



HEALTH QUARTERLY STATEMENT

As of March 31, 2018
of the Condition and Affairs of the

Molina Healthcare of New Mexico, Inc.

NAIC Group Code.....1531, 1531

NAIC Company Code..... 95739

Employer's ID Number.....
85-0408506

(Current Period) (Prior Period)

Organized under the Laws of NM

State of Domicile or Port of Entry NM

Country of Domicile US

Licensed as Business Type Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized..... November 6, 1992

Commenced Business..... December 27, 1993

Statutory Home Office

400 Tijeras Ave NW, Suite 200 .. Albuquerque .. NM .. US .. 87102-3234
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

400 Tijeras Ave NW, Suite 200 .. Albuquerque .. NM .. US .. 87102-3234
(Street and Number) (City or Town, State, Country and Zip Code)

505-348-0410
(Area Code) (Telephone Number)

Mail Address

400 Tijeras Ave NW, Suite 200 .. Albuquerque .. NM .. US .. 87102-3234
(Street and Number or P. O. Box) (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
(Street and Number) (City or Town, State, Country and Zip Code)

505-348-0410
(Area Code) (Telephone Number)

Internet Web Site Address

www.molinahealthcare.com

Statutory Statement Contact

James Thomas Beiermann
(Name)
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(E-Mail Address)

888-562-5442-208438
(Area Code) (Telephone Number) (Extension)
972-756-9275
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Daniel Scott Sorrells	President	2. James Thomas Beiermann #	Treasurer/CFO
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Daniel Scott Sorrells Derek Ray Danley # Craig Lawton Bass George Stephen Goldstein Ph.D.

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

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

_____ (Signature) Daniel Scott Sorrells 1. (Printed Name) President _____ (Title)	_____ (Signature) James Thomas Beiermann 2. (Printed Name) Treasurer/CFO _____ (Title)	_____ (Signature) Jeffrey Don Barlow 3. (Printed Name) Secretary _____ (Title)
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Subscribed and sworn to before me
This _____ day of _____

a. Is this an original filing? Yes [X] No []

b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	81,836,771		81,836,771	79,481,287
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 (\$.....163,300,305), cash equivalents (\$.....76,779,987) and short-term investments (\$.....23,709,563).....	263,789,855		263,789,855	280,957,499
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	1,505,135
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).....	345,626,626	0	345,626,626	361,943,921
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	430,611		430,611	408,472
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	8,332,360		8,332,360	6,241,855
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 (\$.....528,606) and contracts subject to redetermination (\$.....2,874,073).....	3,402,679		3,402,679	3,685,423
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	440,814		440,814	916,287
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.....			0	7,851
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.....	22,908	22,908	0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	1,856,892	1,856,892	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....32,660,149) and other amounts receivable.....	63,197,560	8,263,100	54,934,460	48,047,741
25. Aggregate write-ins for other than invested assets.....	28,226,958	3,226,958	25,000,000	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	451,537,408	13,369,858	438,167,550	421,251,550
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	451,537,408	13,369,858	438,167,550	421,251,550

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepays, deposits, and other assets.....	3,226,958	3,226,958	0	
2502. Notes Receivable for Capital Contribution.....	25,000,000		25,000,000	
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).....	28,226,958	3,226,958	25,000,000	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	152,562,287	530,889	153,093,176	157,494,932
2. Accrued medical incentive pool and bonus amounts.....	809,432		809,432	841,232
3. Unpaid claims adjustment expenses.....	2,352,884	8,738	2,361,622	2,075,674
4. Aggregate health policy reserves, including the liability of \$....2,742,073 for medical loss ratio rebate per the Public Health Service Act.....	31,624,066		31,624,066	29,298,472
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	9,781,490		9,781,490	3,518,560
9. General expenses due or accrued.....	42,453,753		42,453,753	26,260,023
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	8,441,769		8,441,769	11,005,071
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
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.....	6,356,770		6,356,770	16,872,459
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.....	2,629,367		2,629,367	2,131,226
23. Aggregate write-ins for other liabilities (including \$....58,149,190 current).....	58,149,190	0	58,149,190	53,047,069
24. Total liabilities (Lines 1 to 23).....	315,161,008	539,627	315,700,635	302,544,718
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	23,000,000
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	242,880,665	205,880,665
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(120,428,311)	(110,188,394)
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	122,466,915	118,706,832
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	438,167,550	421,251,550

DETAILS OF WRITE-INS

2301. Amounts due to New Mexico Human Services Department & CMS.....	58,149,190		58,149,190	53,047,069
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).....	58,149,190	0	58,149,190	53,047,069
2501. 2018 Health insurer fee accrual estimate.....	XXX	XXX		23,000,000
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	23,000,000
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	762,641	810,450	3,174,087
2. Net premium income (including \$.....0 non-health premium income).....	XXX	365,901,813	356,602,215	1,281,738,061
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(2,034,750)	(15,209,143)	132,357,859
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	60	33	300
8. Total revenues (Lines 2 to 7).....	XXX	363,867,123	341,393,105	1,414,096,220
Hospital and Medical:				
9. Hospital/medical benefits.....		236,010,698	218,500,545	853,946,394
10. Other professional services.....		16,869,325	20,878,512	78,367,467
11. Outside referrals.....	1,180,667	3,690,687	4,130,979	26,484,346
12. Emergency room and out-of-area.....		25,527,333	25,130,645	89,383,004
13. Prescription drugs.....		35,182,025	33,110,851	140,672,576
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		122,126	69,407	1,415,119
16. Subtotal (Lines 9 to 15).....	1,180,667	317,402,194	301,820,939	1,190,268,906
Less:				
17. Net reinsurance recoveries.....		934,696	526,186	1,618,734
18. Total hospital and medical (Lines 16 minus 17).....	1,180,667	316,467,498	301,294,753	1,188,650,172
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....12,319,672 cost containment expenses.....		12,947,108	17,330,777	61,252,292
21. General administrative expenses.....		68,383,993	35,763,864	174,889,304
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	1,180,667	397,798,599	354,389,394	1,424,791,768
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(33,931,476)	(12,996,289)	(10,695,548)
25. Net investment income earned.....		605,322	355,552	1,793,442
26. Net realized capital gains (losses) less capital gains tax of \$.....3.....		11	(3,023)	(30,419,631)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	605,333	352,529	(28,626,189)
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	(2,340,076)	(1,002,727)	(8,560,725)
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	(35,666,219)	(13,646,487)	(47,882,462)
31. Federal and foreign income taxes incurred.....	XXX	(1,668,128)	(5,189,146)	(4,268,486)
32. Net income (loss) (Lines 30 minus 31).....	XXX	(33,998,091)	(8,457,341)	(43,613,976)

DETAILS OF WRITE-INS

0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701. Miscellaneous income.....	XXX	60	33	300
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	60	33	300
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.....		(336,018)	(86,964)	(1,441,165)
2902. Fines from regulatory authorities.....		(2,004,058)	(915,763)	(7,119,560)
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	(2,340,076)	(1,002,727)	(8,560,725)

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.....	118,706,832	122,652,980	122,652,980
34. Net income or (loss) from Line 32.....	(33,998,091)	(8,457,341)	(43,613,976)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....		2,516,688	(18,429,049)
39. Change in nonadmitted assets.....	758,174	(8,060,647)	45,096,877
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.....	37,000,000		13,000,000
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).....	3,760,083	(14,001,300)	(3,946,148)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	122,466,915	108,651,680	118,706,832

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.....	381,293,469	361,417,157	1,299,643,814
2. Net investment income.....	609,944	396,384	1,942,007
3. Miscellaneous income.....	60	33	300
4. Total (Lines 1 through 3).....	381,903,473	361,813,574	1,301,586,121
5. Benefit and loss related payments.....	320,131,198	312,966,703	1,154,972,946
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	72,118,818	43,035,814	227,384,934
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.3 tax on capital gains (losses).....	895,177		(32,622,825)
10. Total (Lines 5 through 9).....	393,145,193	356,002,517	1,349,735,055
11. Net cash from operations (Line 4 minus Line 10).....	(11,241,720)	5,811,057	(48,148,934)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	11,535,674	6,187,660	30,094,411
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.....			
12.7 Miscellaneous proceeds.....	1,505,135	1,300,000	
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	13,040,809	7,487,660	30,094,411
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	13,917,905	6,362,211	26,311,498
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			205,135
13.7 Total investments acquired (Lines 13.1 to 13.6).....	13,917,905	6,362,211	26,516,633
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).....	(877,096)	1,125,449	3,577,778
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.....	12,000,000	36,500,000	49,500,000
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(17,048,828)	(14,802,853)	3,155,371
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(5,048,828)	21,697,147	52,655,371
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).....	(17,167,644)	28,633,653	8,084,215
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	280,957,499	272,873,284	272,873,284
19.2 End of period (Line 18 plus Line 19.1).....	263,789,855	301,506,937	280,957,499
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001	Realized Loss due to Impairment of Goodwill.....		19,934,665
20.0002	Capital Contribution.....	25,000,000	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year.....	253,293	23,795						5,008	224,490	
2. First Quarter.....	250,169	25,801						5,277	219,091	
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	762,641	78,759						16,050	667,832	
Total Member Ambulatory Encounters for Period:										
7. Physician.....	228,169	21,320						11,263	195,586	
8. Non-Physician.....	898,707	33,635						23,098	841,974	
9. Total.....	1,126,876	54,955	0	0	0	0	0	34,361	1,037,560	0
10. Hospital Patient Days Incurred.....	55,063	2,050						1,994	51,019	
11. Number of Inpatient Admissions.....	9,921	444						465	9,012	
12. Health Premiums Written (a).....	366,272,098	36,751,061						17,390,408	312,130,629	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	364,237,348	35,866,688						16,287,911	312,082,749	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	321,456,532	17,331,965						11,482,826	292,641,741	
18. Amount Incurred for Provision of Health Care Services.....	317,402,194	17,821,262						12,438,803	287,142,129	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....17,390,408.

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.....	6,668,764					6,668,764
0199999. Individually Listed Claims Unpaid.....	6,668,764	0	0	0	0	6,668,764
0399999. Aggregate Accounts Not Individually Listed-Covered.....	1,291,278	88,395	101,114	98,501	1,361,529	2,940,817
0499999. Subtotals.....	7,960,042	88,395	101,114	98,501	1,361,529	9,609,581
0599999. Unreported Claims and Other Claim Reserves.....						143,483,595
0799999. Total Claims Unpaid.....						153,093,176
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						809,432

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).....	7,400,443	9,931,517	3,233,792	7,364,859	10,634,235	10,225,280
2. Medicare Supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal Employees Health Benefits Plan.....					.0	
6. Title XVIII - Medicare.....	3,048,130	8,434,696	564,725	5,615,151	3,612,855	5,285,687
7. Title XIX - Medicaid.....	109,737,110	181,969,939	27,901,887	108,412,762	137,638,997	141,983,965
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	120,185,683	200,336,152	31,700,404	121,392,772	151,886,087	157,494,932
10. Healthcare receivables (a).....	24,870,063	14,274,376		1,715,131	24,870,063	41,084,862
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	841,232	(687,306)		809,432	841,232	841,232
13. Totals (Lines 9-10+11+12).....	96,156,852	185,374,470	31,700,404	120,487,073	127,857,256	117,251,302

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(a) Excludes \$.....63,679 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of New Mexico, Inc. (the "Plan") for the fiscal year ended December 31, 2017. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2017 annual statement or audited financial statements have been omitted.

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

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. ("Molina"). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the New Mexico Office of Superintendent of Insurance (the "Department").

The Department recognizes only statutory accounting practices prescribed or permitted by the state of New Mexico for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the New Mexico insurance law. The National Association of Insurance Commissioners' *Accounting Practices and Procedures Manual* ("NAIC SAP" or the "Manual") has been adopted as a component of prescribed or permitted practices by the state of New Mexico.

Such prescribed accounting practices have no significant effect on the Plan's statutory basis financial statements for the periods presented.

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) Molina Healthcare of New Mexico, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (33,998,091)	\$ (43,613,976)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (33,998,091)	\$ (43,613,976)
SURPLUS					
(5) Molina Healthcare of New Mexico, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 122,466,915	\$ 118,706,832
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 122,466,915	\$ 118,706,832

B. Use of Estimates in the Preparation of the Financial Statements: No significant change.

C. Accounting Policy

(1) – (5) No significant changes.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

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

(7) – (13) No significant changes.

D. Going Concern: None.

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

None.

Note 5 – Investments

A. – C. None.

D. Loan-Backed Securities

As of March 31, 2018, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

(1) Description of Sources Used to Determine Prepayment Assumptions: 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.

NOTES TO FINANCIAL STATEMENTS

- (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	\$	46,292
	2. 12 Months or Longer	\$	22,694
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	3,868,491
	2. 12 Months or Longer	\$	5,177,895

- (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at March 31, 2018.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- H. Repurchase Agreements Transactions Accounted for as a Sale: None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.
- J. Real Estate: None.
- K. Investments in Low-Income Housing Trade Credits (LIHTC): None.
- L. Restricted Assets: No significant change.
- M. Working Capital Finance Investments: None.
- N. Offsetting and Netting of Assets and Liabilities: None.
- O. Structured Notes: None.
- P. 5* Securities: None.
- Q. Short Sales: None.
- R. Prepayment Penalty and Acceleration Fees: None.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant change.

Note 8 – Derivative Instruments

A. – G. None.

H. Total Premium Costs for Contracts: None.

Note 9 – Income Taxes

No significant change.

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

A. No significant change.

B. – C. During the first quarter of 2018, the Plan was provided with capital contributions from Molina in the amount of \$37 million. \$12 million was received in cash and the remaining \$25 million was recorded as an admitted receivable in "Aggregate write-ins for other than invested assets". Molina has agreed to provide additional future funding to the Plan, if necessary, to ensure the Plan's compliance with minimum net worth requirements during the next 12 months.

D. – N. No significant changes.

Note 11 – Debt

A. None.

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

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

A. – D. Defined Benefit Plan: None.

E. Defined Contribution Plans: No significant change.

F. Multiemployer Plans: None.

NOTES TO FINANCIAL STATEMENTS

- G. Consolidated/Holding Company Plans: No significant change.
- H. Postemployment Benefits and Compensated Absences: No significant change.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None.

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

- (1) – (3) No significant changes.
- (4) Dividends paid by the Plan to Molina during the period ended March 31, 2018 were as follows: None.
- (5) – (8) No significant changes.
- (9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2017 represented the Plan's estimated health insurer fee for 2018. Due to the moratorium on the health insurer fee for the 2019 calendar year, the Plan did not reclassify amounts to special surplus at March 31, 2018.
- (10) – (13) No significant changes.

Note 14 – Liabilities, Contingencies and Assessments

No significant change.

Note 15 – Leases

No significant change.

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

No significant change.

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

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

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

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

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

No significant change.

Note 20 – Fair Value Measurements

- A. Fair Value Measurements
- (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) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: None.
- (5) Fair Value Disclosures: None.
- B. Fair Value Reporting under Statement of Statutory Accounting Principles ("SSAP") No. 100, *Fair Value Measurements*, and Other Accounting Pronouncements: In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.
- C. Aggregate Fair Value Level

The aggregate fair value hierarchy of all financial instruments as of March 31, 2018 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)	Net Asset Value (NAV) Included in Level 2
Asset-backed securities	\$ 9,734,429	\$ 9,803,298	\$ -	\$ 9,734,429	\$ -	\$ -	\$ -
Corporate debt securities	\$ 82,049,385	\$ 82,436,632	\$ -	\$ 82,049,385	\$ -	\$ -	\$ -
Government-sponsored enterprise securities	\$ 2,954,340	\$ 2,998,486	\$ 2,954,340	\$ -	\$ -	\$ -	\$ -
Money market funds	\$ 49,969,345	\$ 49,969,345	\$ 49,969,345	\$ -	\$ -	\$ -	\$ -
Mortgage-backed securities	\$ 1,985	\$ 1,988	\$ 1,985	\$ -	\$ -	\$ -	\$ -
Municipal securities	\$ 4,991,802	\$ 5,026,678	\$ -	\$ 4,991,802	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Sovereign government	\$ 809,660	\$ 809,173	\$ -	\$ 809,660	\$ -	\$ -	\$ -
U.S. Treasury notes	\$ 31,117,622	\$ 31,280,721	\$ 31,117,622	\$ -	\$ -	\$ -	\$ -
Total bonds and short-term investments	\$ 181,628,568	\$ 182,326,321	\$ 84,043,292	\$ 97,585,276	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value: None.

Note 21 – Other Items

C. In its 2017 Annual Statement, the Plan reported that it had not been selected for the tentative award of a 2019 Medicaid contract. The Plan is pursuing a protest of the New Mexico RFP awards. Without a reversal of the RFP awards, the Plan will be in run-off. Subject to future developments, the Plan will continue to evaluate its business profile in New Mexico for 2019.

Approximately \$6.3 million of revenue related to the reimbursement of Medicaid-related health insurer fees from New Mexico for the first quarter of 2018 has not yet been recognized.

Note 22 – Events Subsequent

As of March 31, 2018, the balance sheet reflects a contribution receivable from Molina in the amount of \$25 million which was received on April 26, 2018. The Plan received approval from the Department to reflect the contribution receivable as an admitted asset in accordance with the provisions of SSAP 72, *Surplus and Quasi-Reorganizations*.

Subsequent events were considered through May 15, 2018, the date the statutory financial statements were available to be issued.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. – C. As described in Note 24 in the Notes to Financial Statements included in the Plan's 2017 Annual Statement, certain components of the Plan's revenue are subject to retrospective rating and/or redetermination. Significant provisions include the following:

Medicare premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of \$1.3 million and \$1.0 million as of March 31, 2018 and December 31, 2017, respectively, relating to its contracts with CMS. The Plan had net premiums written relating to Medicare of \$17.4 million and \$11.6 million for the periods ended March 31, 2018 and 2017, respectively, representing 4.8% and 3.2% of total net premiums written, respectively.

Marketplace premiums are subject to retrospective rating and redetermination. The Plan recorded a net payable of \$2.0 million and a net receivable of \$0.2 million as of March 31, 2018 and December 31, 2017, respectively, relating to Marketplace. The Plan had net premiums written relating to Marketplace of \$36.7 million and \$35.2 million for the periods ended March 31, 2018 and 2017, respectively, representing 10.0% and 9.9% of the total net premiums written, respectively.

Medicaid premiums are subject to retrospective rating. The Plan recorded a net payable of \$24.9 million and \$24.9 million as of March 31, 2018 and December 31, 2017, respectively, relating to Medicaid contracts. The Plan had net premiums written relating to Medicaid of \$311.8 million and \$309.8 million for the periods ended March 31, 2018 and 2017, respectively, representing 85.2% and 86.9% of total net premiums written, respectively.

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

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

The Plan accrued \$2.7 million and \$1.9 million at March 31, 2018 and December 31, 2017, respectively, relating to medical loss ratio rebates.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 1,037,678
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 52,111
3. Premium adjustments payable due to ACA Risk Adjustment	\$ 290,844
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (1,351,775)
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (11,032)

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 7,032
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operations (Revenue & Expenses)	

NOTES TO FINANCIAL STATEMENTS

b. Transitional ACA Reinsurance Program	AMOUNT
7. Ceded reinsurance premiums due to ACA Reinsurance	\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$
9. ACA Reinsurance contributions – not reported as ceded premium	\$

c. Temporary ACA Risk Corridors Program	AMOUNT
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$
Liabilities	
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$
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	\$

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

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	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)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$ 2,098,610				\$ 2,098,610		\$ (1,060,931)		A	\$ 1,037,679	
2. Premium adjustments (payable)								B			
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 2,098,610				\$ 2,098,610		\$ (1,060,931)			\$ 1,037,679	
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 209,887		\$ 202,854		\$ 7,033				C	\$ 7,033	
2. Amounts recoverable for claims unpaid (contra liability)								D			
3. Amounts receivable relating to uninsured plans								E			
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums								F			
5. Ceded reinsurance premiums payable								G			
6. Liability for amounts held under uninsured plans								H			
7. Subtotal ACA Transitional Reinsurance Program	\$ 209,887		\$ 202,854		\$ 7,033					\$ 7,033	
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$								I		
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	\$										
d. Total for ACA Risk Sharing Provisions	\$ 2,308,497		\$ 202,854		\$ 2,105,643		\$ (1,060,931)			\$ 1,044,712	

Explanations of Adjustments

A. Adjusted to reflect the final settlement amount communicated by CMS in March 2018.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None.

(5) ACA Risk Corridors Receivable as of Reporting Date: None.

NOTES TO FINANCIAL STATEMENTS**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

A. Change in Incurred Losses and Loss Adjustment Expenses

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

	Three Months Ended 3/31/2018
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 160,411,839
Add provision for claims, net of reinsurance:	
Current year	310,306,063
Prior years	6,161,435
Net incurred claims during the current year	<u>316,467,498</u>
Deduct paid claims, net of reinsurance:	
Current year	199,945,515
Prior years	120,185,683
Net paid claims during the current year	<u>320,131,198</u>
Change in claims adjustment expenses	285,948
Change in health care receivables	(294,383)
Change in amounts due from reinsurers	(475,473)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 156,264,231</u>

B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid Claim adjustment expenses in 2018.

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

No significant change.

Note 29 – Participating Policies

None.

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 1179929
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [] No [X] N/A []
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/02/2016
- 6.4 By what department or departments?
New Mexico Office of Superintendent of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

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

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]
- 14.2 If yes, please complete the following:

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

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
- If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0
17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

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

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full and complete information relating thereto:

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

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

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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No []
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No [X]

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

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

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []
- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5*GI securities?

Yes [] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent		90.4 %
1.2 A&H cost containment percent		3.4 %
1.3 A&H expense percent excluding cost containment expenses		19.0 %
2.1 Do you act as a custodian for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?.....	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

A&H Non-Affiliates

23680.....	47-0698507.....	01/01/2018	Odyssey Reinsurance Company	CT.....	SSL/A/I.....	Authorized.....
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama.....AL	N								0
2. Alaska.....AK	N								0
3. Arizona.....AZ	N								0
4. Arkansas.....AR	N								0
5. California.....CA	N								0
6. Colorado.....CO	N								0
7. Connecticut.....CT	N								0
8. Delaware.....DE	N								0
9. District of Columbia.....DC	N								0
10. Florida.....FL	N								0
11. Georgia.....GA	N								0
12. Hawaii.....HI	N								0
13. Idaho.....ID	N								0
14. Illinois.....IL	N								0
15. Indiana.....IN	N								0
16. Iowa.....IA	N								0
17. Kansas.....KS	N								0
18. Kentucky.....KY	N								0
19. Louisiana.....LA	N								0
20. Maine.....ME	N								0
21. Maryland.....MD	N								0
22. Massachusetts.....MA	N								0
23. Michigan.....MI	N								0
24. Minnesota.....MN	N								0
25. Mississippi.....MS	N								0
26. Missouri.....MO	N								0
27. Montana.....MT	N								0
28. Nebraska.....NE	N								0
29. Nevada.....NV	N								0
30. New Hampshire.....NH	N								0
31. New Jersey.....NJ	N								0
32. New Mexico.....NM	L	36,751,061	17,390,408	312,130,629				366,272,098	
33. New York.....NY	N								0
34. North Carolina.....NC	N								0
35. North Dakota.....ND	N								0
36. Ohio.....OH	N								0
37. Oklahoma.....OK	N								0
38. Oregon.....OR	N								0
39. Pennsylvania.....PA	N								0
40. Rhode Island.....RI	N								0
41. South Carolina.....SC	N								0
42. South Dakota.....SD	N								0
43. Tennessee.....TN	N								0
44. Texas.....TX	N								0
45. Utah.....UT	N								0
46. Vermont.....VT	N								0
47. Virginia.....VA	N								0
48. Washington.....WA	N								0
49. West Virginia.....WV	N								0
50. Wisconsin.....WI	N								0
51. Wyoming.....WY	N								0
52. American Samoa.....AS	N								0
53. Guam.....GU	N								0
54. Puerto Rico.....PR	N								0
55. U.S. Virgin Islands.....VI	N								0
56. Northern Mariana Islands.....MP	N								0
57. Canada.....CAN	N								0
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....XXX		36,751,061	17,390,408	312,130,629	0	0	0	366,272,098	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....XXX		36,751,061	17,390,408	312,130,629	0	0	0	366,272,098	0

DETAILS OF WRITE-INS

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

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	56

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

PART 1 – ORGANIZATIONAL CHART

1531	DE	13-4204626	Molina Healthcare, Inc.
	DE	81-2824030	Molina Clinical Services, LLC
	AZ	30-0876771	Molina Healthcare of Arizona, Inc.
	CA	33-0342719	Molina Healthcare of California
	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
	NM	45-2634351	Molina Healthcare Data Center, Inc.
	FL	26-0155137	Molina Healthcare of Florida, Inc.
	GA	80-0800257	Molina Healthcare of Georgia, Inc.
	IL	27-1823188	Molina Healthcare of Illinois, Inc.
	IA	47-3920055	Molina Healthcare of Iowa, Inc.
	LA	81-4229476	Molina Healthcare of Louisiana, Inc.
	MD	46-0598968	Molina Healthcare of Maryland, Inc.
	MI	38-3341599	Molina Healthcare of Michigan, Inc.
	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
	NV	20-3567602	Molina Healthcare of Nevada, Inc.
	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
	OH	20-0750134	Molina Healthcare of Ohio, Inc.
	OK	81-0864563	Molina Healthcare of Oklahoma, Inc.
	PA	81-0855820	Molina Healthcare of Pennsylvania, Inc.
	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
	SC	46-2992125	Molina Healthcare of South Carolina, LLC
	TX	20-1494502	Molina Healthcare of Texas, Inc.
	TX	27-0522725	Molina Healthcare of Texas Insurance Company
	UT	33-0617992	Molina Healthcare of Utah, Inc.
	VA	26-1769086	Molina Healthcare of Virginia, Inc.
	WA	91-1284790	Molina Healthcare of Washington, Inc.
	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
	NY	27-1603200	Molina Healthcare of New York, Inc.
	NY	47-3580625	Molina Holdings Corporation
	CA	46-2821516	Molina Hospital Management, LLC
	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
	CA	37-1652282	Molina Medical Management, Inc.
	DE	45-2854547	Molina Pathways, LLC
	TX	47-2296708	Molina Pathways of Texas, Inc.
	DE	47-2525144	Pathways Health and Community Support LLC
	DE	58-2478281	AmericanWork, Inc.

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

PART 1 – ORGANIZATIONAL CHART

Q15.1

|-00000	PA	20-2639439	Children's Behavioral Health, Inc.
|-00000	DE	88-0469530	Choices Group, Inc.
|-00000	CA	95-4864640	College Community Services
|-00000	IN	35-2085281	Dockside Services, Inc.
|-00000	VA	54-1620121	Family Preservation Services, Inc.
|-00000	FL	65-0848685	Family Preservation Services of Florida, Inc.
|-00000	NC	86-0976674	Family Preservation Services of North Carolina, Inc.
|-00000	DC	20-0086731	Family Preservation Services of Washington, D.C., Inc.
|-00000	WV	86-1035573	Family Preservation Services of West Virginia, Inc.
|-00000	NV	88-0321776	Maple Star Nevada
|-00000	OR	93-1263318	Maple Star Oregon, Inc.
|-00000	DE	62-1651095	Pathways Community Corrections, Inc.
|-00000	IL	36-3465604	Camelot Care Centers, Inc.
|-00000	DE	33-0797276	Pathways Community Services LLC
|-00000	PA	23-2820336	Pathways Community Services LLC
|-00000	TX	74-2868929	Pathways Community Support of Texas, Inc.
|-00000	AZ	86-0706547	Pathways of Arizona, Inc.
|-00000	DE	59-3766748	Pathways of Delaware, Inc.
|-00000	DE	81-2396831	Pathways Human Services, LLC
|-00000	DE	46-5044433	Pathways of Idaho LLC
|-00000	ME	86-0970832	Pathways of Maine, Inc.
|-00000	DE	47-1016377	Pathways of Massachusetts LLC
|-00000	OK	74-2884198	Pathways of Oklahoma, Inc.
|-00000	WA	27-2837920	Pathways of Washington, Inc.
|-00000	PA	23-2181371	The RedCo Group, Inc.
|-00000	PA	25-1470445	Raystown Developmental Services, Inc.
|-00000	GA	58-1923779	Transitional Family Services, Inc
I-00000	CA	46-5098489	Molina Youth Academy

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
1531...	Molina Healthcare, Inc....	00000.....	13-4204626..		1179929	New York Stock Exchange	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	81-2824030..				Molina Clinical Services, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	30-0876771..				Molina Healthcare of Arizona, Inc.....	AZ.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	33-0342719..				Molina Healthcare of California.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	20-2714545..				Molina Healthcare of California Partner Plan, Inc.....	CA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	45-2634351..				Molina Healthcare Data Center, Inc.....	NM.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	13128.....	26-0155137..				Molina Healthcare of Florida, Inc.....	FL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	15714.....	80-0800257..				Molina Healthcare of Georgia, Inc.....	GA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	14104.....	27-1823188..				Molina Healthcare of Illinois, Inc.....	IL.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	47-3920055..				Molina Healthcare of Iowa, Inc.....	IA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	81-4229476..				Molina Healthcare of Louisiana, Inc.....	LA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	46-0598968..				Molina Healthcare of Maryland, Inc.....	MD.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	52630.....	38-3341599..				Molina Healthcare of Michigan, Inc.....	MI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	26-4390042..				Molina Healthcare of Mississippi, Inc.....	MS.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	20-3567602..				Molina Healthcare of Nevada, Inc.....	NV.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	95739.....	85-0408506..				Molina Healthcare of New Mexico, Inc.....	NM.....	RE.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	46-4148278..				Molina Healthcare of North Carolina, Inc.....	NC.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	12334.....	20-0750134..				Molina Healthcare of Ohio, Inc.....	OH.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	81-0864563..				Molina Healthcare of Oklahoma, Inc.....	OK.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	81-0855820..				Molina Healthcare of Pennsylvania, Inc.....	PA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	15600.....	66-0817946..				Molina Healthcare of Puerto Rico, Inc.....	PR.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	15329.....	46-2992125..				Molina Healthcare of South Carolina, LLC.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	10757.....	20-1494502..				Molina Healthcare of Texas, Inc.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	13778.....	27-0522725..				Molina Healthcare of Texas Insurance Company.....	TX.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	95502.....	33-0617992..				Molina Healthcare of Utah, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	15133.....	26-1769086..				Molina Healthcare of Virginia, Inc.....	VA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	96270.....	91-1284790..				Molina Healthcare of Washington, Inc.....	WA.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	12007.....	20-0813104..				Molina Healthcare of Wisconsin, Inc.....	WI.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	27-1603200..				Molina Healthcare of New York, Inc.....	NY.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	47-3580625..				Molina Holdings Corporation.....	NY.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	46-2821516..				Molina Hospital Management, LLC.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	27-1510177..				Molina Information Systems, LLC (dba Molina Medicaid Solutions).....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	37-1652282..				Molina Medical Management, Inc.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	45-2854547..				Molina Pathways, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
1531...	Molina Healthcare, Inc....	00000.....	47-2296708				Molina Pathways of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	47-2525144..				Pathways Health and Community Support LLC.....	DE.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	58-2478281..				AmericanWork, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	36-3465604..				Camelot Care Centers, Inc.....	IL.....	NIA.....	Pathways Community Corrections, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	20-2639439..				Children's Behavioral Health, Inc.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	88-0469530..				Choices Group, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	95-4864640..				College Community Services.....	CA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	35-2085281..				Dockside Services, Inc.....	IN.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	54-1620121..				Family Preservation Services, Inc.....	VA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	65-0848685..				Family Preservation Services of Florida, Inc.....	FL.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	86-0976674..				Family Preservation Services of North Carolina, Inc.....	NC.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	20-0086731..				Family Preservation Services of Washington, D.C., Inc.....	DC.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	86-1035573..				Family Preservation Services of West Virginia, Inc.....	WV.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	88-0321776..				Maple Star Nevada.....	NV.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	93-1263318..				Maple Star Oregon, Inc.....	OR.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	62-1651095..				Pathways Community Corrections, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	33-0797276..				Pathways Community Services LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	23-2820336..				Pathways Community Services LLC.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	74-2868929..				Pathways Community Support of Texas, Inc.....	TX.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	86-0706547..				Pathways of Arizona, Inc.....	AZ.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	59-3766748..				Pathways of Delaware, Inc.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	81-2396831..				Pathways Human Services, LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	46-5044433..				Pathways of Idaho LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	86-0970832..				Pathways of Maine, Inc.....	ME.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	47-1016377..				Pathways of Massachusetts LLC.....	DE.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	74-2884198..				Pathways of Oklahoma, Inc.....	OK.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	27-2837920..				Pathways of Washington, Inc.....	WA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	25-1470445..				Raystown Developmental Services, Inc.....	PA.....	NIA.....	The RedCo Group, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	23-2181371..				The RedCo Group, Inc.....	PA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	58-1923779..				Transitional Family Services, Inc.....	GA.....	NIA.....	Pathways Health and Community Support, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	
1531...	Molina Healthcare, Inc....	00000.....	46-5098489..				Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	.....N.....	

Q16.1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

SEE EXPLANATION

Explanation:

1. This line of business is not written by the Plan.

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.....	79,481,288	83,473,074
2. Cost of bonds and stocks acquired.....	13,917,905	26,311,498
3. Accrual of discount.....	9,604	45,457
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	14	(50,944)
6. Deduct consideration for bonds and stocks disposed of.....	11,535,674	30,094,411
7. Deduct amortization of premium.....	36,363	203,385
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	81,836,775	79,481,288
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	81,836,775	79,481,288

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	138,776,676	103,773,037	118,279,895	192,945	124,462,763			138,776,676
2. NAIC 2 (a).....	4,841,646	4,534,728	1,475,000	(7,160)	7,894,213			4,841,646
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	143,618,322	108,307,765	119,754,895	185,785	132,356,976	0	0	143,618,322
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.....	143,618,322	108,307,765	119,754,895	185,785	132,356,976	0	0	143,618,322

QSI02

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
 NAIC 1 \$.....50,520,204; 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.....	23,709,563	XXX	23,638,669		

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.....	35,595,225	102,932,182
2. Cost of short-term investments acquired.....	18,675,505	130,155,939
3. Accrual of discount.....	88,833	633,502
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	30,650,000	198,036,983
7. Deduct amortization of premium.....		89,416
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).....	23,709,563	35,595,225
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	23,709,563	35,595,225

**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 - PART 2 - VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	65,080,693	
2. Cost of cash equivalents acquired.....	202,362,285	708,609,627
3. Accrual of discount.....	123,711	194,902
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	0	(0)
6. Deduct consideration received on disposals.....	190,786,703	643,723,837
7. Deduct amortization of premium.....		
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).....	76,779,987	65,080,693
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	76,779,987	65,080,693

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

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

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

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

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

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

SCHEDULE D - PART 3

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

1	2		3	4	5	6	7	8	9	10
CUSIP Identification	Description		Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - All Other Government										
00828E	CZ	0	AFRICAN DEVELOPMENT BANK.....	C.....	03/14/2018.....	TORONTO DOMINION SECURTIES (USA) INC.....	809,166	810,000		1FE.....
1099999. Total - Bonds - All Other Government.....							809,166	810,000	0	XXX.....
Bonds - Industrial and Miscellaneous										
00206R	CR	1	AT&T INC.....		02/01/2018.....	US BANCORP INVESTMENTS INC.....	549,153	550,000	7,016	2FE.....
00287Y	AU	3	ABBVIE INC.....		02/07/2018.....	GOLDMAN, SACHS & CO.....	637,657	650,000	3,488	2FE.....
02007M	AE	0	ALLYA 181 A3 - ABS.....		01/23/2018.....	BARCLAYS CAPITAL INC FIXED INC.....	569,934	570,000		1FE.....
02582J	HQ	6	AMXCA 181 A - ABS.....		03/14/2018.....	WELLS FARGO SECURTIES LLC.....	679,921	680,000		1FE.....
026874	DG	9	AMERICAN INTERNATIONAL GROUP INC.....		02/07/2018.....	MORGAN STANLEY & CO INC, NY.....	757,980	750,000	10,794	2FE.....
097014	AL	8	BOEING CAPITAL CORP.....		03/09/2018.....	WACHOVIA SECURTIES, LLC.....	388,196	375,000	6,707	1FE.....
126650	DC	1	CVS HEALTH CORP.....		03/06/2018.....	CHASE SECURTIES.....	399,796	400,000		2FE.....
20271R	AM	2	COMMONWEALTH BANK OF AUSTRALIA (NEW YORK.....	C.....	03/12/2018.....	CITIGROUP GLOBAL MARKETS INC.....	985,840	1,000,000	8,667	1FE.....
233851	DB	7	DAIMLER FINANCE NORTH AMERICA LLC.....	C.....	02/15/2018.....	CITIGROUP GLOBAL MARKETS INC.....	798,816	800,000		1FE.....
260543	CF	8	DOW CHEMICAL CO.....		03/08/2018.....	MERRILL LYNCH PROF CLRING CORP.....	516,930	500,000	6,474	2FE.....
43814U	AC	3	HAROT 181 A3 - ABS.....		02/21/2018.....	COWEN AND COMPANY, LLC.....	689,911	690,000		1FE.....
44932H	AG	8	IBM CREDIT LLC.....		02/06/2018.....	TORONTO DOMINION SECURTIES (USA) INC.....	801,328	800,000		1FE.....
46625H	NX	4	JPMORGAN CHASE & CO.....		02/01/2018.....	Bank of America Securties.....	747,915	750,000	4,888	1FE.....
47788C	AC	6	JDOT 2018 A3 - ABS.....		02/21/2018.....	DAIN BOSWORTH INC.....	479,965	480,000		1FE.....
539830	BF	5	LOCKHEED MARTIN CORP.....		03/05/2018.....	BNP PARIBAS SECURTIES CORP./FIXED INCOM.....	595,374	600,000	4,250	2FE.....
58013M	EX	8	MCDONALD'S CORP.....		03/01/2018.....	MITSUBISHI UFJ SECURTIES.....	599,508	600,000	3,758	2FE.....
63743H	ER	9	NATIONAL RURAL UTILITIES COOPERATIVE FIN.....		02/21/2018.....	DAIN BOSWORTH INC.....	359,600	360,000		1FE.....
65478D	AD	9	NAROT 18A A3 - ABS.....		02/21/2018.....	Bank of America Securties.....	424,951	425,000		1FE.....
69371R	N9	3	PACCAR FINANCIAL CORP.....		02/22/2018.....	CHASE SECURTIES.....	379,814	380,000		1FE.....
904764	AZ	0	UNILEVER CAPITAL CORP.....	C.....	03/19/2018.....	CITIGROUP GLOBAL MARKETS INC.....	776,014	780,000		1FE.....
913017	CM	9	UNITED TECHNOLOGIES CORP.....		03/08/2018.....	BNP PARIBAS SECURTIES CORP./FIXED INCOM.....	491,805	500,000	3,272	1FE.....
92343V	DG	6	VERIZON COMMUNICATIONS INC.....		03/08/2018.....	GOLDMAN, SACHS & CO.....	478,330	500,000	559	2FE.....
3899999. Total - Bonds - Industrial and Miscellaneous.....							13,108,739	13,140,000	59,873	XXX.....
8399997. Total - Bonds - Part 3.....							13,917,905	13,950,000	59,873	XXX.....
8399999. Total - Bonds.....							13,917,905	13,950,000	59,873	XXX.....
9999999. Total - Bonds, Preferred and Common Stocks.....							13,917,905	XXX	59,873	XXX.....

QE04

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
912828	UE 8		03/01/2018	UNITED STATES TREASURY	Maturity @ 100.0								0					0	2,438	12/31/2017	1
0599999	Total - Bonds - U.S. Government						0	0	0	0	0	0	0	0	0	0	0	0	2,438	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3136AN	JY 4		03/01/2018	FNA 15M07A AQ2 - CMBS	Paydown			124,054	124,054	125,294	124,022		32	32	124,054		0	0	243	04/25/2018	1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments						124,054	124,054	125,294	124,022	0	32	0	32	124,054	0	0	0	243	XXX	XXX
Bonds - Industrial and Miscellaneous																					
00206R	AJ 1		02/01/2018	AT&T INC	Maturity @ 100.00			800,000	800,000	855,088	802,390		(2,390)	(2,390)	800,000		0	0	22,000	02/01/2018	2FE
02007L	AC 6		03/15/2018	ALLYA 163 A3 - ABS	Paydown			59,850	59,850	59,844	59,848		2	2	59,850		0	0	75	08/17/2020	1FE
06051G	ET 2		01/11/2018	BANK OF AMERICA CORP	Maturity @ 100.0			385,000	385,000	387,522	385,025		(25)	(25)	385,000		0	0	3,850	01/11/2018	1FE
14314E	AB 7		03/15/2018	CARMX 163 A2 - ABS	Paydown			155,039	155,039	155,026	155,036		2	2	155,039		0	0	199	08/15/2019	1FE
20271R	AJ 9		03/12/2018	COMMONWEALTH BANK OF AUSTRALIA	Maturity @ 100.00			1,000,000	1,000,000	998,750	999,918		82	82	1,000,000		0	0	8,125	03/12/2018	1FE
30231G	AL 6		03/06/2018	EXXON MOBIL CORP	Maturity @ 100.00			1,500,000	1,500,000	1,500,000	1,500,000		0	0	1,500,000		0	0	9,788	03/06/2018	1FE
34530V	AD 1		03/15/2018	FORDO 15B A3 - ABS	Paydown			52,760	52,760	52,755	52,759		1	1	52,760		0	0	58	11/15/2019	1FE
34530Y	AD 5		03/15/2018	FORDO 15C A3 - ABS	Paydown			69,012	69,012	68,998	69,009		3	3	69,012		0	0	89	02/15/2020	1FE
38141G	RC 0		01/22/2018	GOLDMAN SACHS GROUP INC	Maturity @ 100.0			1,135,000	1,135,000	1,156,067	1,135,446		(446)	(446)	1,135,000		0	0	13,478	01/22/2018	1FE
40428H	PQ 9		03/05/2018	HSBC USA INC	Maturity @ 100.00			1,475,000	1,475,000	1,473,628	1,474,919		81	81	1,475,000		0	0	12,538	03/05/2018	1FE
43813N	AC 0		03/21/2018	HAROT 152 A3 - ABS	Paydown			77,159	77,159	77,148	77,158		1	1	77,159		0	0	91	02/21/2019	1FE
43814M	AC 1		03/18/2018	HAROT 153 A3 - ABS	Paydown			55,084	55,084	55,083	55,083		0	0	55,084		0	0	71	04/18/2019	1FE
459200	HZ 7		02/06/2018	INTERNATIONAL BUSINESS MACHINES CORP	Maturity @ 100.00			1,650,000	1,650,000	1,644,968	1,649,833		167	167	1,650,000		0	0	9,281	02/06/2018	1FE
46623E	KD 0		02/01/2018	JPMORGAN CHASE & CO	Call @ 100.00			915,000	915,000	914,762	914,987		7	7	914,994		6	6	6,481	03/01/2018	1FE
47788N	AC 2		03/15/2018	JDOT 16B A3 - ABS	Paydown			3,615	3,615	3,615	3,615		0	0	3,615		0	0	8	06/15/2020	1FE
58013M	EE 0		03/01/2018	MCDONALDS CORPORATION	Maturity @ 100.00			675,000	675,000	753,118	679,458		(4,458)	(4,458)	675,000		0	0	18,056	03/01/2018	2FE
65475W	AD 0		03/15/2018	NAROT 15B A3 - ABS	Paydown			128,415	128,415	128,405	128,413		2	2	128,415		0	0	155	03/16/2020	1FE
65477U	AC 4		03/15/2018	NAROT 15A A3 - ABS	Paydown			60,022	60,022	60,009	60,020		2	2	60,022		0	0	60	10/15/2019	1FE
69353R	EJ 3		01/24/2018	PNC BANK NA	Call @ 100.0			1,100,000	1,100,000	1,099,714	1,099,986		6	6	1,099,992		8	8	6,921	02/23/2018	1FE
89237C	AD 3		03/15/2018	TAOT 15B A3 - ABS	Paydown			115,665	115,665	115,659	115,665		1	1	115,665		0	0	144	05/15/2019	1FE
3899999	Total - Bonds - Industrial and Miscellaneous						11,411,620	11,411,620	11,560,157	11,418,567	0	(6,962)	0	(6,962)	11,411,606	0	14	14	111,467	XXX	XXX
8399997	Total - Bonds - Part 4						11,535,674	11,535,674	11,685,451	11,542,589	0	(6,930)	0	(6,930)	11,535,660	0	14	14	114,147	XXX	XXX
8399999	Total - Bonds						11,535,674	11,535,674	11,685,451	11,542,589	0	(6,930)	0	(6,930)	11,535,660	0	14	14	114,147	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks						11,535,674	XXX	11,685,451	11,542,589	0	(6,930)	0	(6,930)	11,535,660	0	14	14	114,147	XXX	XXX

QE05

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

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Bank of Albuquerque..... Albuquerque, NM.....					(2,453,127)	(355,369)	(441,222)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					112,191,796	108,272,366	100,637,410	XXX
JP Morgan Chase Bank..... Phoenix, AZ.....					21,869,041	24,925,719	28,103,938	XXX
Bank of Albuquerque Payroll..... Albuquerque, NM.....					(22,545)	(255,729)	(50,411)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					(8,589,871)	(9,164,307)	(7,554,702)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					(444,776)	(232,087)	(305,433)	XXX
BK OF ALB SALUD RESTRICTED REPO..... Albuquerque, NM.....		0.250	13,930		22,288,645	22,292,979	22,297,778	XXX
BK OF ALB SALUD RESTRICTED RESERVE REPO..... Albuquerque, NM.....		0.250	12,877		20,604,104	20,608,111	20,612,547	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	26,807	165,443,267	166,091,683	163,299,905	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	26,807	165,443,267	166,091,683	163,299,905	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	400	400	400	XXX
0599999. Total Cash.....	XXX	XXX	0	26,807	165,443,667	166,092,083	163,300,305	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
U.S. Government Bonds - Issuer Obligations								
	UNITED STATES TREASURY.....					11,824,774		5,484
0199999	U.S. Government Bonds - Issuer Obligations.....					11,824,774	0	5,484
0599999	Total - U.S. Government Bonds.....					11,824,774	0	5,484
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations								
	American Honda Finance Corporation.....					4,999,100		16,200
	BNP Paribas.....					4,988,511		11,489
	MetLife Short Term Funding LLC.....					4,998,256		13,301
3299999	Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations.....					14,985,867	0	40,990
3899999	Total - Industrial & Miscellaneous (Unaffiliated).....					14,985,867	0	40,990
Total Bonds								
7799999	Subtotals - Issuer Obligations.....					26,810,641	0	46,474
8399999	Subtotals - Bonds.....					26,810,641	0	46,474
Exempt Money Market Mutual Funds as Identified by the SVO								
	INVESCO GOV&AGENCY;INST.....					49,969,346	63,931	10,436
8599999	Total - Exempt Money Market Mutual Funds as Identified by the SVO.....					49,969,346	63,931	10,436
8899999	Total - Cash Equivalents.....					76,779,987	63,931	56,910

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