,733,741 | 539,474,032 | 1,084,952,597 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 133,126,239 | 118,905,548 | 257,818,347 |
| 8. Dividends paid to policyholders..... | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....2,821 tax on capital gains (losses)..... | 16,188,000 | (4,937,000) | 3,222,000 |
| 10. Total (Lines 5 through 9)..... | 724,047,980 | 653,442,580 | 1,345,992,944 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (6,148,188) | 16,624,341 | 83,416,102 |
| CASH FROM INVESTMENTS | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | 13,883,921 | 25,428,614 | 31,901,440 |
| 12.2 Stocks..... | | | |
| 12.3 Mortgage loans..... | | | |
| 12.4 Real estate..... | | | |
| 12.5 Other invested assets..... | | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | 63 | | 1,355 |
| 12.7 Miscellaneous proceeds..... | | | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 13,883,984 | 25,428,614 | 31,902,795 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | 14,181,836 | 37,619,166 | 49,027,874 |
| 13.2 Stocks..... | | | |
| 13.3 Mortgage loans..... | | | |
| 13.4 Real estate..... | | | |
| 13.5 Other invested assets..... | | | |
| 13.6 Miscellaneous applications..... | | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 14,181,836 | 37,619,166 | 49,027,874 |
| 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)..... | (297,852) | (12,190,552) | (17,125,079) |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes..... | | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | | | 20,000,000 |
| 16.3 Borrowed funds..... | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | | |
| 16.5 Dividends to stockholders..... | | | |
| 16.6 Other cash provided (applied)..... | 10,855,278 | 5,225,750 | 5,811,781 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)..... | 10,855,278 | 5,225,750 | 25,811,781 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)..... | 4,409,238 | 9,659,539 | 92,102,804 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 275,193,345 | 183,090,541 | 183,090,541 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 279,602,583 | 192,750,080 | 275,193,345 |

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

| | | | |
|---------------|--|--|--|
| 20.0001 | | | |
|---------------|--|--|--|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|--|-------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at End of: | | | | | | | | | | |
| 1. Prior Year..... | 230,736 | 3,937 | | | | | | 2,567 | 224,232 | |
| 2. First Quarter..... | 246,305 | 19,072 | | | | | | 2,949 | 224,284 | |
| 3. Second Quarter..... | 251,354 | 18,245 | | | | | | 3,450 | 229,659 | |
| 4. Third Quarter..... | 0 | | | | | | | | | |
| 5. Current Year..... | 0 | | | | | | | | | |
| 6. Current Year Member Months..... | 1,504,369 | 105,815 | | | | | | 18,174 | 1,380,380 | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician..... | 460,931 | 29,425 | | | | | | 14,700 | 416,806 | |
| 8. Non-Physician..... | 1,668,865 | 49,532 | | | | | | 71,363 | 1,547,970 | |
| 9. Total..... | 2,129,796 | 78,957 | 0 | 0 | 0 | 0 | 0 | 86,063 | 1,964,776 | 0 |
| 10. Hospital Patient Days Incurred..... | 176,231 | 2,090 | | | | | | 6,758 | 167,383 | |
| 11. Number of Inpatient Admissions..... | 19,436 | 405 | | | | | | 756 | 18,275 | |
| 12. Health Premiums Written (a)..... | 750,422,035 | 30,248,603 | | | | | | 17,429,413 | 702,744,019 | |
| 13. Life Premiums Direct..... | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written..... | 0 | | | | | | | | | |
| 15. Health Premiums Earned..... | 742,259,493 | 28,077,930 | | | | | | 14,749,182 | 699,432,381 | |
| 16. Property/Casualty Premiums Earned..... | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 576,991,528 | 16,557,932 | | | | | | 14,100,749 | 546,332,847 | |
| 18. Amount Incurred for Provision of Health Care Services..... | 569,957,666 | 20,841,657 | | | | | | 16,912,337 | 532,203,672 | |

007

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....17,429,413.

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..... | 6,355,092 | | | | | 6,355,092 |
| 0199999. Individually Listed Claims Unpaid..... | 6,355,092 | 0 | 0 | 0 | 0 | 6,355,092 |
| 0399999. Aggregate Accounts Not Individually Listed-Covered..... | 6,041,532 | 339,570 | 388,030 | 130,789 | 2,339,574 | 9,239,495 |
| 0499999. Subtotals..... | 12,396,624 | 339,570 | 388,030 | 130,789 | 2,339,574 | 15,594,587 |
| 0599999. Unreported Claims and Other Claim Reserves..... | | | | | | 110,507,028 |
| 0799999. Total Claims Unpaid..... | | | | | | 126,101,615 |
| 0899999. Accrued Medical Incentive Pool and Bonus Amounts..... | | | | | | 186,288 |

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|--|--|---|---|---|---|---|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid December 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical)..... | 1,385,921 | 15,058,109 | 71,659 | 4,368,672 | 1,457,580 | 1,396,093 |
| 2. Medicare Supplement..... | | | | | .0 | |
| 3. Dental only..... | | | | | .0 | |
| 4. Vision only..... | | | | | .0 | |
| 5. Federal Employees Health Benefits Plan..... | | | | | .0 | |
| 6. Title XVIII - Medicare..... | 3,363,704 | 10,737,045 | 430,718 | 6,020,555 | 3,794,422 | 3,092,938 |
| 7. Title XIX - Medicaid..... | 83,434,748 | 462,600,974 | 10,513,622 | 102,858,293 | 93,948,370 | 114,583,110 |
| 8. Other health..... | | | | | .0 | |
| 9. Health subtotal (Lines 1 to 8)..... | 88,184,373 | 488,396,128 | 11,015,999 | 113,247,520 | 99,200,372 | 119,072,141 |
| 10. Healthcare receivables (a)..... | | 40,141,409 | | | .0 | 26,094,005 |
| 11. Other non-health..... | | | | | .0 | |
| 12. Medical incentive pools and bonus amounts..... | 59,257 | 5,065 | | 186,288 | 59,257 | 59,257 |
| 13. Totals (Lines 9-10+11+12)..... | 88,243,630 | 448,259,784 | 11,015,999 | 113,433,808 | 99,259,629 | 93,037,393 |

600

(a) Excludes \$.....0 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, 2015. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2015 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. 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.

| | State of Domicile | Current Period | Prior Year |
|--|-------------------|----------------|----------------|
| NET INCOME | | | |
| (1) Molina Healthcare of New Mexico, Inc. state basis (Page 4, Line 32, Columns 2 & 4) | NM | \$ 4,977,570 | \$ (1,599,366) |
| (2) State Prescribed Practices that increase/decrease NAIC SAP | | | |
| (3) State Permitted Practices that increase/decrease NAIC SAP | | | |
| (4) NAIC SAP (1 – 2 – 3 = 4) | NM | \$ 4,977,570 | \$ (1,599,366) |
| SURPLUS | | | |
| (5) Molina Healthcare of New Mexico, Inc. state basis (Page 3, line 33, Columns 3 & 4) | NM | \$ 108,085,650 | \$ 109,717,225 |
| (6) State Prescribed Practices that increase/decrease NAIC SAP | | | |
| Goodwill (NAIC SAP allows partial admissibility) | NM | (10,808,565) | (10,971,723) |
| (7) State Permitted Practices that increase/decrease NAIC SAP | | | |
| (8) NAIC SAP (5 – 6 – 7 = 8) | NM | \$ 118,894,215 | \$ 120,688,948 |

C. Accounting Policy

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

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

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

Retroactive Premium Adjustments: When members are retroactively enrolled into the health plan, the Plan earns revenue only to the extent of the actual medical costs incurred by the Plan for services provided during those retroactive periods, plus a small percentage of that medical cost for administration and profit. This cost plus arrangement for members retroactively enrolled with the Plan first became effective July 1, 2014 (retroactive to January 1, 2014). The Plan is paid normal monthly capitation rates for the retroactive eligibility periods, and the difference between those capitation rates and the amounts due to the Plan on a cost plus basis are periodically settled with the state. To date, no such settlement has been made with the state. During the years ended December 31, 2014 and 2015, the Plan's contract is not specific as to the definition of retroactive membership, and the amount the Plan owes back to the state (or that the state owes the Plan) for the difference between capitation received and amounts due to the Plan under the cost plus arrangement during those periods varies widely depending upon the definition of retroactive membership. In June 2016, the state provided the Plan with a request for payment under the terms of this contract provision for the period January 1, 2014 through December 31, 2015. That request was based upon definitions of retroactive membership that were at odds with the Plan's interpretations of that term, primarily related to the inclusion or exclusion of Newborn members. Subsequently in July 2016 the state provided additional information related to a concession on the Newborn definitions. Using the state's updated definition of retroactive membership, the Plan estimates that the state may ultimately seek repayment of approximately \$5 million higher than what the Plan has accrued, with the variance derived primarily from the timing of claims lag and encounter recognition. The Plan expects to resolve this matter with payment of the amount the Plan has accrued at June 30, 2016. The Plan is currently engaged in discussions with the state regarding the appropriate amount, if any, owed to the state under this contract term.

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

NOTES TO FINANCIAL STATEMENTS

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

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

In addition, the Plan applies the following accounting policies:

(6) Investments in loan-backed securities:

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.

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

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

A. Statutory Purchase Method

- (1) On August 1, 2013, the Plan acquired Lovelace Community Health Plan's contract for the New Mexico Medicaid Program, under which Lovelace's Medicaid members become the Plan's Medicaid members and now received their Medicaid managed services and benefits from Plan.
- (2) This transaction was accounted for as a statutory purchase.
- (3) The cost was \$51.6 million, resulting in goodwill in the amount of \$35.2 million.
- (4) Goodwill amortization relating to the Lovelace acquisition was \$1,758,941 for the period ended June 30, 2016.

B. Statutory Merger: None.

C. Assumption Reinsurance: None.

D. Impairment Loss: None.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

D. Loan-Backed Securities

As of June 30, 2016, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

(5) 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 | \$ | 117 |
| | | 2. | 12 Months or Longer | \$ | 499 |
| b. | The aggregate related fair value of securities with unrealized losses: | 1. | Less than 12 Months | \$ | 199,834 |
| | | 2. | 12 Months or Longer | \$ | 427,686 |

(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, 2016.

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

I. Working Capital Finance Investments: None.

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

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant changes.

NOTES TO FINANCIAL STATEMENTS

Note 8 – Derivative Instruments

None.

Note 9 – Income Taxes

No significant changes.

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

A. The Joseph M. Molina, M.D. Professional Corporations (“JMMPC”) were created in 2012 to further advance Molina’s direct delivery business. JMMPC’s primary shareholder is Dr. J. Mario Molina, Molina’s chief executive officer, president, and chairman of the board. Dr. Molina is paid no salary and receives no dividends in connection with his work for, or ownership of, JMMPC. JMMPC provides primary care medical services through its employed physicians and other medical professionals. Substantially all of the individuals served by JMMPC are members of Molina’s health plans in California, Florida, New Mexico, Utah and Washington. JMMPC does not have agreements to provide professional medical services with any other entities.

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

The Plan has entered into a primary care services agreement with JMMPC, under which the Plan paid \$339,350 and \$139,918 to JMMPC for the periods ended June 30, 2016 and 2015, respectively. This agreement directs the Plan to perform a monthly reconciliation to either fund JMMPC’s operating deficits, or receive JMMPC’s operating surpluses, such that JMMPC will derive no profit or loss. Because the MMM services agreement described above mitigates the likelihood of significant operating deficits or surpluses, such monthly reconciliation amounts are generally insignificant.

B - C. The Plan neither paid dividends to, nor received contributions from Molina during the period ended June 30, 2016.

D - N. No significant change.

Note 11 – Debt

A. None.

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

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

A.(4) Defined Benefit Plan Net Periodic Benefit Cost: Not applicable.

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, 2016 were as follows: None.

(5) – (8) No significant changes.

(9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2015 represented the Plan’s estimated health insurer fee for 2016. Due to the moratorium on the health insurer fee for the 2017 calendar year, the Plan did not reclassify amounts to special surplus at June 30, 2016.

(10) – (13) No significant changes.

Note 14 – Liabilities, Contingencies and Assessments

No significant changes.

Note 15 – Leases

No significant changes.

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

No significant changes.

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

A. Transfers of Receivables Reported as Sales: None.

B. Transfer and Servicing of Financial Assets: None.

C. Wash Sales: None.

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

No significant changes.

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

Not applicable.

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 technique(s) 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, short-term investments, and bonds as of June 30, 2016 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 | \$ 5,891,462 | \$ 5,869,832 | \$ | \$ 5,891,462 | \$ | \$ |
| Corporate debt securities | 129,319,296 | 128,998,878 | | 129,319,296 | | |
| Government-sponsored enterprise securities | 13,111,943 | 13,093,107 | 13,111,943 | | | |
| Mortgage-backed securities | 332,430 | 332,430 | 332,430 | | | |
| Money Market Funds | 347,177 | 347,660 | 347,177 | | | |
| Municipal securities | 4,393,615 | 4,339,204 | | 4,393,615 | | |
| U.S. Treasury notes | 32,630,670 | 32,542,680 | 32,630,670 | | | |
| Total | 186,026,594 | 185,523,791 | 46,422,221 | 139,604,373 | | |

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

Note 21 – Other Items

No significant changes.

NOTE 22 – Events Subsequent

Subsequent events were considered through August 12, 2016, the date the statutory reporting statements were available to be issued.

Note 23 – Reinsurance

No significant changes.

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 2015 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 \$2.4 million and \$0.2 million as of June 30, 2016 and December 31, 2015, respectively, relating to its contacts with CMS. The Plan had net premiums written relating to Medicare of \$17.4 million and \$8.9 million for the periods ended June 30, 2016 and 2015, respectively, representing 2.3% and 1.3% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of \$3.6 million and \$1.6 million as of June 30, 2016 and December 31, 2015, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of \$30.0 million and \$7.5 million for the periods ended June 30, 2016 and 2015, respectively, representing 4.0% and 1.1% of the total net premiums written, respectively.

Medicaid premiums are subject to retrospective rating. The Plan recorded a net payable of \$131.0 million and \$127.7 million as of June 30, 2016 and December 31, 2015, respectively, relating to Medicaid contracts. The Plan had net premiums written relating to Medicaid of \$700.1 million and \$688.1 million for the periods ended June 30, 2016 and 2015, respectively, representing 93.3% and 97.7% of the total net premiums written, respectively.

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

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

The Plan accrued \$1,496,218 and \$187,250 at June 30, 2016 and December 31, 2015, 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
- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current period:

NOTES TO FINANCIAL STATEMENTS

| a. Permanent ACA Risk Adjustment Program | | Amount | |
|--|---|--------|-----------|
| Assets | | | |
| 1. | Premium adjustments receivable due to ACA Risk Adjustment | \$ | 482,592 |
| Liabilities | | | |
| 2. | Risk adjustment user fees payable for ACA Risk Adjustment | | 19,757 |
| 3. | Premium adjustments payable due to ACA Risk Adjustment | | 265,619 |
| Operations (Revenue & Expenses) | | | |
| 4. | Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | | 111,672 |
| 5. | Reported in expenses as ACA Risk Adjustment user fees (incurred/paid) | \$ | (15,884) |
| b. Transitional ACA Reinsurance Program | | | |
| Assets | | | |
| 1. | Amounts recoverable for claims paid due to ACA Reinsurance | \$ | 196,575 |
| 2. | Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability) | | 1,838,096 |
| 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 | | 90,245 |
| 5. | Ceded reinsurance premiums payable due to ACA Reinsurance | | 190,658 |
| 6. | Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance | \$ | |
| Operations (Revenue & Expenses) | | | |
| 7. | Ceded reinsurance premiums due to ACA Reinsurance | \$ | (190,657) |
| 8. | Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments | | 1,744,712 |
| 9. | ACA Reinsurance contributions – not reported as ceded premium | \$ | (47,665) |
| c. Temporary ACA Risk Corridors Program | | | |
| Assets | | | |
| 1. | Accrued retrospective premium due to ACA Risk Corridors | \$ | |
| Liabilities | | | |
| 2. | Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors | | 2,344,589 |
| 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 | \$ | (861,705) |

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

| | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Period on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | Cumulative Balance from Prior Years (Col. 1-3+7) | Cumulative Balance from Prior Years (Col. 2-4+8) | Unsettled Balances as of the Reporting Date | |
|---|---|------------|--|------------|---|---|------------------------|------------------------|--|--|---|------------|
| | 1 | 2 | 3 | 4 | Prior Year Accrued Less Payments (Col. 1-3) | Prior Year Accrued Less Payments (Col. 2-4) | To Prior Year Balances | To Prior Year Balances | | | | |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | | | | Ref | Receivable | (Payable) |
| a. Permanent ACA Risk Adjustment Program | | | | | | | | | | | | |
| 1. | Premium adjustments receivable | \$ 105,301 | \$ | \$ | \$ | \$ 105,301 | \$ | \$ (101,895) | \$ 265,619 | A | \$ 3,406 | \$ 265,619 |
| 2. | Premium adjustments (payable) | | | | | | | | | B | | |
| 3. | Subtotal ACA Permanent Risk Adjustment Program | \$ 105,301 | \$ | \$ | \$ | \$ 105,301 | \$ | \$ (101,895) | \$ 265,619 | | \$ 3,406 | \$ 265,619 |
| b. Transitional ACA Reinsurance Program | | | | | | | | | | | | |
| 1. | Amounts recoverable for claims paid | \$ 186,809 | \$ | \$ 104,136 | \$ | \$ 82,673 | \$ | \$ 113,902 | \$ | C | \$ 196,575 | \$ |
| 2. | Amounts recoverable for claims unpaid (contra liability) | 207,286 | | | | 207,286 | | (207,286) | | D | | |
| 3. | Amounts receivable relating to uninsured plans | | | | | | | | | E | | |
| 4. | Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums | | 42,581 | | | | 42,581 | | | F | | 42,581 |
| 5. | Ceded reinsurance premiums payable | | 127,743 | | 127,743 | | | | | G | | |
| 6. | Liability for amounts held under uninsured plans | | | | | | | | | H | | |
| 7. | Subtotal ACA Transitional Reinsurance Program | \$ 394,095 | \$ 170,324 | \$ 104,136 | \$ 127,743 | \$ 289,959 | \$ 42,581 | \$ (93,384) | \$ | | \$ 196,575 | \$ 42,581 |
| c. Temporary ACA Risk Corridors Program | | | | | | | | | | | | |
| 1. | Accrued retrospective premium | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | I | \$ | \$ |

NOTES TO FINANCIAL STATEMENTS

| | | | | | | | | | | | | |
|----|--|------------|--------------|------------|------------|------------|--------------|--------------|--------------|---|------------|--------------|
| 2. | Reserve for rate credits or policy experience rating refunds | | 1,482,884 | | | | 1,482,884 | | (602,390) | J | | 880,494 |
| 3. | Subtotal ACA Risk Corridors Program | | 1,482,884 | | | | 1,482,884 | | (602,390) | | | 880,494 |
| d. | Total for ACA Risk Sharing Provisions | \$ 499,396 | \$ 1,653,208 | \$ 104,136 | \$ 127,743 | \$ 395,260 | \$ 1,525,465 | \$ (195,279) | \$ (336,771) | | \$ 199,981 | \$ 1,188,694 |

Explanations of Adjustments

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

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The change in prior year estimated claims reserves represents a favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known regarding incurred reported claims. Claims unpaid activity during the periods indicated is summarized below:

| | Six months ended 6/30/2016 | Year ended 12/31/2015 |
|--|-------------------------------|--------------------------|
| Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period | \$ 121,028,001 | \$ 146,856,123 |
| Add provision for claims, net of reinsurance: | | |
| Current year | 595,748,541 | 1,064,913,909 |
| Prior years | (27,832,713) | (20,689,691) |
| Net incurred claims during the current year | <u>\$ 567,915,828</u> | <u>\$ 1,044,224,218</u> |
| Deduct paid claims, net of reinsurance: | | |
| Current year | 486,549,368 | 964,235,273 |
| Prior years | 88,184,373 | 120,717,324 |
| Net paid claims during the current year | <u>574,733,741</u> | <u>1,084,952,597</u> |
| Change in claims adjustment expenses | 44,269 | (485,090) |
| Change in health care receivables | 14,047,407 | 13,956,281 |
| Change in amounts due from reinsurers | (1,911,085) | 1,429,066 |
| Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period | <u>\$ 126,390,679</u> | <u>\$ 121,028,001</u> |

Note 26 – Intercompany Pooling Arrangements

No significant changes.

Note 27 – Structured Settlements

Not Applicable for Health Entities.

Note 28 – Health Care Receivables

No significant changes.

Note 29 – Participating Policies

No significant changes.

Note 30 – Premium Deficiency Reserves

- (1) Liability carried for premium deficiency reserve: \$ 0
(2) Date of most recent evaluation of this liability: 06/30/2016
(3) Was anticipated investment income utilized in the calculation? Yes

Note 31 – Anticipated Salvage and Subrogation

No significant changes.

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? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []
- 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 Clinical Services, LLC and Pathways Human Services, LLC have been added to the organization chart. Pathways of Alabama, Inc. has been removed from the organization chart and Synergy Partners, LLC name was changed to Integrated Care Alliance, LLC.

- 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? If yes, attach an explanation. Yes [] No [X] N/A []

- 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).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 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
- 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
- 14.2 If yes, please complete the following:

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

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

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

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 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|-----------------------------|---|
| 114474 | PFM Fund Distributors, Inc. | One Keystone Plaza, Ste 300, Harrisburg, PA 17101 |

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

| | | |
|---|----------------------------------|--|
| 1. Operating Percentages: | | |
| 1.1 A&H loss percent | 81.8 % | |
| 1.2 A&H cost containment percent | 5.0 % | |
| 1.3 A&H expense percent excluding cost containment expenses | 15.0 % | |
| 2.1 Do you act as a custodian for health savings accounts? | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 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 [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 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 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Reinsurer | 8 Certified Reinsurer Rating (1 through 6) | 9 Effective Date of Certified Reinsurer Rating |
|-------------------------------|-------------------|------------------------|------------------------------|----------------------------------|--------------------------------------|---------------------------|---|---|
| A&H Non-Affiliates | | | | | | | | |
| 93572..... | 43-1235868..... | 01/01/2016 | RGA Reinsurance Company..... | MO..... | SSL/A/I..... | Authorized..... | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| State, Etc. | 1 | Direct Business Only | | | | | | | |
|--|---------------|------------------------------|----------------------|--------------------|--|--|----------------------------|---------------------------|------------------------|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Active Status | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums and Other Considerations | Property/Casualty Premiums | Total Columns 2 through 7 | Deposit-Type Contracts |
| 1. Alabama..... | AL | N | | | | | | 0 | |
| 2. Alaska..... | AK | N | | | | | | 0 | |
| 3. Arizona..... | AZ | N | | | | | | 0 | |
| 4. Arkansas..... | AR | N | | | | | | 0 | |
| 5. California..... | CA | N | | | | | | 0 | |
| 6. Colorado..... | CO | N | | | | | | 0 | |
| 7. Connecticut..... | CT | N | | | | | | 0 | |
| 8. Delaware..... | DE | N | | | | | | 0 | |
| 9. District of Columbia..... | DC | N | | | | | | 0 | |
| 10. Florida..... | FL | N | | | | | | 0 | |
| 11. Georgia..... | GA | N | | | | | | 0 | |
| 12. Hawaii..... | HI | N | | | | | | 0 | |
| 13. Idaho..... | ID | N | | | | | | 0 | |
| 14. Illinois..... | IL | N | | | | | | 0 | |
| 15. Indiana..... | IN | N | | | | | | 0 | |
| 16. Iowa..... | IA | N | | | | | | 0 | |
| 17. Kansas..... | KS | N | | | | | | 0 | |
| 18. Kentucky..... | KY | N | | | | | | 0 | |
| 19. Louisiana..... | LA | N | | | | | | 0 | |
| 20. Maine..... | ME | N | | | | | | 0 | |
| 21. Maryland..... | MD | N | | | | | | 0 | |
| 22. Massachusetts..... | MA | N | | | | | | 0 | |
| 23. Michigan..... | MI | 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 | 30,248,603 | 17,429,413 | 702,744,019 | | | 750,422,035 | |
| 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 | XX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal..... | XX | | 30,248,603 | 17,429,413 | 702,744,019 | 0 | 0 | 750,422,035 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans..... | XX | | | | | | | 0 | |
| 61. Total (Direct Business)..... | (a) 1 | | 30,248,603 | 17,429,413 | 702,744,019 | 0 | 0 | 750,422,035 | 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 |
| 58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)..... | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

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

PART 1 – ORGANIZATIONAL CHART

| | | | |
|---------|----|------------|---|
| 1531 | DE | 13-4204626 | Molina Healthcare, Inc. |
| I-00000 | DE | 81-2824030 | Molina Clinical Services, LLC |
| I-00000 | AZ | 30-0876771 | Molina Healthcare of Arizona, Inc. |
| \| -00000 | CA | 33-0342719 | Molina Healthcare of California |
| \| -00000 | CA | 20-2714545 | Molina Healthcare of California Partner Plan, Inc. |
| \| -00000 | NM | 45-2634351 | Molina Healthcare Data Center, Inc. |
| \| -13128 | FL | 26-0155137 | Molina Healthcare of Florida, Inc. |
| I-15714 | GA | 80-0800257 | Molina Healthcare of Georgia, Inc. |
| \| -14104 | IL | 27-1823188 | Molina Healthcare of Illinois, Inc. |
| I-00000 | IA | 47-3920055 | Molina Healthcare of Iowa, Inc. |
| I-00000 | 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. |
| \| -95739 | NM | 85-0408506 | Molina Healthcare of New Mexico, Inc. |
| I-00000 | NY | 47-3580625 | Molina Healthcare of New York, Inc. |
| I-00000 | NC | 46-4148278 | Molina Healthcare of North Carolina, Inc. |
| \| -12334 | OH | 20-0750134 | Molina Healthcare of Ohio, Inc. |
| I-00000 | OK | 81-0864563 | Molina Healthcare of Oklahoma, Inc. |
| I-00000 | PA | 81-0855820 | Molina Healthcare of Pennsylvania, Inc. |
| I-15600 | PR | 66-0817946 | Molina Healthcare of Puerto Rico, Inc. |
| \| -15329 | SC | 46-2992125 | Molina Healthcare of South Carolina, LLC |
| \| -10757 | TX | 20-1494502 | Molina Healthcare of Texas, Inc. |
| \| -13778 | TX | 27-0522725 | Molina Healthcare of Texas Insurance Company |
| \| -95502 | UT | 33-0617992 | Molina Healthcare of Utah, Inc. |
| \| -15133 | VA | 26-1769086 | Molina Healthcare of Virginia, Inc. |
| \| -96270 | WA | 91-1284790 | Molina Healthcare of Washington, Inc. |
| \| -12007 | WI | 20-0813104 | Molina Healthcare of Wisconsin, Inc. |
| I-00000 | NY | 47-3797019 | Molina Health Plan Management, Inc. |
| \| -00000 | CA | 46-2821516 | Molina Hospital Management, Inc. |
| \| -00000 | CA | 27-1510177 | Molina Information Systems, LLC (dba Molina Medicaid Solutions) |
| \| -00000 | CA | 37-1652282 | Molina Medical Management, Inc. |
| \| -00000 | CA | 47-1446940 | Easy Care MSO, LLC |
| \| -00000 | DE | 45-2854547 | Molina Pathways, LLC |
| \| -00000 | DE | 81-1863393 | Molina Dental and Vision Services, LLC |
| \| -00000 | OH | 47-4937011 | Molina Pathways of Ohio, LLC |
| \| -00000 | TX | 47-2296708 | Molina Pathways of Texas, Inc. |
| \| -00000 | TX | 47-2308753 | Molina Personal Care of Texas, Inc. |

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

PART 1 – ORGANIZATIONAL CHART

| | | | |
|---------|----|------------|--|
| \|-00000 | SC | 47-2373467 | Molina Personal Care of South Carolina, Inc. |
| \|-00000 | DE | 47-2525144 | Pathways Health and Community Support LLC |
| \|-00000 | DE | 58-2478281 | AmericanWork, Inc. |
| \|-00000 | NV | 61-1436598 | A to Z In-Home Tutoring LLC |
| \|-00000 | PA | 20-2639439 | Children's Behavioral Health, Inc. |
| \|-00000 | DE | 88-0469530 | Choices Group, Inc. |
| \|-00000 | CA | 95-4864640 | College Community Services |
| \|-00000 | IN | 35-2085281 | Dockside Services, Inc. |
| \|-00000 | AZ | 00-0000000 | Family Builders, Inc. |
| \|-00000 | VA | 54-1620121 | Family Preservation Services, Inc. |
| \|-00000 | FL | 65-0848685 | Family Preservation Services of Florida, Inc. |
| \|-00000 | NC | 86-0976674 | Family Preservation Services of North Carolina, Inc. |
| \|-00000 | DC | 20-0086731 | Family Preservation Services of Washington, D.C., Inc. |
| \|-00000 | WV | 86-1035573 | Family Preservation Services of West Virginia, Inc. |
| \|-00000 | NV | 88-0321776 | Maple Star Nevada, Inc. |
| \|-00000 | OR | 93-1263318 | Maple Star Oregon, Inc. |
| \|-00000 | DE | 62-1651095 | Pathways Community Corrections, Inc. |
| \|-00000 | IL | 36-3465604 | Camelot Care Centers, Inc. |
| \|-00000 | DE | 33-0797276 | Pathways Community Services LLC |
| \|-00000 | PA | 23-2820336 | Pathways Community Services LLC |
| \|-00000 | TX | 74-2868929 | Pathways Community Support of Texas, Inc. |
| \|-00000 | AZ | 86-0706547 | Pathways of Arizona, Inc. |
| \|-00000 | DE | 59-3766748 | Pathways of Delaware, Inc. |
| \|-00000 | DE | 81-2396831 | Pathways Human Services, LLC |
| \|-00000 | DE | 46-5044433 | Pathways of Idaho LLC |
| \|-00000 | ME | 86-0970832 | Pathways of Maine, Inc. |
| \|-00000 | DE | 47-1016377 | Pathways of Massachusetts LLC |
| \|-00000 | OK | 74-2884198 | Pathways of Oklahoma, Inc. |
| \|-00000 | WA | 27-2837920 | Pathways of Washington, Inc. |
| \|-00000 | PA | 23-2181371 | The RedCo Group, Inc. |
| \|-00000 | PA | 25-1470445 | Raystown Developmental Services, Inc. |
| \|-00000 | GA | 58-1923779 | Transitional Family Services, Inc. |
| \|-00000 | MO | 43-1699690 | W.D. Management, L.L.C. |
| \|-00000 | MI | 38-3611499 | Integrated Care Alliance, LLC |
| I-00000 | CA | 46-5098489 | Molina Youth Academy |

Q15.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|----------------|-------------------------|-------------------|------------|--------------|------------|--|---|-----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Public Traded (U.S. or International) | Name of Parent, Subsidiaries or Affiliates | Domi-ciliary 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) | * |
| Members | | | | | | | | | | | | | | |
| 1531 | Molina Healthcare, Inc. | 00000 | 13-4204626 | | 0001179929 | New York Stock Exchange | Molina Healthcare, Inc. | DE | UDP | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 81-2824030 | | | | Molina Clinical Services, LLC | DE | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 30-0876771 | | | | Molina Healthcare of Arizona, Inc. | AZ | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 33-0342719 | | | | Molina Healthcare of California | CA | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 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. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 45-2634351 | | | | Molina Healthcare Data Center, Inc. | NM | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 13128 | 26-0155137 | | | | Molina Healthcare of Florida, Inc. | FL | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 15714 | 80-0800257 | | | | Molina Healthcare of Georgia, Inc. | GA | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 14104 | 27-1823188 | | | | Molina Healthcare of Illinois, Inc. | IL | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 47-3920055 | | | | Molina Healthcare of Iowa, Inc. | IA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 46-0598968 | | | | Molina Healthcare of Maryland, Inc. | MD | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 52630 | 38-3341599 | | | | Molina Healthcare of Michigan, Inc. | MI | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 26-4390042 | | | | Molina Healthcare of Mississippi, Inc. | MS | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 95739 | 85-0408506 | | | | Molina Healthcare of New Mexico, Inc. | NM | RE | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 47-3580625 | | | | Molina Healthcare of New York, Inc. | NY | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 46-4148278 | | | | Molina Healthcare of North Carolina, Inc. | NC | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 12334 | 20-0750134 | | | | Molina Healthcare of Ohio, Inc. | OH | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 81-0864563 | | | | Molina Healthcare of Oklahoma, Inc. | OK | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 81-0855820 | | | | Molina Healthcare of Pennsylvania, Inc. | PA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 15600 | 66-0817946 | | | | Molina Healthcare of Puerto Rico, Inc. | PR | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 15329 | 46-2992125 | | | | Molina Healthcare of South Carolina, LLC | SC | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 10757 | 20-1494502 | | | | Molina Healthcare of Texas, Inc. | TX | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 13778 | 27-0522725 | | | | Molina Healthcare of Texas Insurance Company | TX | IA | Molina Healthcare of Texas, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 95502 | 33-0617992 | | | | Molina Healthcare of Utah, Inc. | UT | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 15133 | 26-1769086 | | | | Molina Healthcare of Virginia, Inc. | VA | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 96270 | 91-1284790 | | | | Molina Healthcare of Washington, Inc. | WA | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 12007 | 20-0813104 | | | | Molina Healthcare of Wisconsin, Inc. | WI | IA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 47-3797019 | | | | Molina Health Plan Management, Inc. | NY | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 46-2821516 | | | | Molina Hospital Management, Inc. | CA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 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. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 37-1652282 | | | | Molina Medical Management, Inc. | CA | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 47-1446940 | | | | Easy Care MSO, LLC | CA | NIA | Molina Medical Management, Inc. | Ownership | 54.770 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 45-2854547 | | | | Molina Pathways, LLC | DE | NIA | Molina Healthcare, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | |
| 1531 | Molina Healthcare, Inc. | 00000 | 81-1863393 | | | | Molina Dental and Vision Services, LLC | DE | NIA | Molina Pathways, LLC | Ownership | 100.000 | Molina Healthcare, Inc. | |

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|---------------------------|-------------------|--------------|--------------|-----|--|--|-----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Public Traded (U.S. or International) | Name of Parent, Subsidiaries or Affiliates | Domi-ciliary 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) | * |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 47-4937011.. | | | | Molina Pathways of Ohio, LLC..... | OH..... | NIA..... | Molina Pathways, LLC..... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 47-2296708 | | | | Molina Pathways of Texas, Inc..... | TX..... | NIA..... | Molina Pathways, LLC..... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 47-2308753 | | | | Molina Personal Care of Texas, Inc..... | TX..... | NIA..... | Molina Pathways, LLC..... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 47-2373467 | | | | Molina Personal Care of South Carolina, Inc..... | SC..... | NIA..... | Molina Pathways, LLC..... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 47-2525144.. | | | | Pathways Health and Community Support LLC..... | DE..... | NIA..... | Molina Pathways, LLC..... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 58-2478281.. | | | | AmericanWork, Inc..... | DE..... | NIA..... | Pathways Health and Community Support, LLC.... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 61-1436598.. | | | | A to Z In-Home Tutoring LLC..... | NV..... | NIA..... | Pathways Health and Community Support, LLC.... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 36-3465604.. | | | | Camelot Care Centers, Inc..... | IL..... | NIA..... | Pathways Community Corrections, Inc..... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 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... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 88-0469530.. | | | | Choices Group, Inc..... | DE..... | NIA..... | Pathways Health and Community Support, LLC.... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 95-4864640.. | | | | College Community Services..... | CA..... | NIA..... | Pathways Health and Community Support, LLC.... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 35-2085281.. | | | | Dockside Services, Inc..... | IN..... | NIA..... | Pathways Health and Community Support, LLC.... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 00-0000000.. | | | | Family Builders, Inc..... | AZ..... | NIA..... | Pathways Health and Community Support, LLC.... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 88-0321776.. | | | | Maple Star Nevada, Inc..... | NV..... | NIA..... | Pathways Health and Community Support, LLC.... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 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... | |
| 1531.. | Molina Healthcare, Inc... | 00000..... | 25-1470445.. | | | | Raystown Developmental Services, Inc..... | PA..... | NIA..... | The RedCo Group, Inc..... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | |
| 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... | |
| 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... | |

Q16.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|----------------------------|-------------------|--------------|--------------|-------|--|--|-----------------------|----------------------------------|--|--|--|--|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Public Traded (U.S. or International) | Name of Parent, Subsidiaries or Affiliates | Domi-ciliary 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) | * |
| 1531.. | Molina Healthcare, Inc.... | 00000..... | 43-1699690.. | ..... | ..... | ..... | W.D. Management, L.L.C..... | MO..... | NIA..... | Pathways Health and Community Support, LLC.... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | ..... |
| 1531.. | Molina Healthcare, Inc.... | 00000..... | 38-3611499.. | ..... | ..... | ..... | Integrated Care Alliance, LLC..... | MI..... | NIA..... | Molina Pathways, LLC..... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | ..... |
| 1531.. | Molina Healthcare, Inc.... | 00000..... | 46-5098489.. | ..... | ..... | ..... | Molina Youth Academy..... | CA..... | NIA..... | Molina Healthcare, Inc..... | Ownership..... | ...100.000 | Molina Healthcare, Inc... | ..... |

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..... | 84,094,054 | 67,176,685 |
| 2. Cost of bonds and stocks acquired..... | 14,181,836 | 49,027,874 |
| 3. Accrual of discount..... | 19,946 | 41,378 |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | 7,995 | 52,497 |
| 6. Deduct consideration for bonds and stocks disposed of..... | 13,883,921 | 31,901,440 |
| 7. Deduct amortization of premium..... | 134,523 | 302,939 |
| 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)..... | 84,285,388 | 84,094,054 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 84,285,388 | 84,094,054 |

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

Q3102

| 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)..... | 179,591,028 | 129,013,092 | 128,562,052 | 74,415 | 179,591,028 | 180,116,483 | | 179,710,229 |
| 2. NAIC 2 (a)..... | 5,432,502 | 1,332,448 | 1,343,574 | (14,069) | 5,432,502 | 5,407,307 | | 4,991,411 |
| 3. NAIC 3 (a)..... | | | | | | 0 | | |
| 4. NAIC 4 (a)..... | | | | | | 0 | | |
| 5. NAIC 5 (a)..... | | | | | | 0 | | |
| 6. NAIC 6 (a)..... | | | | | | 0 | | |
| 7. Total Bonds..... | 185,023,531 | 130,345,540 | 129,905,626 | 60,345 | 185,023,531 | 185,523,790 | 0 | 184,701,640 |
| 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..... | 185,023,531 | 130,345,540 | 129,905,626 | 60,345 | 185,023,531 | 185,523,790 | 0 | 184,701,640 |

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

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|--------------|--------------------------------------|----------------|---------------------|---|--|
| 9199999..... | 90,612,770 | .XXX | 90,456,616 | 1 | 274 |

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..... | 94,012,437 | 44,022,795 |
| 2. Cost of short-term investments acquired..... | 263,801,233 | 579,947,386 |
| 3. Accrual of discount..... | 254,655 | 236,473 |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | 63 | 1,352 |
| 6. Deduct consideration received on disposals..... | 267,383,014 | 530,124,140 |
| 7. Deduct amortization of premium..... | 72,606 | 71,431 |
| 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)..... | 90,612,770 | 94,012,437 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 90,612,770 | 94,012,437 |

**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..... | 6,595,150 | 2,499,955 |
| 2. Cost of cash equivalents acquired..... | 22,471,699 | 37,863,747 |
| 3. Accrual of discount..... | 11,742 | 7,555 |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | 2 |
| 6. Deduct consideration received on disposals..... | 18,450,000 | 33,734,992 |
| 7. Deduct amortization of premium..... | 2,958 | 41,117 |
| 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)..... | 10,625,633 | 6,595,150 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 10,625,633 | 6,595,150 |

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

Show all Long-Term Bonds and Stock Acquired During the 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. Special Revenue and Special Assessment | | | | | | | | | |
| 759911 2M 1 | REGIONAL TRANSN AUTH ILL..... | | 05/01/2016.... | PFM..... | | 1,675,000 | 1,675,000 | | 1FE..... |
| 3199999 | Total Bonds - U.S. Special Revenue and Special Assessment..... | | | | | 1,675,000 | 1,675,000 | 0 | XXX |
| Bonds - Industrial and Miscellaneous | | | | | | | | | |
| 02007L AC 6 | ABS - ALLYA 163 A3..... | | 05/23/2016.... | CHASE SECURITIES..... | | 299,971 | 300,000 | | 1FE..... |
| 12594D AD 0 | ABS - CNHI 16B A3..... | | 05/24/2016.... | Bank of America Securities..... | | 199,950 | 200,000 | | 1FE..... |
| 166764 BH 2 | CHEVRON CORP..... | | 05/09/2016.... | WELLS FARGO SECURITIES LLC..... | | 1,100,000 | 1,100,000 | | 1FE..... |
| 172967 KS 9 | CITIGROUP INC..... | | 06/02/2016.... | CITIGROUP GLOBAL MARKETS INC..... | | 329,828 | 330,000 | | 2FE..... |
| 717081 DU 4 | PFIZER INC..... | | 06/01/2016.... | PFM..... | | 849,031 | 850,000 | | 1FE..... |
| 92343V CE 2 | VERIZON COMMUNICATIONS INC..... | | 04/13/2016.... | Bank of America Securities..... | | 1,002,620 | 1,000,000 | 4,688 | 2FE..... |
| 3899999 | Total Bonds - Industrial and Miscellaneous..... | | | | | 3,781,400 | 3,780,000 | 4,688 | XXX |
| 8399997 | Total Bonds - Part 3..... | | | | | 5,456,400 | 5,455,000 | 4,688 | XXX |
| 8399999 | Total Bonds..... | | | | | 5,456,400 | 5,455,000 | 4,688 | XXX |
| 9999999 | Total Bonds, Preferred and Common Stocks..... | | | | | 5,456,400 | XXX | 4,688 | XXX |

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

QE04

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|--|--|----------------------|---------------|-----------------------------------|------------------------------|---------------|-----------|-------------|---|--|--|--|--|---|---|---|--|-------------------------------------|--|--|---|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identification | Description | For re ig 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 Design- ation or Market Indicator (a) |
| Bonds - U.S. Government | | | | | | | | | | | | | | | | | | | | | |
| 912828 RJ 1 | UNITED STATES TREASURY..... | | 05/10/2016 | JEFFERIES & COMPANY, INC..... | | 1,052,625 | 1,050,000 | 1,058,039 | 1,053,005 | | (1,495) | | (1,495) | | 1,051,509 | | 1,116 | 1,116 | 6,570 | 09/30/2016... | 1..... |
| 912828 RM 4 | UNITED STATES TREASURY..... | | 05/02/2016 | PFM..... | | 601,688 | 600,000 | 605,555 | 601,985 | | (807) | | (807) | | 601,178 | | 509 | 509 | 1,312 | 10/31/2016... | 1..... |
| 0599999 | Total Bonds - U.S. Government..... | | | | | 1,654,313 | 1,650,000 | 1,663,594 | 1,654,990 | 0 | (2,302) | 0 | (2,302) | 0 | 1,652,688 | 0 | 1,625 | 1,625 | 7,882 | XXX | XXX |
| Bonds - U.S. Special Revenue and Special Assessment | | | | | | | | | | | | | | | | | | | | | |
| 3130A2 T9 7 | FEDERAL HOME LOAN BANKS..... | | 06/01/2016 | MELLON BANK/MELLON FINANCIAL..... | | 1,329,885 | 1,330,000 | 1,327,008 | 1,328,963 | | 586 | | 586 | | 1,329,549 | | 336 | 336 | 4,512 | 09/28/2016... | 1..... |
| 68428L DJ 0 | ORANGE CNTY CALIF PENSION OBLIG..... | | 05/06/2016 | Maturity..... | | 945,000 | 945,000 | 945,000 | 945,000 | | | | 0 | | 945,000 | | 0 | 0 | 5,508 | 05/02/2016... | 1FE..... |
| 3199999 | Total Bonds - U.S. Special Revenue and Special Assessment..... | | | | | 2,274,885 | 2,275,000 | 2,272,008 | 2,273,963 | 0 | 586 | 0 | 586 | 0 | 2,274,549 | 0 | 336 | 336 | 10,020 | XXX | XXX |
| Bonds - Industrial and Miscellaneous | | | | | | | | | | | | | | | | | | | | | |
| 172967 HK 0 | CITIGROUP INC..... | | 06/02/2016 | GOLDMAN, SACHS & CO..... | | 325,250 | 325,000 | 324,867 | 324,947 | | 20 | | 20 | | 324,966 | | 284 | 284 | 3,278 | 03/10/2017... | 2FE..... |
| 89236W AB 4 | ABS - TAOT 15A A2..... | | 06/16/2016 | Direct..... | | 81,484 | 81,484 | 81,483 | 81,483 | | 1 | | 1 | | 81,484 | | (0) | (0) | 239 | 07/17/2017... | 1FE..... |
| 92343V BN 3 | VERIZON COMMUNICATIONS INC..... | | 04/04/2016 | PFM..... | | 1,019,691 | 1,012,000 | 1,040,984 | 1,022,414 | | (3,805) | | (3,805) | | 1,018,608 | | 1,083 | 1,083 | 13,985 | 09/15/2016... | 2FE..... |
| 3899999 | Total Bonds - Industrial and Miscellaneous..... | | | | | 1,426,425 | 1,418,484 | 1,447,333 | 1,428,843 | 0 | (3,785) | 0 | (3,785) | 0 | 1,425,058 | 0 | 1,367 | 1,367 | 17,503 | XXX | XXX |
| 8399997 | Total Bonds - Part 4..... | | | | | 5,355,623 | 5,343,484 | 5,382,935 | 5,357,796 | 0 | (5,501) | 0 | (5,501) | 0 | 5,352,295 | 0 | 3,328 | 3,328 | 35,404 | XXX | XXX |
| 8399999 | Total Bonds..... | | | | | 5,355,623 | 5,343,484 | 5,382,935 | 5,357,796 | 0 | (5,501) | 0 | (5,501) | 0 | 5,352,295 | 0 | 3,328 | 3,328 | 35,404 | XXX | XXX |
| 9999999 | Total Bonds, Preferred and Common Stocks..... | | | | | 5,355,623 | XXX | 5,382,935 | 5,357,796 | 0 | (5,501) | 0 | (5,501) | 0 | 5,352,295 | 0 | 3,328 | 3,328 | 35,404 | XXX | XXX |

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

QE05

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

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

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

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

Sch. 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..... | | | | | (386,646) | (1,684,471) | (465,254) | XXX |
| Bank of Albuquerque..... Albuquerque, NM..... | | 0.020 | 7,107 | | 129,626,897 | 131,500,633 | 127,048,129 | XXX |
| JP Morgan Chase Bank..... Phoenix, AZ..... | | | | | 14,404,777 | 16,659,945 | 19,089,760 | XXX |
| JP Morgan Chase Bank..... Phoenix, AZ..... | | | | | 63,658 | 63,658 | 63,658 | XXX |
| Bank of Albuquerque Payroll..... Albuquerque, NM..... | | | | | (211,471) | (27,458) | (39,277) | XXX |
| Bank of Albuquerque..... Albuquerque, NM..... | | | | | (12,426,836) | (10,326,564) | (9,815,247) | XXX |
| Bank of Albuquerque..... Albuquerque, NM..... | | | | | (450,440) | (325,919) | (343,601) | XXX |
| Bank of Albuquerque..... Albuquerque, NM..... | | | 1,448 | | 28,752,760 | 30,253,263 | 22,253,758 | XXX |
| BK of Alb Salud Restricted Reserve REPO..... Albuquerque, NM..... | | 0.020 | 1,040 | | 20,571,157 | 20,571,512 | 20,571,854 | XXX |
| 0199999. Total Open Depositories..... | XXX | XXX | 9,595 | 0 | 179,943,856 | 186,684,599 | 178,363,780 | XXX |
| 0399999. Total Cash on Deposit..... | XXX | XXX | 9,595 | 0 | 179,943,856 | 186,684,599 | 178,363,780 | XXX |
| 0499999. Cash in Company's Office..... | XXX | XXX | XXX | XXX | 400 | 400 | 400 | XXX |
| 0599999. Total Cash..... | XXX | XXX | 9,595 | 0 | 179,944,256 | 186,684,999 | 178,364,180 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 Description | 2 Code | 3 Date Acquired | 4 Rate of Interest | 5 Maturity Date | 6 Book/Adjusted Carrying Value | 7 Amount of Interest Due & Accrued | 8 Amount Received During Year |
|---|-----------|--------------------|-----------------------|--------------------|-----------------------------------|---------------------------------------|----------------------------------|
| U.S. Government Bonds - Issuer Obligations | | | | | | | |
| UNITED STATES TREASURY..... | | 06/29/2016..... | 0.500 | 07/31/2016..... | 5,626,276 | 11,745 | (43) |
| 0199999. U.S. Government Bonds - Issuer Obligations..... | | | | | 5,626,276 | 11,745 | (43) |
| 0599999. Total - U.S. Government Bonds..... | | | | | 5,626,276 | 11,745 | (43) |
| Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations | | | | | | | |
| Toyota Motor Credit Corporation..... | | 06/29/2016..... | | 07/15/2016..... | 4,999,358 | | 92 |
| 3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations..... | | | | | 4,999,358 | .0 | 92 |
| 3899999. Total - Industrial and Miscellaneous (Unaffiliated)..... | | | | | 4,999,358 | .0 | 92 |
| Total Bonds | | | | | | | |
| 7799999. Subtotals - Issuer Obligations..... | | | | | 10,625,634 | 11,745 | 49 |
| 8399999. Subtotals - Bonds..... | | | | | 10,625,634 | 11,745 | 49 |
| 8699999. Total - Cash Equivalents..... | | | | | 10,625,634 | 11,745 | 49 |

QE13