



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Rhode Island, Inc.

NAIC Group Code 1531 (Current) (Prior) NAIC Company Code 17290 Employer's ID Number 87-2738451

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry RI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 05/10/2022 Commenced Business _____

Statutory Home Office 10 Dorrance Street, Suite 700, Providence, RI, US 92903
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Oceangate, Suite 100
(Street and Number)
Long Beach, CA, US 90802, 888-562-5442
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 200 Oceangate, Suite 100, Long Beach, CA, US 90802
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 10 Dorrance Street, Suite 700
(Street and Number)
Providence, RI, US 92903, 888-562-5442
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Ying Veronica Wang, 562-542-1935
(Name) (Area Code) (Telephone Number)
veronica.wang@molinahealthcare.com, _____
(E-mail Address) (FAX Number)

OFFICERS

President William Joseph Graham # Chief Financial Officer Mark Lowell Keim #
Secretary Jeff Don Barlow #

OTHER

DIRECTORS OR TRUSTEES

William Joseph Graham # Lisa Roland Faust # Ronald Douglas Kurtz #

State of Rhode Island SS
County of Kent

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.

William Joseph Graham #
President

Mark Lowell Keim #
Chief Financial Officer

Jeff Don Barlow #
Secretary

Subscribed and sworn to before me this _____ day of _____

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



HEALTH ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2022
 OF THE CONDITION AND AFFAIRS OF THE
Molina Healthcare of Rhode Island, Inc.

NAIC Group Code 1531 (Current) (Prior) NAIC Company Code 17290 Employer's ID Number 87-2738451

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry RI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 05/10/2022 Commenced Business _____

Statutory Home Office 10 Dorrance Street, Suite 700, Providence, RI, US 92903
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Oceangate, Suite 100
 (Street and Number) Long Beach, CA, US 90802, 888-562-5442
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 200 Oceangate, Suite 100, Long Beach, CA, US 90802
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 10 Dorrance Street, Suite 700
 (Street and Number) Providence, RI, US 92903, 888-562-5442
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Ying Veronica Wang, 562-542-1935
 (Name) (Area Code) (Telephone Number)
veronica.wang@molinahealthcare.com, _____
 (E-mail Address) (FAX Number)

OFFICERS

President William Joseph Graham # Chief Financial Officer Mark Lowell Keim #
 Secretary Jeff Don Barlow #

OTHER

DIRECTORS OR TRUSTEES

William Joseph Graham # Lisa Roland Faust # Ronald Douglas Kurtz #

State of Rhode Island SS
 County of Kent

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.

William Joseph Graham # Mark Lowell Keim # Jeff Don Barlow #
 President Chief Financial Officer Secretary

Subscribed and sworn to before me this _____ day of _____

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

Exhibit 2 - A&H Premiums Due and Unpaid

N O N E

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus

N O N E

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates

N O N E

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates

N O N E

Exhibit 7 - Part 1 - Summary of Transactions with Providers

N O N E

Exhibit 7 - Part 2

N O N E

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Rhode Island, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Rhode Island			DURING THE YEAR 2022 (LOCATION)										
	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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

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

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

30.RI



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Rhode Island, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			Grand Total	DURING THE YEAR									(LOCATION)		
	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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code
		2 Individual	3 Group													
Total Members at end of:																
1. Prior Year																
2. First Quarter																
3. Second Quarter																
4. Third Quarter																
5. Current Year																
6. Current Year Member Months																
Total Member Ambulatory Encounters for Year:																
7. Physician																
8. Non-Physician																
9. Total																
10. Hospital Patient Days Incurred																
11. Number of Inpatient Admissions																
12. Health Premiums Written (b)																
13. Life Premiums Direct																
14. Property/Casualty Premiums Written																
15. Health Premiums Earned.....																
16. Property/Casualty Premiums Earned																
17. Amount Paid for Provision of Health Care Services.....																
18. Amount Incurred for Provision of Health Care Services																

NONE

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

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

30.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

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)	3,015,846		3,015,846
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	243		243
6. Total assets (Line 28)	3,016,089		3,016,089
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)			
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	229		229
15. Total liabilities (Line 24)	229		229
16. Total capital and surplus (Line 33)	3,015,860	XXX	3,015,860
17. Total liabilities, capital and surplus (Line 34)	3,016,089		3,016,089
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Rhode Island, Inc.

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? (Yes/No)	*
		00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	IA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17357	88-2279643				Molina Healthcare of Nebraska, Inc.	NE	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	NV	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	RI	RE	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Texas Insurance Company								
1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	30-0876771				MHAZ, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	38-4187664				Molina Healthcare of Indiana, Inc.	IN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	87-2979541				Molina Healthcare of Rhode Island Holding Company, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	88-2992962				Molina Healthcare of Wisconsin CMO, Inc.	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	87-0785193				Senior Health Holdings, LLC	DE	NIA	SWH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-3008411				SWH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Rhode Island, Inc.

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Rhode Island, Inc.

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)
00000	13-4204626	Molina Healthcare, Inc.	623,000,000	(113,207,523)			2,150,659,289				2,660,451,766	
00000	33-0342719	Molina Healthcare of California	(200,000,000)				(241,412,200)	(1,639,658)			(443,051,858)	2,704
00000	45-2634351	Molina Healthcare Data Center, Inc.		1,500,000			2,590,491				4,090,491	
14641	45-5337737	Molina Healthcare of Arizona, Inc.		(5,000,000)			(22,516,944)				(27,516,944)	
13128	26-0155137	Molina Healthcare of Florida, Inc.		(20,000,000)			(95,371,215)	125,406			(115,245,809)	343,714
00000	38-4187664	Molina Healthcare of Indiana, Inc.		1,622,097							1,622,097	
14104	27-1823188	Molina Healthcare of Illinois, Inc.	(25,000,000)				(165,365,239)	1,090,141			(189,275,098)	829,632
16596	83-3866292	Molina Healthcare of Kentucky, Inc.		5,000,000			(112,292,237)	3,621,037			(103,671,200)	2,269,923
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(40,000,000)				(188,104,586)				(228,104,586)	
16301	26-4390042	Molina Healthcare of Mississippi, Inc.					(37,508,015)	(543,513)			(38,051,528)	80,657
17064	20-3567602	Molina Healthcare of Nevada, Inc.		26,000,000			(37,321,802)				(11,321,802)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.					(16,013,916)	4,975			(16,008,941)	107
00000	27-1603200	Molina Healthcare of New York, Inc.					(174,234,033)				(174,234,033)	
12776	83-0463162	Senior Whole Health of New York, Inc.		114,000,000			(26,548,973)				87,451,027	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(165,000,000)				(266,509,199)	1,968,403			(429,540,796)	1,801,308
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.		(20,000,000)			6,534,742				(13,465,258)	
15329	46-2992125	Molina Healthcare of South Carolina, Inc.	(10,000,000)				(88,668,735)				(98,668,735)	
10757	20-1494502	Molina Healthcare of Texas, Inc.		3,000,000			(287,742,950)	8,609,965			(276,132,985)	(522,979)
13778	27-0522725	Molina Healthcare of Texas Insurance Com.					3,442,870	(3,021,145)			421,725	693,991
95502	33-0617992	Molina Healthcare of Utah, Inc.	(45,000,000)				(90,297,295)	(764,331)			(136,061,626)	
00000	26-1769086	Molina Healthcare of Virginia, LLC	(55,000,000)				(57,324,805)	(1,081,169)			(113,405,974)	190,892
96270	91-1284790	Molina Healthcare of Washington, Inc.	(48,000,000)				(354,559,378)	1,444,116			(401,115,262)	5,154,322
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.	(10,000,000)				(30,823,440)	(217,684)			(41,041,124)	
16808	84-4039542	Oceangate Reinsurance, Inc.		5,000,000			4,280,000	(9,596,543)			(316,543)	(10,844,271)
17197	34-4187674	Molina Healthcare of Iowa, Inc.		15,000							15,000	
00000	81-2824030	Molina Clinical Services, LLC					183,899,891				183,899,891	
00000	83-0351160	Senior Whole Health, LLC	(15,000,000)				(55,936,711)				(70,936,711)	
00000	39-1572350	The Management Group, LLC	(10,000,000)				(2,850,286)				(12,850,286)	
17357	88-2279643	Molina Healthcare of Nebraska, Inc.		1,600,000							1,600,000	
17290	87-2738451	Molina Healthcare of Rhode Island, Inc.		3,015,000							3,015,000	
00000	45-2854547	Molina Pathways, LLC		(2,544,574)			(5,324)				(2,549,898)	
9999999	Control Totals								XXX			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Rhode Island, Inc.

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Molina Healthcare of Arizona, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Florida, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Georgia, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Illinois, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Iowa, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Kentucky, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Michigan, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Mississippi, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Nebraska, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Nevada, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of New Mexico, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Ohio, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Oklahoma, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Puerto Rico, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Rhode Island, Inc.	Molina Healthcare of Rhode Island Holding Company, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of South Carolina, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Texas, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Texas Insurance Company	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Utah, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Washington, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Wisconsin, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Oceangate Reinsurance, Inc.	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Molina Healthcare of Virginia, LLC	Molina Healthcare, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
Senior Whole Health of New York, Inc.	AlphaCare Holdings, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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?	YES
2. Will an actuarial opinion be filed by March 1?	WAIVED
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	WAIVED
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	SEE EXPLANATION

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. 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?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. 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?	NO
17. 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?	NO
18. 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?	NO
APRIL FILING	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
22. 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?	NO
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:	
9. The Audited Financial statements were waived so an Accountants Letter of Qualification is not needed.	
10. The data for this supplement is not required to be filed.	
11. The data for this supplement is not required to be filed.	
12. The data for this supplement is not required to be filed.	
13. The data for this supplement is not required to be filed.	
14. The data for this supplement is not required to be filed.	
15. The data for this supplement is not required to be filed.	
16. The data for this supplement is not required to be filed.	
17. The data for this supplement is not required to be filed.	
18. The data for this supplement is not required to be filed.	
19. The data for this supplement is not required to be filed.	
20. The data for this supplement is not required to be filed.	
21. The data for this supplement is not required to be filed.	
22. The data for this supplement is not required to be filed.	
23. The data for this supplement is not required to be filed.	
24. The data for this supplement is not required to be filed.	

Bar Codes:

2. Actuarial Opinion [Document Identifier 440]	
8. Audited Financial Report [Document Identifier 220]	
10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



18. Relief from the Requirements for Audit Committees [Document Identifier 226]



19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



21. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



22. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]



24. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]

