

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
March 31, 2016

2016



HEALTH QUARTERLY STATEMENT

As of March 31, 2016
of the Condition and Affairs of the

Molina Healthcare of New Mexico, Inc.

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

Organized under the Laws of 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)
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Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	84,237,121		84,237,121	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 (\$....173,950,327), cash equivalents (\$....6,999,540) and short-term investments (\$....93,786,871).....	274,736,738		274,736,738	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).....	358,973,859	.0	358,973,859	359,287,399
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	387,894		387,894	334,904
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	45,225,691		45,225,691	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 (\$....392,211).....	392,211		392,211	363,736
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	369,602		369,602	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.....	400,998		400,998	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.....	132,864	132,864	.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,470,030	2,470,030	.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	38,187		38,187	
24. Health care (\$....28,652,097) and other amounts receivable.....	52,773,556	9,986,110	42,787,446	36,523,838
25. Aggregate write-ins for other than invested assets.....	42,039,854	42,039,854	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	503,204,746	54,628,858	448,575,888	409,142,925
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	503,204,746	54,628,858	448,575,888	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.....	2,327,600	2,327,600	.0	
2502. Goodwill & contract rights.....	39,712,254	39,712,254	.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).....	42,039,854	42,039,854	.0	.0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....894,358 reinsurance ceded).....	120,304,902	206,372	120,511,274	119,072,141
2. Accrued medical incentive pool and bonus amounts.....	114,590		114,590	59,257
3. Unpaid claims adjustment expenses.....	2,024,134	3,853	2,027,987	1,896,602
4. Aggregate health policy reserves, including the liability of \$....236,657 for medical loss ratio rebate per the Public Health Service Act.....	130,315,598		130,315,598	129,874,174
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	3,090,401		3,090,401	2,776,937
9. General expenses due or accrued.....	58,708,695		58,708,695	30,186,485
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	12,039,370		12,039,370	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.....	1,325,551		1,325,551	3,503,473
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....			.0	
23. Aggregate write-ins for other liabilities (including \$....14,152,817 current).....	14,152,817	.0	14,152,817	7,938,288
24. Total liabilities (Lines 1 to 23).....	342,076,058	210,225	342,286,283	299,425,700
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	5,800,000	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	(55,905,621)	(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	106,289,605	109,717,225
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	448,575,888	409,142,925

DETAILS OF WRITE-INS

2301. Other amounts due to HSD and CMS.....	14,152,817		14,152,817	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).....	14,152,817	.0	14,152,817	7,938,288
2501. 2016 Health insurer fee accrual estimate.....	XXX	XXX		22,600,000
2502. 2017 Health insurer fee accrual estimate.....	XXX	XXX	5,800,000	
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	5,800,000	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	748,513	683,720	2,771,735
2. Net premium income (including \$.....0 non-health premium income).....	XXX	384,787,741	363,534,417	1,411,642,842
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	30,470	(6,205,534)	(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	125	2,414	5,739
8. Total revenues (Lines 2 to 7).....	XXX	384,818,336	357,764,425	1,318,018,099
Hospital and Medical:				
9. Hospital/medical benefits.....		205,309,904	205,718,847	772,939,254
10. Other professional services.....		19,770,943	18,095,227	77,797,658
11. Outside referrals.....	518,058	3,421,838	4,667,210	12,607,404
12. Emergency room and out-of-area.....		16,058,961	23,722,401	81,008,945
13. Prescription drugs.....		33,883,768	26,518,577	105,904,657
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		67,226	36,589	(1,466,103)
16. Subtotal (Lines 9 to 15).....	518,058	278,512,640	278,758,851	1,048,791,815
Less:				
17. Net reinsurance recoveries.....		1,113,851	1,501,605	4,567,598
18. Total hospital and medical (Lines 16 minus 17).....	518,058	277,398,789	277,257,246	1,044,224,217
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....19,165,441 cost containment expenses.....		20,007,233	18,465,057	77,052,752
21. General administrative expenses.....		65,735,842	60,319,814	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).....	518,058	363,141,864	356,042,117	1,302,391,409
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	21,676,472	1,722,308	15,626,690
25. Net investment income earned.....		230,484	128,470	693,505
26. Net realized capital gains (losses) less capital gains tax of \$.....1,656.....		3,075	11,098	35,003
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	233,559	139,568	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	(1,569,142)	(355,421)	(5,977,998)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	20,340,889	1,506,455	10,377,200
31. Federal and foreign income taxes incurred.....	XXX	14,824,621	3,712,226	11,976,566
32. Net income (loss) (Lines 30 minus 31).....	XXX	5,516,268	(2,205,771)	(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	125	2,414	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	125	2,414	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.....		(504,865)	(709,626)	(2,694,303)
2902. Fines from regulatory authorities.....		(1,064,277)	354,205	(3,283,695)
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	(1,569,142)	(355,421)	(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.....	5,516,268	(2,205,771)	(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.....	(8,943,888)	804,035	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).....	(3,427,620)	(1,401,736)	23,633,912
49. Capital and surplus end of reporting period (Line 33 plus 48).....	106,289,605	84,681,577	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.....	350,646,490	332,494,577	1,427,759,990
2. Net investment income.....	236,233	143,872	851,811
3. Miscellaneous income.....	125	603,757	797,245
4. Total (Lines 1 through 3).....	350,882,848	333,242,206	1,429,409,046
5. Benefit and loss related payments.....	286,661,846	262,030,275	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.....	52,635,625	42,335,139	257,818,347
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	6,905,000	(6,879,000)	3,222,000
10. Total (Lines 5 through 9).....	346,202,471	297,486,414	1,345,992,944
11. Net cash from operations (Line 4 minus Line 10).....	4,680,377	35,755,792	83,416,102
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	8,528,298	13,255,631	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).....	8,528,361	13,255,631	31,902,795
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	8,725,436	15,304,307	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).....	8,725,436	15,304,307	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).....	(197,075)	(2,048,676)	(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).....	(4,939,909)	(1,117,896)	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).....	(4,939,909)	(1,117,896)	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).....	(456,607)	32,589,221	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).....	274,736,738	215,679,762	275,193,345

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year.....	230,736	3,937						2,567	224,232	
2. First Quarter.....	246,305	19,072						2,949	224,284	
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	748,513	50,656						8,376	689,481	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	227,110	12,829						6,434	207,847	
8. Non-Physician.....	798,490	21,114						31,840	745,536	
9. Total.....	1,025,600	33,943	0	0	0	0	0	38,274	953,383	0
10. Hospital Patient Days Incurred.....	80,265	715						2,552	76,998	
11. Number of Inpatient Admissions.....	9,401	149						281	8,971	
12. Health Premiums Written (a).....	386,220,240	13,982,749						8,133,620	364,103,871	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	386,250,710	14,176,499						6,988,552	365,085,659	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	288,863,410	5,411,581						6,280,744	277,171,085	
18. Amount Incurred for Provision of Health Care Services.....	278,512,640	11,462,167						7,689,137	259,361,336	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....8,133,620.

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.....	6,752,246					6,752,246
0199999. Individually Listed Claims Unpaid.....	6,752,246	0	0	0	0	6,752,246
0399999. Aggregate Accounts Not Individually Listed-Covered.....	4,629,232	82,091	253,534	12,763	164,463	5,142,083
0499999. Subtotals.....	11,381,478	82,091	253,534	12,763	164,463	11,894,329
0599999. Unreported Claims and Other Claim Reserves.....						109,511,303
0799999. Total Claims Unpaid.....						121,405,632
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						114,590

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	1,282,371	4,012,866	374,798	6,493,749	1,657,169	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.....	2,801,786	3,478,958	764,194	3,908,314	3,565,980	3,092,938
7. Title XIX - Medicaid.....	72,709,618	204,151,034	15,530,250	93,439,969	88,239,868	114,583,110
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	76,793,775	211,642,858	16,669,242	103,842,032	93,463,017	119,072,141
10. Healthcare receivables (a).....		38,638,208			.0	26,094,005
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	11,893			114,590	11,893	59,257
13. Totals (Lines 9-10+11+12).....	76,805,668	173,004,650	16,669,242	103,956,622	93,474,910	93,037,393

600

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN****A. Accounting Practices**

The Company is a wholly owned subsidiary of Molina Healthcare, Inc. ("Molina"). The financial statements of the Company 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 Company'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	\$ 5,516,268	\$ (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	\$ 5,516,268	\$ (1,599,366)
SURPLUS			
(5) Molina Healthcare of New Mexico, Inc. state basis (Page 3, line 33, Columns 3 & 4)	NM	\$ 106,289,605	\$ 109,717,225
(6) State Prescribed Practices that increase/decrease NAIC SAP			
Goodwill (NAIC SAP allows partial admissibility)	NM	(10,628,961)	(10,971,723)
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	NM	\$ 116,918,566	\$ 120,688,948

C. Accounting Policy

Revenue Recognition: The Company 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 Company 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 Company to return premiums related to its Medicaid expansion business, or the Company 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 Company's contract with HSD contains gain-sharing provisions for certain lines of business under which the Company refunds a shared amount to the state if the Company generates an underwriting gain above a certain specified percentage.

Retroactive Premium Adjustments: When members are retroactively enrolled into the health plan, the Company earns revenue only to the extent of the actual medical costs incurred by the Company 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 Company first became effective July 1, 2014 (retroactive to January 1, 2014). The Company is paid normal monthly capitation rates for the retroactive eligibility periods, and the difference between those capitation rates and the amounts due to the Company 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 Company's contract is not specific as to the definition of retroactive membership, and the amount the Company owes back to the state (or that the state owes the Company) for the difference between capitation received and amounts due to the Company under the cost plus arrangement during those periods varies widely depending upon the definition of retroactive membership. In August 2015, the state provided the Company with a request for payment under the terms of this contract provision for the period January 1, 2014 through December 31, 2014. That request was based upon definitions of retroactive membership that were at odds with the Company's interpretations of that term. Using the state's definition of retroactive membership, the Company estimates that the state may ultimately seek repayment of an amount that ranges from \$25 million to \$30 million higher than what the Company has accrued. The Company does not believe that any reasonable definition of retroactive membership supports the state's position, and expects to resolve this matter with payment of the amount the Company has accrued at March 31, 2016. The Company is currently engaged in discussions with the state regarding the appropriate amount, if any, owed to the state under this contract term.

Medical Cost Floors: The Company 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 Company'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 Company's primary care and physician specialist services are paid on a fee-for-service basis. Under fee-for-service arrangements, the Company 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

NOTES TO FINANCIAL STATEMENTS

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

In addition, the Company 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 Company'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 Company acquired Lovelace Community Health Plan's contract for the New Mexico Medicaid Program, under which Lovelace's Medicaid members become the Company's Medicaid members and now received their Medicaid managed services and benefits from Company.
- (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 \$879,471 for the period ended March 31, 2016.

B. Statutory Merger: None.**C. Assumption Reinsurance: None.****D. Impairment Loss: None.****NOTE 4 – DISCONTINUED OPERATIONS**

Not applicable.

NOTE 5 – INVESTMENTS**A – C. No significant change.****D. Loan-Backed Securities:**

As of March 31, 2016, the Company'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	\$	429
		2.	12 Months or Longer	\$	27
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$	897,616
		2.	12 Months or Longer	\$	161,981

- (5) Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Company does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Company does not consider the securities to be other-than-temporarily impaired at March 31, 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.

NOTES TO FINANCIAL STATEMENTS

NOTE 7 – INVESTMENT INCOME

No significant changes.

NOTE 8 – DERIVATIVE INSTRUMENTS

None.

NOTE 9 – INCOME TAXES

No significant changes.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

- A. The Joseph M. Molina, M.D. Professional Corporations (“JMMPC”) were created 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 Company’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 Company has entered into a primary care services agreement with JMMPC, under which the Company paid \$73,174 and \$71,650 to JMMPC for the periods ended March 31, 2016 and 2015, respectively. This agreement directs the Company 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 Company neither paid dividends to, nor received contributions from Molina during the period ended March 31, 2016.

D-L. No significant change.

NOTE 11 – DEBT

A. None.

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

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

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

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

(1)-(3) No significant change.

(4) Dividends paid by the Company to Molina during the period ended March 31, 2016 were as follows: None

(5)-(8) No significant change.

(9) Changes in balances of special surplus funds from the prior period: In accordance with the SSAP No. 106 requirements, the Company reclassifies an amount equal to the estimated health insurer fee due in the following calendar year from unassigned surplus to special surplus on a straight line basis. The special surplus balance at March 31, 2016 represented 25% of the Company’s estimated health insurer fee for 2017. The special surplus balance at December 31, 2015 represented the Company’s estimated health insurer fee for 2016.

(10)-(13) No significant change.

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.

NOTES TO FINANCIAL STATEMENTS**NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**

- A. Transfers of Receivables Reported as Sales: None.
- B. Transfer and Servicing of Financial Assets: None.
- C. Wash Sales: None.

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No significant change.

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable.

NOTE 20 – FAIR VALUE MEASUREMENTS

- A.
- (1) Fair Value Measurements at Reporting Date: None.
 - (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy: None.
 - (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.
 - (4) For fair value measurements categorized within Level 2 of the fair value hierarchy, a description of the valuation technique(s) follow: None.
 - (5) Derivative assets and liabilities: None.
- B. In addition to bonds and short-term investments (see below), the Company'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 Company believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.
- C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of cash equivalents, short-term investments, and bonds as of March 31, 2016 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Asset-backed securities	\$ 5,464,893	\$ 5,451,259	\$	\$ 5,464,893	\$	\$
Corporate debt securities	125,253,551	125,069,644		125,253,551		
Government-sponsored enterprise securities	9,400,472	9,385,519	9,400,472			
Mortgage-backed securities	347,957	348,114	347,957			
Money Market Funds	75,923	75,923	75,923			
Municipal securities	3,634,442	3,609,980		3,634,442		
U.S. Treasury notes	41,138,547	41,083,092	41,138,547			
Total	185,315,784	185,023,532	50,962,898	134,352,886		

- 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 May 12, 2016, the date the statutory reporting statements were available to be issued.

NOTE 23 – REINSURANCE

No significant changes.

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

- A.- C. As described in Note 24 in the Notes to Financial Statements included in the Company's 2015 Annual Statement, certain components of the Company's revenue are subject to retrospective rating and/or redetermination. Significant provisions include the following:

NOTES TO FINANCIAL STATEMENTS

Medicare premiums are subject to retrospective rating and redetermination. The Company recorded a net payable of \$1,250,257 and \$219,801 as of March 31, 2016 and December 31, 2015, respectively, relating to its contracts with CMS. The Company had net premiums written relating to Medicare of \$ 8.1 million and \$3.9 million for the periods ended March 31, 2016 and 2015, respectively, representing 2.1% and 1.1% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Company recorded a net payable of \$1,929,114 and \$1,564,833 as of March 31, 2016 and December 31, 2015, respectively, relating to Marketplace. The Company had net premiums written relating to Marketplace of \$13.9 million and \$3.3 million for the periods ended March 31, 2016 and 2015, respectively, representing 3.6% and 0.9% of the total net premiums written, respectively.

Medicaid premiums are subject to retrospective rating. The Company recorded a net payable of \$126,744,016 and \$127,725,804 as of March 31, 2016 and December 31, 2015, respectively, relating to Medicaid contracts. The Company had net premiums written relating to Medicaid of \$362.8 million and \$356.4 million for the periods ended March 31, 2016 and 2015, respectively, representing 94.4% and 98.0% of the total net premiums written, respectively.

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

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

The Company accrued \$236,657 and \$187,250 at March 31, 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	\$	19,164
Liabilities			
2.	Risk adjustment user fees payable for ACA Risk Adjustment		11,483
3.	Premium adjustments payable due to ACA Risk Adjustment		471,894
Operations (Revenue & Expenses)			
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		(558,031)
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$	(7,636)
b. Transitional ACA Reinsurance Program			
Assets			
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$	199,017
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		894,358
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		65,449
5.	Ceded reinsurance premiums payable due to ACA Reinsurance		91,473
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	
Operations (Revenue & Expenses)			
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$	(91,473)
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		803,416
9.	ACA Reinsurance contributions – not reported as ceded premium	\$	(22,868)
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		1,239,727
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	\$	243,157

(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		
	1	2	3	4	Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	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	\$	\$ (86,137)	\$	A	\$ 19,164	\$
2.	Premium adjustments (payable)								B		
3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 105,301	\$	\$	\$ 105,301	\$	\$ (86,137)	\$		\$ 19,164	\$
b. Transitional ACA Reinsurance Program											
1.	Amounts recoverable for claims paid	\$ 186,809	\$	\$ 104,136	\$ 82,673	\$	\$ 120,817	\$	C	\$ 203,490	\$
2.	Amounts recoverable for claims unpaid (contra liability)	207,286			207,286		(207,286)		D		
3.	Amounts receivable relating to uninsured plans								E		

NOTES TO FINANCIAL STATEMENTS

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? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

Molina Dental & Vision Services, LLC has been added to the organizational chart, and Rio Grande Management Company, L.L.C. and Pathways Health and Community Support of Florida, Inc. have been removed from the organizational chart.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/01/2016

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	<u>77.1 %</u>	
1.2 A&H cost containment percent	<u>5.0 %</u>	
1.3 A&H expense percent excluding cost containment expenses	<u>17.3 %</u>	
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.		<u>0</u>
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.		<u>0</u>

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
A&H Non-Affiliates								
93572.....	43-1235868.....	01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	Authorized.....		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama.....	AL	N						.0	
2. Alaska.....	AK	N						.0	
3. Arizona.....	AZ	N						.0	
4. Arkansas.....	AR	N						.0	
5. California.....	CA	N						.0	
6. Colorado.....	CO	N						.0	
7. Connecticut.....	CT	N						.0	
8. Delaware.....	DE	N						.0	
9. District of Columbia.....	DC	N						.0	
10. Florida.....	FL	N						.0	
11. Georgia.....	GA	N						.0	
12. Hawaii.....	HI	N						.0	
13. Idaho.....	ID	N						.0	
14. Illinois.....	IL	N						.0	
15. Indiana.....	IN	N						.0	
16. Iowa.....	IA	N						.0	
17. Kansas.....	KS	N						.0	
18. Kentucky.....	KY	N						.0	
19. Louisiana.....	LA	N						.0	
20. Maine.....	ME	N						.0	
21. Maryland.....	MD	N						.0	
22. Massachusetts.....	MA	N						.0	
23. Michigan.....	MI	N						.0	
24. Minnesota.....	MN	N						.0	
25. Mississippi.....	MS	N						.0	
26. Missouri.....	MO	N						.0	
27. Montana.....	MT	N						.0	
28. Nebraska.....	NE	N						.0	
29. Nevada.....	NV	N						.0	
30. New Hampshire.....	NH	N						.0	
31. New Jersey.....	NJ	N						.0	
32. New Mexico.....	NM	L	13,982,749	8,133,620	364,103,871			386,220,240	
33. New York.....	NY	N						.0	
34. North Carolina.....	NC	N						.0	
35. North Dakota.....	ND	N						.0	
36. Ohio.....	OH	N						.0	
37. Oklahoma.....	OK	N						.0	
38. Oregon.....	OR	N						.0	
39. Pennsylvania.....	PA	N						.0	
40. Rhode Island.....	RI	N						.0	
41. South Carolina.....	SC	N						.0	
42. South Dakota.....	SD	N						.0	
43. Tennessee.....	TN	N						.0	
44. Texas.....	TX	N						.0	
45. Utah.....	UT	N						.0	
46. Vermont.....	VT	N						.0	
47. Virginia.....	VA	N						.0	
48. Washington.....	WA	N						.0	
49. West Virginia.....	WV	N						.0	
50. Wisconsin.....	WI	N						.0	
51. Wyoming.....	WY	N						.0	
52. American Samoa.....	AS	N						.0	
53. Guam.....	GU	N						.0	
54. Puerto Rico.....	PR	N						.0	
55. U.S. Virgin Islands.....	VI	N						.0	
56. Northern Mariana Islands.....	MP	N						.0	
57. Canada.....	CAN	N						.0	
58. Aggregate Other alien.....	OT	XX	0	0	0	0	0	0	0
59. Subtotal.....	XX		13,982,749	8,133,620	364,103,871	0	0	386,220,240	0
60. Reporting entity contributions for Employee Benefit Plans.....	XX							0	
61. Total (Direct Business).....	(a) 1		13,982,749	8,133,620	364,103,871	0	0	386,220,240	0

DETAILS OF WRITE-INS

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

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

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

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

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

PART 1 – ORGANIZATIONAL CHART

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	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-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-00000	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	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
|I-00000	TX	47-2296708	Molina Pathways of Texas, Inc.
|I-00000	TX	47-2308753	Molina Personal Care of Texas, Inc.
|I-00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.

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

PART 1 – ORGANIZATIONAL CHART

|	-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	AL	26-1742190	Pathways of Alabama, Inc.	
|	|	-00000	AZ	86-0706547	Pathways of Arizona, Inc.	
|	|	-00000	DE	59-3766748	Pathways of Delaware, Inc.	
|	|	-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	Synergy Partners, L.L.C.	
|	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 Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domi-ciliary Location	Relations hip 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.....	30-0876771....				Molina Healthcare of Arizona, Inc.....	AZ.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	33-0342719....				Molina Healthcare of California.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	20-2714545....				Molina Healthcare of California Partner Plan, Inc.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	45-2634351....				Molina Healthcare Data Center, Inc.....	NM.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	13128.....	26-0155137....				Molina Healthcare of Florida, Inc.....	FL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	15714.....	80-0800257....				Molina Healthcare of Georgia, Inc.....	GA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	14104.....	27-1823188....				Molina Healthcare of Illinois, Inc.....	IL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	47-3920055....				Molina Healthcare of Iowa, Inc.....	IA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	46-0598968....				Molina Healthcare of Maryland, Inc.....	MD.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	52630.....	38-3341599....				Molina Healthcare of Michigan, Inc.....	MI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	26-4390042....				Molina Healthcare of Mississippi, Inc.....	MS.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	95739.....	85-0408506....				Molina Healthcare of New Mexico, Inc.....	NM.....	RE.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	47-3580625....				Molina Healthcare of New York, Inc.....	NY.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	46-4148278....				Molina Healthcare of North Carolina, Inc.....	NC.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	12334.....	20-0750134....				Molina Healthcare of Ohio, Inc.....	OH.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	81-0864563....				Molina Healthcare of Oklahoma, Inc.....	OK.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	81-0855820....				Molina Healthcare of Pennsylvania, Inc.....	PA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	15600.....	66-0817946....				Molina Healthcare of Puerto Rico, Inc.....	PR.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	15329.....	46-2992125....				Molina Healthcare of South Carolina, LLC.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	10757.....	20-1494502....				Molina Healthcare of Texas, Inc.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	13778.....	27-0522725....				Molina Healthcare of Texas Insurance Company.....	TX.....	IA.....	Molina Healthcare of Texas, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	95502.....	33-0617992....				Molina Healthcare of Utah, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	26-1769086....				Molina Healthcare of Virginia, Inc.....	VA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	96270.....	91-1284790....				Molina Healthcare of Washington, Inc.....	WA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	12007.....	20-0813104....				Molina Healthcare of Wisconsin, Inc.....	WI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	47-3797019....				Molina Health Plan Management, Inc.....	NY.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	46-2821516....				Molina Hospital Management, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	27-1510177....				Molina Information Systems, LLC (dba Molina Medicaid Solutions)	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	37-1652282....				Molina Medical Management, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	47-1446940....				Easy Care MSO, LLC.....	CA.....	NIA.....	Molina Medical Management, Inc.....	Ownership.....	...54.770	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	45-2854547....				Molina Pathways, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	
1531..	Molina Healthcare, Inc.....	00000.....	81-1863393....				Molina Dental and Vision Services, LLC.....	DE.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc...	

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 Public Traded (U.S. or International)	Name 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.....	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.....	26-1742190....				Pathways of Alabama, Inc.....	AL.....	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.....	46-5044433....				Pathways of Idaho LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc..	
1531..	Molina Healthcare, Inc.....	00000.....	86-0970832....				Pathways of Maine, Inc.....	ME.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc..	
1531..	Molina Healthcare, Inc.....	00000.....	47-1016377....				Pathways of Massachusetts LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc..	
1531..	Molina Healthcare, Inc.....	00000.....	74-2884198....				Pathways of Oklahoma, Inc.....	OK.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc..	
1531..	Molina Healthcare, Inc.....	00000.....	27-2837920....				Pathways of Washington, Inc.....	WA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc..	
1531..	Molina Healthcare, Inc.....	00000.....	25-1470445....				Raystown Developmental Services, Inc.....	PA.....	NIA.....	The RedCo Group, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc..	
1531..	Molina Healthcare, Inc.....	00000.....	23-2181371....				The RedCo Group, Inc.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc..	
1531..	Molina Healthcare, Inc.....	00000.....	58-1923779....				Transitional Family Services, Inc.....	GA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc..	

Q16.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	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....	.....	.....	.....	Synergy Partners, L.L.C.....	MI.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc...	.....
1531..	Molina Healthcare, Inc.....	00000.....	46-5098489....	.....	.....	.....	Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc...	.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

SEE EXPLANATION

Explanation:

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

Bar Code:



NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	84,094,054	67,176,685
2. Cost of bonds and stocks acquired.....	8,725,436	49,027,874
3. Accrual of discount.....	10,013	41,378
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	4,668	52,497
6. Deduct consideration for bonds and stocks disposed of.....	8,528,298	31,901,440
7. Deduct amortization of premium.....	68,752	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).....	84,237,121	84,094,054
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	84,237,121	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).....	179,710,229	169,254,140	169,403,250	29,909	179,591,028			179,710,229
2. NAIC 2 (a).....	4,991,411	855,088	400,000	(13,997)	5,432,502			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.....	184,701,640	170,109,228	169,803,250	15,913	185,023,531	.0	.0	184,701,640
PREFERRED STOCK								
8. NAIC 1.....					.0			
9. NAIC 2.....					.0			
10. NAIC 3.....					.0			
11. NAIC 4.....					.0			
12. NAIC 5.....					.0			
13. NAIC 6.....					.0			
14. Total Preferred Stock.....	.0	.0	.0	.0	.0	.0	.0	.0
15. Total Bonds and Preferred Stock.....	184,701,640	170,109,228	169,803,250	15,913	185,023,531	.0	.0	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.....	93,786,871	.XXX	93,721,031		18,783

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.....	149,537,678	579,947,386
3. Accrual of discount.....	107,830	236,473
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	.63	1,352
6. Deduct consideration received on disposals.....	149,829,683	530,124,140
7. Deduct amortization of premium.....	41,455	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).....	93,786,871	94,012,437
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	93,786,871	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.....	11,846,114	37,863,747
3. Accrual of discount.....	8,890	7,555
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(0)	2
6. Deduct consideration received on disposals.....	11,450,000	33,734,992
7. Deduct amortization of premium.....	614	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).....	6,999,540	6,595,150
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	6,999,540	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. Government									
912828 SH 4	UNITED STATES TREASURY.....		02/01/2016...	JEFFERIES & COMPANY, INC.....		833,218	825,000	4,799	1
0599999. Total Bonds - U.S. Government.....						833,218	825,000	4,799	XXX
Bonds - U.S. Special Revenue and Special Assessment									
341271 AA 2	FLORIDA ST BRD ADMIN FIN CORP REV.....		03/01/2016...	Adjustment.....		1,675,000	1,675,000		1FE
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....						1,675,000	1,675,000	0	XXX
Bonds - Industrial and Miscellaneous									
00206R AJ 1	AT&T INC.....		02/09/2016....	WELLS FARGO SECURITIES LLC.....		855,088	800,000	1,344	2FE
02665W BA 8	AMERICAN HONDA FINANCE CORP.....	R.....	02/18/2016....	CITIGROUP GLOBAL MARKETS INC.....		324,935	325,000		1FE
035242 AG 1	ANHEUSER-BUSCH INBEV FINANCE INC.....	R.....	01/13/2016....	Bank of America Securities.....		847,697	850,000		1FE
037833 BQ 2	APPLE INC.....		02/16/2016....	GOLDMAN, SACHS & CO.....		499,915	500,000		1FE
084664 CG 4	BERKSHIRE HATHAWAY FINANCE CORP.....		03/08/2016....	CHASE SECURITIES.....		124,905	125,000		1FE
44930U AD 8	ABS - HART-16A-A3.....		03/22/2016....	Bank of America Securities.....		164,968	165,000		1FE
61746B DX 1	MORGAN STANLEY.....		02/01/2016....	GOLDMAN, SACHS & CO.....		852,346	850,000	231	1FE
857477 AK 9	STATE STREET CORP.....		01/06/2016....	GOLDMAN, SACHS & CO.....		844,620	850,000	1,785	1FE
90331H MU 4	US BANK NA.....		01/26/2016....	US BANCORP INVESTMENTS INC.....		849,269	850,000		1FE
94974B FU 9	WELLS FARGO & CO.....		03/10/2016....	NOMURA SECURITIES INTL., FIXED I.....		853,477	850,000	7,175	1FE
3899999. Total Bonds - Industrial and Miscellaneous.....						6,217,218	6,165,000	10,536	XXX
8399997. Total Bonds - Part 3.....						8,725,436	8,665,000	15,335	XXX
8399999. Total Bonds.....						8,725,436	8,665,000	15,335	XXX
9999999. Total Bonds, Preferred and Common Stocks.....						8,725,436	XXX	15,335	XXX

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

QE04

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For re i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Design- ation or Market Indicator (a)
Bonds - U.S. Government																					
912828	QX 1 UNITED STATES TREASURY.....		01/06/2016	CITIGROUP GLOBAL MARKETS INC.....		226,116	225,000	231,012	226,160		(54)		(54)		226,106		10	10	1,504	07/31/2016...	1.....
912828	RJ 1 UNITED STATES TREASURY.....		03/10/2016	VARIOUS.....		2,216,033	2,210,000	2,226,920	2,216,325		(1,128)		(1,128)		2,215,196		837	837	8,563	09/30/2016...	1.....
912828	SJ 0 UNITED STATES TREASURY.....		02/09/2016	CITIGROUP GLOBAL MARKETS INC.....		426,195	425,000	426,345	425,587		(58)		(58)		425,529		666	666	1,686	02/28/2017...	1.....
912828	TB 6 UNITED STATES TREASURY.....		02/09/2016	CITIGROUP GLOBAL MARKETS INC.....		400,391	400,000	399,344	399,680		25		25		399,705		686	686	354	06/30/2017...	1.....
0599999. Total Bonds - U.S. Government.....						3,268,735	3,260,000	3,283,621	3,267,752	0	(1,216)	0	(1,216)	0	3,266,536	0	2,199	2,199	12,107	XXX	XXX
Bonds - U.S. States, Territories and Possessions																					
13063B	N7 3 CALIFORNIA ST.....		02/01/2016	Maturity.....		830,000	830,000	834,840	830,273		(273)		(273)		830,000			0	4,358	02/01/2016...	1FE.....
1799999. Total Bonds - U.S. States, Territories and Possessions.....						830,000	830,000	834,840	830,273	0	(273)	0	(273)	0	830,000	0	0	0	4,358	XXX	XXX
Bonds - Industrial and Miscellaneous																					
02665W	AB 7 AMERICAN HONDA FINANCE CORP.....	R	03/01/2016	MORGAN STANLEY & CO INC, NY...		1,307,581	1,305,000	1,308,919	1,306,611		(370)		(370)		1,306,241		1,339	1,339	5,883	10/07/2016...	1FE.....
035242	AD 8 ANHEUSER-BUSCH INBEV FINANCE INC.....	R	01/15/2016	Maturity.....		1,250,000	1,250,000	1,249,925	1,249,999		1		1		1,250,000			0	5,000	01/15/2016...	1FE.....
06051G	EV 7 BANK OF AMERICA CORPORATION.....		03/22/2016	Maturity.....		400,000	400,000	400,000	400,000				0		400,000			0	1,421	03/22/2016...	2FE.....
36962G	6R 0 GENERAL ELECTRIC CAPITAL CORP.....		01/08/2016	Maturity.....		360,000	360,000	358,844	359,993		7		7		360,000			0	1,800	01/08/2016...	1FE.....
89153V	AD 1 TOTAL CAPITAL INTERNATIONAL SA.....	R	01/25/2016	Maturity.....		450,000	450,000	448,803	449,974		26		26		450,000			0	1,688	01/25/2016...	1FE.....
89236W	AB 4 ABS - TART-15A-A2.....		03/16/2016	Direct.....		85,919	85,919	85,918	85,918		1		1		85,919			0	100	07/17/2017...	1FE.....
94974B	FL 9 WELLS FARGO & CO.....		03/10/2016	GOLDMAN, SACHS & CO.....		576,064	575,000	574,448	574,896		38		38		574,934		1,130	1,130	4,692	07/20/2016...	1FE.....
3899999. Total Bonds - Industrial and Miscellaneous.....						4,429,563	4,425,919	4,426,857	4,427,391	0	(296)	0	(296)	0	4,427,094	0	2,469	2,469	20,584	XXX	XXX
8399997. Total Bonds - Part 4.....						8,528,298	8,515,919	8,545,318	8,525,416	0	(1,785)	0	(1,785)	0	8,523,631	0	4,668	4,668	37,048	XXX	XXX
8399999. Total Bonds.....						8,528,298	8,515,919	8,545,318	8,525,416	0	(1,785)	0	(1,785)	0	8,523,631	0	4,668	4,668	37,048	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks.....						8,528,298	XXX	8,545,318	8,525,416	0	(1,785)	0	(1,785)	0	8,523,631	0	4,668	4,668	37,048	XXX	XXX

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

QE05

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Bk of Alb Salud Restricted Repo..... Albuquerque, NM.....		.....0.020	.....1,222		.....23,751,475	.....25,251,868	.....26,752,310	XXX
BK of Alb Salud Restricted Reserve REPO..... Albuquerque, NM.....		.....0.020	.....1,040		.....20,570,129	.....20,570,460	.....20,570,814	XXX
Bank of Albuquerque..... Albuquerque, NM.....		.....0.020	.....8,090		.....126,995,993	.....120,718,894	.....124,367,429	XXX
JP Morgan Chase Bank..... Phoenix, AZ.....					.....7,000,767	.....9,455,337	.....11,996,455	XXX
Bank of Albuquerque Payroll..... Albuquerque, NM.....					.....(8,141)	.....(5,711)	.....(4,733)	XXX
JP Morgan Chase Bank..... Phoenix, AZ.....					.....63,658	.....63,658	.....63,658	XXX
Bank of Albuquerque..... Albuquerque, NM.....							.....(8,976,377)	XXX
Bank of Albuquerque..... Albuquerque, NM.....							.....(426,312)	XXX
Bank of Albuquerque..... Albuquerque, NM.....							.....(393,317)	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....10,352	.....0	.....178,373,881	.....176,054,506	.....173,949,927	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....10,352	.....0	.....178,373,881	.....176,054,506	.....173,949,927	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	.....400	.....400	.....400	XXX
0599999. Total Cash.....	XXX	XXX	.....10,352	.....0	.....178,374,281	.....176,054,906	.....173,950,327	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
U.S. Government Bonds - Issuer Obligations							
UNITED STATES TREASURY.....		03/15/2016.....	1.750	05/31/2016.....	997,301	5,852	(614)
0199999. U.S. Government Bonds - Issuer Obligations.....					997,301	5,852	(614)
0599999. Total - U.S. Government Bonds.....					997,301	5,852	(614)
Bonds - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivision - Issuer Obligations							
FEDERAL HOME LOAN BANKS.....		02/16/2016.....		05/13/2016.....	4,003,270		1,852
2599999. U.S. Special Revenue & Special Assessment Obligations - Issuer Obligations.....					4,003,270	.0	1,852
3199999. Total - U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations.....					4,003,270	.0	1,852
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							
BNP Paribas.....		02/04/2016.....		05/03/2016.....	1,998,969		1,708
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.....					1,998,969	.0	1,708
3899999. Total - Industrial and Miscellaneous (Unaffiliated).....					1,998,969	.0	1,708
Total Bonds							
7799999. Subtotals - Issuer Obligations.....					6,999,540	5,852	2,946
8399999. Subtotals - Bonds.....					6,999,540	5,852	2,946
8699999. Total - Cash Equivalents.....					6,999,540	5,852	2,946

QE13