

ANNUAL STATEMENT

OF THE

**Molina Healthcare of Puerto Rico,
Inc.**

Of

San Juan

in the state of PR

to the Insurance Department

of the state of Puerto Rico

For the Year Ended

December 31, 2016

2016



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

Molina Healthcare of Puerto Rico, Inc.

NAIC Group Code.....1531, 1531 (Current Period) (Prior Period) NAIC Company Code..... 15600 Employer's ID Number..... 66-0817946

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

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

Incorporated/Organized..... February 28, 2014 Commenced Business..... September 23, 2014

Statutory Home Office 654 Plaza, 654 Munoz Rivera Avenue, Ste 1600..... San Juan PR US 00918-4123
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 654 Plaza, 654 Munoz Rivera Avenue, Ste 1600..... San Juan PR US 00918-4123
787-200-3300
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 366108..... San Juan PR US 00936-6108
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 654 Plaza, 654 Munoz Rivera Avenue, Ste 1600..... San Juan PR US 00918-4123
787-200-3300
(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 Eduardo Rene Moscoso Fournier 888-562-5442-337010
(Name) (Area Code) (Telephone Number) (Extension)
eduardo.moscoso@molinahealthcare.com 787-999-4575
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Joseph William White #	Vice President	2. Gabriel Antonio Rivera	Treasurer/VP Finance & Analytics
3. Jeffrey Don Barlow	Secretary	4. Ana Cristina Rivera Lopez	AVP Government Contracts

OTHER

DIRECTORS OR TRUSTEES

Stephen Devon Harris # Madeline (NMN) Figueroa Rivera #

State of..... Puerto Rico
County of..... San Juan

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) Joseph William White	_____ (Signature) Gabriel Antonio Rivera	_____ (Signature) Jeffrey Don Barlow
_____ 1. (Printed Name) Vice President	_____ 2. (Printed Name) Treasurer/VP Finance & Analytics	_____ 3. (Printed Name) Secretary
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This _____ day of _____ 2017

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 Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	600,724		600,724	602,316
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
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 (\$.....140,518,808, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	140,518,808		140,518,808	104,141,774
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	0	0	.0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	141,119,532	0	141,119,532	104,744,090
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	245		245	244
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	11,072,567		11,072,567	6,163,720
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			.0	
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	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	3,430,000		3,430,000	
18.2 Net deferred tax asset.....			.0	4,633,008
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....	2,030,585	1,402,498	628,087	866,838
21. Furniture and equipment, including health care delivery assets (\$.....0).....	3,980,746	3,980,746	.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 (\$.....1,103,259) and other amounts receivable.....	28,398,153	25,805,755	2,592,398	14,187,913
25. Aggregate write-ins for other-than-invested assets.....	2,200,869	2,200,869	.0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	192,232,697	33,389,868	158,842,829	130,595,813
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTAL (Lines 26 and 27).....	192,232,697	33,389,868	158,842,829	130,595,813

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 through 1103 plus 1198) (Line 11 above).....	0	0	.0	0
2501. Prepays, deposits, and other assets.....	2,200,869	2,200,869	.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 through 2503 plus 2598) (Line 25 above).....	2,200,869	2,200,869	.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).....	68,151,805		68,151,805	60,433,773
2. Accrued medical incentive pool and bonus amounts.....	11,008,109		11,008,109	5,967,200
3. Unpaid claims adjustment expenses.....	1,113,546		1,113,546	979,687
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	
9. General expenses due or accrued.....	2,232,522		2,232,522	6,565,987
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....	8,097,096		8,097,096	4,766,823
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	471,304
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	1,846,113		1,846,113	2,282,119
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 \$.....0 certified 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 \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	92,449,191	0	92,449,191	81,466,893
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	10,600,000
26. Common capital stock.....	XXX	XXX	100	100
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	125,200,690	74,200,690
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	(58,807,152)	(35,671,870)
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	66,393,638	49,128,920
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	158,842,829	130,595,813

DETAILS OF WRITE-INS

2301.			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	0	0	0	0
2501. 2016 health insurer fee accrual estimate.....	XXX	XXX		10,600,000
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	10,600,000
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	.XXX	4,018,688	3,179,351
2. Net premium income (including \$.....0 non-health premium income).....	.XXX	746,252,143	556,568,814
3. Change in unearned premium reserves and reserve for rate credits.....	.XXX		
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
7. Aggregate write-ins for other non-health revenues.....	.XXX	.0	.0
8. Total revenues (Lines 2 to 7).....	.XXX	746,252,143	556,568,814
Hospital and Medical:			
9. Hospital/medical benefits.....		241,912,239	180,321,025
10. Other professional services.....		48,826,862	38,535,936
11. Outside referrals.....		3,605,885	10,084,427
12. Emergency room and out-of-area.....		197,284,185	153,258,686
13. Prescription drugs.....		182,876,995	116,458,000
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....		3,234,281	(4,713,285)
16. Subtotal (Lines 9 to 15).....	.0	677,740,447	493,944,789
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	.0	677,740,447	493,944,789
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....16,305,981 cost containment expenses.....		17,017,738	13,499,446
21. General administrative expenses.....		64,544,723	55,498,236
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).....	.0	759,302,908	562,942,471
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	.XXX	(13,050,765)	(6,373,657)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		296,421	47,435
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	.0	296,421	47,435
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	.0	1,719,835	(2,906,440)
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	(11,034,509)	(9,232,662)
31. Federal and foreign income taxes incurred.....	.XXX	(1,114,717)	6,206,823
32. Net income (loss) (Lines 30 minus 31).....	.XXX	(9,919,792)	(15,439,485)

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
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	.XXX	.0	.0
0701. ....	.XXX		
0702. ....	.XXX		
0703. ....	.XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	.XXX	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	.XXX	.0	.0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	.0	.0	.0
2901. Fines and penalties.....		1,719,835	(4,271,185)
2902. Other miscellaneous income.....			1,364,745
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	.0	1,719,835	(2,906,440)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	49,128,920	5,042,556
34. Net income or (loss) from Line 32.....	(9,919,792)	(15,439,485)
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (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.....	(22,508,018)	22,508,018
39. Change in nonadmitted assets.....	(1,307,472)	(32,082,396)
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.....	51,000,000	69,100,000
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	.227
48. Net change in capital and surplus (Lines 34 to 47).....	17,264,718	44,086,364
49. Capital and surplus end of reporting period (Line 33 plus 48).....	66,393,638	49,128,920

DETAILS OF WRITE-INS

4701. Other.....		.227
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....	0	.227

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	741,343,296	550,405,094
2. Net investment income.....	298,012	49,493
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	741,641,308	550,454,587
5. Benefit and loss related payments.....	673,960,331	445,474,005
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	84,042,232	64,358,448
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(1,014,990)	1,440,000
10. Total (Lines 5 through 9).....	756,987,573	511,272,453
11. Net cash from operations (Line 4 minus Line 10).....	(15,346,265)	39,182,134
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....		600,000
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.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	600,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....		603,060
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	603,060
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	0	(3,060)
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.....	51,000,000	69,100,000
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).....	723,299	(8,633,520)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	51,723,299	60,466,480
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	36,377,034	99,645,554
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	104,141,774	4,496,220
19.2 End of year (Line 18 plus Line 19.1).....	140,518,808	104,141,774

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

20.0001		
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UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....				.0
2. Medicare supplement.....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal employees health benefits plan.....				.0
6. Title XVIII - Medicare.....				.0
7. Title XIX - Medicaid.....	746,652,388		400,245	746,252,143
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8).....	746,652,388	.0	400,245	746,252,143
10. Life.....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11).....	746,652,388	.0	400,245	746,252,143

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	675,766,959							675,766,959		
1.2 Reinsurance assumed.....	.0									
1.3 Reinsurance ceded.....	.0									
1.4 Net.....	675,766,959	.0	.0	.0	.0	.0	.0	675,766,959	.0	.0
2. Paid medical incentive pools and bonuses.....	(1,806,628)							(1,806,628)		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	68,151,805							68,151,805		
3.2 Reinsurance assumed.....	.0									
3.3 Reinsurance ceded.....	.0									
3.4 Net.....	68,151,805	.0	.0	.0	.0	.0	.0	68,151,805	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	.0									
4.2 Reinsurance assumed.....	.0									
4.3 Reinsurance ceded.....	.0									
4.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year.....	11,008,109							11,008,109		
6. Net healthcare receivables (a).....	8,978,825							8,978,825		
7. Amounts recoverable from reinsurers December 31, current year.....	.0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	60,433,773							60,433,773		
8.2 Reinsurance assumed.....	.0									
8.3 Reinsurance ceded.....	.0									
8.4 Net.....	60,433,773	.0	.0	.0	.0	.0	.0	60,433,773	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	.0									
9.2 Reinsurance assumed.....	.0									
9.3 Reinsurance ceded.....	.0									
9.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year.....	5,967,200							5,967,200		
11. Amounts recoverable from reinsurers December 31, prior year.....	.0									
12. Incurred benefits:										
12.1 Direct.....	674,506,166	.0	.0	.0	.0	.0	.0	674,506,166	.0	.0
12.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.4 Net.....	674,506,166	.0	.0	.0	.0	.0	.0	674,506,166	.0	.0
13. Incurred medical incentive pools and bonuses.....	3,234,281	.0	.0	.0	.0	.0	.0	3,234,281	.0	.0

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	7,013,395							7,013,395		
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	7,013,395	0	0	0	0	0	0	7,013,395	0	0
2. Incurred but unreported:										
2.1 Direct.....	61,138,410							61,138,410		
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	61,138,410	0	0	0	0	0	0	61,138,410	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	68,151,805	0	0	0	0	0	0	68,151,805	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	68,151,805	0	0	0	0	0	0	68,151,805	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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).....					0	
2. Medicare supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal employees health benefits plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....	45,342,518	630,424,441	1,989,517	66,162,288	47,332,035	60,433,772
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	45,342,518	630,424,441	1,989,517	66,162,288	47,332,035	60,433,772
10. Healthcare receivables (a).....	14,838,906	12,070,108			14,838,906	17,930,189
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	5,967,200	(7,773,828)		11,008,109	5,967,200	5,967,200
13. Totals (Lines 9 - 10 + 11 + 12).....	36,470,812	610,580,505	1,989,517	77,170,397	38,460,329	48,470,783

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX	456,154	501,497
6. 2016.....	XXX	XXX	XXX	XXX	630,424

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX	522,555	503,487
6. 2016.....	XXX	XXX	XXX	XXX	707,594

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012.....				.00	0	0.0			0	0.0
2. 2013.....				.00	0	0.0			0	0.0
3. 2014.....				.00	0	0.0			0	0.0
4. 2015.....	556,823	501,497	13,499	2.7	514,996	92.5	1,990	35	517,021	92.9
5. 2016.....	746,652	630,424	17,018	2.7	647,442	86.7	77,170	1,079	725,691	97.2

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....					
2. 2012.....					
3. 2013.....	.XXX				
4. 2014.....	.XXX	.XXX			
5. 2015.....	.XXX	.XXX	.XXX	456,154	501,497
6. 2016.....	.XXX	.XXX	.XXX	.XXX	630,424

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

12.XI

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....					
2. 2012.....					
3. 2013.....	.XXX				
4. 2014.....	.XXX	.XXX			
5. 2015.....	.XXX	.XXX	.XXX	522,555	503,487
6. 2016.....	.XXX	.XXX	.XXX	.XXX	707,594

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012.....				.0	0	.0			0	.0
2. 2013.....				.0	0	.0			0	.0
3. 2014.....				.0	0	.0			0	.0
4. 2015.....	556,823	501,497	13,499	2.7	514,996	92.5	1,990	35	517,021	92.9
5. 2016.....	746,652	630,424	17,018	2.7	647,442	86.7	77,170	1,079	725,691	97.2

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only
NONE**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....			5,823,502		5,823,502
2. Salaries, wages and other benefits.....	11,042,300	315,318	25,723,184		37,080,802
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....			96,224		96,224
4. Legal fees and expenses.....			643,046		643,046
5. Certifications and accreditation fees.....			269		269
6. Auditing, actuarial and other consulting services.....	1,308,991	16,344	6,221,112		7,546,447
7. Traveling expenses.....	184,553	600	337,791		522,944
8. Marketing and advertising.....	9,456		400,702		410,158
9. Postage, express and telephone.....	173,067	103	2,351,198		2,524,368
10. Printing and office supplies.....	11,492	807	1,876,423		1,888,722
11. Occupancy, depreciation and amortization.....			3,961,395		3,961,395
12. Equipment.....	3,407		337,947		341,354
13. Cost or depreciation of EDP equipment and software.....	47,688	21	1,902,683		1,950,392
14. Outsourced services including EDP, claims, and other services.....	2,677,484	357,896	1,875,964		4,911,344
15. Boards, bureaus and association fees.....	3,650		81,193		84,843
16. Insurance, except on real estate.....			774,271		774,271
17. Collection and bank service charges.....			55,282		55,282
18. Group service and administration fees.....			1,175		1,175
19. Reimbursements by uninsured plans.....			340,559		340,559
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....	4,851		9,982,114		9,986,965
23.4 Payroll taxes.....	839,042	20,668	1,722,908		2,582,618
23.5 Other (excluding federal income and real estate taxes).....			628,493		628,493
24. Investment expenses not included elsewhere.....				3,607	3,607
25. Aggregate write-ins for expenses.....	0	0	(592,712)	0	(592,712)
26. Total expenses incurred (Lines 1 to 25).....	16,305,981	711,757	64,544,723	3,607	(a) 81,566,068
27. Less expenses unpaid December 31, current year.....		1,113,546	2,232,522		3,346,068
28. Add expenses unpaid December 31, prior year.....		979,687	6,565,987		7,545,674
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	16,305,981	577,898	68,878,188	3,607	85,765,674

DETAILS OF WRITE-INS

2501. Charitable contributions.....			260		260
2502. Borrowing costs.....			1,369,502		1,369,502
2503. Other administrative expenses.....			(1,962,474)		(1,962,474)
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	(592,712)	0	(592,712)

(a) Includes management fees of \$.....20,688,800 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....3,658	.....3,660
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....296,368	.....296,368
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....300,026	.....300,028
11. Investment expenses.....	.....	(g).....3,607
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....3,607
17. Net investment income (Line 10 minus Line 16).....	.....	.....296,421

DETAILS OF WRITE-INS

0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0

- (a) Includes \$.....0 accrual of discount less \$.....1,592 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....0	.....	.....
1.2 Other bonds (unaffiliated).....0	.....	.....
1.3 Bonds of affiliates.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....0	.....	.....
2.11 Preferred stocks of affiliates.....0	.....	.....
2.2 Common stocks (unaffiliated).....0	.....	.....
2.21 Common stocks of affiliates.....0	.....	.....
3. Mortgage loans.....0	.....	.....
4. Real estate.....0	.....	.....
5. Contract loans.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....0	.....	.....
7. Derivative instruments.....0	.....	.....
8. Other invested assets.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....0	.....0	.....0	.....0	.....0

DETAILS OF WRITE-INS

0901. ....	.....	.....	.....0	.....	.....
0902. ....	.....	.....	.....0	.....	.....
0903. ....	.....	.....	.....0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
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
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....		17,875,010	17,875,010
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....	1,402,498	2,355,884	953,386
21. Furniture and equipment, including health care delivery assets.....	3,980,746	4,011,978	31,232
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....	25,805,755	5,106,795	(20,698,960)
25. Aggregate write-ins for other-than-invested assets.....	2,200,869	2,732,729	531,860
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	33,389,868	32,082,396	(1,307,472)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	33,389,868	32,082,396	(1,307,472)

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
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepays, deposits, and other assets.....	2,200,869	2,732,729	531,860
2502.			0
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	2,200,869	2,732,729	531,860

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	348,007	339,024	335,454	331,101	329,509	4,018,688
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	348,007	339,024	335,454	331,101	329,509	4,018,688

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0499999. Premiums due and unpaid from Medicaid entities.....	1,411,331	500,771	716,626	8,443,839		11,072,567
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	1,411,331	500,771	716,626	8,443,839	0	11,072,567

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Claim Overpayment Receivables						
HIMA San Pablo.....	1,036,269	257,004	909,455	4,842,937	6,011,790	1,033,875
0299998. Claim Overpayment Receivables Not Listed Individually.....	660,090				590,706	69,384
0299999. Total Claim Overpayment Receivables.....	1,696,359	257,004	909,455	4,842,937	6,602,496	1,103,259
Risk Sharing Receivables						
Facilidades Medicas Asociadas.....	2,873,686			1,995,538	4,869,224	0
Corporacion Puertorriquena De Salud.....	1,121,755			3,903,338	5,025,093	0
Ponce Advance Medical Group PSC.....	2,680,891				2,680,891	0
0599998. Risk Sharing Receivables Not Listed Individually.....	1,803,127			4,824,924	6,628,051	0
0599999. Total Risk Sharing Receivables.....	8,479,459	0	0	10,723,800	19,203,259	0
0799999. Gross Health Care Receivables.....	10,175,818	257,004	909,455	15,566,737	25,805,755	1,103,259

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables.....					0	
2. Claim overpayment receivables.....	3,917,378		4,115,106	3,590,649	8,032,484	6,126,436
3. Loans and advances to providers.....					0	
4. Capitation arrangement receivables.....					0	1,123,267
5. Risk sharing receivables.....			10,723,800	8,479,459	10,723,800	10,680,486
6. Other health care receivables.....					0	
7. Totals (Lines 1 through 6).....	3,917,378	0	14,838,906	12,070,108	18,756,284	17,930,189

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - 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)						
MC - 21 Corporation.....	4,820,930					4,820,930
0199999. Individually listed claims unpaid.....	4,820,930	0	0	0	0	4,820,930
0399999. Aggregate accounts not individually listed - covered.....	1,440,173				752,292	2,192,465
0499999. Subtotals.....	6,261,103	0	0	0	752,292	7,013,395
0599999. Unreported claim and other claim reserves.....						61,138,410
0799999. Total claims unpaid.....						68,151,805
0899999. Accrued medical incentive pool and bonus amounts.....						11,008,109

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molina Healthcare, Inc.....	Misc Charges.....	1,846,113	1,846,113	
0199999. Individually listed payables.....		1,846,113	1,846,113	0
0399999. Total gross payables.....		1,846,113	1,846,113	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	77,673,702	11.5				77,673,702
2. Intermediaries.....	.0	0.0				
3. All other providers.....	45,891,319	6.8	329,509	100.0		45,891,319
4. Total capitation payments.....	123,565,021	18.3	329,509	100.0	.0	123,565,021
Other Payments:						
5. Fee-for-service.....	50,289,943	7.4	XXX	XXX		50,289,943
6. Contractual fee payments.....	501,911,995	74.3	XXX	XXX		501,911,995
7. Bonus/withhold arrangements - fee-for-service.....	.0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	.0	0.0	XXX	XXX		
9. Non-contingent salaries.....	.0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	.0	0.0	XXX	XXX		
11. All other payments.....	.0	0.0	XXX	XXX		
12. Total other payments.....	552,201,938	81.7	XXX	XXX	.0	552,201,938
13. Total (Line 4 plus Line 12).....	675,766,959	100.0	XXX	XXX	.0	675,766,959

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EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	1,513,429		315,746	1,197,683	1,197,683	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....	13,634,104		10,851,041	2,783,063	2,783,063	.0
6. Total.....	15,147,533	.0	11,166,787	3,980,746	3,980,746	.0

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

Molina Healthcare of Puerto Rico, Inc. (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 Office of the Commissioner of Insurance of the Commonwealth of Puerto Rico (the "Office").

The Office recognizes only statutory accounting practices prescribed or permitted by the Commonwealth of Puerto Rico for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Puerto Rico 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 Commonwealth of Puerto Rico.

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 #	2016	2015
NET INCOME					
(1) Molina Healthcare of Puerto Rico, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (9,919,792)	\$ (15,439,485)
(2) State Prescribed Practices that increase/decrease NAIC SAP					
(3) State Permitted Practices that increase/decrease NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (9,919,792)	\$ (15,439,485)
SURPLUS					
(5) Molina Healthcare of Puerto Rico, Inc. state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 66,393,638	\$ 49,128,920
(6) State Prescribed Practices that increase/decrease NAIC SAP					
(7) State Permitted Practices that increase/decrease NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 66,393,638	\$ 49,128,920

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with the NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses in the period. Actual results could differ from those estimates.

C. Accounting Policy

Revenue Recognition: The Plan arranges for the provision of health care services to Medicaid recipients under contracts with the Commonwealth of Puerto Rico. Premium revenue is recognized in the month that members are entitled to receive health care services, and is fixed in advance of the periods covered. Premiums collected in advance are deferred. Generally, premium revenue is not subject to significant accounting estimates, except as described below.

Profit Sharing: The Plan's Medicaid contract with the Puerto Rico Health Insurance Administration (ASES by its Spanish acronym) contains a gain-sharing provision under which the Plan refunds amounts to ASES if the Plan generates a profit in excess of 2.5%.

Quality Incentive Premiums: Under the Plan's contract with ASES, up to 2% of revenue is withheld and is not earned until certain performance measures are met. These performance measures are generally linked to various administrative measures dictated by the state.

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

In addition, the Plan applies the following accounting policies:

- (1) Short-term investments consist primarily of money market funds with maturity dates of less than one year from the date of issuance. Realized capital gains and losses are determined using the specific-identification method.
- (2) Investments in bonds: Bonds not backed by other loans are principally stated at amortized cost using the scientific method. Changes in admitted asset carrying amounts of bonds are credited or charged directly to unassigned surplus.
- (3) Investments in common stock: None.
- (4) Investments in preferred stock: None.
- (5) Investments in mortgage loans: None.
- (6) Investments in loan-backed securities: None.
- (7) Investments in subsidiaries, controlled or affiliated companies: None.
- (8) Investments in joint ventures, partnerships and limited liability companies: None.
- (9) Investments in derivatives: None.

NOTES TO FINANCIAL STATEMENTS

- (10) Premium deficiency calculation: The Plan anticipates investment income as a factor in the premium deficiency calculation, in accordance with Statement of Statutory Accounting Principles ("SSAP") No. 54, *Individual and Group Accident and Health Contracts*.
- (11) Claims unpaid and claims adjustment expenses: Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) Capitalization policy: No change from prior period.
- (13) Pharmacy rebate receivables: Not applicable.

D. Going Concern: Not applicable.

Note 2 – Accounting Changes and Corrections of Errors

There were no accounting changes or corrections of errors during the year ended December 31, 2016.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

None.

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans: None.
- B. Debt Restructuring: None.
- C. Reverse Mortgages: None.
- D. Loan-Backed Securities: None.
- E. Repurchase Agreements and/or Securities Lending Transactions: None.
- F. Real Estate: None.
- G. Investments in Low-Income Housing Trade Credits (LIHTC): None.
- H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted from Prior Year	3 Increase (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Additional Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	-	-	-	-	-	-	-
b. Collateral held under security lending arrangements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	5,102,019	5,100,271	1,748	-	5,102,019	2,654	3,212
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 5,102,019	\$ 5,100,271	\$ 1,748	\$ -	\$ 5,102,019	\$ 2,654	\$ 3,212

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 1, Line 28

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contacts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate): None.

NOTES TO FINANCIAL STATEMENTS

- (3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate): None.
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements: None.
- I. Working Capital Finance Investments: None.
- J. Offsetting and Netting of Assets and Liabilities: None.
- K. Structured Notes: None.
- L. 5* Securities: None.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

The Plan had no investment income that was excluded in 2016 or 2015. All of the Plan's investments and the income derived from such investments meet the criteria for admitted receivables.

Note 8 – Derivative Instruments

None.

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$ 35,210,235	\$ -	\$ 35,210,235	\$ 23,820,741	\$ -	\$ 23,820,741	\$ 11,389,494	\$ -	\$ 11,389,494
b. Statutory valuation allowance adjustment	35,210,235	-	35,210,235	1,312,723	-	1,312,723	33,897,512	-	33,897,512
c. Adjusted gross deferred tax assets (1a-1b)	-	-	-	22,508,018	-	22,508,018	(22,508,018)	-	(22,508,018)
d. Deferred tax assets nonadmitted	-	-	-	17,875,010	-	17,875,010	(17,875,010)	-	(17,875,010)
e. Subtotal net admitted deferred tax asset (1c-1d)	-	-	-	4,633,008	-	4,633,008	(4,633,008)	-	(4,633,008)
f. Deferred tax liabilities	-	-	-	-	-	-	-	-	-
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ -	\$ -	\$ -	\$ 4,633,008	\$ -	\$ 4,633,008	\$ (4,633,008)	\$ -	\$ (4,633,008)

2. Admission Calculation Components

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -	\$ 183,417	\$ -	\$ 183,417	\$ (183,417)	\$ -	\$ (183,417)
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:	-	-	-	4,449,591	-	4,449,591	(4,449,591)	-	(4,449,591)
Adjusted gross deferred tax	-	-	-	14,234,074	-	14,234,074	(14,234,074)	-	(14,234,074)

NOTES TO FINANCIAL STATEMENTS

assets expected to be realized following the balance sheet date										
Adjusted gross deferred tax assets allowed per limitation threshold	-	-	13,153,110	-	-	4,449,591	-	-	-	8,703,519
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	-	-	-	-	-	-	-	-	-	-
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	\$ -	\$ -	\$ -	\$ 4,633,008	\$ -	\$ 4,633,008	\$ (4,633,008)	\$ -	\$ -	\$ (4,633,008)

3. Other Admissibility Criteria

	2016	2015
a. Ratio percentage used to determine recovery period and threshold limitation amount	259.000%	205.000%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 66,393,638	\$ 44,495,912

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/2016		12/31/2015		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ -	\$ -	\$ 22,508,018	\$ -	\$ (22,508,018)	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0 %	0 %	0 %	0 %	0 %	0 %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ -	\$ -	\$ 4,633,008	\$ -	\$ (4,633,008)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0 %	0 %	0 %	0 %	0 %	0 %

(b) Does the company's tax planning strategies include the use of reinsurance? NO

B. Deferred Tax Liabilities Not Recognized: None.

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2016	2 2015	3 (Col 1-2) Change
a. Federal	\$ -	\$ 6,017,825	\$ (6,017,825)
b. Foreign	1,414,082	188,998	1,225,084
c. Subtotal	\$ 1,414,082	\$ 6,206,823	\$ (4,792,741)
d. Federal income tax on net capital gains	-	-	-
e. Utilization of capital loss carry-forwards	-	-	-
f. Other	(2,528,799)	-	(2,528,799)
g. Federal and Foreign income taxes incurred	\$ (1,114,717)	\$ 6,206,823	\$ (7,321,540)

NOTES TO FINANCIAL STATEMENTS

2. Deferred Tax Assets

	1	2	3
	2016	2015	(Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$ 221,236	\$ 188,136	\$ 33,100
2. Unearned premium reserve	-	-	-
3. Policyholder reserves	-	-	-
4. Investments	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	7,299,093	7,874,745	(575,652)
8. Compensation and benefits accrual	116,439	113,374	3,065
9. Pension accrual	-	-	-
10. Receivables - nonadmitted	25,449,877	12,352,073	13,097,804
11. Net operating loss carry-forward	22,623	-	22,623
12. Tax credit carry-forward	-	1,312,723	(1,312,723)
13. Other (including items <5% of total ordinary tax assets)	2,100,967	1,979,690	121,277
99. Subtotal	\$ 35,210,235	\$ 23,820,741	\$ 11,389,494
b. Statutory valuation allowance adjustment	35,210,235	1,312,723	33,897,512
c. Nonadmitted	-	17,875,010	(17,875,010)
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ -	\$ 4,633,008	\$ (4,633,008)
e. Capital:			
1. Investments	\$ -	\$ -	\$ -
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other (including items <5% of total capital tax assets)	-	-	-
99. Subtotal	\$ -	\$ -	\$ -
f. Statutory valuation allowance adjustment	-	-	-
g. Nonadmitted	-	-	-
h. Admitted capital deferred tax assets (2e99-2f-2g)	-	-	-
i. Admitted deferred tax assets (2d+2h)	\$ -	\$ 4,633,008	\$ (4,633,008)

3. Deferred Tax Liabilities

	1	2	3
	2016	2015	(Col 1-2) Change
a. Ordinary:			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves	-	-	-
5. Other (including items <5% of total ordinary tax liabilities)	-	-	-
99. Subtotal	\$ -	\$ -	\$ -
b. Capital:			
1. Investments	\$ -	\$ -	\$ -
2. Real estate	-	-	-
3. Other (including items <5% of total capital tax liabilities)	-	-	-
99. Subtotal	\$ -	\$ -	\$ -
c. Deferred tax liabilities (3a99+3b99)	\$ -	\$ -	\$ -

4. Net Deferred Tax Assets (2i - 3c)	\$ -	\$ 4,633,008	\$ (4,633,008)
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The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in deferred income taxes in the surplus section of the Annual Statement):

	12/31/2016	12/31/2015	Change
Total deferred tax assets	\$ 35,210,235	\$ 23,820,741	\$ 11,389,494
Statutory valuation allowance	(35,210,235)	(1,312,723)	(33,897,512)
Net deferred tax asset (liability)	\$ -	\$ 22,508,018	\$ (22,508,018)
Tax effect of unrealized (gains)/losses			-
Change in net deferred income tax assets - increase (decrease)			\$ (22,508,018)

The Plan is subject to taxation in Puerto Rico and the United States. The Plan is not subject to examination for years before 2014, the year of incorporation.

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate:

The provision for federal and foreign taxes incurred is different from that which would be obtained by applying the statutory federal tax rate to income before taxes. The significant items causing this difference are as follows:

Tax Effect	Effective Tax Rate (%)
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NOTES TO FINANCIAL STATEMENTS

Tax benefit on loss at federal statutory tax rate	\$	(4,303,536)	39.00%
Changes in nonadmitted assets		(14,195,037)	128.64%
Statutory valuation allowance		33,897,512	-307.19%
Health insurance providers fee		3,471,434	-31.46%
Related party expenses		2,086,971	-18.91%
Foreign income(loss)		(3,862,148)	35.00%
Prior year true-up		4,290,163	-38.88%
Other		7,942	-0.07%
Reported tax expense	\$	<u>21,393,301</u>	<u>-193.87%</u>
Federal and foreign income taxes incurred	\$	(1,114,717)	10.10%
Change in net deferred income taxes		22,508,018	-203.97%
Total statutory income taxes	\$	<u>21,393,301</u>	<u>-193.87%</u>

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

Federal net operating loss carryovers:

2016	-
2015	-

Federal tax credit carryovers:

2016	-
2015	-

The amount of foreign income taxes incurred that will be available for recoupment in the event of a future net losses is approximately:

2016	1,414,082
2015	3,700,457

Puerto Rico does not permit the carry back of net operating losses.

The Plan did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

The Plan is a dually organized in both Puerto Rico and state of Nevada. The Plan files a standalone Puerto Rico income tax return which is considered its domestic or federal tax return. Additionally, the Plan is included in its parent's consolidated U.S. federal income tax return which is considered the Plan's foreign income tax return. The entities listed below are also included in the aforementioned consolidated U.S. federal income tax return:

A to Z In-Home Tutoring LLC	Molina Healthcare of South Carolina, LLC
AmericanWork, Inc.	Molina Healthcare of Texas Insurance Company
Camelot Care Centers, Inc.	Molina Healthcare of Texas, Inc.
Children's Behavioral Health, Inc.	Molina Healthcare of Utah, Inc.
Choices Group, Inc.	Molina Healthcare of Virginia, Inc.
College Community Services	Molina Healthcare of Washington, Inc.
Dockside Services, Inc.	Molina Healthcare of Wisconsin, Inc.
Family Preservation Services of Florida, Inc.	Molina Healthcare, Inc.
Family Preservation Services of North Carolina, Inc.	Molina Holdings Corporation (f/k/a Molina Healthcare of New York, Inc.)
Family Preservation Services of Washington, D.C., Inc.	Molina Hospital Management, Inc
Family Preservation Services of West Virginia, Inc.	Molina Information Systems, LLC
Family Preservation Services, Inc.	Molina Medical Management, Inc.
Integrated Care Alliance, LLC (f/k/a Synergy Partners, LLC)	Molina Pathways of Ohio, LLC
Maple Star Nevada, Inc.	Molina Pathways of Texas, Inc.
Maple Star Oregon, Inc.	Molina Pathways, LLC
Molina Clinical Services, LLC	Molina Personal Care of South Carolina, Inc.
Molina Dental & Vision Services, LLC	Molina Personal Care of Texas, Inc.
Molina Health Plan Management, Inc.	Pathways Community Corrections, Inc.
Molina Healthcare Data Center, Inc.	Pathways Community Services LLC
Molina Healthcare of Arizona, Inc.	Pathways Community Services LLC
Molina Healthcare of California	Pathways Community Support of Texas, Inc.
Molina Healthcare of California Partner Plan, Inc.	Pathways Health and Community Support of Florida, Inc.
Molina Healthcare of Florida, Inc.	Pathways Health and Community Support, LLC
Molina Healthcare of Georgia, Inc.	Pathways Human Services, LLC
Molina Healthcare of Illinois, Inc.	Pathways of Alabama, Inc.
Molina Healthcare of Iowa, Inc.	Pathways of Arizona, Inc.
Molina Healthcare of Louisiana, Inc.	Pathways of Delaware, Inc.
Molina Healthcare of Maryland, Inc.	Pathways of Idaho LLC
Molina Healthcare of Michigan, Inc.	Pathways of Maine, Inc.
Molina Healthcare of Mississippi, Inc.	Pathways of Massachusetts LLC
Molina Healthcare of Nevada, Inc.	Pathways of Oklahoma, Inc.
Molina Healthcare of New Mexico, Inc.	Pathways of Washington, Inc.
Molina Healthcare of New York, Inc. (f/k/a Today's Options of New York, Inc.)	Raystown Developmental Services, Inc.
Molina Healthcare of North Carolina, Inc.	Rio Grande Management Company, L.L.C.
Molina Healthcare of Ohio, Inc.	The RedCo Group, Inc.
Molina Healthcare of Oklahoma, Inc.	Transitional Family Services, Inc.
Molina Healthcare of Pennsylvania, Inc.	W.D. Management, L.L.C.
Molina Healthcare of Puerto Rico, Inc.	

NOTES TO FINANCIAL STATEMENTS

2. Molina Healthcare, Inc. (the "Parent") and its subsidiaries, including the Plan, file a consolidated federal income tax return. Under a written intercompany tax-sharing agreement with the Parent, approved by the Plan's board of directors, the combined federal income tax is allocated to each entity which is a party to the consolidation. The Parent collects from, or refunds to, the subsidiaries the amount of taxes or benefits determined as if each entity filed separate tax returns. Under the tax-sharing agreement, the Plan has an enforceable right to recoup federal income taxes paid in prior years in the event of future net losses or to recoup net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany balances are settled annually within 90 days of filing the consolidated federal income tax return.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Plan does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

A. The Plan is a wholly owned subsidiary of Molina. Molina and its subsidiaries provide quality managed care to people receiving government assistance. Molina offers healthcare services for persons served by Medicaid, Medicare, and the Marketplace, and products to assist government agencies in their administration of the Medicaid program. Molina has wholly owned operating subsidiaries in various states as indicated in Schedule Y, Parts 1 and 1A.

B., C. The Plan received contributions amounting to \$51,000,000 from Molina in the year ended December 31, 2016, principally to provide funding to meet mandated net worth requirements. 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.

The Plan has an agreement with Molina whereby Molina provides certain management services to the Plan. Expenses incurred relating to this agreement amounted to \$20,688,800 and \$20,481,094 for the years ended December 31, 2016 and 2015, respectively.

D. As of December 31, 2016, amounts due to Molina and affiliates totaled \$1,846,113. Intercompany receivables and payables are generally settled on a monthly basis.

E. The Plan is not a guarantor and does not participate in any undertakings.

F. The Plan has a services agreement with Molina, as described in Note 10.C. above.

G. As indicated in Note 10.A. above, the Plan is a wholly owned subsidiary of Molina. The entities under common ownership of Molina are indicated in Schedule Y, Parts 1 and 1A.

H. Amount deducted from the value of an upstream intermediate entity or ultimate parent owned: None.

I. Investment in subsidiary, controlled or affiliated ("SCA") entity that exceeds 10% of the admitted assets of the insurer: None.

J. Investment in impaired SCA entities: None.

K. Investment in foreign subsidiary: None.

L. Investment in downstream noninsurance holding company: None.

M. All SCA Investments: None.

N. Investment in SCA for which the audited statutory equity reflects a departure from the NAIC SAP: None.

Note 11 – Debt

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: See Note 12.G. below.

F. Multiemployer Plans: None.

G. Consolidated/Holding Company Plans: The Plan's employees participate in a defined contribution 401(k) plan sponsored by Molina that covers substantially all full-time salaried and clerical employees. Eligible employees are allowed to contribute up to the maximum allowed by law. The Plan matches up to the first 4% of compensation contributed by the employees. The Plan has no legal obligation to provide benefits under the plan. The Plan's expense recognized in connection with the 401(k) plan was \$794,032 and \$233,879 for the years ended December 31, 2016 and 2015, respectively.

H. Postemployment Benefits and Compensated Absences: No postemployment benefits and no unrecorded amounts for compensated absences.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None.

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

(1) The Plan has 10,000 shares of no par value common stock authorized, 100 shares issued and outstanding.

(2) Preferred stock: None.

(3) Dividend restrictions: Cash dividends may not be paid to the Parent except out of that part of the Company's available surplus funds which is derived from any realized net profits on the Company's business.

NOTES TO FINANCIAL STATEMENTS

- (4) Dividends paid by the Plan to Molina during 2016 were as follows: None.
- (5) Subject to the limitations of (3) above, no restrictions have been placed on the portion of the Plan's profits that may be paid as ordinary dividends to Molina.
- (6) Restrictions placed on unassigned funds (surplus): None.
- (7) Advances to surplus not repaid: None.
- (8) Stock held for special purposes: None.
- (9) Changes in the balance of special surplus funds: The special surplus balance at December 31, 2015 represented the Plan's estimated health insurer fee for 2016. Due to the moratorium on the health insurer fee for the 2017 calendar year, the Plan did not reclassify amounts to special surplus at December 31, 2016.
- (10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: None.
- (11) Surplus debentures or similar obligations: None.
- (12) The impact of any restatement due to prior quasi-reorganizations: None.
- (13) The effective dates of all quasi-reorganizations in the prior 10 years: None.

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

- (1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: None.
- (2), (3) Detail of other contingent commitments: None; the Plan is not a guarantor.

B. Assessments: None.

C. Gain Contingencies: None.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits: None.

E. Joint and Several Liabilities: None.

F. All Other Contingencies: From time to time, the Plan may be involved in legal actions in the normal course of business, some of which involve a demand for both compensatory and punitive damages not covered by insurance. Currently, there are no pending or threatened actions which, to the knowledge and in the opinion of management and the Plan's counsel, would have a material adverse effect on the Plan's financial position, results of operations or cash flow.

Note 15 – Leases

A. Lessee Operating Lease

- (1) The Plan leases office facilities and equipment under noncancelable long-term operating leases. Some of the leases contain escalation clauses and renewal options. Rental expense relating to these leases totaled \$3,104,055 and \$2,249,530 for the years ended December 31, 2016 and 2015, respectively.

(2)

a. At January 1, 2016 the minimum aggregate rental commitments are as follows:		
	Year Ending December 31	Operating Leases
1.	2017	\$ 2,478,921
2.	2018	\$ 2,462,054
3.	2019	\$ 2,494,493
4.	2020	\$ 796,706
5.	2021	\$ -
6.	Total	\$ 8,232,174

- (3) Sale-leaseback transactions: None.

B. Revenue, Net Income or Assets with Respect to Leases: None.

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

The Plan has no financial instruments with off-balance-sheet risk.

Financial instruments that potentially subject the Plan to concentrations of credit risk consist primarily of cash, bonds and receivables.

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 Portion of Partially Insured Plans

- A. ASO Plans: None.
- B. ASC Plans: None.

NOTES TO FINANCIAL STATEMENTS

C. Medicare or Similarly Structured Cost Based Reimbursement Contract: None.

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

None.

Note 20 – Fair Value Measurements

A.

- (1) Fair Value Measurements at Reporting Date: None.
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy: None.
- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.
- (4) For fair value measurements categorized within Level 2 and Level 3 of the fair value hierarchy, a description of the valuation techniques follows: None.
- (5) Derivative assets and liabilities: None.

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

C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2016 and 2015 is presented in the table below:

2016:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
U.S. Treasury Notes	\$ 600,684	\$ 600,724	\$ 600,684	\$ -	\$ -	\$ -

2015:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
U.S. Treasury notes	\$ 599,532	\$ 602,316	\$ 599,532	\$ -	\$ -	\$ -
Total	599,532	602,316	599,532			

D. Not Practicable to Estimate Fair Value: None.

Note 21 – Other Items

- A. Unusual or Infrequent Items: None.
- B. Troubled Debt Restructuring Debtors: None.
- C. Other Disclosures and Unusual Items: None.
- D. Business Interruption Insurance Recoveries: None.
- E. State Transferable and Non-Transferable Tax Credits: None.
- F. Subprime Mortgage Related Risk Exposure: None.
- G. Retained Assets: None.
- H. Insurance-Linked Securities (ILS) Contracts: None.

Note 22 – Events Subsequent

Prior to the 2017 calendar year, the Plan is subject to an annual health insurer fee under section 9010 of the Federal Affordable Care Act ("ACA"). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. The special surplus balance at December 31, 2015 represented the Plan's estimated health insurer fee for 2016. Due to the moratorium on the health insurer fee for the 2017 calendar year, the Plan did not reclassify amounts to special surplus at December 31, 2016.

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?

Yes [X] No []

B.	ACA fee assessment payable for the upcoming year	\$	\$ 10,600,000
C.	ACA fee assessment paid		9,918,383
D.	Premium written subject to ACA 9010 assessment		557,000,000
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)		66,393,638
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)		66,393,638
G.	Authorized control level (Five-Year Historical Line 15)	\$	24,402,109

H. Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)?

Yes [] No [X]

NOTES TO FINANCIAL STATEMENTS

With the exception of the subsequent event disclosed above, there were no recognized or unrecognized events occurring subsequent to the close of the books that would have a material effect on the Plan's financial condition. Subsequent events were considered through March 30, 2017, for the statutory statement available to be issued on March 30, 2017.

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? No.
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? No.

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? No.
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? No.

B. Uncollectible Reinsurance: None.

C. Commutation of Ceded Reinsurance: None.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. - C. None.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act: None.

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 [] No [X]
- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year: None.
- (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: None.
- (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.

Note 25 – 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 regarding incurred reported claims. Claims unpaid activity during the periods indicated is summarized below:

	Year ended 12/31/2016	Year ended 12/31/2015
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 67,380,660	\$ -
Add provision for claims, net of reinsurance:		
Current year	686,924,185	493,944,789
Prior years	(9,183,738)	-
Net incurred claims during the current year	677,740,447	493,944,789
Deduct paid claims, net of reinsurance:		
Current year	628,617,813	445,474,004
Prior years	45,342,518	-
Net paid claims during the current year	673,960,331	445,474,004
Change in claims adjustment expenses	133,859	979,687
Change in health care receivables	8,978,825	17,930,188
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 80,273,460	\$ 67,380,660

NOTES TO FINANCIAL STATEMENTS

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

A. Pharmaceutical Rebate Receivables: None.

B. Risk Sharing Receivables: We had no admitted balance as of December 31, 2016 and hence not applicable.

Note 29 – Participating Policies

None.

Note 30 – Premium Deficiency Reserves

- | | | |
|----|--|-----------------------|
| 1. | Liability carried for premium deficiency reserve: | \$ - |
| 2. | Date of most recent evaluation of this liability: | December 31, 2016 |
| 3. | Was anticipated investment income utilized in the calculation? | Yes [X] No [] |

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 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 No
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State regulating? Puerto Rico
- 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
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. None
- 3.2 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. None
- 3.3 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). _____
- 3.4 By what department or departments?
Not applicable
- 3.5 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
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes No
- 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes No
- 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 5.2 If yes, provide the 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 |
|---------------------|------------------------------|---------------------------|
| | | |
- 6.1 Has the 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
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes,
- 7.21 State the percentage of foreign control _____ %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).
- | 1
Nationality | 2
Type of Entity |
|------------------|---------------------|
| | |
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes No
- 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
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Grant Thornton LLP 90 State House Square, 10th Floor, Hartford, CT 06103
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes No
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes No N/A
- 10.6 If the response to 10.5 is no or n/a, please explain:
The Company is a direct wholly owned subsidiary of Molina Healthcare, Inc. ("Molina") Molina is a publicly traded company and is subject to compliance with the Sarbanes-Oxley Act. An Audit Committee is maintained at the Corporate level (Molina).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Brian F. Goebel, FSA, MAAA, Chief Actuary, 200 Oceangate, Suite 100, Long Beach, CA 90802, Employee of the reporting entity.
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers \$ 0
- 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$
- 21.22 Borrowed from others \$
- 21.23 Leased from others \$
- 21.24 Other \$
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$
- 22.22 Amount paid as expenses \$
- 22.23 Other amounts paid \$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01 Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes No

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes No N/A

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ _____

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ _____

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes No N/A

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes No N/A

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0

24.103 Total payable for securities lending reported on the liability page: \$ _____ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes No

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements \$ _____ 0

25.22 Subject to reverse repurchase agreements \$ _____ 0

25.23 Subject to dollar repurchase agreements \$ _____ 0

25.24 Subject to reverse dollar repurchase agreements \$ _____ 0

25.25 Placed under option agreements \$ _____ 0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ _____ 0

25.27 FHLB Capital Stock \$ _____ 0

25.28 On deposit with states \$ _____ 5,102,019

25.29 On deposit with other regulatory bodies \$ _____ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ _____ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ _____ 0

25.32 Other \$ _____ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$ _____

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year: \$ _____

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes No

28.01 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's Address
Morgan Stanley	2000 Westchester Ave, Purchase, NY 10577
Citibank	55 Water St. New York, NY 10041

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No

28.04 If yes, give full and complete information relating thereto:

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

28.05 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
Morgan Stanley	U

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
149777	Morgan Stanley		SEC	NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	600,724	600,684	(40)
30.2	Preferred Stocks	0	0	0
30.3	Totals	600,724	600,684	(40)

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are provided by third party vendor, Clearwater Analytics, who uses unit prices published by the Securities Valuation Office of the NAIC (SVO) when available. For securities not priced by the SVO Clearwater Analytics receives pricing from S&P Capital IQ Pricing. Securities with short maturities and infrequent secondary market trades such as Commercial Paper and Certificates of Deposit, Clearwater will calculate prices by accreting the purchase price to face value at maturity.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 41,354

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
ASOCIACION DE COMPANIAS DE SEGUROS DE PR, CAMARA DE COMERCIO DE PUERTO RICO	\$ 41,354

34.1 Amount of payments for legal expenses, if any? \$ 387,060

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
MORELL BAUZA CARTAGENA DAPENA, ONEILL & BORGES LLC	\$ 387,060

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?			Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.		\$		0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?		\$		0
1.31	Reason for excluding:				
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.		\$		0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.		\$		0
1.6	Individual policies:				
	Most current three years:				
1.61	Total premium earned		\$		0
1.62	Total incurred claims		\$		0
1.63	Number of covered lives		\$		0
	All years prior to most current three years:				
1.64	Total premium earned		\$		0
1.65	Total incurred claims		\$		0
1.66	Number of covered lives		\$		0
1.7	Group policies:				
	Most current three years:				
1.71	Total premium earned		\$		0
1.72	Total incurred claims		\$		0
1.73	Number of covered lives		\$		0
	All years prior to most current three years:				
1.74	Total premium earned		\$		0
1.75	Total incurred claims		\$		0
1.76	Number of covered lives		\$		0
2.	Health Test:				
		1		2	
		Current Year		Prior Year	
2.1	Premium Numerator	\$	746,252,143	\$	556,568,814
2.2	Premium Denominator	\$	746,252,143	\$	556,568,814
2.3	Premium Ratio (2.1/2.2)	\$	100.000	\$	100.000
2.4	Reserve Numerator	\$	79,159,914	\$	66,400,973
2.5	Reserve Denominator	\$	79,159,914	\$	66,400,973
2.6	Reserve Ratio (2.4/2.5)	\$	100.000	\$	100.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?			Yes []	No [X]
3.2	If yes, give particulars:				
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?			Yes [X]	No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?			Yes []	No [X]
5.1	Does the reporting entity have stop-loss reinsurance?			Yes [X]	No []
5.2	If no, explain:				
5.3	Maximum retained risk (see instructions)				
5.31	Comprehensive Medical		\$		1,167,500
5.32	Medical Only		\$		0
5.33	Medicare Supplement		\$		0
5.34	Dental and Vision		\$		0
5.35	Other Limited Benefit Plan		\$		0
5.36	Other		\$		0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:				

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

The Company is insured under an annual HMO excess risk reinsurance agreement effective 1/1/16-12/31/16 with RGA Reinsurance Company. Subscribers are also protected against the Company's insolvency through provider agreements, evidence of coverage, and/or member handbooks.

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes No
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- | | | |
|-----|--|-------|
| 8.1 | Number of providers at start of reporting year | 2,256 |
| 8.2 | Number of providers at end of reporting year | 3,235 |
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
- 9.2 If yes, direct premium earned:
- | | | |
|------|---|------|
| 9.21 | Business with rate guarantees with rate guarantees between 15-36 months | \$ 0 |
| 9.22 | Business with rate guarantees over 36 months | \$ 0 |
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | | |
|-------|---|------|
| 10.21 | Maximum amount payable bonuses | \$ 0 |
| 10.22 | Amount actually paid for year bonuses | \$ 0 |
| 10.23 | Maximum amount payable withholds | \$ 0 |
| 10.24 | Amount actually paid for year withholds | \$ 0 |
- 11.1 Is the reporting entity organized as:
- | | | |
|-------|---|---|
| 11.12 | A Medical Group/Staff Model, | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.13 | An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.14 | A Mixed Model (combination of above)? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
Puerto Rico
- 11.4 If yes, show the amount required. \$ 48,804,218
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation
200% of RBC Authorized Control Level. \$24,402,109 x 2 = \$48,804,218

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Adjuntas
Guanica
Guayanilla
Jayuya
Penuelas
Ponce
Yauco
Aguas Buenas
Caguas
Cayey
Cidra
Gurabo
Humacao
Juncos
Naguabo
Las Piedras
San Lorenzo
Yabucoa

- 13.1 Do you act as a custodian for health savings accounts? Yes No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 13.3 Do you act as an administrator for health savings accounts? Yes No
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes No N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

	0		\$	\$	\$	\$

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1	Direct Premium Written	\$	0
15.2	Total Incurred Claims	\$	0
15.3	Number of Covered Lives		0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	158,842,829	130,595,813	5,097,778		
2. Total liabilities (Page 3, Line 24).....	92,449,191	81,466,893	55,222		
3. Statutory minimum capital and surplus requirement.....	48,804,218	43,342,692	4,500,000		
4. Total capital and surplus (Page 3, Line 33).....	66,393,638	49,128,920	5,042,556		
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	746,252,143	556,568,814			
6. Total medical and hospital expenses (Line 18).....	677,740,447	493,944,789			
7. Claims adjustment expenses (Line 20).....	17,017,738	13,499,446			
8. Total administrative expenses (Line 21).....	64,544,723	55,498,236	59,285		
9. Net underwriting gain (loss) (Line 24).....	(13,050,765)	(6,373,657)	(59,285)		
10. Net investment gain (loss) (Line 27).....	296,421	47,435	1,278		
11. Total other income (Lines 28 plus 29).....	1,719,835	(2,906,440)			
12. Net income or (loss) (Line 32).....	(9,919,792)	(15,439,485)	(58,007)		
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(15,346,265)	39,182,134	(59,285)		
Risk-Based Capital Analysis					
14. Total adjusted capital.....	66,393,638	49,128,920	5,042,556		
15. Authorized control level risk-based capital.....	24,402,109	21,671,346	32,226		
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	329,509	348,007			
17. Total member months (Column 6, Line 7).....	4,018,688	3,179,351			
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	90.8	88.7			
20. Cost containment expenses.....	2.2	2.3			
21. Other claims adjustment expenses.....	0.1	0.2			
22. Total underwriting deductions (Line 23).....	101.7	101.1			
23. Total underwriting gain (loss) (Line 24).....	(1.7)	(1.1)			
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	38,460,329				
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	48,470,783				
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION....Molina Healthcare of Puerto Rico, Inc. 2. San Juan, PR

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....1531

NAIC Company Code.....15600

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	348,007								348,007	
2. First quarter.....	339,024								339,024	
3. Second quarter.....	335,454								335,454	
4. Third quarter.....	331,101								331,101	
5. Current year.....	329,509								329,509	
6. Current year member months.....	4,018,688								4,018,688	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	2,013,214								2,013,214	
8. Non-physician.....	1,684,185								1,684,185	
9. Totals.....	3,697,399	.0	.0	.0	.0	.0	.0	.0	3,697,399	.0
10. Hospital patient days incurred.....	171,131								171,131	
11. Number of inpatient admissions.....	34,886								34,886	
12. Health premiums written (b).....	746,652,388								746,652,388	
13. Life premiums direct.....	.0									
14. Property/casualty premiums written.....	.0									
15. Health premiums earned.....	746,652,388								746,652,388	
16. Property/casualty premiums earned.....	.0									
17. Amount paid for provision of health care services.....	675,766,959								675,766,959	
18. Amount incurred for provision of health care services.....	677,740,447								677,740,447	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION....Molina Healthcare of Puerto Rico, Inc. 2. San Juan, PR

BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR

(Location)

NAIC Group Code.....1531

NAIC Company Code.....15600

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	348,007								348,007	
2. First quarter.....	339,024								339,024	
3. Second quarter.....	335,454								335,454	
4. Third quarter.....	331,101								331,101	
5. Current year.....	329,509								329,509	
6. Current year member months.....	4,018,688								4,018,688	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	2,013,214								2,013,214	
8. Non-physician.....	1,684,185								1,684,185	
9. Totals.....	3,697,399	.0	.0	.0	.0	.0	.0	.0	3,697,399	.0
10. Hospital patient days incurred.....	171,131								171,131	
11. Number of inpatient admissions.....	34,886								34,886	
12. Health premiums written (b).....	746,652,388								746,652,388	
13. Life premiums direct.....	.0									
14. Property/casualty premiums written.....	.0									
15. Health premiums earned.....	746,652,388								746,652,388	
16. Property/casualty premiums earned.....	.0									
17. Amount paid for provision of health care services.....	675,766,959								675,766,959	
18. Amount incurred for provision of health care services.....	677,740,447								677,740,447	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0

Sch. S - Pt. 1 - Sn. 2
NONE

Sch. S - Pt. 2
NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93572....	43-1235868...	.01/01/2016	RGA Reinsurance Company.....	MO.....	SSL/A/I.....	MC.....	400,245						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						400,245	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						400,245	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						400,245	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						400,245	0	0	0	0	0	0
6999999.	Total - U.S.....						400,245	0	0	0	0	0	0
9999999.	Total.....						400,245	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....	400	254			
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	141,119,532		141,119,532
2. Accident and health premiums due and unpaid (Line 15).....	11,072,567		11,072,567
3. Amounts recoverable from reinsurers (Line 16.1).....			.0
4. Net credit for ceded reinsurance.....	XXX		.0
5. All other admitted assets (balance).....	6,650,730		6,650,730
6. Totals assets (Line 28).....	158,842,829	0	158,842,829
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	68,151,805		68,151,805
8. Accrued medical incentive pool and bonus payments (Line 2).....	11,008,109		11,008,109
9. Premiums received in advance (Line 8).....			.0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			.0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			.0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			.0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			.0
14. All other liabilities (balance).....	13,289,277		13,289,277
15. Total liabilities (Line 24).....	92,449,191	0	92,449,191
16. Total capital and surplus (Line 33).....	66,393,638	XXX	66,393,638
17. Total liabilities, capital and surplus (Line 34).....	158,842,829	0	158,842,829
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	.0		
19. Accrued medical incentive pool.....	.0		
20. Premiums received in advance.....	.0		
21. Reinsurance recoverable on paid losses.....	.0		
22. Other ceded reinsurance recoverables.....	.0		
23. Total ceded reinsurance recoverables.....	.0		
24. Premiums receivable.....	.0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	.0		
26. Unauthorized reinsurance.....	.0		
27. Reinsurance with certified reinsurers.....	.0		
28. Funds held under reinsurance treaties with certified reinsurers.....	.0		
29. Other ceded reinsurance payables/offsets.....	.0		
30. Total ceded reinsurance payables/offsets.....	.0		
31. Total net credit for ceded reinsurance.....	.0		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1	Direct Business Only							9
		2	3	4	5	6	7	8	
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama.....AL	..N							0	
2. Alaska.....AK	..N							0	
3. Arizona.....AZ	..N							0	
4. Arkansas.....AR	..N							0	
5. California.....CA	..N							0	
6. Colorado.....CO	..N							0	
7. Connecticut.....CT	..N							0	
8. Delaware.....DE	..N							0	
9. District of Columbia.....DC	..N							0	
10. Florida.....FL	..N							0	
11. Georgia.....GA	..N							0	
12. Hawaii.....HI	..N							0	
13. Idaho.....ID	..N							0	
14. Illinois.....IL	..N							0	
15. Indiana.....IN	..N							0	
16. Iowa.....IA	..N							0	
17. Kansas.....KS	..N							0	
18. Kentucky.....KY	..N							0	
19. Louisiana.....LA	..N							0	
20. Maine.....ME	..N							0	
21. Maryland.....MD	..N							0	
22. Massachusetts.....MA	..N							0	
23. Michigan.....MI	..N							0	
24. Minnesota.....MN	..N							0	
25. Mississippi.....MS	..N							0	
26. Missouri.....MO	..N							0	
27. Montana.....MT	..N							0	
28. Nebraska.....NE	..N							0	
29. Nevada.....NV	..N							0	
30. New Hampshire.....NH	..N							0	
31. New Jersey.....NJ	..N							0	
32. New Mexico.....NM	..N							0	
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	..L			746,652,388				746,652,388	
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		0	0	746,652,388	0	0	0	746,652,388	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....(a)	1	0	0	746,652,388	0	0	0	746,652,388	0

DETAILS OF WRITE-INS

58001.....								0	
58002.....								0	
58003.....								0	
58998. Summary of remaining write-ins for line 58.....		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998).....		0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.
All premiums written within Puerto Rico

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

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL						0
2. Alaska.....AK						0
3. Arizona.....AZ						0
4. Arkansas.....AR						0
5. California.....CA						0
6. Colorado.....CO						0
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL						0
11. Georgia.....GA						0
12. Hawaii.....HI						0
13. Idaho.....ID						0
14. Illinois.....IL						0
15. Indiana.....IN						0
16. Iowa.....IA						0
17. Kansas.....KS						0
18. Kentucky.....KY						0
19. Louisiana.....LA						0
20. Maine.....ME						0
21. Maryland.....MD						0
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS						0
26. Missouri.....MO						0
27. Montana.....MT						0
28. Nebraska.....NE						0
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM						0
33. New York.....NY						0
34. North Carolina.....NC						0
35. North Dakota.....ND						0
36. Ohio.....OH						0
37. Oklahoma.....OK						0
38. Oregon.....OR						0
39. Pennsylvania.....PA						0
40. Rhode Island.....RI						0
41. South Carolina.....SC						0
42. South Dakota.....SD						0
43. Tennessee.....TN						0
44. Texas.....TX						0
45. Utah.....UT						0
46. Vermont.....VT						0
47. Virginia.....VA						0
48. Washington.....WA						0
49. West Virginia.....WV						0
50. Wisconsin.....WI						0
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	0	0	0	0	0	0

NONE

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

PART 1 – ORGANIZATIONAL CHART

1531	DE	13-4204626	Molina Healthcare, Inc.
I-00000	DE	81-2824030	Molina Clinical Services, LLC
I-00000	AZ	30-0876771	Molina Healthcare of Arizona, Inc.
| -00000	CA	33-0342719	Molina Healthcare of California
| -00000	CA	20-2714545	Molina Healthcare of California Partner Plan, Inc.
| -00000	NM	45-2634351	Molina Healthcare Data Center, Inc.
| -13128	FL	26-0155137	Molina Healthcare of Florida, Inc.
I-15714	GA	80-0800257	Molina Healthcare of Georgia, Inc.
| -14104	IL	27-1823188	Molina Healthcare of Illinois, Inc.
I-00000	IA	47-3920055	Molina Healthcare of Iowa, Inc.
I-00000	LA	81-4229476	Molina Healthcare of Louisiana, Inc.
I-00000	MD	46-0598968	Molina Healthcare of Maryland, Inc.
I-52630	MI	38-3341599	Molina Healthcare of Michigan, Inc.
I-00000	MS	26-4390042	Molina Healthcare of Mississippi, Inc.
I-00000	NV	20-3567602	Molina Healthcare of Nevada, Inc.
| -95739	NM	85-0408506	Molina Healthcare of New Mexico, Inc.
I-00000	NC	46-4148278	Molina Healthcare of North Carolina, Inc.
| -12334	OH	20-0750134	Molina Healthcare of Ohio, Inc.
I-00000	OK	81-0864563	Molina Healthcare of Oklahoma, Inc.
I-00000	PA	81-0855820	Molina Healthcare of Pennsylvania, Inc.
I-15600	PR	66-0817946	Molina Healthcare of Puerto Rico, Inc.
| -15329	SC	46-2992125	Molina Healthcare of South Carolina, LLC
| -10757	TX	20-1494502	Molina Healthcare of Texas, Inc.
| -13778	TX	27-0522725	Molina Healthcare of Texas Insurance Company
| -95502	UT	33-0617992	Molina Healthcare of Utah, Inc.
| -15133	VA	26-1769086	Molina Healthcare of Virginia, Inc.
| -96270	WA	91-1284790	Molina Healthcare of Washington, Inc.
| -12007	WI	20-0813104	Molina Healthcare of Wisconsin, Inc.
I-00000	NY	47-3797019	Molina Health Plan Management, Inc.
I-00000	NY	27-1603200	Molina Healthcare of New York, Inc.
I-00000	NY	47-3580625	Molina Holdings Corporation
| -00000	CA	46-2821516	Molina Hospital Management, Inc.
| -00000	CA	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)
| -00000	CA	37-1652282	Molina Medical Management, Inc.
| -00000	CA	47-1446940	Easy Care MSO, LLC
| -00000	DE	45-2854547	Molina Pathways, LLC
| -00000	DE	81-1863393	Molina Dental and Vision Services, LLC

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

PART 1 – ORGANIZATIONAL CHART

40.1

| -00000	OH	47-4937011	Molina Pathways of Ohio, LLC
| -00000	TX	47-2296708	Molina Pathways of Texas, Inc.
| -00000	TX	47-2308753	Molina Personal Care of Texas, Inc.
| -00000	SC	47-2373467	Molina Personal Care of South Carolina, Inc.
| -00000	DE	47-2525144	Pathways Health and Community Support LLC
| -00000	DE	58-2478281	AmericanWork, Inc.
| -00000	NV	61-1436598	A to Z In-Home Tutoring LLC
| -00000	PA	20-2639439	Children's Behavioral Health, Inc.
| -00000	DE	88-0469530	Choices Group, Inc.
| -00000	CA	95-4864640	College Community Services
| -00000	IN	35-2085281	Dockside Services, Inc.
| -00000	VA	54-1620121	Family Preservation Services, Inc.
| -00000	FL	65-0848685	Family Preservation Services of Florida, Inc.
| -00000	NC	86-0976674	Family Preservation Services of North Carolina, Inc.
| -00000	DC	20-0086731	Family Preservation Services of Washington, D.C., Inc.
| -00000	WV	86-1035573	Family Preservation Services of West Virginia, Inc.
| -00000	NV	88-0321776	Maple Star Nevada, Inc.
| -00000	OR	93-1263318	Maple Star Oregon, Inc.
| -00000	DE	62-1651095	Pathways Community Corrections, Inc.
| -00000	IL	36-3465604	Camelot Care Centers, Inc.
| -00000	DE	33-0797276	Pathways Community Services LLC
| -00000	PA	23-2820336	Pathways Community Services LLC
| -00000	TX	74-2868929	Pathways Community Support of Texas, Inc.
| -00000	AZ	86-0706547	Pathways of Arizona, Inc.
| -00000	DE	59-3766748	Pathways of Delaware, Inc.
| -00000	DE	81-2396831	Pathways Human Services, LLC
| -00000	DE	46-5044433	Pathways of Idaho LLC
| -00000	ME	86-0970832	Pathways of Maine, Inc.
| -00000	DE	47-1016377	Pathways of Massachusetts LLC
| -00000	OK	74-2884198	Pathways of Oklahoma, Inc.
| -00000	WA	27-2837920	Pathways of Washington, Inc.
| -00000	PA	23-2181371	The RedCo Group, Inc.
| -00000	PA	25-1470445	Raystown Developmental Services, Inc.
| -00000	GA	58-1923779	Transitional Family Services, Inc.
| -00000	MI	38-3611499	Integrated Care Alliance, LLC
I-00000	CA	46-5098489	Molina Youth Academy

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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	NIA	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	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	RE	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	47-3797019				Molina Health Plan Management, Inc.	NY	NIA	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 Health Plan Management, 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, Inc.	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	

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...	47-1446940..				Easy Care MSO, LLC.....	CA.....	NIA.....	Molina Medical Management, Inc.....	Ownership.....	...54.770	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...	81-1863393..				Molina Dental and Vision Services, LLC.....	DE.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-4937011..				Molina Pathways of Ohio, LLC.....	OH.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...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...	47-2308753..				Molina Personal Care of Texas, Inc.....	TX.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...N.....	
1531...	Molina Healthcare, Inc.....	00000...	47-2373467..				Molina Personal Care of South Carolina, Inc.....	SC.....	NIA.....	Molina Pathways, LLC.....	Ownership.....	...100.000	Molina Healthcare, Inc.....	...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...	61-1436598..				A to Z In-Home Tutoring LLC.....	NV.....	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, Inc.....	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.....	

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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...	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...	38-3611499..	.....	.....	.....	Integrated Care Alliance, LLC.....	MI.....	NIA.....	Molina Pathways, 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.....	.....

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc.	105,341,636	(447,632,658)			1,224,341,756				882,050,734	
00000	33-0342719	Molina Healthcare of California	(50,000,000)				1,455,611,878				1,405,611,878	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc.					(1,665,572,841)				(1,665,572,841)	
00000	45-2634351	Molina Healthcare Data Center, Inc.		(1,000,000)			5,461,987				4,461,987	
13128	26-0155137	Molina Healthcare of Florida, Inc.		110,000,000			(101,011,421)				8,988,579	
15714	80-0800257	Molina Healthcare of Georgia, Inc.					1,000				1,000	
14104	27-1823188	Molina Healthcare of Illinois, Inc.		24,500,000			(46,728,868)				(22,228,868)	
52630	38-3341599	Molina Healthcare of Michigan, Inc.					(131,409,323)				(131,409,323)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.		36,500,000			(107,447,206)				(70,947,206)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.					(162,827,243)				(162,827,243)	
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.		51,000,000			(17,339,293)				33,660,707	
15329	46-2992125	Molina Healthcare of South Carolina, LLC	(50,000,000)				(30,143,254)				(80,143,254)	
10757	20-1494502	Molina Healthcare of Texas, Inc.	(5,341,636)	15,000,000			(204,566,208)	(1,420,794)			(196,328,638)	
13778	27-0522725	Molina Healthcare of Texas Insurance Company		3,000,000			(756,560)	1,420,794			3,664,234	
95502	33-0617992	Molina Healthcare of Utah, Inc.		25,500,000			(26,696,147)				(1,196,147)	
00000	26-1769086	Molina Healthcare of Virginia, Inc.		4,000,000			(167,432)				3,832,568	
96270	91-1284790	Molina Healthcare of Washington, Inc.		35,000,000			(184,150,797)				(149,150,797)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.		51,500,000			(15,882,416)				35,617,584	
00000	46-2821516	Molina Hospital Management, Inc.		3,700,000			5,692,766				9,392,766	
00000	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Solutions)					(2,636,929)				(2,636,929)	
00000	27-1603200	Molina Healthcare of New York, Inc.		45,844,234			465,000				46,309,234	
00000	20-3567602	Molina Healthcare of Nevada, Inc.		5,000							5,000	
00000	81-4229476	Molina Healthcare of Louisiana, Inc.		3,000,000							3,000,000	
00000	81-0855820	Molina Healthcare of Pennsylvania, Inc.		20,010,000							20,010,000	
00000	81-2824030	Molina Clinical Services, LLC		1,000							1,000	
00000	37-1652282	Molina Medical Management, Inc.		12,757,000			(1,755,038)				11,001,962	
00000	46-0598968	Molina Healthcare of Maryland, Inc.					(1,000)				(1,000)	
00000	47-1446940	Easy Care MSO, LLC		243,000							243,000	
00000	45-2854547	Molina Pathways, LLC		2,284,224			2,417,338				4,701,562	
00000	47-2296708	Molina Pathways of Texas, Inc.		100			1,330,043				1,330,143	
00000	47-2308753	Molina Personal Care of Texas, Inc.		100			1,000				1,100	
00000	47-2525144	Pathways Health and Community Support LLC		4,788,000			3,837,208				8,625,208	
00000	38-3611499	Synergy Partners, L.L.C.					(68,000)				(68,000)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	<u>YES</u>
2. Will an actuarial opinion be filed by March 1?	<u>YES</u>
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	<u>YES</u>
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	<u>YES</u>
APRIL FILING	
5. Will the Management's Discussion and Analysis be filed by April 1?	<u>YES</u>
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	<u>YES</u>
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	<u>YES</u>
JUNE FILING	
8. Will an audited financial report be filed by June 1?	<u>YES</u>
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	<u>YES</u>
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	<u>YES</u>

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.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	<u>SEE EXPLANATION</u>
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	<u>SEE EXPLANATION</u>
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	<u>SEE EXPLANATION</u>
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	<u>SEE EXPLANATION</u>
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	<u>SEE EXPLANATION</u>
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	<u>SEE EXPLANATION</u>
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	<u>SEE EXPLANATION</u>
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	<u>SEE EXPLANATION</u>
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	<u>SEE EXPLANATION</u>
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	<u>SEE EXPLANATION</u>
25. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	<u>SEE EXPLANATION</u>
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	<u>SEE EXPLANATION</u>

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

11. This line of business is not written by the company.



12. This line of business is not written by the company.



13. This line of business is not written by the company.



14. Not applicable



15. Not applicable



16. Not applicable



17. This line of business is not written by the company.



18. Not applicable



19. Not applicable



20. Not applicable



21. This line of business is not written by the company.



22. This line of business is not written by the company.



23. This line of business is not written by the company.



24. Not applicable



25. Not applicable



26. The Company did not meet the premium threshold per Section 16 of the Model Audit Rule



**Overflow Page
NONE**

**Overflow Page
NONE**

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities.....	600,724	0.4	600,724		600,724	0.4
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies.....		0.0			0	0.0
1.22 Issued by U.S. government sponsored agencies.....		0.0			0	0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....		0.0			0	0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations.....		0.0			0	0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....		0.0			0	0.0
1.43 Revenue and assessment obligations.....		0.0			0	0.0
1.44 Industrial development and similar obligations.....		0.0			0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA.....		0.0			0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0			0	0.0
1.513 All other.....		0.0			0	0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		0.0			0	0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....		0.0			0	0.0
1.523 All other.....		0.0			0	0.0
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....		0.0			0	0.0
2.2 Unaffiliated non-U.S. securities (including Canada).....		0.0			0	0.0
2.3 Affiliated securities.....		0.0			0	0.0
3. Equity interests:						
3.1 Investments in mutual funds.....		0.0			0	0.0
3.2 Preferred stocks:						
3.21 Affiliated.....		0.0			0	0.0
3.22 Unaffiliated.....		0.0			0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated.....		0.0			0	0.0
3.32 Unaffiliated.....		0.0			0	0.0
3.4 Other equity securities:						
3.41 Affiliated.....		0.0			0	0.0
3.42 Unaffiliated.....		0.0			0	0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated.....		0.0			0	0.0
3.52 Unaffiliated.....		0.0			0	0.0
4. Mortgage loans:						
4.1 Construction and land development.....		0.0			0	0.0
4.2 Agricultural.....		0.0			0	0.0
4.3 Single family residential properties.....		0.0			0	0.0
4.4 Multifamily residential properties.....		0.0			0	0.0
4.5 Commercial loans.....		0.0			0	0.0
4.6 Mezzanine real estate loans.....		0.0			0	0.0
5. Real estate investments:						
5.1 Property occupied by company.....		0.0			0	0.0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....		0.0			0	0.0
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt).....		0.0			0	0.0
6. Contract loans.....		0.0			0	0.0
7. Derivatives.....		0.0			0	0.0
8. Receivables for securities.....		0.0			0	0.0
9. Securities lending (Line 10, Asset Page reinvested collateral).....		0.0		XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments.....	140,518,808	99.6	140,518,808		140,518,808	99.6
11. Other invested assets.....		0.0			0	0.0
12. Total invested assets.....	141,119,532	100.0	141,119,532	0	141,119,532	100.0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.....	_____	
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 6).....	_____	
2.2	Additional investment made after acquisition (Part 2, Column 9).....	_____	0
3.	Current year change in encumbrances:		
3.1	Totals, Part 1, Column 13.....	_____	
3.2	Totals, Part 3, Column 11.....	_____	0
4.	Total gain (loss) on disposals, Part 3, Column 18.....	_____	
5.	Deduct amounts received on disposals, Part 3, Column 15.....	_____	
6.	Total foreign exchange change in book/adjusted carrying value:		
6.1	Totals, Part 1, Column 15.....	_____	
6.2	Totals, Part 3, Column 13.....	_____	0
7.	Deduct current year's other-than-temporary impairment recognized:		
7.1	Totals, Part 1, Column 12.....	_____	
7.2	Totals, Part 3, Column 10.....	_____	0
8.	Deduct current year's depreciation:		
8.1	Totals, Part 1, Column 11.....	_____	
8.2	Totals, Part 3, Column 9.....	_____	0
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	_____	0
10.	Deduct total nonadmitted amounts.....	_____	
11.	Statement value at end of current period (Line 9 minus Line 10).....	_____	0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year.....	_____	
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 7).....	_____	
2.2	Additional investment made after acquisition (Part 2, Column 8).....	_____	0
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 12.....	_____	
3.2	Totals, Part 3, Column 11.....	_____	0
4.	Accrual of discount.....	_____	
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 9.....	_____	
5.2	Totals, Part 3, Column 8.....	_____	0
6.	Total gain (loss) on disposals, Part 3, Column 18.....	_____	
7.	Deduct amounts received on disposals, Part 3, Column 15.....	_____	
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:		
9.1	Totals, Part 1, Column 13.....	_____	
9.2	Totals, Part 3, Column 13.....	_____	0
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	Totals, Part 1, Column 11.....	_____	
10.2	Totals, Part 3, Column 10.....	_____	0
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
12.	Total valuation allowance.....	_____	
13.	Subtotal (Line 11 plus Line 12).....	_____	0
14.	Deduct total nonadmitted amounts.....	_____	
15.	Statement value at end of current period (Line 13 minus Line 14).....	_____	0

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year.....	_____	
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 8).....	_____	
2.2	Additional investment made after acquisition (Part 2, Column 9).....	_____	0
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 16.....	_____	
3.2	Totals, Part 3, Column 12.....	_____	0
4.	Accrual of discount.....	_____	
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 13.....	_____	
5.2	Totals, Part 3, Column 9.....	_____	0
6.	Total gain (loss) on disposals, Part 3, Column 19.....	_____	
7.	Deduct amounts received on disposals, Part 3, Column 16.....	_____	
8.	Deduct amortization of premium and depreciation.....	_____	
9.	Total foreign exchange change in book/adjusted carrying value:		
9.1	Totals, Part 1, Column 17.....	_____	
9.2	Totals, Part 3, Column 14.....	_____	0
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	Totals, Part 1, Column 15.....	_____	
10.2	Totals, Part 3, Column 11.....	_____	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	_____	0
12.	Deduct total nonadmitted amounts.....	_____	
13.	Statement value at end of current period (Line 11 minus Line 12).....	_____	0

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year.....	_____	602,316
2.	Cost of bonds and stocks acquired, Part 3, Column 7.....	_____	
3.	Accrual of discount.....	_____	
4.	Unrealized valuation increase (decrease):		
4.1	Part 1, Column 12.....	_____	
4.2	Part 2, Section 1, Column 15.....	_____	
4.3	Part 2, Section 2, Column 13.....	_____	
4.4	Part 4, Column 11.....	_____	0
5.	Total gain (loss) on disposals, Part 4, Column 19.....	_____	
6.	Deduct consideration for bonds and stocks disposed of, Part 4, Column 7.....	_____	
7.	Deduct amortization of premium.....	_____	1,592
8.	Total foreign exchange change in book/adjusted carrying value:		
8.1	Part 1, Column 15.....	_____	
8.2	Part 2, Section 1, Column 19.....	_____	
8.3	Part 2, Section 2, Column 16.....	_____	
8.4	Part 4, Column 15.....	_____	0
9.	Deduct current year's other-than-temporary impairment recognized:		
9.1	Part 1, Column 14.....	_____	
9.2	Part 2, Section 1, Column 17.....	_____	
9.3	Part 2, Section 2, Column 14.....	_____	
9.4	Part 4, Column 13.....	_____	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	_____	600,724
11.	Deduct total nonadmitted amounts.....	_____	
12.	Statement value at end of current period (Line 10 minus Line 11).....	_____	600,724

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description	1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS				
Governments (Including all obligations guaranteed by governments)	1. United States.....	600,724	600,684	600,000
	2. Canada.....			
	3. Other Countries.....			
	4. Totals.....	600,724	600,684	600,060
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals.....			
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals.....			
U.S. Special Revenue and Special Assessment Obligations and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	7. Totals.....			
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States.....			
	9. Canada.....			
	10. Other Countries.....			
	11. Totals.....	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals.....			
	13. Total Bonds.....	600,724	600,684	603,060
PREFERRED STOCKS				
Industrial and Miscellaneous (Unaffiliated)	14. United States.....			
	15. Canada.....			
	16. Other Countries.....			
	17. Totals.....	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals.....			
	19. Total Preferred Stocks.....	0	0	0
COMMON STOCKS				
Industrial and Miscellaneous (Unaffiliated)	20. United States.....			
	21. Canada.....			
	22. Other Countries.....			
	23. Totals.....	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals.....			
	25. Total Common Stocks.....	0	0	0
	26. Total Stocks.....	0	0	0
	27. Total Bonds and Stocks.....	600,724	600,684	603,060

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1.....	600,724					XXX	600,724	100.0	602,316	100.0	600,724	
1.2 NAIC 2.....						XXX	0	0.0		0.0		
1.3 NAIC 3.....						XXX	0	0.0		0.0		
1.4 NAIC 4.....						XXX	0	0.0		0.0		
1.5 NAIC 5.....						XXX	0	0.0		0.0		
1.6 NAIC 6.....						XXX	0	0.0		0.0		
1.7 Totals.....	600,724	0	0	0	0	XXX	600,724	100.0	602,316	100.0	600,724	0
2. All Other Governments												
2.1 NAIC 1.....						XXX	0	0.0		0.0		
2.2 NAIC 2.....						XXX	0	0.0		0.0		
2.3 NAIC 3.....						XXX	0	0.0		0.0		
2.4 NAIC 4.....						XXX	0	0.0		0.0		
2.5 NAIC 5.....						XXX	0	0.0		0.0		
2.6 NAIC 6.....						XXX	0	0.0		0.0		
2.7 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1.....						XXX	0	0.0		0.0		
3.2 NAIC 2.....						XXX	0	0.0		0.0		
3.3 NAIC 3.....						XXX	0	0.0		0.0		
3.4 NAIC 4.....						XXX	0	0.0		0.0		
3.5 NAIC 5.....						XXX	0	0.0		0.0		
3.6 NAIC 6.....						XXX	0	0.0		0.0		
3.7 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1.....						XXX	0	0.0		0.0		
4.2 NAIC 2.....						XXX	0	0.0		0.0		
4.3 NAIC 3.....						XXX	0	0.0		0.0		
4.4 NAIC 4.....						XXX	0	0.0		0.0		
4.5 NAIC 5.....						XXX	0	0.0		0.0		
4.6 NAIC 6.....						XXX	0	0.0		0.0		
4.7 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1.....						XXX	0	0.0		0.0		
5.2 NAIC 2.....						XXX	0	0.0		0.0		
5.3 NAIC 3.....						XXX	0	0.0		0.0		
5.4 NAIC 4.....						XXX	0	0.0		0.0		
5.5 NAIC 5.....						XXX	0	0.0		0.0		
5.6 NAIC 6.....						XXX	0	0.0		0.0		
5.7 Totals.....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1.....						XXX.....	0	0.0		0.0		
6.2 NAIC 2.....						XXX.....	0	0.0		0.0		
6.3 NAIC 3.....						XXX.....	0	0.0		0.0		
6.4 NAIC 4.....						XXX.....	0	0.0		0.0		
6.5 NAIC 5.....						XXX.....	0	0.0		0.0		
6.6 NAIC 6.....						XXX.....	0	0.0		0.0		
6.7 Totals.....	0	0	0	0	0	XXX.....	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.1 NAIC 1.....						XXX.....	0	0.0		0.0		
7.2 NAIC 2.....						XXX.....	0	0.0		0.0		
7.3 NAIC 3.....						XXX.....	0	0.0		0.0		
7.4 NAIC 4.....						XXX.....	0	0.0		0.0		
7.5 NAIC 5.....						XXX.....	0	0.0		0.0		
7.6 NAIC 6.....						XXX.....	0	0.0		0.0		
7.7 Totals.....	0	0	0	0	0	XXX.....	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1.....						XXX.....	0	0.0		0.0		
8.2 NAIC 2.....						XXX.....	0	0.0		0.0		
8.3 NAIC 3.....						XXX.....	0	0.0		0.0		
8.4 NAIC 4.....						XXX.....	0	0.0		0.0		
8.5 NAIC 5.....						XXX.....	0	0.0		0.0		
8.6 NAIC 6.....						XXX.....	0	0.0		0.0		
8.7 Totals.....	0	0	0	0	0	XXX.....	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
9.1 NAIC 1.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 NAIC 2.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 NAIC 3.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.4 NAIC 4.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.5 NAIC 5.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.6 NAIC 6.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.7 Totals.....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0

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NONE

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1.....	(d).....600,724	.....0	.....0	.....0	.....0	.....0	.....600,724	.....100.0	.....XXX	.....XXX	.....600,724	.....0
10.2 NAIC 2.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10.3 NAIC 3.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10.4 NAIC 4.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10.5 NAIC 5.....	(d).....0	.....0	.....0	.....0	.....0	.....0	(c).....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10.6 NAIC 6.....	(d).....0	.....0	.....0	.....0	.....0	.....0	(c).....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10.7 Totals.....	.....600,724	.....0	.....0	.....0	.....0	.....0	(b).....600,724	.....100.0	.....XXX	.....XXX	.....600,724	.....0
10.8 Line 10.7 as a % of Col. 7.....	.....100.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....100.0	.....XXX	.....XXX	.....XXX	.....100.0	.....0.0
11. Total Bonds Prior Year												
11.1 NAIC 1.....	.....	.....602,316	.....	.....	.....	.....XXX	.....XXX	.....XXX	.....602,316	.....100.0	.....602,316	.....
11.2 NAIC 2.....	.....	.....	.....	.....	.....	.....XXX	.....XXX	.....XXX	.....0	.....0.0	.....	.....
11.3 NAIC 3.....	.....	.....	.....	.....	.....	.....XXX	.....XXX	.....XXX	.....0	.....0.0	.....	.....
11.4 NAIC 4.....	.....	.....	.....	.....	.....	.....XXX	.....XXX	.....XXX	.....0	.....0.0	.....	.....
11.5 NAIC 5.....	.....	.....	.....	.....	.....	.....XXX	.....XXX	.....XXX	(c).....0	.....0.0	.....	.....
11.6 NAIC 6.....	.....	.....	.....	.....	.....	.....XXX	.....XXX	.....XXX	(c).....0	.....0.0	.....	.....
11.7 Totals.....	.....0	.....602,316	.....0	.....0	.....0	.....XXX	.....XXX	.....XXX	(b).....602,316	.....100.0	.....602,316	.....0
11.8 Line 11.7 as a % of Col. 9.....	.....0.0	.....100.0	.....0.0	.....0.0	.....0.0	.....XXX	.....XXX	.....XXX	.....100.0	.....XXX	.....100.0	.....0.0
12. Total Publicly Traded Bonds												
12.1 NAIC 1.....	.....600,724	.....	.....	.....	.....	.....	.....600,724	.....100.0	.....602,316	.....100.0	.....600,724	.....XXX
12.2 NAIC 2.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
12.3 NAIC 3.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
12.4 NAIC 4.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
12.5 NAIC 5.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
12.6 NAIC 6.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
12.7 Totals.....	.....600,724	.....0	.....0	.....0	.....0	.....0	.....600,724	.....100.0	.....602,316	.....100.0	.....600,724	.....XXX
12.8 Line 12.7 as a % of Col. 7.....	.....100.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....100.0	.....XXX	.....XXX	.....XXX	.....100.0	.....XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10.....	.....100.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....100.0	.....XXX	.....XXX	.....XXX	.....100.0	.....XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.2 NAIC 2.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.3 NAIC 3.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.4 NAIC 4.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.5 NAIC 5.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.6 NAIC 6.....	.....	.....	.....	.....	.....	.....	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.7 Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
13.8 Line 13.7 as a % of Col. 7.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....XXX	.....XXX	.....XXX	.....XXX	.....0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10.....0.00.00.00.00.00.00.0XXXXXXXXXXXX0.0

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- (a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.
- (c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
- (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations.....	600,724					.XXX	600,724	100.0	602,316	100.0	600,724	
1.2 Residential Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
1.3 Commercial Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
1.4 Other Loan-Backed and Structured Securities.....						.XXX	.0	.0		.0		
1.5 Totals.....	600,724	.0	.0	.0	.0	.XXX	600,724	100.0	602,316	100.0	600,724	.0
2. All Other Governments												
2.1 Issuer Obligations.....						.XXX	.0	.0		.0		
2.2 Residential Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
2.3 Commercial Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
2.4 Other Loan-Backed and Structured Securities.....						.XXX	.0	.0		.0		
2.5 Totals.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.0	.0	.0	.0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations.....						.XXX	.0	.0		.0		
3.2 Residential Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
3.3 Commercial Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
3.4 Other Loan-Backed and Structured Securities.....						.XXX	.0	.0		.0		
3.5 Totals.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.0	.0	.0	.0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations.....						.XXX	.0	.0		.0		
4.2 Residential Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
4.3 Commercial Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
4.4 Other Loan-Backed and Structured Securities.....						.XXX	.0	.0		.0		
4.5 Totals.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.0	.0	.0	.0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations.....						.XXX	.0	.0		.0		
5.2 Residential Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
5.3 Commercial Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
5.4 Other Loan-Backed and Structured Securities.....						.XXX	.0	.0		.0		
5.5 Totals.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.0	.0	.0	.0
6. Industrial and Miscellaneous (unaffiliated)												
6.1 Issuer Obligations.....						.XXX	.0	.0		.0		
6.2 Residential Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
6.3 Commercial Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
6.4 Other Loan-Backed and Structured Securities.....						.XXX	.0	.0		.0		
6.5 Totals.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.0	.0	.0	.0
7. Hybrid Securities												
7.1 Issuer Obligations.....						.XXX	.0	.0		.0		
7.2 Residential Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
7.3 Commercial Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
7.4 Other Loan-Backed and Structured Securities.....						.XXX	.0	.0		.0		
7.5 Totals.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.0	.0	.0	.0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations.....						.XXX	.0	.0		.0		
8.2 Residential Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
8.3 Commercial Mortgage-Backed Securities.....						.XXX	.0	.0		.0		
8.4 Other Loan-Backed and Structured Securities.....						.XXX	.0	.0		.0		
8.5 Totals.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.0	.0	.0	.0

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SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 Bond Mutual Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 Totals.....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10. Total Bonds Current Year												
10.1 Issuer Obligations.....	600,724	0	0	0	0	XXX	600,724	100.0	XXX	XXX	600,724	0
10.2 Residential Mortgage-Backed Securities.....	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.3 Commercial Mortgage-Backed Securities.....	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.4 Other Loan-Backed and Structured Securities.....	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals.....	600,724	0	0	0	0	0	600,724	100.0	XXX	XXX	600,724	0
10.7 Line 10.6 as a % of Col. 7.....	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year												
11.1 Issuer Obligations.....		602,316				XXX	XXX	XXX	602,316	100.0	602,316	
11.2 Residential Mortgage-Backed Securities.....						XXX	XXX	XXX	0	0.0		
11.3 Commercial Mortgage-Backed Securities.....						XXX	XXX	XXX	0	0.0		
11.4 Other Loan-Backed and Structured Securities.....						XXX	XXX	XXX	0	0.0		
11.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.6 Totals.....	0	602,316	0	0	0	XXX	XXX	XXX	602,316	100.0	602,316	0
11.7 Line 11.6 as a % of Col. 9.....	0.0	100.0	0.0	0.0	0.0	XXX	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations.....	600,724					XXX	600,724	100.0	602,316	100.0	600,724	XXX
12.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0	0	0.0	0	XXX
12.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0	0	0.0	0	XXX
12.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0	0	0.0	0	XXX
12.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	0	XXX
12.6 Totals.....	600,724	0	0	0	0	0	600,724	100.0	602,316	100.0	600,724	XXX
12.7 Line 12.6 as a % of Col. 7.....	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10.....	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations.....						XXX	0	0.0	0	0.0	XXX	0
13.2 Residential Mortgage-Backed Securities.....						XXX	0	0.0	0	0.0	XXX	0
13.3 Commercial Mortgage-Backed Securities.....						XXX	0	0.0	0	0.0	XXX	0
13.4 Other Loan-Backed and Structured Securities.....						XXX	0	0.0	0	0.0	XXX	0
13.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	XXX	0
13.6 Totals.....	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Line 13.6 as a % of Col. 7.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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**Sch. DA - Verification
NONE**

**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**

**Sch. E - Verification
NONE**

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

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

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

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

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

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

**Sch. BA - Pt. 1
NONE**

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

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

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F o r e i g n	Bond CHAR	NAIC Desig- nation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
U.S. Government - Issuer Obligations																					
912828	WP 1 UNITED STATES TREASURY				1	603,060	100.114	600,684	600,000	600,724		(1,592)			0.875	0.608	JD	245	5,250	07/10/2015	06/15/2017
0199999	U.S. Government - Issuer Obligations					603,060	XXX	600,684	600,000	600,724	0	(1,592)	0	0	XXX	XXX	XXX	245	5,250	XXX	XXX
0599999	Total - U.S. Government					603,060	XXX	600,684	600,000	600,724	0	(1,592)	0	0	XXX	XXX	XXX	245	5,250	XXX	XXX
Totals																					
7799999	Total - Issuer Obligations					603,060	XXX	600,684	600,000	600,724	0	(1,592)	0	0	XXX	XXX	XXX	245	5,250	XXX	XXX
8399999	Grand Total - Bonds					603,060	XXX	600,684	600,000	600,724	0	(1,592)	0	0	XXX	XXX	XXX	245	5,250	XXX	XXX

**Sch. D - Pt. 2 - Sn. 1
NONE**

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

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

**Sch. D - Pt. 4
NONE**

**Sch. D - Pt. 5
NONE**

**Sch. D - Pt. 6 - Sn. 1
NONE**

**Sch. D - Pt. 6 - Sn. 2
NONE**

**Sch. DA - Pt. 1
NONE**

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

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

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

**Sch. DB - Pt. B - Sn. 2
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

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Open Depositories						
Citibank..... Puerto Rico.....					(1,174,679)	XXX
Citibank..... Puerto Rico.....					141,935,742	XXX
Citibank..... Puerto Rico.....					(57,144)	XXX
Citibank..... Puerto Rico.....					(9,687,839)	XXX
Morgan Stanley Smith Barney LLC..... Puchase, NY 10577.....					1,433	XXX
Citibank..... Puerto Rico.....					4,501,295	XXX
Citibank..... Puerto Rico.....					5,000,000	XXX
0199999. Total - Open Depositories.....	XXX	XXX	0	0	140,518,808	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	140,518,808	XXX
0599999. Total Cash.....	XXX	XXX	0	0	140,518,808	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	96,630,753	4. April.....	78,442,466	7. July.....	120,819,916	10. October.....	126,517,144
2. February.....	94,546,414	5. May.....	97,424,007	8. August.....	129,333,916	11. November.....	129,367,072
3. March.....	93,678,368	6. June.....	119,694,292	9. September.....	96,010,330	12. December.....	140,518,808

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
------------------	-----------	--------------------	-----------------------	--------------------	-----------------------------------	---------------------------------------	----------------------------------

NONE

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits for the		All Other Special Deposits	
			Benefit of All Policyholders		5	6
			3 Book/Adjusting Carrying Value	4 Fair Value	Book/Adjusting Carrying Value	Fair Value
1. Alabama.....AL						
2. Alaska.....AK						
3. Arizona.....AZ						
4. Arkansas.....AR						
5. California.....CA						
6. Colorado.....CO						
7. Connecticut.....CT						
8. Delaware.....DE						
9. District of Columbia.....DC						
10. Florida.....FL						
11. Georgia.....GA						
12. Hawaii.....HI						
13. Idaho.....ID						
14. Illinois.....IL						
15. Indiana.....IN						
16. Iowa.....IA						
17. Kansas.....KS						
18. Kentucky.....KY						
19. Louisiana.....LA						
20. Maine.....ME						
21. Maryland.....MD						
22. Massachusetts.....MA						
23. Michigan.....MI						
24. Minnesota.....MN						
25. Mississippi.....MS						
26. Missouri.....MO						
27. Montana.....MT						
28. Nebraska.....NE						
29. Nevada.....NV						
30. New Hampshire.....NH						
31. New Jersey.....NJ						
32. New Mexico.....NM						
33. New York.....NY						
34. North Carolina.....NC						
35. North Dakota.....ND						
36. Ohio.....OH						
37. Oklahoma.....OK						
38. Oregon.....OR						
39. Pennsylvania.....PA						
40. Rhode Island.....RI						
41. South Carolina.....SC						
42. South Dakota.....SD						
43. Tennessee.....TN						
44. Texas.....TX						
45. Utah.....UT						
46. Vermont.....VT						
47. Virginia.....VA						
48. Washington.....WA						
49. West Virginia.....WV						
50. Wisconsin.....WI						
51. Wyoming.....WY						
52. American Samoa.....AS						
53. Guam.....GU						
54. Puerto Rico.....PR	B...	Statutory Deposit and Involency Deposit - OCS	600,724	600,684	4,501,295	4,501,295
55. US Virgin Islands.....VI						
56. Northern Mariana Islands.....MP						
57. Canada.....CAN						
58. Aggregate Alien and Other.....OT	XXX	XXX	0	0	0	0
59. Total.....	XXX	XXX	600,724	600,684	4,501,295	4,501,295

DETAILS OF WRITE-INS

5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for line 58 from overflow page.....	XXX	XXX	0	0	0	0
5899. Total (Lines 5801 thru 5803+5898) (Line 58 above).....	XXX	XXX	0	0	0	0