

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
September 30, 2016

2016



HEALTH QUARTERLY STATEMENT

As of September 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.....	84,978,747		84,978,747	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 (\$....167,230,851), cash equivalents (\$....(0)) and short-term investments (\$....100,966,468).....	268,197,319		268,197,319	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).....	353,176,066	.0	353,176,066	359,287,399
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	357,498		357,498	334,904
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	39,416,425		39,416,425	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 (\$....592,192).....	592,192		592,192	363,736
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	415,769		415,769	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.....	382,018		382,018	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.....	105,375	105,375	.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,450,000	2,450,000	.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 (\$....35,525,871) and other amounts receivable.....	46,341,883	5,121,714	41,220,169	36,523,838
25. Aggregate write-ins for other than invested assets.....	37,922,078	37,922,078	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	481,172,033	45,599,167	435,572,866	409,142,925
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	481,172,033	45,599,167	435,572,866	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.....	874,320	874,320	.0	
2502. Goodwill & contract rights.....	37,047,758	37,047,758	.0	
2503.....			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	37,922,078	37,922,078	.0	.0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....1,357,834 reinsurance ceded).....	118,715,528	135,084	118,850,612	119,072,141
2. Accrued medical incentive pool and bonus amounts.....	64,490		64,490	59,257
3. Unpaid claims adjustment expenses.....	1,913,597	2,491	1,916,088	1,896,602
4. Aggregate health policy reserves, including the liability of \$....1,199,788 for medical loss ratio rebate per the Public Health Service Act.....	140,061,916		140,061,916	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.....	7,923,004		7,923,004	2,776,937
9. General expenses due or accrued.....	22,257,425		22,257,425	30,186,485
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	1,180,513		1,180,513	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.....	3,655,110		3,655,110	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.....	3,708,444		3,708,444	
23. Aggregate write-ins for other liabilities (including \$....23,545,408 current).....	23,545,408	.0	23,545,408	7,938,288
24. Total liabilities (Lines 1 to 23).....	323,025,435	137,575	323,163,010	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	(43,985,370)	(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	112,409,856	109,717,225
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	435,572,866	409,142,925

DETAILS OF WRITE-INS

2301. Other amounts due to HSD and CMS.....	23,545,408		23,545,408	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).....	23,545,408	.0	23,545,408	7,938,288
2501. 2016 Health issuer fee 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	2,272,250	2,079,577	2,771,735
2. Net premium income (including \$.....0 non-health premium income).....	XXX	1,098,635,705	1,060,164,918	1,411,642,842
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(9,273,041)	(63,030,281)	(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	432	5,154	5,739
8. Total revenues (Lines 2 to 7).....	XXX	1,089,363,096	997,572,919	1,318,018,099
Hospital and Medical:				
9. Hospital/medical benefits.....		626,531,006	590,825,695	772,939,254
10. Other professional services.....		62,521,501	57,289,008	77,797,658
11. Outside referrals.....	1,148,989	8,148,185	9,265,956	12,607,404
12. Emergency room and out-of-area.....		65,193,571	62,544,603	81,008,945
13. Prescription drugs.....		97,815,274	78,923,481	105,904,657
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		352,214	(1,064,938)	(1,466,103)
16. Subtotal (Lines 9 to 15).....	1,148,989	860,561,751	797,783,805	1,048,791,815
Less:				
17. Net reinsurance recoveries.....		3,919,713	2,112,362	4,567,598
18. Total hospital and medical (Lines 16 minus 17).....	1,148,989	856,642,038	795,671,443	1,044,224,217
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....53,544,836 cost containment expenses.....		56,442,297	55,863,813	77,052,752
21. General administrative expenses.....		152,564,235	143,042,902	181,114,440
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	1,148,989	1,065,648,570	994,578,158	1,302,391,409
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	23,714,526	2,994,761	15,626,690
25. Net investment income earned.....		844,017	475,159	693,505
26. Net realized capital gains (losses) less capital gains tax of \$.....5,857.....		10,878	33,829	35,003
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	854,895	508,988	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	(7,728,029)	(3,153,777)	(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	16,841,392	349,972	10,377,200
31. Federal and foreign income taxes incurred.....	XXX	14,234,563	8,279,585	11,976,566
32. Net income (loss) (Lines 30 minus 31).....	XXX	2,606,829	(7,929,613)	(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	432	5,154	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	432	5,154	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.....		(1,342,213)	(2,113,072)	(2,694,303)
2902. Fines from regulatory authorities.....		(6,385,816)	(1,040,705)	(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	(7,728,029)	(3,153,777)	(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.....	2,606,829	(7,929,613)	(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.....	85,802	3,113,521	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).....	2,692,631	(4,816,092)	23,633,912
49. Capital and surplus end of reporting period (Line 33 plus 48).....	112,409,856	81,267,221	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.....	1,075,379,149	1,025,042,513	1,427,759,990
2. Net investment income.....	986,234	619,799	851,811
3. Miscellaneous income.....	432	790,660	797,245
4. Total (Lines 1 through 3).....	1,076,365,815	1,026,452,972	1,429,409,046
5. Benefit and loss related payments.....	869,671,403	812,735,864	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.....	205,501,123	196,315,233	257,818,347
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.5,857 tax on capital gains (losses).....	17,178,000	4,542,000	3,222,000
10. Total (Lines 5 through 9).....	1,092,350,526	1,013,593,097	1,345,992,944
11. Net cash from operations (Line 4 minus Line 10).....	(15,984,711)	12,859,875	83,416,102
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	25,523,468	31,003,630	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).....	25,523,531	31,003,630	31,902,795
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	26,556,300	48,026,864	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).....	26,556,300	48,026,864	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).....	(1,032,769)	(17,023,234)	(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).....	10,021,454	4,394,041	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).....	10,021,454	4,394,041	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).....	(6,996,026)	230,682	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).....	268,197,319	183,321,223	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.....	253,085	17,348						3,928	231,809	
5. Current Year.....	0									
6. Current Year Member Months.....	2,272,250	158,190						29,535	2,084,525	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	694,893	44,800						23,847	626,246	
8. Non-Physician.....	2,588,872	76,449						119,370	2,393,053	
9. Total.....	3,283,765	121,249	0	0	0	0	0	143,217	3,019,299	0
10. Hospital Patient Days Incurred.....	281,648	3,231						12,392	266,025	
11. Number of Inpatient Admissions.....	29,707	636						1,281	27,790	
12. Health Premiums Written (a).....	1,102,938,799	43,787,279						25,123,645	1,034,027,875	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,093,665,758	44,069,778						23,467,103	1,026,128,877	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	873,834,097	27,940,005						22,452,135	823,441,957	
18. Amount Incurred for Provision of Health Care Services.....	860,561,751	31,688,137						24,692,895	804,180,719	

007

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....25,123,645.

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	6,296,098					6,296,098
0199999. Individually Listed Claims Unpaid.....	6,296,098	0	0	0	0	6,296,098
0399999. Aggregate Accounts Not Individually Listed-Covered.....	4,961,523	257,291	293,665	240,619	2,890,507	8,643,605
0499999. Subtotals.....	11,257,621	257,291	293,665	240,619	2,890,507	14,939,703
0599999. Unreported Claims and Other Claim Reserves.....						105,268,743
0799999. Total Claims Unpaid.....						120,208,446
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						64,490

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).....	981,331	26,463,908	(2,143)	4,411,202	979,188	1,396,093
2. Medicare Supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal Employees Health Benefits Plan.....					.0	
6. Title XVIII - Medicare.....	2,426,992	20,025,143	106,075	6,169,662	2,533,067	3,092,938
7. Title XIX - Medicaid.....	54,596,275	766,571,283	4,825,698	103,340,118	59,421,973	114,583,110
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	58,004,598	813,060,334	4,929,630	113,920,982	62,934,228	119,072,141
10. Healthcare receivables (a).....	1,762,338	38,402,723		482,524	1,762,338	26,094,005
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	59,257	287,724		64,490	59,257	59,257
13. Totals (Lines 9-10+11+12).....	56,301,517	774,945,335	4,929,630	113,502,948	61,231,147	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**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	\$ 2,606,829	\$ (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	\$ 2,606,829	\$ (1,599,366)
SURPLUS			
(5) Molina Healthcare of New Mexico, Inc. state basis (Page 3, line 33, Columns 3 & 4)	NM	\$ 112,409,856	\$ 109,717,225
(6) State Prescribed Practices that increase/decrease NAIC SAP			
Goodwill (NAIC SAP allows partial admissibility)	NM	(11,240,989)	(10,971,723)
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	NM	\$ 123,650,845	\$ 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. Although, the Plan believes that the amount the Plan recorded as a liability for this matter is consistent with the state's expectations, the Plan cannot be certain that the state will not seek to recover an amount in excess of our recorded liability.

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

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

Recognition of Medical Care Costs: Medical care costs include primarily fee-for-services expenses. Nearly all hospital services and the majority of the Plan's primary care and physician specialist services are paid on a fee-for-service basis. Under fee-for-service arrangements, the Plan retains the financial responsibility for medical care provided and incurs costs based on actual utilization of services. Such expenses are recorded in the period in which the related services are

NOTES TO FINANCIAL STATEMENTS

dispensed. Medical care costs include amounts that have been paid by the Plan through the reporting date, as well as estimated liabilities for medical care costs incurred but not paid by the Plan as of the reporting date. Refer to Note 25 for further information.

In addition, the Plan applies the following accounting policies:

- (6) Investments in loan-backed securities:

Loan-backed securities designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) are stated at amortized cost. The Plan's investments in loan-backed securities consist of asset-backed securities and mortgage-backed securities. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

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 \$2,638,412 for the period ended September 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 September 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	\$	831
		2.	12 Months or Longer	\$	2,863
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$	624,097
		2.	12 Months or Longer	\$	344,341

- (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 September 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.

Note 8 – Derivative Instruments

None.

Note 9 – Income Taxes

No significant changes.

NOTES TO FINANCIAL STATEMENTS

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 \$457,096 and \$207,051 to JMMPC for the periods ended September 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 September 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 September 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 September 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.

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.

NOTES TO FINANCIAL STATEMENTS

(4) For fair value measurements categorized within Level 2 of the fair value hierarchy, a description of the valuation techniques follow: None.

(5) Derivative assets and liabilities: None.

B. In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of cash equivalents, short-term investments, and bonds as of September 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	\$ 7,486,935	\$ 7,459,087	\$ -	\$ 7,486,935	\$ -	\$ -
Corporate debt securities	128,990,556	128,786,414	-	128,990,556	-	-
Government-sponsored enterprise securities	9,062,083	9,050,672	9,062,083	-	-	-
Money market funds	143,344	143,344	143,344	-	-	-
Mortgage-backed securities	344,341	347,204	344,341	-	-	-
Municipal securities	5,832,805	5,796,894	-	5,832,805	-	-
U.S. Treasury notes	34,404,205	34,361,599	34,404,205	-	-	-
Total	186,264,268	185,945,214	43,953,973	142,310,295	-	-

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 November 11, 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 \$1.5 million and \$0.2 million as of September 30, 2016 and December 31, 2015, respectively, relating to its contracts with CMS. The Plan had net premiums written relating to Medicare of \$25.1 million and \$15.1 million for the periods ended September 30, 2016 and 2015, respectively, representing 2.3% and 1.5% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of \$2.3 million and \$1.6 million as of September 30, 2016 and December 31, 2015, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of \$43.4 million and \$11.1 million for the periods ended September 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 \$135.6 million and \$127.7 million as of September 30, 2016 and December 31, 2015, respectively, relating to Medicaid contracts. The Plan had net premiums written relating to Medicaid of \$1,030.1 million and \$1,006.9 million for the periods ended September 30, 2016 and 2015, respectively, representing 93.8% and 97.5% 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 \$1,199,788 and \$187,250 at September 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:

a.	Permanent ACA Risk Adjustment Program	Amount
	Assets	
1.	Premium adjustments receivable due to ACA Risk Adjustment	\$ 3,406
	Liabilities	
2.	Risk adjustment user fees payable for ACA Risk Adjustment	23,749
3.	Premium adjustments payable due to ACA Risk Adjustment	914,701
	Operations (Revenue & Expenses)	
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(1,282,215)
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (23,764)
b.	Transitional ACA Reinsurance Program	
	Assets	

NOTES TO FINANCIAL STATEMENTS

1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$	413,724
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		1,357,834
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		113,828
5.	Ceded reinsurance premiums payable due to ACA Reinsurance		284,986
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	
Operations (Revenue & Expenses)			
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$	(284,986)
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		1,645,314
9.	ACA Reinsurance contributions – not reported as ceded premium	\$	(71,247)
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		187,847
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	\$	1,295,037

(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			Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)		
					5	6	7	8	9	10	11	
	1	2	3	4	5	6	7	8	9	10	11	
	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)	\$	A	\$ 3,406	\$
2.	Premium adjustments (payable)			265,619		(265,619)		265,619		B		
3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 105,301	\$	\$ 265,619	\$	\$ (265,619)	\$	\$ (101,895)	\$		\$ 3,406	\$
b. Transitional ACA Reinsurance Program												
1.	Amounts recoverable for claims paid	\$ 186,809	\$	\$ 267,851	\$	\$ (81,042)	\$	\$ 113,974	\$	C	\$ 32,932	\$
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	\$ 267,851	\$ 127,743	\$ 126,244	\$ 42,581	\$ (93,312)	\$		\$ 32,932	\$ 42,581
c. Temporary ACA Risk Corridors Program												
1.	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2.	Reserve for rate credits or policy experience rating refunds		1,482,884				1,482,884		(1,482,884)	J		
3.	Subtotal ACA Risk Corridors Program		1,482,884				1,482,884		(1,482,884)			
d.	Total for ACA Risk Sharing Provisions	\$ 499,396	\$ 1,653,208	\$ 267,851	\$ 393,362	\$ 231,545	\$ 1,259,846	\$ (195,207)	\$ (1,217,265)		\$ 36,338	\$ 42,581

Explanations of Adjustments

- A. Adjusted to reflect the final settlement amount communicated by CMS in June 2016.
- B. Adjusted to reflect the final settlement amount communicated by CMS in June 2016.
- C. Adjusted as a result of additional paid claims and to reflect the final settlement amount communicated by CMS in June 2016.

NOTES TO FINANCIAL STATEMENTS

- 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:

	Nine months ended 9/30/2016	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	884,112,963	1,064,913,909
Prior years	(27,470,925)	(20,689,691)
Net incurred claims during the current year	<u>\$ 856,642,038</u>	<u>\$ 1,044,224,218</u>
Deduct paid claims, net of reinsurance:		
Current year	781,246,500	964,235,273
Prior years	88,424,903	120,717,324
Net paid claims during the current year	<u>869,671,403</u>	<u>1,084,952,597</u>
Change in claims adjustment expenses	19,486	(485,090)
Change in health care receivables	14,553,579	13,956,281
Change in amounts due from reinsurers	(1,740,510)	1,429,066
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 120,831,191</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: | 09/30/2016 |
| (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 Healthcare of Nevada, Inc. and Today's Options of New York, Inc. have been added to the organization chart.

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

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 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	83.6 %	
1.2 A&H cost containment percent	4.9 %	
1.3 A&H expense percent excluding cost containment expenses	14.3 %	
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 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	
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.....L	L	43,787,279	25,123,645	1,034,027,875				1,102,938,799	
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	0
59. Subtotal.....XX		43,787,279	25,123,645	1,034,027,875	0	0	0	1,102,938,799	0
60. Reporting entity contributions for Employee Benefit Plans.....XX								0	
61. Total (Direct Business).....(a)	1	43,787,279	25,123,645	1,034,027,875	0	0	0	1,102,938,799	0

DETAILS OF WRITE-INS

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

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

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

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

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

PART 1 – ORGANIZATIONAL CHART

Q15

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	DE	81-2824030	Molina Clinical Services, LLC
I-00000	AZ	30-0876771	Molina Healthcare of Arizona, Inc.
I-00000	CA	33-0342719	Molina Healthcare of California
I-00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
I-00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
I-13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
I-14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	IA	47-3920055	Molina Healthcare of Iowa, Inc.
I-00000	MD	46-0598968	Molina Healthcare of Maryland, Inc.
I-52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
I-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
I-00000	NV	20-3567602	Molina Healthcare of Nevada, Inc.
I-95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
I-00000	NY	47-3580625	Molina Healthcare of New York, Inc.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
I-12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
I-00000	OK	81-0864563	Molina Healthcare of Oklahoma, Inc.
I-00000	PA	81-0855820	Molina Healthcare of Pennsylvania, Inc.
I-15600	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
I-15329	SC	46-2992125	Molina Healthcare of South Carolina, LLC
I-10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
I-13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
I-95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
I-15133	VA	26-1769086	Molina Healthcare of Virginia, Inc.
I-96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
I-12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	NY	47-3797019	Molina Health Plan Management, Inc.
I-00000	NY	27-1603200	Today's Options of New York, Inc.
I-00000	CA	46-2821516	Molina Hospital Management, Inc.
I-00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
I-00000	CA	37-1652282	Molina Medical Management, Inc.
I-00000	CA	47-1446940	Easy Care MSO, LLC
I-00000	DE	45-2854547	Molina Pathways, LLC
I-00000	DE	81-1863393	Molina Dental and Vision Services, LLC
I-00000	OH	47-4937011	Molina Pathways of Ohio, LLC

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

PART 1 – ORGANIZATIONAL CHART

Q15.1

|-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
|-00000	TX	47-2308753	Molina Personal Care of Texas, Inc.
|-00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.
|-00000	DE	47-2525144	Pathways Health and Community Support LLC
|-00000	DE	58-2478281	AmericanWork, Inc.
|-00000	NV	61-1436598	A to Z In-Home Tutoring LLC
|-00000	PA	20-2639439	Children's Behavioral Health, Inc.
|-00000	DE	88-0469530	Choices Group, Inc.
|-00000	CA	95-4864640	College Community Services
|-00000	IN	35-2085281	Dockside Services, Inc.
|-00000	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

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 Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
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.	00000	20-3567602				Molina Healthcare of Nevada, Inc.	NV	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	27-1603200				Today's Options of New York, Inc.	NY	NIA	Molina Health Plan Management, 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.	

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1531	Molina Healthcare, Inc.	00000	81-1863393				Molina Dental and Vision Services, LLC	DE	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	
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 Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
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:



Overflow Page for Write-Ins

NONE

Molina Healthcare of New Mexico, Inc.
SCHEDULE A - VERIFICATION

Real Estate

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

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.....	26,556,300	49,027,874
3. Accrual of discount.....	29,786	41,378
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	16,672	52,497
6. Deduct consideration for bonds and stocks disposed of.....	25,523,467	31,901,440
7. Deduct amortization of premium.....	194,597	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).....	84,978,747	84,094,054
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	84,978,747	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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	180,116,483	166,711,222	167,262,939	132,300	179,591,028	180,116,483	179,697,066	179,710,229
2. NAIC 2 (a).....	5,407,307	1,857,084	1,001,949	(14,296)	5,432,502	5,407,307	6,248,146	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.....	185,523,790	168,568,306	168,264,888	118,005	185,023,531	185,523,790	185,945,212	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.....	185,523,790	168,568,306	168,264,888	118,005	185,023,531	185,523,790	185,945,212	184,701,640

QSI02

(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.....	100,966,468	.XXX	100,845,201		26,474

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.....	419,993,996	579,947,386
3. Accrual of discount.....	435,982	236,473
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	.63	1,352
6. Deduct consideration received on disposals.....	413,390,952	530,124,140
7. Deduct amortization of premium.....	85,059	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).....	100,966,468	94,012,437
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	100,966,468	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.....	(0)	2
6. Deduct consideration received on disposals.....	29,075,000	33,734,992
7. Deduct amortization of premium.....	3,591	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).....	(0)	6,595,150
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	(0)	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. States, Territories and Possessions									
20772J 3D 2	CONNECTICUT ST.....		08/03/2016...	MORGAN STANLEY & CO INC, NY.....		1,678,618	1,675,000		1FE.....
1799999	Total Bonds - U.S. States, Territories and Possessions.....					1,678,618	1,675,000	0	XXX
Bonds - Industrial and Miscellaneous									
02665W BE 0	AMERICAN HONDA FINANCE CORP.....	R.....	07/07/2016...	BARCLAYS CAPITAL INC FIXED INC.....		424,575	425,000		1FE.....
05253J AN 1	AUSTRALIA AND NEW ZEALAND BANKING GROUP.....	R.....	07/11/2016...	DAIN BOSWORTH INC.....		1,249,888	1,250,000		1FE.....
084664 CK 5	BERKSHIRE HATHAWAY FINANCE CORP.....		08/08/2016...	Bank of America Securities.....		244,762	245,000		1FE.....
12635Y AD 5	CNHI 16C A3 - ABS.....		09/13/2016...	WELLS FARGO SECURITIES LLC.....		189,962	190,000		1FE.....
13607R AB 6	CANADIAN IMPERIAL BANK OF COMMERCE.....	I.....	09/01/2016...	PFM.....		849,847	850,000		1FE.....
14314E AB 7	ABS - CARMX 163 A2.....		07/14/2016...	CREDIT SUISSE.....		849,931	850,000		1FE.....
345397 XY 4	FORD MOTOR CREDIT COMPANY LLC.....		07/22/2016...	CREDIT AGRICOLE SECURITIES USA INC.....		857,174	850,000	3,961	2FE.....
44891E AC 3	HART 16B A3 - ABS.....		09/14/2016...	CHASE SECURITIES.....		439,941	440,000		1FE.....
47788N AC 2	ABS - JDOT-16B-A3.....		07/19/2016...	DAIN BOSWORTH INC.....		184,985	185,000		1FE.....
594918 BN 3	MICROSOFT CORP.....		08/01/2016...	Bank of America Securities.....		599,382	600,000		1FE.....
65557C AQ 6	NORDEA BANK AB.....	R.....	09/22/2016...	WELLS FARGO SECURITIES LLC.....		856,647	850,000	443	1FE.....
74153W CK 3	PRICOA GLOBAL FUNDING I.....		09/06/2016...	US BANCORP INVESTMENTS INC.....		849,924	850,000		1FE.....
78012K RK 5	ROYAL BANK OF CANADA.....	I.....	07/25/2016...	DAIN BOSWORTH INC.....		849,031	850,000		1FE.....
89114Q BJ 6	TORONTO-DOMINION BANK.....	I.....	07/13/2016...	TORONTO DOMINION SECURTIES (USA) INC.....		1,249,888	1,250,000		1FE.....
92343V DF 8	VERIZON COMMUNICATIONS INC.....		08/01/2016...	PFM.....		999,910	1,000,000		2FE.....
3899999	Total Bonds - Industrial and Miscellaneous.....					10,695,845	10,685,000	4,403	XXX
8399997	Total Bonds - Part 3.....					12,374,463	12,360,000	4,403	XXX
8399999	Total Bonds.....					12,374,463	12,360,000	4,403	XXX
9999999	Total Bonds, Preferred and Common Stocks.....					12,374,463	XXX	4,403	XXX

QE04

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

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.....		07/22/2016	VARIOUS.....		740,949	740,000	745,666	742,118		(1,576)		(1,576)		740,541		407	407	5,990	09/30/2016...	1.....
912828 RM 4	UNITED STATES TREASURY.....		08/09/2016	CITIGROUP GLOBAL MARKETS INC.....		826,286	825,000	832,638	827,730		(1,995)		(1,995)		825,735		551	551	8,146	10/31/2016...	1.....
912828 RX 0	UNITED STATES TREASURY.....		09/14/2016	VARIOUS.....		1,928,019	1,925,000	1,939,212	1,930,496		(3,545)		(3,545)		1,926,951		1,067	1,067	10,889	12/31/2016...	1.....
0599999	Total Bonds - U.S. Government.....					3,495,254	3,490,000	3,517,515	3,500,344	0	(7,116)	0	(7,116)	0	3,493,227	0	2,026	2,026	25,026	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
13017H AC 0	CALIFORNIA EARTHQUAKE AUTH REV.....		07/01/2016	Maturity.....		220,000	220,000	220,000	220,000				0		220,000			0	2,627	07/01/2016...	1FE.....
3199999	Total Bonds - U.S. Special Revenue and Special Assessment.....					220,000	220,000	220,000	220,000	0	0	0	0	0	220,000	0	0	0	2,627	XXX	XXX
Bonds - Industrial and Miscellaneous																					
05253J AF 8	AUSTRALIA AND NEW ZEALAND BANKING GROUP..	R	07/11/2016	BARCLAYS CAPITAL INC FIXED INC.....		1,251,250	1,250,000	1,246,938	1,248,356		605		605		1,248,960		2,290	2,290	9,201	06/13/2017...	1FE.....
24422E SN 0	JOHN DEERE CAPITAL CORP.....		09/01/2016	PFM.....		780,819	780,000	779,633	779,822		84		84		779,905		914	914	6,435	06/12/2017...	1FE.....
377373 AC 9	GLAXOSMITHKLINE CAPITAL PLC.....	R	09/06/2016	MARKETAXESS.....		376,343	375,000	378,911	376,780		(918)		(918)		375,862		480	480	4,769	05/08/2017...	1FE.....
713448 CW 6	PEPSICO INC.....		09/22/2016	VARIOUS.....		1,175,668	1,175,000	1,174,624	1,174,709		137		137		1,174,846		822	822	15,658	07/17/2017...	1FE.....
74153W CB 3	PRICOA GLOBAL FUNDING I.....		09/01/2016	US BANCORP INVESTMENTS INC.....		2,006,787	2,005,000	2,007,720	2,006,056		(700)		(700)		2,005,356		1,431	1,431	15,996	11/25/2016...	1FE.....
89114Q AE 8	TORONTO DOMINION BANK.....	I	07/06/2016	TORONTO DOMINION SECURITIES (USA) INC.....		1,255,475	1,250,000	1,287,988	1,264,822		(9,839)		(9,839)		1,254,983		492	492	21,771	10/19/2016...	1FE.....
89236W AB 4	ABS - TAOT 15A A2.....	R	09/15/2016	Direct.....		75,781	75,781	75,780	75,780		1		1		75,781		(0)	(0)	358	07/17/2017...	1FE.....
92343V CE 2	VERIZON COMMUNICATIONS INC.....		08/01/2016	PFM.....		1,002,170	1,000,000	1,002,620			(671)		(671)		1,001,949		221	221	8,700	06/09/2017...	2FE.....
3899999	Total Bonds - Industrial and Miscellaneous.....					7,924,293	7,910,781	7,954,213	6,926,324	0	(11,302)	0	(11,302)	0	7,917,642	0	6,650	6,650	82,889	XXX	XXX
8399997	Total Bonds - Part 4.....					11,639,546	11,620,781	11,691,728	10,646,668	0	(18,418)	0	(18,418)	0	11,630,870	0	8,676	8,676	110,541	XXX	XXX
8399999	Total Bonds.....					11,639,546	11,620,781	11,691,728	10,646,668	0	(18,418)	0	(18,418)	0	11,630,870	0	8,676	8,676	110,541	XXX	XXX
9999999	Total Bonds, Preferred and Common Stocks.....					11,639,546	XXX	11,691,728	10,646,668	0	(18,418)	0	(18,418)	0	11,630,870	0	8,676	8,676	110,541	XXX	XXX

QE05

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

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

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

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

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

**Sch. DL - Pt. 1
NONE**

**Sch. DL - Pt. 2
NONE**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Bank of Albuquerque..... Albuquerque, NM.....					(713,002)	(425,469)	(1,709,510)	XXX
Bank of Albuquerque..... Albuquerque, NM.....		0.200	7,007		123,214,034	121,723,590	121,738,785	XXX
JP Morgan Chase Bank..... Phoenix, AZ.....					21,371,326	23,801,291	16,048,780	XXX
JP Morgan Chase Bank..... Phoenix, AZ.....					63,658	63,658	63,658	XXX
Bank of Albuquerque Payroll..... Albuquerque, NM.....					(21,738)	(33,754)	(38,736)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					(9,491,322)	(11,092,188)	(11,290,571)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					(305,864)	(449,486)	(409,756)	XXX
BK of Alb Salud Restricted Reserve REPO..... Albuquerque, NM.....		0.200	1,051		20,572,209	20,572,563	20,572,906	XXX
Bk of Alb Salud Restricted Repo..... Albuquerque, NM.....		0.200	1,137		22,254,141	22,254,525	22,254,896	XXX
0199998. Deposits in.....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX						XXX
0199999. Total Open Depositories.....	XXX	XXX	9,195	0	176,943,442	176,414,730	167,230,451	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	9,195	0	176,943,442	176,414,730	167,230,451	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	400	400	400	XXX
0599999. Total Cash.....	XXX	XXX	9,195	0	176,943,842	176,415,130	167,230,851	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
------------------	-----------	--------------------	-----------------------	--------------------	-----------------------------------	---------------------------------------	----------------------------------

NONE

QE13