



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Rhode Island, Inc.

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

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
23rd day of October, 2024

- 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.....

Linda A. Gulley



STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Rhode Island, Inc.

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 123,353 | | 123,353 | 109,238 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens..... | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$2,891,482), cash equivalents (\$7,722) and short-term investments (\$) | 2,899,204 | | 2,899,204 | 2,910,326 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 3,022,557 | 0 | 3,022,557 | 3,019,564 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 1,027 | | 1,027 | 240 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | | | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care (\$) and other amounts receivable | | | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 3,023,584 | 0 | 3,023,584 | 3,019,804 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 3,023,584 | 0 | 3,023,584 | 3,019,804 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 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. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 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) | 0 | 0 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | | | 0 | 0 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | | | 0 | 0 |
| 4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act | | | 0 | 0 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | | | 0 | 0 |
| 9. General expenses due or accrued | | | 0 | 0 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | 1,622 | | 1,622 | 639 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others..... | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | | | 0 | 0 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)..... | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 1,622 | 0 | 1,622 | 639 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 100 | 100 |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | 3,014,900 | 3,014,900 |
| 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 | 6,962 | 4,165 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 3,021,962 | 3,019,165 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 3,023,584 | 3,019,804 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 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. | XXX | XXX | | |
| 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 | 0 |
| 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 To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|------------|-----------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | XXX | | | |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | | 0 | |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | 0 | |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | | | |
| 5. Risk revenue | XXX | | | |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 0 | 0 | 0 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | | 0 | |
| 10. Other professional services | | | 0 | |
| 11. Outside referrals | | | 0 | |
| 12. Emergency room and out-of-area | | | 0 | |
| 13. Prescription drugs | | | 0 | |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | 0 | |
| 16. Subtotal (Lines 9 to 15) | 0 | 0 | 0 | 0 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | 0 | |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 0 | 0 | 0 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$ cost containment expenses | | | 0 | 0 |
| 21. General administrative expenses | | 495 | 0 | |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) . | | | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 495 | 0 | 0 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (495) | 0 | 0 |
| 25. Net investment income earned | | 4,035 | 3,004 | 4,184 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | 0 | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 4,035 | 3,004 | 4,184 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]. | | | | |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 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 | 3,540 | 3,004 | 4,184 |
| 31. Federal and foreign income taxes incurred | XXX | 743 | 631 | 879 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 2,797 | 2,373 | 3,305 |
| DETAILS OF WRITE-INS | | | | |
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 3,019,165 | 3,015,860 | 3,015,860 |
| 34. Net income or (loss) from Line 32 | 2,797 | 2,373 | 3,305 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | 0 | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. Change in net deferred income tax | | 0 | |
| 39. Change in nonadmitted assets | | 0 | 0 |
| 40. Change in unauthorized and certified reinsurance | 0 | | 0 |
| 41. Change in treasury stock | 0 | | 0 |
| 42. Change in surplus notes | 0 | | 0 |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | | 0 |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 0 | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | | | |
| 45.3 Transferred from capital | | | |
| 46. Dividends to stockholders | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47) | 2,797 | 2,373 | 3,305 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 3,021,962 | 3,018,233 | 3,019,165 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Rhode Island, Inc.

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 0 | 0 | 0 |
| 2. Net investment income | 2,080 | 744 | 2,390 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 2,080 | 744 | 2,390 |
| 5. Benefit and loss related payments | 0 | 0 | 0 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 495 | 0 | 0 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | (240) | 0 | 469 |
| 10. Total (Lines 5 through 9) | 255 | 0 | 469 |
| 11. Net cash from operations (Line 4 minus Line 10) | 1,825 | 744 | 1,921 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 110,000 | 0 | 0 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 110,000 | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 122,947 | 0 | 0 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 122,947 | 0 | 0 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (12,947) | 0 | 0 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | 0 | 0 | 0 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 0 | 0 | 0 |
| 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) | (11,122) | 744 | 1,921 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 2,910,326 | 2,908,405 | 2,908,405 |
| 19.2 End of period (Line 18 plus Line 19.1) | 2,899,204 | 2,909,149 | 2,910,326 |

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Exhibit of Premiums, Enrollment and Utilization

N O N E

Claims Payable - Aging Analysis of Unpaid Claims

N O N E

Underwriting and Investment Exhibit

N O N E

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Rhode Island, Inc. (the Plan) for the fiscal year ended December 31, 2023. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2023 annual statement have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

Organization and Operations

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. (Molina, or the Parent). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the Rhode Island Insurance Division (the Division).

A. Accounting Practices

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

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 # | 2024 | 2023 |
|---|--------|-------------|---------------|--------------|--------------|
| NET INCOME | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$ 2,797 | \$ 3,305 |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | \$ 2,797 | \$ 3,305 |
| SURPLUS | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 3,021,962 | \$ 3,019,165 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | \$ 3,021,962 | \$ 3,019,165 |

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

C. Accounting Policy

(1) - (5) No significant changes.

(6) Basis for Loan-Backed Securities and Adjustment Methodology: None.

(7) - (13) No significant changes.

D. Going Concern: The Plan is not aware of any relevant conditions or events that raise substantial doubt about its abilities to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

None.

NOTE 3 Business Combinations and Goodwill

None.

NOTE 4 Discontinued Operations

None.

NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities: None.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.

H. Repurchase Agreements Transactions Accounted for as a Sale: None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.

J. - K. None.

L. Restricted Assets: No significant change.

M. Working Capital Finance Investments: None.

N. Offsetting and Netting of Assets and Liabilities: None.

O. - P. None.

Q. Prepayment Penalty and Acceleration Fees: None.

R. Reporting Entity's Share of Cash Pool by Asset Type: None.

NOTES TO FINANCIAL STATEMENTS

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

None.

NOTE 7 Investment Income

No significant change.

NOTE 8 Derivative Instruments

None.

NOTE 9 Income Taxes

The Plan is included in the consolidated federal income tax return with its parent, Molina. The Plan does not expect to be liable for the Corporate Alternative Minimum Tax in 2024.

A. - I. No significant changes.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. No significant change.

B. The Plan neither paid dividends to, nor received contributions from Molina during the period ended September 30, 2024.

C. Transactions with related party who are not reported on Schedule Y: None.

D. - O. No significant changes.

NOTE 11 Debt

A. None.

B. Federal Home Loan Bank Agreements: None.

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

A. - D. Defined Benefit Plan: None.

E. Defined Contribution Plan: See Note 12G.

F. Multiemployer Plans: None.

G. Consolidated/Holding Company Plans: None.

H. - I. None.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. - C. No significant changes.

D. Refer to Note 10B.

E. - M. No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes.

NOTE 15 Leases

No significant changes.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales: None.

B. Transfer and Servicing of Financial Assets: None.

C. Wash Sales: None.

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

A. - C. None.

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

None.

NOTE 20 Fair Value Measurements

A. Fair Value Measurements

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

| Description for each class of asset | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
|-------------------------------------|-----------|-----------|-----------|-----------------------|-------|
| a. Assets at fair value | | | | | |

NOTES TO FINANCIAL STATEMENTS

| | | | | | |
|---------------------------------|----------|------|------|------|----------|
| Other money market mutual funds | \$ 7,722 | \$ - | \$ - | \$ - | \$ 7,722 |
| Total assets at fair value/NAV | \$ 7,722 | \$ - | \$ - | \$ - | \$ 7,722 |

(2) Fair Value Measurements in Level 3 of the Fair Value hierarchy: None.

(3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: None.

(5) Derivative Assets and Liabilities: None.

B. Fair Value Reporting under Statement of Statutory Accounting Principles No. 100, Fair Value Measurements, and Other Accounting Pronouncements: In addition to the financial instruments listed below, the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of September 30, 2024 is presented in the table below:

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|---------------------------------|----------------------|-----------------|--------------|------------|-----------|-----------------------|----------------------------------|
| Open depositories | \$ 2,891,482 | \$ 2,891,482 | \$ 2,891,482 | \$ - | \$ - | \$ - | \$ - |
| Other money market mutual funds | \$ 7,722 | \$ 7,722 | \$ 7,722 | \$ - | \$ - | \$ - | \$ - |
| U.S. Governments | \$ 125,059 | \$ 123,353 | \$ - | \$ 125,059 | \$ - | \$ - | \$ - |
| Total financial instruments | \$ 3,024,263 | \$ 3,022,557 | \$ 2,899,204 | \$ 125,059 | \$ - | \$ - | \$ - |

D. - E. None.

NOTE 21 Other Items

A. - B. No significant changes.

C. Other Disclosures: None.

D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through November 11, 2024, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

A. - E. No significant changes.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D. No significant changes.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

Yes [X] No []

(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 Claims and Claim Adjustment Expenses

A - B. None.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

None.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

None.

NOTE 31 Anticipated Salvage and Subrogation

None.

NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 1179929
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of the 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 | 2 | 3 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |

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

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
On January 24, 2024, Molina Healthcare, Inc. ("Molina") amended its Code of Business Conduct and Ethics (the "Code") to include a description of Molina's mandatory training process for employees on topics including but not limited to the Code, Molina's Compliance Program and its policies and procedures, and fraud, waste, and abuse. The amendments clarify that employees who fail to complete their required trainings on time may be subject to disciplinary action, up to and including termination.
- In addition, Molina made certain other changes to the Code, including those of a technical, administrative and non-substantive nature.
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

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

INVESTMENT

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

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | \$0 | \$ |
| 14.22 Preferred Stock | \$0 | \$ |
| 14.23 Common Stock | \$0 | \$ |
| 14.24 Short-Term Investments | \$0 | \$ |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$ |
| 14.26 All Other | \$0 | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.
.....
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
- 16.3 Total payable for securities lending reported on the liability page \$0

GENERAL INTERROGATORIES

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|------------------------------------|--|
| The Washington Trust Company | 20 Point Judith Road, Narragansett, RI 02882 |

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

- 17.4 If yes, give full information relating thereto:

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| Molina Healthcare, Inc. | A..... |

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

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

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

| 1 | 2 | 3 | 4 | 5 |
|--|------------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| | Molina Healthcare, Inc. | | | NO..... |

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

- 18.2 If no, list exceptions:
-

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

- Has the reporting entity self-designated 5GI securities? Yes [] No []

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

- Has the reporting entity self-designated PLGI securities? Yes [] No []

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

GENERAL INTERROGATORIES

PART 2 - HEALTH

- 1. Operating Percentages:
 - 1.1 A&H loss percent %
 - 1.2 A&H cost containment percent %
 - 1.3 A&H expense percent excluding cost containment expenses %

- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date \$.....
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date \$.....

- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Contract | 7 Type of Business Ceded | 8 Type of Reinsurer | 9 Certified Reinsurer Rating (1 through 6) | 10 Effective Date of Certified Reinsurer Rating |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|---|-----------------------------------|------------------------|--|--|
| NONE | | | | | | | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| States, etc. | 1 Active Status (a) | Direct Business Only | | | | | | | | | |
|--|------------------------|-----------------------------------|---------------------------|-------------------------|---------------------|---|---|---------------------------------|--------------------------------|------------------------------|---|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums & Other Considerations | 8 Property/Casualty Premiums | 9 Total Columns 2 Through 8 | 10 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 | L | | | | | | | | 0 | |
| 41. South Carolina | SC | N | | | | | | | | 0 | |
| 42. South Dakota | SD | N | | | | | | | | 0 | |
| 43. Tennessee | TN | N | | | | | | | | 0 | |
| 44. Texas | TX | N | | | | | | | | 0 | |
| 45. Utah | UT | N | | | | | | | | 0 | |
| 46. Vermont | VT | N | | | | | | | | 0 | |
| 47. Virginia | VA | N | | | | | | | | 0 | |
| 48. Washington | WA | N | | | | | | | | 0 | |
| 49. West Virginia | WV | N | | | | | | | | 0 | |
| 50. Wisconsin | WI | N | | | | | | | | 0 | |
| 51. Wyoming | WY | N | | | | | | | | 0 | |
| 52. American Samoa | AS | N | | | | | | | | 0 | |
| 53. Guam | GU | N | | | | | | | | 0 | |
| 54. Puerto Rico | PR | N | | | | | | | | 0 | |
| 55. U.S. Virgin Islands | VI | N | | | | | | | | 0 | |
| 56. Northern Mariana Islands | MP | N | | | | | | | | 0 | |
| 57. Canada | CAN | N | | | | | | | | 0 | |
| 58. Aggregate Other Aliens | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | | | 0 | |
| 61. Totals (Direct Business) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | |
| 58001. | XXX | | | | | | | | | | |
| 58002. | XXX | | | | | | | | | | |
| 58003. | XXX | | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

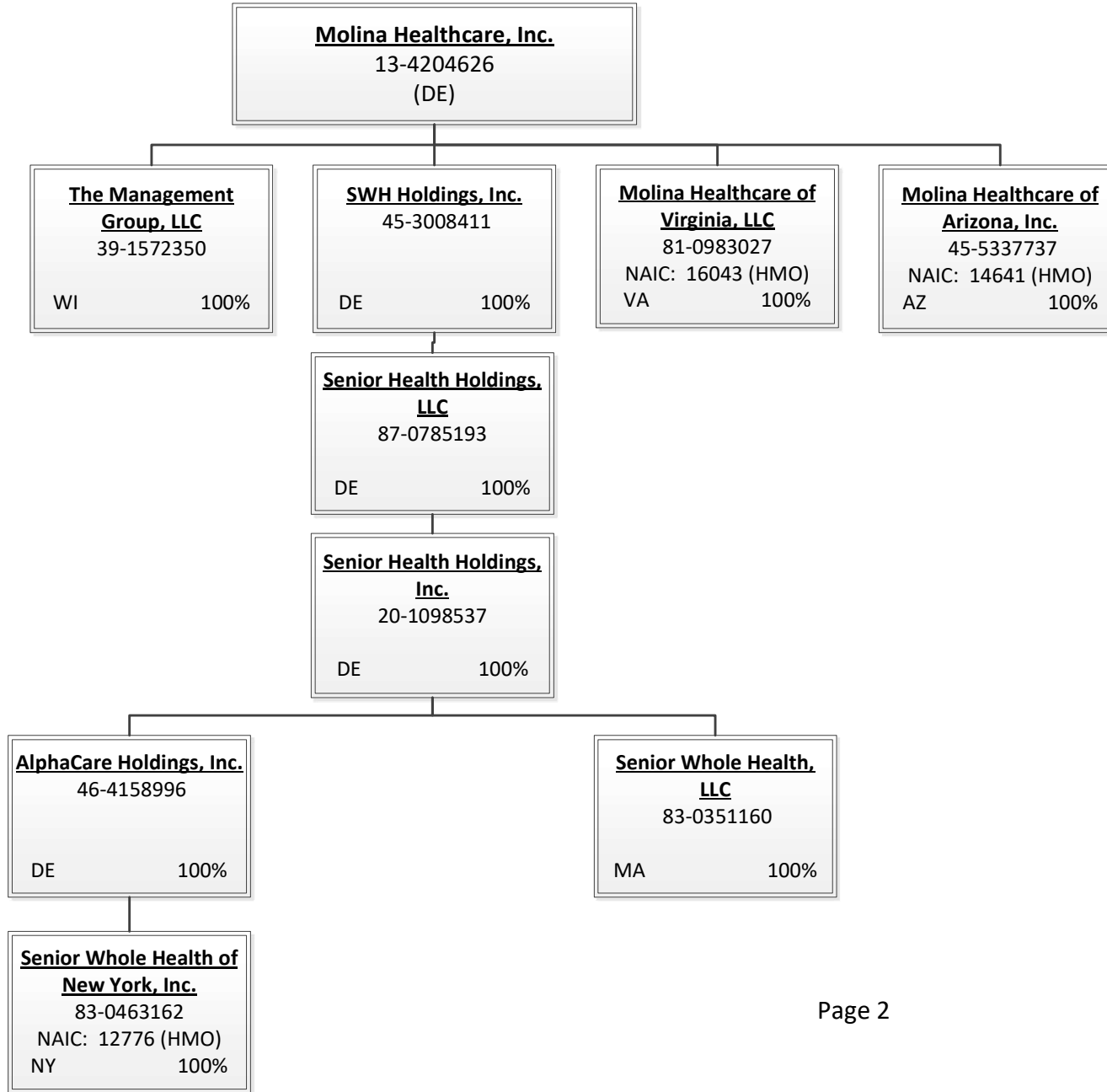
- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N -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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Rhode Island, Inc.

Molina Healthcare, Inc.
13-4204626
(DE)



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15.1

STATEMENT AS OF SEPTEMBER 30, 2024 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. | 17424 | 38-4187664 | | | | Molina Healthcare of Indiana, Inc. | IN | 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. | 17545 | 92-3336788 | | | | Molina Healthcare of Kansas, Inc. | KS | 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 | | | | | 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 | 91-2155938 | | | | Central Health Plan of California, Inc. | CA | IA | Molina Healthcare, 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 | 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 | 46-4148278 | | | | Molina Healthcare of North Carolina, Inc. | NC | NIA | 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 | 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 | SIH Holdings, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | NO | |
| | | 00000 | 83-0351160 | | | | Senior Whole Health, LLC | MA | NIA | Senior Health Holdings, Inc. | Ownership | 100.000 | Molina Healthcare, Inc. | NO | |
| | | 00000 | 45-3008411 | | | | SIH 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 | |

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 | 33-0012358 .. | | | | Universal Care, Inc. | .. CA..... | IA..... | Molina Healthcare, Inc. | Ownership..... | 100.000 ... | Molina Healthcare, Inc. | NO..... | |

| Asterisk | Explanation |
|----------|-------------|
| | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | Response |
|---|----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

AUGUST FILING

| | |
|--|-----|
| 2. 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? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. | N/A |
|--|-----|

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 109,238 | 107,441 |
| 2. Cost of bonds and stocks acquired | 122,947 | 122,947 |
| 3. Accrual of discount | 1,168 | 1,797 |
| 4. Unrealized valuation increase/(decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | 110,000 | 0 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | 0 | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 123,353 | 109,238 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 123,353 | 109,238 |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Rhode Island, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 123,041 | 0 | 0 | 312 | 109,697 | 123,041 | 123,353 | 109,238 |
| 2. NAIC 2 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. NAIC 3 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 123,041 | 0 | 0 | 312 | 109,697 | 123,041 | 123,353 | 109,238 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 123,041 | 0 | 0 | 312 | 109,697 | 123,041 | 123,353 | 109,238 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

S102

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 3,765 | 1,375 |
| 2. Cost of cash equivalents acquired | 157,874 | 26,682 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase/(decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 153,917 | 24,292 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 7,722 | 3,765 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 7,722 | 3,765 |

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Rhode Island, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|--|-----------|-----------------------|---|---|--|-------------------|------------------|--------|
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| Citizens Providence, RI | | | | | 2,891,482 | 2,891,482 | 2,891,482 | XXX |
| 0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | 0 | 0 | 2,891,482 | 2,891,482 | 2,891,482 | XXX |
| 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | 0 | 0 | 2,891,482 | 2,891,482 | 2,891,482 | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | 0 | 0 | 0 | XXX |
| 0599999. Total - Cash | XXX | XXX | 0 | 0 | 2,891,482 | 2,891,482 | 2,891,482 | XXX |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Molina Healthcare of Rhode Island, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 CUSIP | 2 Description | 3 Code | 4 Date Acquired | 5 Rate of Interest | 6 Maturity Date | 7 Book/Adjusted Carrying Value | 8 Amount of Interest Due and Accrued | 9 Amount Received During Year |
|-------------|---|-----------|--------------------|-----------------------|--------------------|--------------------------------------|--|-------------------------------------|
| 0109999999 | Total - U.S. Government Bonds | | | | | 0 | 0 | 0 |
| 0309999999 | Total - All Other Government Bonds | | | | | 0 | 0 | 0 |
| 0509999999 | Total - U.S. States, Territories and Possessions Bonds | | | | | 0 | 0 | 0 |
| 0709999999 | Total - U.S. Political Subdivisions Bonds | | | | | 0 | 0 | 0 |
| 0909999999 | Total - U.S. Special Revenues Bonds | | | | | 0 | 0 | 0 |
| 1109999999 | Total - Industrial and Miscellaneous (Unaffiliated) Bonds | | | | | 0 | 0 | 0 |
| 1309999999 | Total - Hybrid Securities | | | | | 0 | 0 | 0 |
| 1509999999 | Total - Parent, Subsidiaries and Affiliates Bonds | | | | | 0 | 0 | 0 |
| 1909999999 | Subtotal - Unaffiliated Bank Loans | | | | | 0 | 0 | 0 |
| 2419999999 | Total - Issuer Obligations | | | | | 0 | 0 | 0 |
| 2429999999 | Total - Residential Mortgage-Backed Securities | | | | | 0 | 0 | 0 |
| 2439999999 | Total - Commercial Mortgage-Backed Securities | | | | | 0 | 0 | 0 |
| 2449999999 | Total - Other Loan-Backed and Structured Securities | | | | | 0 | 0 | 0 |
| 2459999999 | Total - SVO Identified Funds | | | | | 0 | 0 | 0 |
| 2469999999 | Total - Affiliated Bank Loans | | | | | 0 | 0 | 0 |
| 2479999999 | Total - Unaffiliated Bank Loans | | | | | 0 | 0 | 0 |
| 2509999999 | Total Bonds | | | | | 0 | 0 | 0 |
| 31607A-70-3 | FIDELITY GOVERNMENT INST MONEY MARKET | SD | 09/19/2024 | 0.000 | | 7,722 | 0 | 34 |
| 8309999999 | Subtotal - All Other Money Market Mutual Funds | | | | | 7,722 | 0 | 34 |
| 8609999999 | Total Cash Equivalents | | | | | 7,722 | 0 | 34 |