

QUARTERLY STATEMENT

OF THE

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

Of

**Albuquerque
in the state of NM**

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

For the Period Ended
June 30, 2020

2020



HEALTH QUARTERLY STATEMENT

As of June 30, 2020
of the Condition and Affairs of the

Molina Healthcare of New Mexico, Inc.

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

Organized under the Laws of NM State of Domicile or Port of Entry NM Country of Domicile US

Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized..... November 6, 1992 Commenced Business..... December 27, 1993

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

Main Administrative Office 400 Tijeras Ave NW, Suite 200 .. Albuquerque .. NM .. US .. 87102-3234 505-348-0410
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 400 Tijeras Ave NW, Suite 200 .. Albuquerque .. NM .. US .. 87102-3234
(Street and Number 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 505-348-0410
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta 614-392-3818
(Name) (Area Code) (Telephone Number) (Extension)
aarati.mehta@molinahealthcare.com 562-437-7235
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. David Michael Nater	President	2. Bruce Allan Lane #	Chief Financial Officer
3. Jeffrey Don Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

David Michael Nater Derek Ray Danley Dwayne NMN Sansone 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.

<u>/s/ David Michael Nater</u> (Signature) David Michael Nater 1. (Printed Name) President (Title)	<u>/s/ Bruce Allan Lane</u> (Signature) Bruce Allan Lane 2. (Printed Name) Chief Financial Officer (Title)	<u>Jeffrey Don Barlow</u> (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.....	16,081,289		16,081,289	21,236,061
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 (\$....460,558), cash equivalents (\$....58,565,524) and short-term investments (\$.....0).....	59,026,082		59,026,082	33,129,834
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	75,107,371	0	75,107,371	54,365,895
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	109,939		109,939	152,381
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	10,960,147		10,960,147	8,791,884
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 (\$....285,751) and contracts subject to redetermination (\$....1,488,321).....	1,774,072		1,774,072	2,253,212
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	9,006		9,006	9,006
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.....	100,561		100,561	345,179
18.1 Current federal and foreign income tax recoverable and interest thereon.....	5,408,254		5,408,254	6,189,886
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	801,746	801,746	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	216,668		216,668	
24. Health care (\$....1,989,389) and other amounts receivable.....	7,841,563	4,295,273	3,546,290	20,854,444
25. Aggregate write-ins for other than invested assets.....	372,860	372,860	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	102,702,187	5,469,879	97,232,308	92,961,887
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	102,702,187	5,469,879	97,232,308	92,961,887

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaids, deposits, and other assets.....	372,860	372,860	0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	372,860	372,860	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	15,625,226	476,240	16,101,466	18,507,790
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....	253,514	8,841	262,355	288,754
4. Aggregate health policy reserves, including the liability of \$.....17,642,359 for medical loss ratio rebate per the Public Health Service Act.....	33,314,782		33,314,782	29,901,609
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	1,993,732		1,993,732	3,018,980
9. General expenses due or accrued.....	6,923,530		6,923,530	4,247,366
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.0	
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.....			.0	34,866
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....			.0	
23. Aggregate write-ins for other liabilities (including \$.....3,142,546 current).....	3,142,546	.0	3,142,546	2,757,561
24. Total liabilities (Lines 1 to 23).....	61,253,330	485,081	61,738,411	58,756,926
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	.0	3,300,000
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	47,880,665	47,880,665
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	(12,401,329)	(16,990,265)
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	35,493,897	34,204,961
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	97,232,308	92,961,887

DETAILS OF WRITE-INS

2301. Amounts due to New Mexico Human Services Department & CMS.....	3,142,546		3,142,546	2,757,561
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).....	3,142,546	.0	3,142,546	2,757,561
2501. 2020 Health insurer fee accrual estimate.....	XXX	XXX		3,300,000
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	3,300,000
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	143,199	161,006	304,558
2. Net premium income (including \$.....0 non-health premium income).....	XXX	69,686,688	83,192,615	165,746,285
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(1,646,133)	(4,217,893)	3,412,431
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	323,687	17,827	337,443
8. Total revenues (Lines 2 to 7).....	XXX	68,364,242	78,992,549	169,496,159
Hospital and Medical:				
9. Hospital/medical benefits.....		27,993,968	11,115,074	33,334,661
10. Other professional services.....		890,697	(708,648)	(276,924)
11. Outside referrals.....	1,655,838	2,533,141	396,088	2,269,374
12. Emergency room and out-of-area.....		5,701,443	10,049,577	28,154,624
13. Prescription drugs.....		6,556,261	6,934,166	13,853,641
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,937	2,311,798	1,851,887
16. Subtotal (Lines 9 to 15).....	1,655,838	43,677,447	30,098,055	79,187,263
Less:				
17. Net reinsurance recoveries.....			58,632	(211,242)
18. Total hospital and medical (Lines 16 minus 17).....	1,655,838	43,677,447	30,039,423	79,398,505
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....3,418,853 cost containment expenses.....		4,159,882	7,794,856	11,485,568
21. General administrative expenses.....		20,530,702	13,523,426	27,403,355
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).....	1,655,838	68,368,031	51,357,705	118,287,428
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(3,789)	27,634,844	51,208,731
25. Net investment income earned.....		163,965	2,489,315	3,582,854
26. Net realized capital gains (losses) less capital gains tax of \$.....6,501.....		24,453	34,147	778,179
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	188,418	2,523,462	4,361,033
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	112,000	2,115,510	5,868,472
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	296,629	32,273,816	61,438,236
31. Federal and foreign income taxes incurred.....	XXX	775,131	4,558,998	9,678,394
32. Net income (loss) (Lines 30 minus 31).....	XXX	(478,502)	27,714,818	51,759,842

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	24	75	158
0702. Rental income.....	XXX	323,663	17,752	337,285
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	323,687	17,827	337,443
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.....			(126,555)	(519,930)
2902. Fines from regulatory authorities.....		112,000	2,242,065	6,388,402
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	112,000	2,115,510	5,868,472

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.....	34,204,961	174,770,796	174,770,796
34. Net income or (loss) from Line 32.....	(478,502)	27,714,818	51,759,842
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	1,767,438	3,746,680	2,674,323
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.....		(100,000,000)	(195,000,000)
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	1,288,936	(68,538,502)	(140,565,835)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	35,493,897	106,232,294	34,204,961

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.....	69,124,342	81,934,270	127,241,049
2. Net investment income.....	208,464	2,327,893	3,940,681
3. Miscellaneous income.....	323,687	17,827	337,443
4. Total (Lines 1 through 3).....	69,656,493	84,279,990	131,519,173
5. Benefit and loss related payments.....	35,463,673	131,842,375	174,681,558
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	21,537,889	52,781,913	67,964,484
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....6,501 tax on capital gains (losses).....		10,895,000	16,391,000
10. Total (Lines 5 through 9).....	57,001,562	195,519,288	259,037,042
11. Net cash from operations (Line 4 minus Line 10).....	12,654,931	(111,239,298)	(127,517,869)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	5,183,671	13,103,343	103,729,612
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.....	(2)	13,538	13,596
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	5,183,669	13,116,881	103,743,208
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		46,452,209	46,775,800
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....		1,000,000	
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	47,452,209	46,775,800
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).....	5,183,669	(34,335,328)	56,967,408
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.....		(100,000,000)	(195,000,000)
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	8,057,648	6,597,599	7,302,013
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	8,057,648	(93,402,401)	(187,697,987)
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).....	25,896,248	(238,977,027)	(258,248,448)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	33,129,834	291,378,282	291,378,282
19.2 End of period (Line 18 plus Line 19.1).....	59,026,082	52,401,255	33,129,834
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

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.....	23,016	19,853						3,163		
2. First Quarter.....	24,026	21,019						3,007		
3. Second Quarter.....	23,011	20,107						2,904		
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	143,199	125,317						17,882		
Total Member Ambulatory Encounters for Period:										
7. Physician.....	44,318	30,763						13,555		
8. Non-Physician.....	81,051	55,010						26,041		
9. Total.....	125,369	85,773	0	0	0	0	0	39,596	0	0
10. Hospital Patient Days Incurred.....	4,560	1,569						2,991		
11. Number of Inpatient Admissions.....	653	282						371		
12. Health Premiums Written (a).....	69,737,788	55,243,148						16,405,051	(1,910,411)	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	68,091,655	48,399,020						19,703,568	(10,933)	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	35,461,736	31,887,507						14,628,144	(11,053,915)	
18. Amount Incurred for Provision of Health Care Services.....	43,677,447	30,944,215						14,403,686	(1,670,454)	

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(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$....16,405,051.

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.....	1,400,774					1,400,774
0199999. Individually Listed Claims Unpaid.....	1,400,774	0	0	0	0	1,400,774
0399999. Aggregate Accounts Not Individually Listed-Covered.....	182,608				386,337	568,945
0499999. Subtotals.....	1,583,382	0	0	0	386,337	1,969,719
0599999. Unreported Claims and Other Claim Reserves.....						14,131,747
0799999. Total Claims Unpaid.....						16,101,466

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).....	4,579,059	27,308,448	3,198,863	6,796,636	7,777,922	10,372,557
2. Medicare Supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal Employees Health Benefits Plan.....					.0	
6. Title XVIII - Medicare.....	3,324,136	11,304,008	232,694	3,987,947	3,556,830	4,683,000
7. Title XIX - Medicaid.....	(6,787,137)	(4,266,778)	1,824,963	60,363	(4,962,174)	3,452,233
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	1,116,058	34,345,678	5,256,520	10,844,946	6,372,578	18,507,790
10. Healthcare receivables (a).....	1,144,727	4,855,845		284,090	1,144,727	16,904,760
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....		1,937			.0	
13. Totals (Lines 9-10+11+12).....	(28,669)	29,491,770	5,256,520	10,560,856	5,227,851	1,603,030

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

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of New Mexico, Inc. (the "Plan") for the fiscal year ended December 31, 2019. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2019 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, or the Parent). 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) 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 #	2020	2019
NET INCOME					
(1) Molina Healthcare of New Mexico, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (478,502)	\$ 51,759,842
(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	\$ (478,502)	\$ 51,759,842
SURPLUS					
(5) Molina Healthcare of New Mexico, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 35,493,897	\$ 34,204,961
(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	\$ 35,493,897	\$ 34,204,961

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

C. Accounting Policy

(1) No significant change.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method: No significant change.

(3) – (5) No significant changes.

(6) Basis for Loan-Backed Securities and Adjustment Methodology: Loan-backed securities are stated at amortized cost or lower of amortized cost or fair value. The Plan's investments in loan-backed securities consist of asset-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: The Plan is not aware of any relevant conditions or events that raise substantial doubt about its abilities to continue as a going concern.

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 June 30, 2020, the Plan's long-term investments include asset-backed securities.

(1) Description of Sources Used to Determine Prepayment Assumptions: Prepayment assumptions for mortgage-backed securities, collateralized mortgage obligations and other structure securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonally), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and model is calibrated to reflect actual experience, market factors and view point.

(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	\$	35,413
	2. 12 Months or Longer	\$	-
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	1,953,643
	2. 12 Months or Longer	\$	-

- (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 June 30, 2020.

- 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. Low-Income Housing Tax Credits (LIHTC): None.
- L. Restricted Assets: No significant change.
- M. – P. None.
- Q. Prepayment Penalty and Acceleration Fees: No significant change.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

None.

Note 8 – Derivative Instruments

A. – B. 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. The Plan neither paid dividends to, nor received contributions from Molina during the period ended June 30, 2020.
- D. – N. No significant changes.

Note 11 – Debt

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

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

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

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

- (1) – (3) No significant changes.
- (4) Dividends paid by the Plan to Molina during the period ended June 30, 2020 were as follows: None.

NOTES TO FINANCIAL STATEMENTS

(5) – (8) No significant changes.

(9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2019 represented the Plan's estimated health insurer fee for 2020. Due to the repeal of the health insurer fee for calendar years 2021 and beyond, the Plan did not reclassify amounts to special surplus at June 30, 2020.

(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

None.

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: The Plan's assets measured and reported at fair value on a recurring basis are listed in the table below. The Plan receives monthly statements from investment brokers that provide market pricing. There were no transfers between Level 1 and Level 2 of the fair value hierarchy.

Description for Each Type of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at Fair Value					
Other Money Market Mutual Funds	\$	\$	\$	\$ 31,644,576	\$ 31,644,576
Total	\$	\$	\$	\$ 31,644,576	\$ 31,644,576

(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: Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.

(5) Derivative Assets and Liabilities: None.

B. Fair Value Reporting under Statement of Statutory Accounting Principles 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 Hierarchy

The aggregate fair value hierarchy of all financial instruments as of June 30, 2020 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Governments	\$ 6,524,776	\$ 6,524,103	\$	\$ 6,524,776	\$	\$	\$
Political Subdivisions	\$ 256,945	\$ 252,250	\$	\$ 256,945	\$	\$	\$
Industrial & Miscellaneous	\$ 36,384,078	\$ 36,225,883	\$	\$ 36,384,078	\$	\$	\$
Other Money Market Mutual Funds	\$ 31,644,577	\$ 31,644,577	\$	\$	\$	\$ 31,644,577	\$
Open Depositories	\$ 460,558	\$ 460,558	\$ 460,558	\$	\$	\$	\$
Total Financial Instruments	\$ 75,270,934	\$ 75,107,371	\$ 460,558	\$ 43,165,799	\$	\$ 31,644,577	\$

D. Not Practicable to Estimate Fair Value: None.

NOTES TO FINANCIAL STATEMENTS

E. NAV Practical Expedient Investments: None.

Note 21 – Other Items

A. – B. No significant changes.

C. Other Disclosures and Unusual Items:

As the COVID-19 pandemic continues to evolve, its ultimate impact to the Plan's business, results of operations, financial condition and cash flows is uncertain and difficult to predict. The Plan continues to monitor and assess the estimated operating and financial impact of the COVID-19 pandemic, and as the pandemic evolves, the Plan continues to process, assemble, and assess utilization information. The Plan believes that its cash flow generated from operations will be sufficient to withstand the financial impact of the pandemic, and will enable it to continue to support operations, regulatory requirements, and capital expenditures for the foreseeable future.

On April 27, 2020, the United States Supreme Court issued its opinion in *Maine Community Health Options v. United States*. The Supreme Court held that §1342 of the Affordable Care Act obligated the federal government to pay participating insurers the full Marketplace risk corridor amounts calculated by that statute, that such payment obligations survived Congress' appropriations riders, and that impacted insurers may sue the federal government in the U.S. Court of Federal Claims to recover damages for breach of that obligation. On June 18, 2020, the Claims Court granted the Parent judgment in the amount of \$128.1 million for its consolidated 2014, 2015, and 2016 Marketplace risk corridor claims. This favorable judgment does not create additional minimum MLR rebates. The Parent had not recognized the judgment as of June 30, 2020, because the timing of collection of the judgment award is uncertain. Refer to Note 24E(5).

D. – H. No significant changes.

Note 22 – Events Subsequent

Subsequent events were considered through August 14, 2020, the date the statutory financial statements were available to be issued.

Note 23 – Reinsurance

No significant change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. – D. No significant changes.

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 to date:

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 62,417
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 5,936,630
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (1,254,022)
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ (22,563)
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$
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)	
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	
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	\$

NOTES TO FINANCIAL STATEMENTS

(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 to Date on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Premium adjustments (payable) (including high risk pool premium)		(13,356,379)				(13,356,379)		5,130,408	B		(8,225,971)
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$ (13,356,379)	\$	\$	\$	\$ (13,356,379)	\$	\$ 5,130,408		\$	\$ (8,225,971)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
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	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
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	\$	\$ (13,356,379)	\$	\$	\$	\$ (13,356,379)	\$	\$ 5,130,408		\$	\$ (8,225,971)

Explanations of Adjustments

B. Adjustments are changes in estimates based on additional information since December 31, 2019.

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

(5) ACA Risk Corridors Receivable as of Reporting Date: The Plan had no ACA risk corridor receivables for the periods from 2014 to 2016.

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 favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known, and as claims payments are processed. Claims unpaid activity during the current period is summarized below:

	Six Months Ended 6/30/2020
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 18,796,545
Add provision for claims, net of reinsurance:	
Current year	45,598,057
Prior years	(1,920,610)
Net incurred claims during the current year	43,677,447
Deduct paid claims, net of reinsurance	
Current year	34,347,615
Prior years	1,116,058
Net paid claims during the current year	35,463,673
Change in claims adjustment expenses	(26,399)
Change in health care receivables	(10,620,099)
Change in amounts due from reinsurers	-
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 16,363,821

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 2020.

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

No significant change.

Note 29 – Participating Policies

None.

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change: _____

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

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

3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Blitz IL MergeSub, Inc. and Molina Holdings Corporation have been removed from the organizational chart.

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]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017

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. 12/31/2017

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). 03/29/2019

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 [X] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

On May 7, 2020, the Board of Directors (the Board) of Molina Healthcare, Inc. (Molina), amended Molina's Code of Business Conduct and Ethics (the Code) in order to update the Code consistent with currently prevailing best practices. The following is a summary of the updates and amendments to the Code: (1) An introductory message was added from Molina's chief executive officer, Joe Zubretsky. (2) the Code was reorganized by topic. (3) the Code now includes a statement of Molina's newly adopted mission statement, vision, and values. (4) the Code's scope was expanded to make clear it covers subcontractors, vendors, and other stakeholders. (5) certain sections of the Code were revised to reinforce the duty to report any

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

perceived misconduct, and (6) language was added to address, among other things: (i) fraud, waste, and abuse, with clear mention of whistleblower protections, (ii) clear reporting protocols for both privacy and cybersecurity concerns, (iii) interacting with the media, (iv) compliance with antitrust laws, anti-money laundering laws, and the Foreign Corrupt Practices Act, (v) social media expectations, and (vi) facilities, environment, health and safety, such as not allowing firearms on the premises. The above is intended only as a summary of certain of the amendments to the Code approved by the Board. Employees, subcontractors, vendors, stakeholders, and other interested parties should read the amended Code in its entirety.

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 216,668

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:

	1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 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 [] N/A [X]
- 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
U.S. Bank Institutional Trust & Custody	555 SW Oak Street, 6th Flr, PD-OR-P6TD Portland, OR 97204

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
New England Asset Management, 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 invested 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 invested 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	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

Number				Management Agreement (IMA) Filed
105900	New England Asset Management, Inc.	KUR85E5PS4GQFZTFC130	SEC	NO

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes No
- 18.2 If no, list exceptions:
19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - Issuer or obligor is current on all contracted interest and principal payments.
 - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes No
20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
- The security was purchased prior to January 1, 2018.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes No
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- The security was purchased prior to January 1, 2019.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - The fund only or predominantly holds bonds in its portfolio.
 - The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes No

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent		69.2 %
1.2 A&H cost containment percent		5.0 %
1.3 A&H expense percent excluding cost containment expenses		31.3 %
2.1 Do you act as a custodian for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0
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 of 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	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

NONE

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	55,243,148	16,405,051	(1,910,411)					69,737,788
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	55,243,148	16,405,051	(1,910,411)	0	0	0	0	69,737,788
60. Reporting entity contributions for Employee Benefit Plans.....	XXX								0
61. Total (Direct Business).....	XXX	55,243,148	16,405,051	(1,910,411)	0	0	0	0	69,737,788

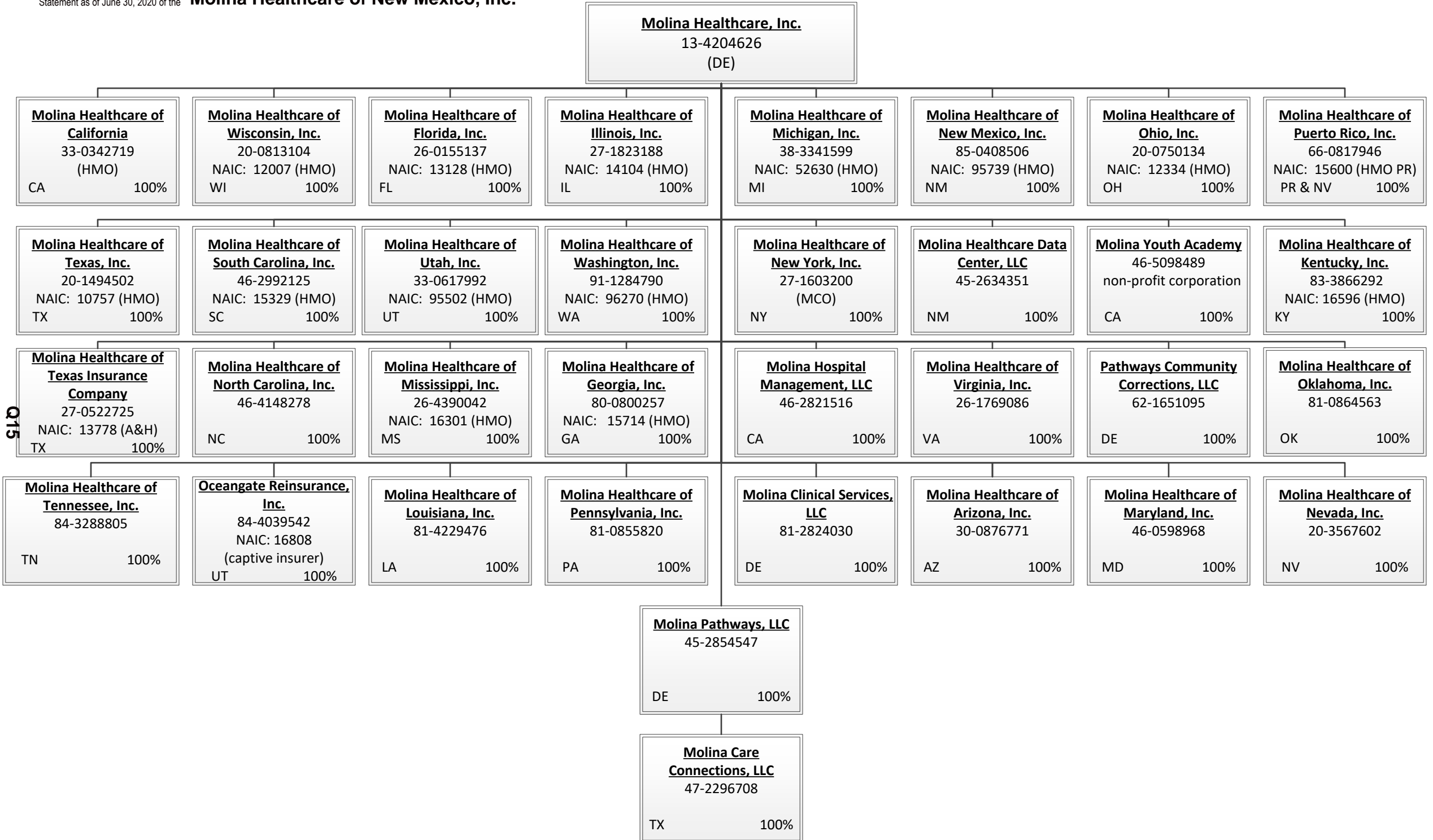
DETAILS OF WRITE-INS

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

Molina Healthcare of New Mexico, Inc.



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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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...	45-2634351..				Molina Healthcare Data Center, LLC.....	NM.....	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.....	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.....	16596...	83-3866292..				Molina Healthcare of Kentucky, Inc.....	KY.....	IA.....	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.....	16301...	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...	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...	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, Inc.....	SC.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	
1531..	Molina Healthcare, Inc.....	00000...	84-3288805..				Molina Healthcare of Tennessee, Inc.....	TN.....	NIA.....	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.....	00000...	26-1769086..				Molina Healthcare of Virginia, Inc.....	VA.....	NIA.....	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...	46-2821516..				Molina Hospital Management, LLC.....	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.....	
1531..	Molina Healthcare, Inc.....	00000...	47-2296708..				Molina Care Connections, LLC.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	100.000	Molina Healthcare, Inc.....	..N.....	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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...	46-5098489..	.....	.....	.....	Molina Youth Academy.....	CA.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	.....100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531..	Molina Healthcare, Inc.....	16808...	84-4039542..	.....	.....	.....	Oceangate Reinsurance, Inc.....	UT.....	IA.....	Molina Healthcare, Inc.....	Ownership.....	.....100.000	Molina Healthcare, Inc.....	.....N.....	.....
1531..	Molina Healthcare, Inc.....	00000...	62-1651095..	.....	.....	.....	Pathways Community Corrections, LLC.....	DE.....	NIA.....	Molina Healthcare, Inc.....	Ownership.....	.....100.000	Molina Healthcare, Inc.....	.....N.....	.....

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?

NO

Explanation:

1.

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.....	21,236,061	77,232,839
2. Cost of bonds and stocks acquired.....		46,775,800
3. Accrual of discount.....	8,919	86,413
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	30,956	971,447
6. Deduct consideration for bonds and stocks disposed of.....	5,194,808	103,799,638
7. Deduct amortization of premium.....	10,976	100,826
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.....	11,137	70,026
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	16,081,289	21,236,061
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	16,081,289	21,236,061

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).....	38,847,078	68,358,818	67,319,338	(794,074)	38,847,078	39,092,484		43,127,555
2. NAIC 2 (a).....	3,987,949		878,020	799,822	3,987,949	3,909,751		4,038,456
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	42,835,027	68,358,818	68,197,358	5,748	42,835,027	43,002,235	0	47,166,011
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.....	42,835,027	68,358,818	68,197,358	5,748	42,835,027	43,002,235	0	47,166,011

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 \$.....26,920,947; 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.....		X			

NONE

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.....	0	31,089,105
2. Cost of short-term investments acquired.....	1,490,786	7,448,866
3. Accrual of discount.....	9,214	207,622
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		13,129
6. Deduct consideration received on disposals.....	1,500,000	38,758,722
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).....	0	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

**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.....	31,843,030	119,723,846
2. Cost of cash equivalents acquired.....	303,894,084	1,071,430,752
3. Accrual of discount.....	17,078	469,013
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(2)	467
6. Deduct consideration received on disposals.....	277,188,666	1,159,781,048
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).....	58,565,524	31,843,030
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	58,565,524	31,843,030

**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**

**Sch. D - Pt. 3
NONE**

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 and Administrative Symbol
Bonds - Industrial and Miscellaneous																					
00206R CR 1	AT&T INC.....		06/29/2020	CALLED BY ISSUER at 101.519....		558,357	550,000	549,153	549,680			139	139		549,819		181	181	21,703	02/17/2021	2FE.....
02007J AC 1	ALLY AUTO RECEIVABLES TRUST 18-3 A3		06/15/2020	PAYDOWN.....		137,023	137,023	137,013	136,898			125	125		137,023			0	1,698	01/17/2023	1FE.....
12635Y AD 5	CNH EQUIPMENT TRUST 16-C A3.....		06/15/2020	PAYDOWN.....		26,770	26,770	26,764	26,765			5	5		26,770			0	167	12/15/2021	1FE.....
12636W AD 8	CNH EQUIPMENT TRUST 17-A A3.....		06/15/2020	PAYDOWN.....		37,571	37,571	37,570	37,559			12	12		37,571			0	317	05/16/2022	1FE.....
36255J AD 6	GM FINANCIAL SECURITIZED TERM 18-3 A3		06/16/2020	PAYDOWN.....		43,032	43,032	43,022	42,978			54	54		43,032			0	574	05/16/2023	1FE.....
369550 BA 5	GENERAL DYNAMICS CORP.....		05/11/2020	MATURITY.....		465,000	465,000	463,354	464,696			304	304		465,000			0	6,684	05/11/2020	1FE.....
428236 BV 4	HP INC.....		06/17/2020	TENDER OFFER.....		341,330	323,000	334,596	329,769			(1,568)	(1,568)		328,201		13,129	13,129	7,844	12/09/2021	2FE.....
43814U AC 3	HONDA AUTO RECEIVABLES OWNER T 18-1 A3		06/15/2020	PAYDOWN.....		107,128	107,128	107,114	107,054			74	74		107,128			0	1,174	02/15/2022	1FE.....
47787X AC 1	JOHN DEERE OWNER TRUST 17-A A3.....		04/15/2020	PAYDOWN.....		3,454	3,454	3,454	3,462			(8)	(8)		3,454			0	20	04/15/2021	1FE.....
47788B AD 6	JOHN DEERE OWNER TRUST 17-B A3.....		06/15/2020	PAYDOWN.....		43,216	43,216	43,213	43,212			4	4		43,216			0	317	10/15/2021	1FE.....
47788C AC 6	JOHN DEERE OWNER TRUST 18-A A3.....		06/15/2020	PAYDOWN.....		83,982	83,982	83,976	83,931			51	51		83,982			0	919	04/18/2022	1FE.....
539830 BF 5	LOCKHEED MARTIN CORP.....		06/16/2020	SECURITY CALLED BY ISSUER at 100.768		364,780	362,000	359,209	361,061			478	478		361,539		461	461	7,654	11/23/2020	1FE.....
58772R AD 6	MERCEDES-BENZ AUTO RECEIVABLES 18-1 A3		06/15/2020	PAYDOWN.....		87,530	87,530	87,527	87,434			95	95		87,530			0	1,093	01/17/2023	1FE.....
65478D AD 9	NISSAN AUTO RECEIVABLES OWNER 18-A A3		06/15/2020	PAYDOWN.....		79,522	79,522	79,513	79,469			53	53		79,522			0	870	05/16/2022	1FE.....
89238M AD 0	TOYOTA AUTO RECEIVABLES OWNER 17-A A3		04/15/2020	PAYDOWN.....		9,113	9,113	9,112	9,126			(13)	(13)		9,113			0	53	02/16/2021	1FE.....
53944V AP 4	LLOYDS BANK PLC.....	D	05/21/2020	TENDER OFFER.....		696,048	680,000	679,170	679,616			109	109		679,725		16,323	16,323	12,093	05/07/2021	1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					3,083,856	3,038,341	3,043,760	3,042,710			0	(86)		3,042,625		30,094	30,094	63,180	XXX	XXX
8399997	Total - Bonds - Part 4.....					3,083,856	3,038,341	3,043,760	3,042,710			0	(86)		3,042,625		30,094	30,094	63,180	XXX	XXX
8399999	Total - Bonds.....					3,083,856	3,038,341	3,043,760	3,042,710			0	(86)		3,042,625		30,094	30,094	63,180	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					3,083,856	XXX	3,043,760	3,042,710			0	(86)		3,042,625		30,094	30,094	63,180	XXX	XXX

QE05

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

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

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

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

Sch. DB - Pt. E
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.....					(2,812,055)	(2,789,179)	(2,717,100)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					2,692,216	2,880,860	3,302,179	XXX
JP Morgan Chase Bank..... Phoenix, AZ.....					3,100,474	2,462,308	1,286,041	XXX
Bank of Albuquerque Payroll..... Albuquerque, NM.....					(7,196)	(7,196)	(7,196)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					(1,070,731)	(956,536)	(1,087,747)	XXX
Bank of Albuquerque..... Albuquerque, NM.....					(402,622)	(232,510)	(315,619)	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	1,500,086	1,357,747	460,558	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	1,500,086	1,357,747	460,558	XXX
0599999. Total Cash.....	XXX	XXX	0	0	1,500,086	1,357,747	460,558	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								
	TREASURY BILL.....		06/15/2020.....	0.138	07/14/2020.....	2,499,875		144
	TREASURY BILL.....		06/24/2020.....	0.158	08/11/2020.....	3,699,393		191
0199999.	U.S. Government Bonds - Issuer Obligations.....					6,199,268	0	335
0599999.	Total - U.S. Government Bonds.....					6,199,268	0	335
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations								
	BK OF ALB SALUD RESTRICTED REPO.....		06/30/2020.....	0.100	07/31/2020.....	20,721,679	58	
3299999.	Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations.....					20,721,679	58	0
3899999.	Total - Industrial & Miscellaneous (Unaffiliated).....					20,721,679	58	0
Total Bonds								
7699999.	Subtotals - Issuer Obligations.....					26,920,947	58	335
8399999.	Subtotals - Bonds.....					26,920,947	58	335
All Other Money Market Mutual Funds								
25160K	20 7 DWS GOVT MMKT SER-INST.....		06/17/2020.....			3,614,856	361	
31607A	70 3 FIDELITY GOVERNMENT INST MONEY MARKET.....		06/17/2020.....			4,908	1	
31846V	56 7 FIRST AMERICAN GOV OBLIG-Z.....		06/17/2020.....			4,600,752	285	
40428X	10 7 HSBC US GOVT MMKT-I.....		06/17/2020.....			2,815,210	618	
608919	71 8 FEDERATED GOVT OBLIGATIONS FUND.....		06/17/2020.....			1,250,313	124	
61747C	70 7 MSILF GOVERNMENT PORT-INST.....		06/17/2020.....			48,628	3	
825252	88 5 INVESTCO GOVT & AGENCY - INST MMF.....		06/17/2020.....			1,153,028	95	
857492	70 6 STATE STATE INST US GOV MMF - PREM.....		06/17/2020.....			12,111,977	1,243	
90262Y	74 5 UBS SELECT GOVT PREF-A.....		06/17/2020.....			26,111	3	
90262Y	76 0 UBS SELECT GOVERNMENT INS.....		06/17/2020.....			6		
94975P	40 5 WELLS FARGO GOVT MONEY MKT FUND CL I.....		06/17/2020.....			2		
949921	12 6 WELLS FARGO GOVT MM FUND SELECT 3802.....		06/17/2020.....			6,018,786	172	
8699999.	Total - All Other Money Market Mutual Funds.....					31,644,577	2,905	0
8899999.	Total - Cash Equivalents.....					58,565,524	2,963	335

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