



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Iowa, Inc.

NAIC Group Code 1531 1531 NAIC Company Code 17197 Employer's ID Number 38-4187674  
(Current) (Prior)

Organized under the Laws of Iowa, State of Domicile or Port of Entry IA

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 12/28/2021 Commenced Business 07/01/2023

Statutory Home Office 500 SW 7th St, Suite 304 Des Moines, IA, US 50309  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 SW 7th St, Suite 304  
(Street and Number)  
Des Moines, IA, US 50309 562-542-1935  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 500 SW 7th St, Suite 304 Des Moines, IA, US 50309  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 SW 7th St, Suite 304  
(Street and Number)  
Des Moines, IA, US 50309 562-542-1935  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta 614-540-3488  
(Name) (Area Code) (Telephone Number)  
aarati.mehta@molinahealthcare.com (E-mail Address) (FAX Number)

OFFICERS

President Jennifer Hansen Vermeer Secretary Jeffrey Don Barlow  
Chief Financial Officer Joan Gwen Noddings

OTHER

DIRECTORS OR TRUSTEES

Jennifer Hansen Vermeer David Thomas Reynolds Ronald Douglas Kurtz

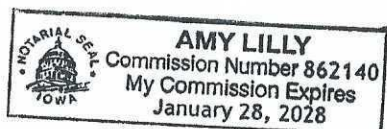
State of Iowa SS:  
County of Des Moines

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.

Jennifer Hansen Vermeer Joan Gwen Noddings Jeffrey Don Barlow  
President Chief Financial Officer Secretary

Subscribed and sworn to before me this 31 day of July, 2025  
Amy Lilly

- 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.....





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Internet Website Address www.molinahealthcare.com  
Statutory Statement Contact Aarati M Mehta, 614-540-3488  
(Name) (Area Code) (Telephone Number)  
aarati.mehta@molinahealthcare.com,  
(E-mail Address) (FAX Number)

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Chief Financial Officer Joan Gwen Noddings

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Jennifer Hansen Vermeer Joan Gwen Noddings Jeffrey Don Barlow  
President Chief Financial Officer Secretary

Subscribed and sworn to before me this  
day of

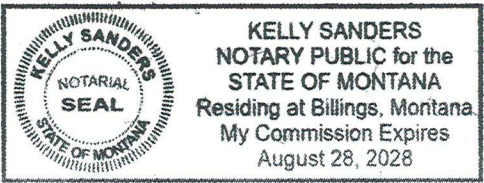
- a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

State of Montana  
County of Yellowstone

This instrument was signed or acknowledged  
before

me on July 23, 2025 by Joan Gwen Noddings  
Name of Signer

Kelly Sanders  
Notary Signature



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 .....	117,754,896		117,754,896	81,827,577
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ .....9,251,775 ), cash equivalents (\$ ..... 161,596,128 ) and short-term investments (\$ ..... ) .....	170,847,903		170,847,903	191,638,956
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	288,602,799		288,602,799	273,466,533
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	1,807,110		1,807,110	1,381,323
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	23,006,549		23,006,549	49,854,539
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... 28,188,779 ) .....	28,188,779		28,188,779	34,848,177
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon ....				
18.2 Net deferred tax asset .....	2,434,052		2,434,052	4,383,055
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	204,688	204,688		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$ .....8,970,128 ) and other amounts receivable .....	11,719,569	2,749,441	8,970,128	5,469,809
25. Aggregate write-ins for other-than-invested assets .....	1,009,696	1,009,696		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	356,973,242	3,963,825	353,009,417	369,403,436
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)	356,973,242	3,963,825	353,009,417	369,403,436
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Prepays, deposits, and other assets .....	1,009,696	1,009,696		
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,009,696	1,009,696		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	127,394,133		127,394,133	145,402,412
2. Accrued medical incentive pool and bonus amounts .....	13,250,850		13,250,850	11,387,753
3. Unpaid claims adjustment expenses .....	839,525		839,525	943,343
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....				
9. General expenses due or accrued .....	6,462,524		6,462,524	19,434,012
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	13,062,167		13,062,167	8,026,017
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	4,664,180		4,664,180	4,947,673
16. Derivatives .....				
17. Payable for securities .....	5,070,339		5,070,339	
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....	14,072		14,072	8,290,733
23. Aggregate write-ins for other liabilities (including \$ ..... 156,250 current) .....	156,250		156,250	156,250
24. Total liabilities (Lines 1 to 23) .....	170,914,040		170,914,040	198,588,193
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	113,515,000	113,515,000
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	68,580,377	57,300,243
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	182,095,377	170,815,243
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	353,009,417	369,403,436
DETAILS OF WRITE-INS				
2301. Fines and penalties payable .....	156,250		156,250	156,250
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	156,250		156,250	156,250
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX		
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX		

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	1,174,226	1,198,654	2,397,594
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	772,246,998	732,236,974	1,512,884,014
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX			
5. Risk revenue .....	XXX			
6. Aggregate write-ins for other health care related revenues .....	XXX			
7. Aggregate write-ins for other non-health revenues .....	XXX			
8. Total revenues (Lines 2 to 7) .....	XXX	772,246,998	732,236,974	1,512,884,014
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		491,075,048	467,657,629	937,889,746
10. Other professional services .....		9,037,615	7,980,574	13,753,743
11. Outside referrals .....		8,017,268	22,408,840	31,651,081
12. Emergency room and out-of-area .....		62,147,170	54,816,430	110,731,305
13. Prescription drugs .....		104,619,326	97,663,153	201,570,170
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		5,077,589	4,608,123	10,318,759
16. Subtotal (Lines 9 to 15) .....		679,974,016	655,134,749	1,305,914,804
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Lines 16 minus 17) .....		679,974,016	655,134,749	1,305,914,804
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ ..... 24,213,486 cost containment expenses .....		25,228,506	22,281,014	46,993,166
21. General administrative expenses .....		51,967,692	40,712,503	82,054,718
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .				
23. Total underwriting deductions (Lines 18 through 22).....		757,170,214	718,128,266	1,434,962,688
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	15,076,784	14,108,708	77,921,326
25. Net investment income earned .....		7,498,430	7,122,261	14,815,590
26. Net realized capital gains (losses) less capital gains tax of \$ ..... 699 .....		2,628		
27. Net investment gains (losses) (Lines 25 plus 26) .....		7,501,058	7,122,261	14,815,590
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 .....				35,750
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	22,577,842	21,230,969	92,772,666
31. Federal and foreign income taxes incurred .....	XXX	5,035,451	4,476,878	19,005,373
32. Net income (loss) (Lines 30 minus 31)	XXX	17,542,391	16,754,091	73,767,293
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX			
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)				
2901. Fines and penalties .....				35,750
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)				35,750

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.....	170,815,243	73,276,225	73,276,225
34. Net income or (loss) from Line 32 .....	17,542,391	16,754,091	73,767,293
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	(1,949,003)	2,330,439	4,383,055
39. Change in nonadmitted assets .....	10,686,746	(1,028,547)	(13,111,330)
40. Change in unauthorized and certified reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....		32,500,000	32,500,000
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....	(15,000,000)		
47. Aggregate write-ins for gains or (losses) in surplus .....			
48. Net change in capital & surplus (Lines 34 to 47) .....	11,280,134	50,555,983	97,539,018
49. Capital and surplus end of reporting period (Line 33 plus 48)	182,095,377	123,832,208	170,815,243
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	805,754,386	695,817,366	1,457,956,552
2. Net investment income .....	6,903,173	6,440,634	14,141,419
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	812,657,559	702,258,000	1,472,097,971
5. Benefit and loss related payments .....	688,884,641	642,639,135	1,325,968,128
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	98,533,996	54,466,055	104,226,450
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....		4,010,000	11,270,000
10. Total (Lines 5 through 9) .....	787,418,637	701,115,190	1,441,464,578
11. Net cash from operations (Line 4 minus Line 10) .....	25,238,922	1,142,810	30,633,393
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	3,077,080	311,062	2,250,852
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....	5,070,339		
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	8,147,419	311,062	2,250,852
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	38,831,602	46,634,287	83,862,162
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	38,831,602	46,634,287	83,862,162
14. Net increase/(decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(30,684,183)	(46,323,225)	(81,611,310)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....		32,500,000	32,500,000
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....	15,000,000		
16.6 Other cash provided (applied) .....	(345,792)	(217,653)	(753,644)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(15,345,792)	32,282,347	31,746,356
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	(20,791,053)	(12,898,068)	(19,231,561)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	191,638,956	210,870,517	210,870,517
19.2 End of period (Line 18 plus Line 19.1)	170,847,903	197,972,449	191,638,956

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	199,293	21,436							177,857					
2. First Quarter .....	196,932	20,703							176,229					
3. Second Quarter .....	194,166	20,559							173,607					
4. Third Quarter .....														
5. Current Year														
6. Current Year Member Months	1,174,226	124,738							1,049,488					
<b>Total Member Ambulatory Encounters for Period:</b>														
7 Physician .....	749,429	49,498							699,931					
8. Non-Physician .....	720,181	37,149							683,032					
9. Total	1,469,610	86,647							1,382,963					
10. Hospital Patient Days Incurred	533,044	831							532,213					
11. Number of Inpatient Admissions	26,514	171							26,343					
12. Health Premiums Written (a) .....	772,246,998	23,778,627							748,468,371					
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned.....	772,246,998	23,778,627							748,468,371					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....	685,670,149	21,206,611							664,463,538					
18. Amount Incurred for Provision of Health Care Services	679,974,016	21,899,523							658,074,493					

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

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	2, 140, 204	19, 066, 407	93, 965	3, 181, 723	2, 234, 169	2, 954, 029
2. Comprehensive (hospital and medical) group .....						
3. Medicare Supplement .....						
4. Vision only .....						
5. Dental only .....						
6. Federal Employees Health Benefits Plan .....						
7. Title XVIII - Medicare .....						
8. Title XIX - Medicaid .....	122, 572, 229	541, 891, 309	9, 269, 793	114, 848, 652	131, 842, 022	142, 448, 384
9. Credit A&H .....						
10. Disability Income .....						
11. Long-term care .....						
12. Other health .....						
13. Health subtotal (Lines 1 to 12) .....	124, 712, 433	560, 957, 716	9, 363, 758	118, 030, 375	134, 076, 191	145, 402, 413
14. Health care receivables (a) .....	1, 546, 714	10, 154, 512		18, 343	1, 546, 714	18, 954, 127
15. Other non-health .....						
16. Medical incentive pools and bonus amounts .....	3, 116, 038	98, 454	7, 557, 318	5, 693, 533	10, 673, 356	11, 387, 753
17. Totals (Lines 13 - 14 + 15 + 16)	126, 281, 757	550, 901, 658	16, 921, 076	123, 705, 565	143, 202, 833	137, 836, 039

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

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Iowa, Inc. (the Plan) for the fiscal year ended December 31, 2024. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2024 annual statement or audited financial statements 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 Iowa Insurance Division (the Department).

A. Accounting Practices

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

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 #		2025	2024
NET INCOME						
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$	17,542,391	\$ 73,767,293
(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	\$	17,542,391	\$ 73,767,293
SURPLUS						
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$	182,095,377	\$ 170,815,243
(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	\$	182,095,377	\$ 170,815,243

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

C. Accounting Policy

- (1) - (5) No significant changes.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology: Loan-backed securities are stated at amortized cost or the lower of amortized cost or fair value. The Plan's investments in loan-backed securities consist of asset-backed securities, mortgage-backed securities, and commercial mortgage-backed securities. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.
- (7) - (13) No significant changes.

D. Going Concern: 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. Asset-Backed Securities

As of June 30, 2025, the Plan's long-term investments include asset-backed securities, mortgage-backed securities and commercial mortgage-backed securities.

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

(2), (3) Recognized other-than-temporary impairment (OTTI) securities: None.

(4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

a) The aggregate amount of unrealized losses:	
1. Less than 12 Months	\$ 82,425
2. 12 Months or Longer	\$ -
b)The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 7,397,844
2. 12 Months or Longer	\$ -

(5) Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at June 30, 2025.

NOTES TO FINANCIAL STATEMENTS

- 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: None.
- M. Working Capital Finance Investments: None.
- N. Offsetting and Netting of Assets and Liabilities: None.
- O. - P. None.
- Q. Prepayment Penalty and Acceleration Fees:

	<u>General Account</u>
1. Number of CUSIPs	1
2. Aggregate Amount of Investment Income	\$ -

- R. Reporting Entity's Share of Cash Pool by Asset Type: None.
- S. Aggregate Collateral Loans by Qualifying Investment Collateral: None.

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 2025.

- A. - I. No significant changes.

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

- A. No significant change.
- B. The Plan paid Molina an ordinary dividend in cash amounting to \$15,000,000 on June 20, 2025.
- 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: No significant change.
- 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.

NOTES TO FINANCIAL STATEMENTS

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

None.

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

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

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

- A. - B. None.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract: No significant change.

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 or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Exempt money market mutual funds	\$ 21,281,567	\$ -	\$ -	\$ -	\$ 21,281,567
Other money market mutual funds	\$ 140,314,561	\$ -	\$ -	\$ -	\$ 140,314,561
Total assets at fair value/NAV	\$ 161,596,128	\$ -	\$ -	\$ -	\$ 161,596,128

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

- (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 June 30, 2025 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)
Exempt money market mutual funds	\$ 21,281,567	\$ 21,281,567	\$ 21,281,567	\$ -	\$ -	\$ -	\$ -
Other money market mutual funds	\$ 140,314,561	\$ 140,314,561	\$ 140,314,561	\$ -	\$ -	\$ -	\$ -
Open depositories	\$ (11,434,273)	\$ (11,434,273)	\$ (11,434,273)	\$ -	\$ -	\$ -	\$ -
Special revenue & special assessments	\$ 19,184,483	\$ 19,058,654	\$ -	\$ 19,184,483	\$ -	\$ -	\$ -
Industrial & miscellaneous	\$ 99,164,916	\$ 98,454,350	\$ -	\$ 99,164,916	\$ -	\$ -	\$ -
Political subdivisions	\$ 243,373	\$ 241,892	\$ -	\$ 243,373	\$ -	\$ -	\$ -
Short term certificates of deposit	\$ 20,686,048	\$ 20,686,048	\$ 20,686,048		\$ -	\$ -	\$ -
Total financial instruments	\$ 289,440,675	\$ 288,602,799	\$ 170,847,903	\$ 118,592,772	\$ -	\$ -	\$ -

- 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 August 12, 2025, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

- A. - D. No significant changes.

NOTES TO FINANCIAL STATEMENTS

E. Reinsurance Credit: No significant change.

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 [ ] No [X]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)

(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.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. The liabilities for claims unpaid and accrued medical incentive pool and bonus amounts, net of health care receivables and reinsurance recoverables, as of December 31, 2024 were \$137,836,039. As of June 30, 2025, \$127,828,471 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care receivables and reinsurance recoverables, are now \$15,374,362, as a result of re-estimation of unpaid claims principally on the Medicaid line of business. Therefore, there has been a \$5,366,794 unfavorable prior-year development from December 31, 2024 to June 30, 2025. The unfavorable development is generally the result of ongoing analysis of recent loss development trends primarily due to higher than expected utilization of medical services. Consequently, the ultimate costs recognized in 2025, as claims payments were processed, were higher than the Plan's original estimates in 2024.

The unpaid claims adjustment expenses as of December 31, 2024 were \$943,343. During the six months ended June 30, 2025, the plan incurred and paid claims adjustment expenses of \$25,228,506 and \$25,332,324, respectively. The unpaid claims adjustment expenses were \$839,525 as of June 30, 2025.

B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claims adjustment expenses as of June 30, 2025.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

No significant change.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

None.

NOTE 31 Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [ ] No [ X ]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [ ] No [ ]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ X ] No [ ]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [ X ] No [ ]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.  
Universal Care, Inc. has been removed from the organizational chart

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ X ] No [ ]

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

1179929

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]

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?  
If yes, attach an explanation.

Yes [ ] No [ X ] N/A [ ]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2021

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2021

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).

05/01/2023

6.4

By what department or departments?  
Iowa Insurance Division

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? .....  
(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.

Yes [ X ] No [ ]
- 9.11

If the response to 9.1 is No, please explain:  
.....
- 9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ ] No [ X ]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ .....

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]
- 11.2

If yes, give full and complete information relating thereto:  
.....
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$ .....
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 [ X ]
- 14.2

If yes, please complete the following:

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

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]

15.2

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

16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

\$ .....

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....

\$ .....

16.3

Total payable for securities lending reported on the liability page. ....

\$ .....
- 11.1

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 [ X ] No [ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank Institutional Trust & Custody .....	555 SW Oak Street 6th Flr, PD-OR-P6TD Portland, OR 97204 .....

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full 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. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
New England Asset Management, Inc. ....	U.....

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

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

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105900 .....	New England Asset Management .....	KUR85E5PS4GQFZTFC130 .....	SEC .....	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] 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 [ X ]

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 [ X ]

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 [ X ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

91.200 %

1.2 A&H cost containment percent

3.100 %

1.3 A&H expense percent excluding cost containment expenses

6.900 %
- 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 ]

STATEMENT AS OF JUNE 30, 2025 OF THE Molina Healthcare of Iowa, Inc.

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
		1	Direct Business Only								
		Active Status (a)	2	3	4	5	6	7	8	9	10
States, etc.			Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama .....	AL .....	..N.								
2.	Alaska .....	AK .....	..N.								
3.	Arizona .....	AZ .....	..N.								
4.	Arkansas .....	AR .....	..N.								
5.	California .....	CA .....	..N.								
6.	Colorado .....	CO .....	..N.								
7.	Connecticut .....	CT .....	..N.								
8.	Delaware .....	DE .....	..N.								
9.	District of Columbia	DC .....	..N.								
10.	Florida .....	FL .....	..N.								
11.	Georgia .....	GA .....	..N.								
12.	Hawaii .....	HI .....	..N.								
13.	Idaho .....	ID .....	..N.								
14.	Illinois .....	IL .....	..N.								
15.	Indiana .....	IN .....	..N.								
16.	Iowa .....	IA .....	..L.		748,468,371	23,778,627				772,246,998	
17.	Kansas .....	KS .....	..N.								
18.	Kentucky .....	KY .....	..N.								
19.	Louisiana .....	LA .....	..N.								
20.	Maine .....	ME .....	..N.								
21.	Maryland .....	MD .....	..N.								
22.	Massachusetts .....	MA .....	..N.								
23.	Michigan .....	MI .....	..N.								
24.	Minnesota .....	MN .....	..N.								
25.	Mississippi .....	MS .....	..N.								
26.	Missouri .....	MO .....	..N.								
27.	Montana .....	MT .....	..N.								
28.	Nebraska .....	NE .....	..N.								
29.	Nevada .....	NV .....	..N.								
30.	New Hampshire .....	NH .....	..N.								
31.	New Jersey .....	NJ .....	..N.								
32.	New Mexico .....	NM .....	..N.								
33.	New York .....	NY .....	..N.								
34.	North Carolina .....	NC .....	..N.								
35.	North Dakota .....	ND .....	..N.								
36.	Ohio .....	OH .....	..N.								
37.	Oklahoma .....	OK .....	..N.								
38.	Oregon .....	OR .....	..N.								
39.	Pennsylvania .....	PA .....	..N.								
40.	Rhode Island .....	RI .....	..N.								
41.	South Carolina .....	SC .....	..N.								
42.	South Dakota .....	SD .....	..N.								
43.	Tennessee .....	TN .....	..N.								
44.	Texas .....	TX .....	..N.								
45.	Utah .....	UT .....	..N.								
46.	Vermont .....	VT .....	..N.								
47.	Virginia .....	VA .....	..N.								
48.	Washington .....	WA .....	..N.								
49.	West Virginia .....	WV .....	..N.								
50.	Wisconsin .....	WI .....	..N.								
51.	Wyoming .....	WY .....	..N.								
52.	American Samoa .....	AS .....	..N.								
53.	Guam .....	GU .....	..N.								
54.	Puerto Rico .....	PR .....	..N.								
55.	U.S. Virgin Islands .....	VI .....	..N.								
56.	Northern Mariana Islands .....	MP .....	..N.								
57.	Canada .....	CAN .....	..N.								
58.	Aggregate Other Aliens .....	OT .....	XXX.								
59.	Subtotal .....	XXX.			748,468,371	23,778,627				772,246,998	
60.	Reporting Entity Contributions for Employee Benefit Plans .....	XXX.									
61.	Totals (Direct Business) .....	XXX.			748,468,371	23,778,627				772,246,998	
DETAILS OF WRITE-INS											
58001.	.....	XXX.									
58002.	.....	XXX.									
58003.	.....	XXX.									
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	XXX.									
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	XXX.									

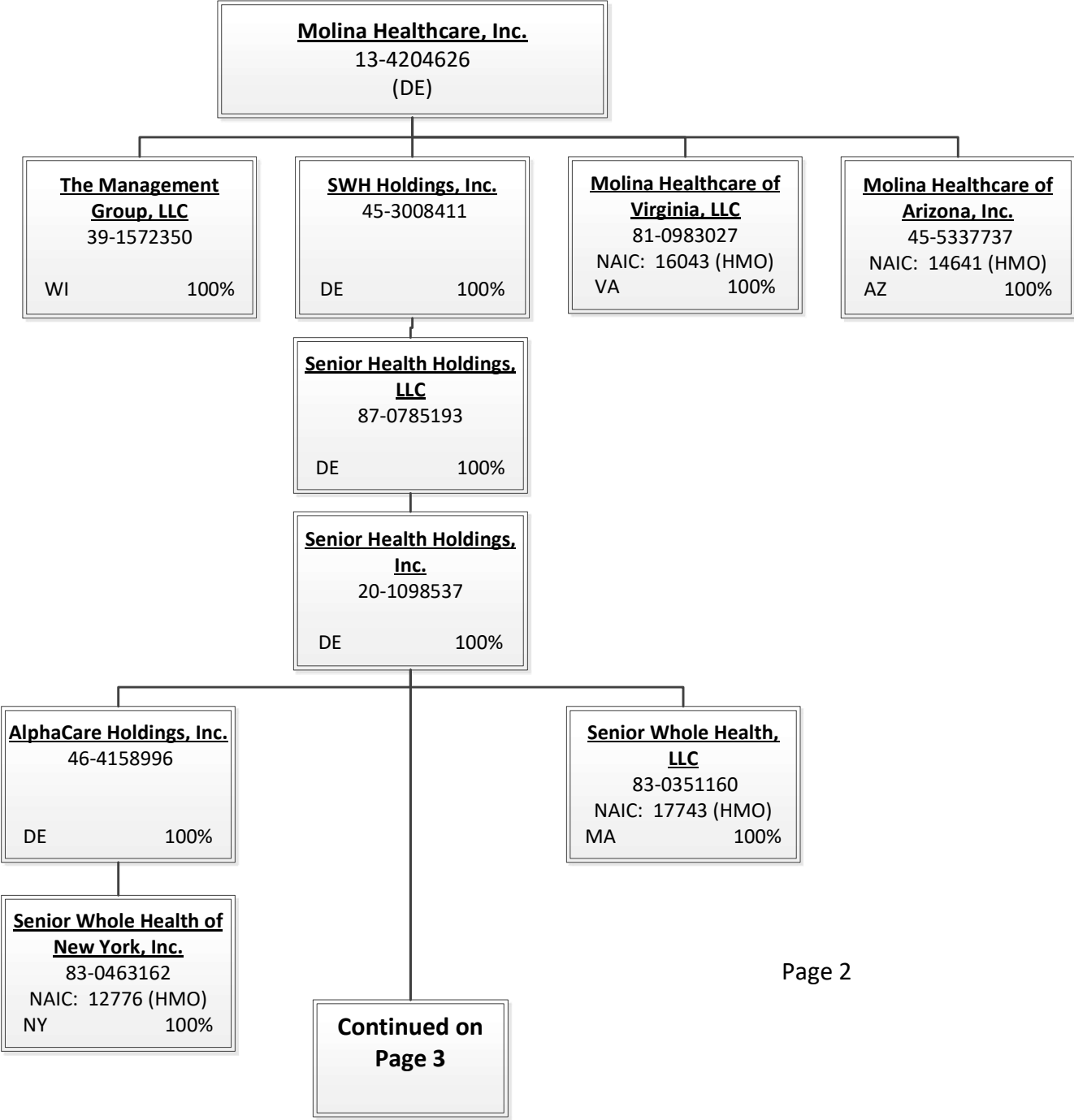
(a) Active Status Counts:  
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1      4. Q - Qualified - Qualified or accredited reinsurer.....  
2. R - Registered - Non-domiciled RRGs.....      5. N - None of the above - Not allowed to write business in the state..... 56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

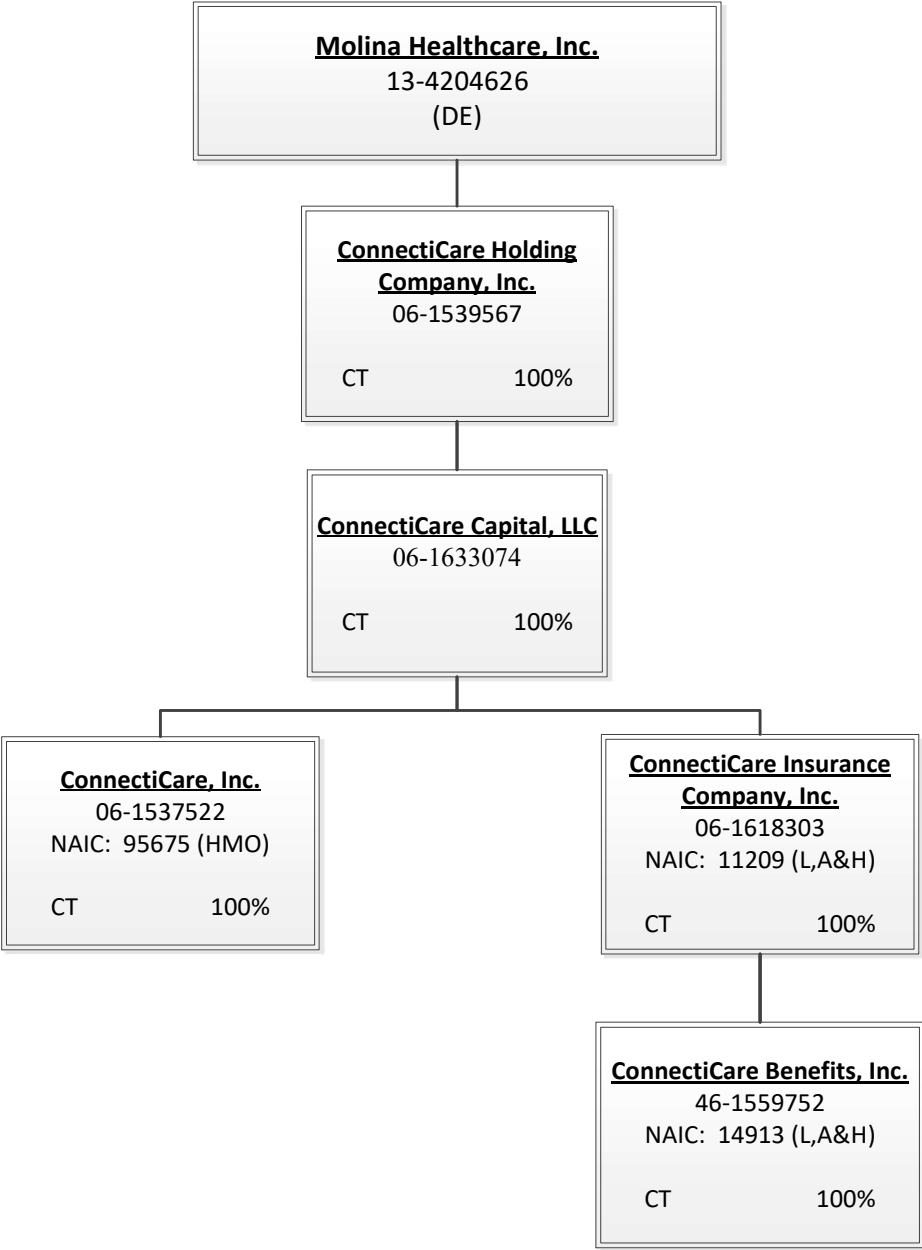
```

graph TD
    MH_Inc["Molina Healthcare, Inc.  
13-4204626  
(DE)"]
    MH_Cal["Molina Healthcare of California  
33-0342719  
(HMO)  
CA 100%"]
    MH_Wis["Molina Healthcare of Wisconsin, Inc.  
20-0813104  
NAIC: 12007 (HMO)  
WI 100%"]
    MH_Fla["Molina Healthcare of Florida, Inc.  
26-0155137  
NAIC: 13128 (HMO)  
FL 100%"]
    MH_Ill["Molina Healthcare of Illinois, Inc.  
27-1823188  
NAIC: 14104 (HMO)  
IL 100%"]
    MH_Mich["Molina Healthcare of Michigan, Inc.  
38-3341599  
NAIC: 52630 (HMO)  
MI 100%"]
    MH_NM["Molina Healthcare of New Mexico, Inc.  
85-0408506  
NAIC: 95739 (HMO)  
NM 100%"]
    MH_Ohio["Molina Healthcare of Ohio, Inc.  
20-0750134  
NAIC: 12334 (HMO)  
OH 100%"]
    MH_PuertoRico["Molina Healthcare of Puerto Rico, Inc.  
66-0817946  
NAIC: 15600 (HMO PR)  
PR & NV 100%"]
    MH_Texas["Molina Healthcare of Texas, Inc.  
20-1494502  
NAIC: 10757 (HMO)  
TX 100%"]
    MH_SouthCarolina["Molina Healthcare of South Carolina, Inc.  
46-2992125  
NAIC: 15329 (HMO)  
SC 100%"]
    MH_Utah["Molina Healthcare of Utah, Inc.  
33-0617992  
NAIC: 95502 (HMO)  
UT 100%"]
    MH_Wash["Molina Healthcare of Washington, Inc.  
91-1284790  
NAIC: 96270 (HMO)  
WA 100%"]
    MH_NY["Molina Healthcare of New York, Inc.  
27-1603200  
(MCO)  
NY 100%"]
    MH_TexasIns["Molina Healthcare of Texas Insurance Company  
27-0522725  
NAIC: 13778 (A&H)  
TX 100%"]
    MH_Mississippi["Molina Healthcare of Mississippi, Inc.  
26-4390042  
NAIC: 16301 (HMO)  
MS 100%"]
    MH_Kentucky["Molina Healthcare of Kentucky, Inc.  
83-3866292  
NAIC: 16596 (HMO)  
KY 100%"]
    MH_Clinical["Molina Clinical Services, LLC  
81-2824030  
DE 100%"]
    MH_CareConn["Molina Care Connections, LLC  
47-2296708  
TX 100%"]
    MH_DataCenter["Molina Healthcare Data Center, LLC  
45-2634351  
NM 100%"]
    MH_2028["2028 West Broadway, LLC  
85-3111408  
DE 100%"]
    MH_Indiana["Molina Healthcare of Indiana, Inc.  
38-4187664  
NAIC: 17424 (HMO)  
IN 100%"]
    MH_Nevada["Molina Healthcare of Nevada, Inc.  
20-3567602  
NAIC: 17064 (HMO)  
NV 100%"]
    MH_Nebraska["Molina Healthcare of Nebraska, Inc.  
88-2279643  
NAIC: 17357 (HMO)  
NE 100%"]
    MH_Oklahoma["Molina Healthcare of Oklahoma, Inc.  
81-0864563  
NAIC: 17066 (HMO)  
OK 100%"]
    MH_Tennessee["Molina Healthcare of Tennessee, Inc.  
84-3288805  
TN 100%"]
    MH_Georgia["Molina Healthcare of Georgia, Inc.  
80-0800257  
NAIC: 15714 (HMO)  
GA 100%"]
    MH_Louisiana["Molina Healthcare of Louisiana, Inc.  
81-4229476  
LA 100%"]
    MH_Pennsylvania["Molina Healthcare of Pennsylvania, Inc.  
81-0855820  
PA 100%"]
    MH_Iowa["Molina Healthcare of Iowa, Inc.  
38-4187674  
NAIC: 17197 (HMO)  
IA 100%"]
    MH_MHAZ["MHAZ, Inc.  
30-0876771  
AZ 100%"]
    MH_RhodeIsland["Molina Healthcare of Rhode Island Holding Company, Inc.  
87-2979541  
DE 100%"]
    MH_Kansas["Molina Healthcare of Kansas, Inc.  
92-3336788  
NAIC: 17545 (HMO)  
KS 100%"]
    MH_CaliforniaPlan["Central Health Plan of California, Inc.  
91-2155938  
(HMO)  
CA 100%"]
    MH_NorthCarolina["Molina Healthcare of North Carolina, Inc.  
46-4148278  
NC 100%"]
    MH_RhodeIslandInc["Molina Healthcare of Rhode Island, Inc.  
87-2738451  
NAIC: 17290 (HMO)  
RI 100%"]

    MH_Inc --- MH_Cal
    MH_Inc --- MH_Wis
    MH_Inc --- MH_Fla
    MH_Inc --- MH_Ill
    MH_Inc --- MH_Mich
    MH_Inc --- MH_NM
    MH_Inc --- MH_Ohio
    MH_Inc --- MH_PuertoRico
    MH_Inc --- MH_Texas
    MH_Inc --- MH_SouthCarolina
    MH_Inc --- MH_Utah
    MH_Inc --- MH_Wash
    MH_Inc --- MH_NY
    MH_Inc --- MH_TexasIns
    MH_Inc --- MH_Mississippi
    MH_Inc --- MH_Kentucky
    MH_Inc --- MH_Clinical
    MH_Inc --- MH_CareConn
    MH_Inc --- MH_DataCenter
    MH_Inc --- MH_2028
    MH_Inc --- MH_Indiana
    MH_Inc --- MH_Nevada
    MH_Inc --- MH_Nebraska
    MH_Inc --- MH_Oklahoma
    MH_Inc --- MH_Tennessee
    MH_Inc --- MH_Georgia
    MH_Inc --- MH_Louisiana
    MH_Inc --- MH_Pennsylvania
    MH_Inc --- MH_Iowa
    MH_Inc --- MH_MHAZ
    MH_Inc --- MH_RhodeIsland
    MH_Inc --- MH_Kansas
    MH_Inc --- MH_CaliforniaPlan
    MH_Inc --- MH_NorthCarolina
    MH_Inc --- MH_RhodeIslandInc
  
```

The organizational chart for Molina Healthcare, Inc. shows a corporate structure with the parent company at the top and numerous subsidiaries across various states. The subsidiaries are organized into four rows of eight boxes each, with a 'Continued on Page 2' box at the bottom center. Each box contains the name of the subsidiary, its phone number, its type (HMO, MCO, A&H, etc.), and its state and ownership percentage (100%).





STATEMENT AS OF JUNE 30, 2025 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE Y  
PART 1A - DETAILS 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	Domi-ciliary Location	Relation-ship 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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (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	RE	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	
							Molina Healthcare of Rhode Island Holding Company, Inc.								
1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	RI	IA	Molina Healthcare, 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.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95675	06-1537522				ConnectiCare, Inc.	CT	IA	ConnectiCare Capital LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14913	46-1559752				ConnectiCare Benefits, Inc.	CT	IA	ConnectiCare Insurance Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	11209	06-1618303				ConnectiCare Insurance Company, Inc.	CT	IA	ConnectiCare Capital LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17743	83-0351160				Senior Whole Health, LLC	MA	IA	Senior Health 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	06-1633074				ConnectiCare Capital, LLC	CT	NIA	ConnectiCare Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	06-1539567				ConnectiCare Holding Company, Inc.	CT	NIA	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	
							Molina Healthcare of Rhode Island Holding Company, Inc.								
		00000	87-2979541					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	

SCHEDULE Y  
PART 1A - DETAILS 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	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/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 ....	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.....	.....

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. ....	YES

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	2
	Year to Date	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)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	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)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	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, depreciation and proportional amortization .....		
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)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	81,827,577	
2. Cost of bonds and stocks acquired .....	38,831,602	83,862,162
3. Accrual of discount .....	186,946	232,515
4. Unrealized valuation increase/(decrease) .....		
5. Total gain (loss) on disposals .....	3,327	
6. Deduct consideration for bonds and stocks disposed of .....	3,077,080	2,250,852
7. Deduct amortization of premium .....	17,476	16,248
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	117,754,896	81,827,577
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)	117,754,896	81,827,577

STATEMENT AS OF JUNE 30, 2025 OF THE Molina Healthcare of Iowa, 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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a) .....	40,938,970	19,056,631	65,000	48,402	40,938,970	59,979,003		41,237,479
2. NAIC 2 (a) .....	10,795,227	6,679,138		(226,472)	10,795,227	17,247,893		10,278,226
3. NAIC 3 (a) .....			166,201	242,987		76,786		
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total ICO	51,734,197	25,735,769	231,201	64,917	51,734,197	77,303,682		51,515,705
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1 .....	31,085,424	10,583,994	1,238,799	20,598	31,085,424	40,451,217		30,311,873
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total ABS	31,085,424	10,583,994	1,238,799	20,598	31,085,424	40,451,217		30,311,873
PREFERRED STOCK								
15. NAIC 1 .....								
16. NAIC 2 .....								
17. NAIC 3 .....								
18. NAIC 4 .....								
19. NAIC 5 .....								
20. NAIC 6 .....								
21. Total Preferred Stock .....								
22. Total ICO, ABS & Preferred Stock	82,819,621	36,319,763	1,470,000	85,515	82,819,621	117,754,899		81,827,578

(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 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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 .....	132,107,295	221,399,085
2. Cost of cash equivalents acquired .....	1,429,623,757	2,532,992,333
3. Accrual of discount .....		
4. Unrealized valuation increase/(decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	1,400,134,924	2,622,284,123
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	161,596,128	132,107,295
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	161,596,128	132,107,295

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

STATEMENT AS OF JUNE 30, 2025 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
00084D-BH-2 .....	ABN AMRO BANK NV .....	..06/30/2025 .....	MORGAN STANLEY & CO. LLC .....	.....	1,000,000 .....	1,000,000 .....	.....	1.F FE .....
009158-BN-5 .....	AIR PRODUCTS & CHEMICALS .....	..06/09/2025 .....	J.P. MORGAN SECURITIES LLC .....	.....	1,498,995 .....	1,500,000 .....	.....	1.F FE .....
009158-BP-0 .....	AIR PRODUCTS & CHEMICALS .....	..06/09/2025 .....	J.P. MORGAN SECURITIES LLC .....	.....	249,698 .....	250,000 .....	.....	1.F FE .....
015271-BE-8 .....	ALEXANDRIA REAL ESTATE E .....	..06/24/2025 .....	MIZUHO SECURITIES USA LLC .....	.....	502,300 .....	500,000 .....	10,083 .....	2.A FE .....
06051G-MK-2 .....	BANK OF AMERICA CORP .....	..06/10/2025 .....	GOLDMAN SACHS & CO. LLC .....	.....	755,835 .....	750,000 .....	14,211 .....	1.E FE .....
09659W-2V-5 .....	BNP PARIBAS .....	..06/13/2025 .....	CITIGROUP GLOBAL MARKETS INC. ....	.....	1,008,730 .....	1,000,000 .....	21,781 .....	1.E FE .....
13607P-H9-8 .....	CANADIAN IMPERIAL BANK .....	..06/10/2025 .....	BARCLAYS CAPITAL INC. ....	.....	1,505,745 .....	1,500,000 .....	14,389 .....	1.F FE .....
136375-DR-0 .....	CANADIAN NATL RAILWAY .....	..06/26/2025 .....	MARKETAXESS .....	.....	720,090 .....	750,000 .....	9,023 .....	1.F FE .....
14040H-CV-5 .....	CAPITAL ONE FINANCIAL CO .....	..06/24/2025 .....	MORGAN STANLEY & CO. LLC .....	.....	254,815 .....	250,000 .....	5,429 .....	2.A FE .....
26875P-AX-9 .....	EOG RESOURCES INC .....	..06/16/2025 .....	GOLDMAN SACHS & CO. LLC .....	.....	1,548,481 .....	1,550,000 .....	.....	1.G FE .....
29250N-OH-6 .....	ENBRIDGE INC .....	..06/16/2025 .....	CITIGROUP GLOBAL MARKETS INC. ....	.....	499,985 .....	500,000 .....	.....	2.A FE .....
29379V-CJ-0 .....	ENTERPRISE PRODUCTS OPER .....	..06/17/2025 .....	CITIGROUP GLOBAL MARKETS INC. ....	.....	749,018 .....	750,000 .....	.....	1.G FE .....
316773-DL-1 .....	FIFTH THIRD BANCORP .....	..06/25/2025 .....	BARCLAYS CAPITAL INC. ....	.....	259,315 .....	250,000 .....	5,748 .....	2.A FE .....
337738-BD-9 .....	FISERV INC .....	..06/18/2025 .....	BOFA SECURITIES INC. ....	.....	767,843 .....	750,000 .....	12,283 .....	2.B FE .....
370334-DB-7 .....	GENERAL MILLS INC .....	..06/10/2025 .....	RBC CAPITAL MARKETS LLC .....	.....	742,028 .....	750,000 .....	21,875 .....	2.B FE .....
46647P-BJ-4 .....	JPMORGAN CHASE & CO .....	..06/24/2025 .....	MARKETAXESS .....	.....	497,625 .....	500,000 .....	5,679 .....	1.E FE .....
47216Q-AC-7 .....	JDE PEETS NV .....	..06/17/2025 .....	MORGAN STANLEY & CO. LLC .....	.....	209,983 .....	250,000 .....	1,313 .....	2.C FE .....
49447B-AC-7 .....	KIMCO REALTY OP LLC .....	..06/16/2025 .....	WELLS FARGO SECURITIES LLC .....	.....	497,800 .....	500,000 .....	.....	2.A FE .....
571676-AY-1 .....	MARS INC .....	..06/13/2025 .....	J.P. MORGAN SECURITIES LLC .....	.....	1,256,613 .....	1,250,000 .....	15,667 .....	1.F FE .....
61747Y-ER-2 .....	MORGAN STANLEY .....	..06/10/2025 .....	WELLS FARGO SECURITIES LLC .....	.....	744,143 .....	750,000 .....	4,473 .....	1.E FE .....
631005-BJ-3 .....	NARRAGANSETT ELECTRIC .....	..06/10/2025 .....	KEYBANC CAPITAL MARKETS INC. ....	.....	470,910 .....	500,000 .....	2,923 .....	1.G FE .....
65473P-AJ-4 .....	NISOURCE INC .....	..06/10/2025 .....	GOLDMAN SACHS & CO. LLC .....	.....	950,690 .....	1,000,000 .....	4,000 .....	2.B FE .....
693475-BR-5 .....	PNC FINANCIAL SERVICES .....	..06/24/2025 .....	MORGAN STANLEY & CO. LLC .....	.....	775,905 .....	750,000 .....	1,512 .....	1.G FE .....
74464A-AD-3 .....	PUBLIC STORAGE OP CO .....	..06/26/2025 .....	WELLS FARGO SECURITIES LLC .....	.....	1,493,355 .....	1,500,000 .....	.....	1.F FE .....
842434-DC-3 .....	SOUTHERN CALIF GAS CO .....	..06/18/2025 .....	CITIGROUP GLOBAL MARKETS INC. ....	.....	1,009,410 .....	1,000,000 .....	5,147 .....	1.D FE .....
855244-BL-2 .....	STARBUCKS CORP .....	..06/10/2025 .....	MORGAN STANLEY & CO. LLC .....	.....	750,675 .....	750,000 .....	3,300 .....	2.A FE .....
87612E-BU-9 .....	TARGET CORP .....	..06/05/2025 .....	GOLDMAN SACHS & CO. LLC .....	.....	999,990 .....	1,000,000 .....	.....	1.F FE .....
89115K-AB-6 .....	TORONTO-DOMINION BANK .....	..06/17/2025 .....	MORGAN STANLEY & CO. LLC .....	.....	1,250,413 .....	1,250,000 .....	2,504 .....	1.F FE .....
91159H-JV-3 .....	US BANCORP .....	..06/13/2025 .....	U.S. BANCORP INVESTMENTS INC. ....	.....	756,090 .....	750,000 .....	3,283 .....	1.F FE .....
91324P-FQ-0 .....	UNITEDHEALTH GROUP INC .....	..06/17/2025 .....	BOFA SECURITIES INC. ....	.....	249,678 .....	250,000 .....	.....	1.F FE .....
92343V-GZ-1 .....	VERIZON COMMUNICATIONS .....	..06/10/2025 .....	WELLS FARGO SECURITIES LLC .....	.....	994,620 .....	1,000,000 .....	10,063 .....	2.A FE .....
95000U-3V-3 .....	WELLS FARGO & COMPANY .....	..06/30/2025 .....	WELLS FARGO SECURITIES LLC .....	.....	515,910 .....	500,000 .....	5,294 .....	1.E FE .....
969457-CS-7 .....	WILLIAMS COMPANIES INC .....	..06/26/2025 .....	CITIGROUP GLOBAL MARKETS INC. ....	.....	249,085 .....	250,000 .....	.....	2.B FE .....
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					25,735,773	25,800,000	179,940	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					25,735,773	25,800,000	179,940	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)								XXX
0509999997. Total - Issuer Credit Obligations - Part 3					25,735,773	25,800,000	179,940	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					25,735,773	25,800,000	179,940	XXX
3140W1-2H-5 .....	UMBS - POOL FA1675 .....	..06/05/2025 .....	WELLS FARGO SECURITIES LLC .....	.....	6,337,009 .....	6,389,926 .....	4,881 .....	1.A FE .....
1039999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					6,337,009	6,389,926	4,881	XXX
75023X-AF-9 .....	25-J2 A4 .....	..06/06/2025 .....	WELLS FARGO SECURITIES LLC .....	.....	249,492 .....	250,000 .....	1,000 .....	1.A FE .....
75023X-BM-3 .....	25-J2 A24 .....	..06/06/2025 .....	WELLS FARGO SECURITIES LLC .....	.....	248,706 .....	250,000 .....	1,000 .....	1.A FE .....
89190K-AA-6 .....	TOWD POINT MORTGAGE TRUST 25-1 A1A .....	..06/23/2025 .....	BOFA SECURITIES INC. ....	.....	248,884 .....	250,000 .....	957 .....	1.A FE .....
1059999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)					747,082	750,000	2,957	XXX
91825C-AA-3 .....	VDCM COMMERCIAL MORTGAGE TRUST 25-AZ A .....	..06/24/2025 .....	WELLS FARGO SECURITIES LLC .....	.....	500,000 .....	500,000 .....	654 .....	1.A FE .....
1079999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Commercial Mortgage-Backed Securities (Unaffiliated)					500,000	500,000	654	XXX
26243E-AT-8 .....	DRYDEN SENIOR LOAN FUND 17-53A CR .....	..06/25/2025 .....	SMBC NIKKO SECURITIES AMERICA INC. ....	.....	1,500,000 .....	1,500,000 .....	.....	1.D FE .....
1099999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency - CLOs/CBOs/CDOs (Unaffiliated)					1,500,000	1,500,000	.....	XXX
92349K-EF-6 .....	VERIZON MASTER TRUST 25-5 A1A .....	..06/17/2025 .....	RBC CAPITAL MARKETS LLC .....	.....	999,933 .....	1,000,000 .....	.....	1.A FE .....
1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					999,933	1,000,000	.....	XXX
92868W-AD-9 .....	VOLKSWAGEN AUTO LEASE TRUST 25-A A3 .....	..06/10/2025 .....	RBC CAPITAL MARKETS LLC .....	.....	499,965 .....	500,000 .....	.....	1.A FE .....
1539999999. Subtotal - Asset-Backed Securities - Non-Financial Asset-Backed Securities - Practical Expedient - Other Non-Financial Asset-Backed Securities Securities - Practical Expedient (Unaffiliated)					499,965	500,000	.....	XXX

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
1889999999. Total - Asset-Backed Securities (Unaffiliated)					10,583,989	10,639,926	8,492	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)								XXX
1909999997. Total - Asset-Backed Securities - Part 3					10,583,989	10,639,926	8,492	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					10,583,989	10,639,926	8,492	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					36,319,762	36,439,926	188,432	XXX
4509999997. Total - Preferred Stocks - Part 3						XXX		XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						XXX		XXX
5989999997. Total - Common Stocks - Part 3						XXX		XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						XXX		XXX
5999999999. Total - Preferred and Common Stocks						XXX		XXX
6009999999 - Totals					36,319,762	XXX	188,432	XXX

STATEMENT AS OF JUNE 30, 2025 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
442435-5B-5	HOUSTON TX UTILITY SYS REVENUE .....	05/15/2025	SINKING FUND REDEMPTION .....		65,000	65,000	62,921	64,877		123		123		65,000				1,244	05/15/2028	1.C FE ....
0059999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - Special Revenues					65,000	65,000	62,921	64,877		123		123		65,000				1,244	XXX	XXX
55903V-BL-6	WARNERMEDIA HOLDINGS INC .....	06/30/2025	TENDER OFFER .....		169,528	171,000	162,635	164,884		1,317		1,317		166,201		3,327	3,327	5,083	03/15/2027	3.A FE ....
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					169,528	171,000	162,635	164,884		1,317		1,317		166,201		3,327	3,327	5,083	XXX	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					234,528	236,000	225,556	229,761		1,440		1,440		231,201		3,327	3,327	6,327	XXX	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)																			XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					234,528	236,000	225,556	229,761		1,440		1,440		231,201		3,327	3,327	6,327	XXX	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					234,528	236,000	225,556	229,761		1,440		1,440		231,201		3,327	3,327	6,327	XXX	XXX
3132DS-W2-4	UMBS - POOL SD5165 .....	06/01/2025	MBS PAYDOWN .....		33,808	33,808	32,139	33,747		61		61		33,808				630	08/01/2052	1.A FE ....
3132DT-DS-6	UMBS - POOL SD5513 .....	06/01/2025	MBS PAYDOWN .....		45,523	45,523	44,620	45,491		32		32		45,523				850	02/01/2053	1.A FE ....
3133KR-04-9	UMBS - POOL RA9475 .....	06/01/2025	MBS PAYDOWN .....		22,615	22,615	21,872	22,592		23		23		22,615				472	07/01/2053	1.A FE ....
31400T-27-7	UMBS - POOL CB7965 .....	06/01/2025	MBS PAYDOWN .....		5,753	5,753	5,594	5,749		4		4		5,753				122	02/01/2054	1.A FE ....
31400U-6X-9	UMBS - POOL CB8985 .....	06/01/2025	MBS PAYDOWN .....		3,746	3,746	3,763	3,747						3,746				85	08/01/2054	1.A FE ....
31400U-A5-5	UMBS - POOL CB8127 .....	06/01/2025	MBS PAYDOWN .....		23,569	23,569	23,009	23,548		20		20		23,569				497	03/01/2054	1.A FE ....
3140XM-3Y-0	UMBS - POOL FS6214 .....	06/01/2025	MBS PAYDOWN .....		44,684	44,684	45,082	44,694		(10)		(10)		44,684				1,014	11/01/2053	1.A FE ....
3140XR-SU-0	UMBS - POOL FS9530 .....	06/01/2025	MBS PAYDOWN .....		3,865	3,865	3,851	3,864						3,865				93	10/01/2054	1.A FE ....
1039999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					183,563	183,563	179,930	183,432		130		130		183,563				3,763	XXX	XXX
03465Q-AA-2	ANGEL OAK MORTGAGE TRUST 24-8 A1 .....	06/01/2025	MBS PAYDOWN .....		13,395	13,395	13,395	13,395						13,395				293	05/27/2069	1.A FE ....
03466J-AA-7	ANGEL OAK MORTGAGE TRUST 24-9 A1 .....	06/01/2025	MBS PAYDOWN .....		110,481	110,481	110,480	110,481						110,481				2,465	09/25/2069	1.A FE ....
16159N-AA-2	CHASE MORTGAGE FINANCE CORPORA 24-4 A2 .....	06/01/2025	MBS PAYDOWN .....		33,484	33,484	32,956	33,460		24		24		33,484				855	03/25/2055	1.A ....
16159N-AU-8	CHASE MORTGAGE FINANCE CORPORA 24-4 A9 .....	06/01/2025	MBS PAYDOWN .....		11,161	11,161	10,909	11,150		12		12		11,161				285	03/25/2055	1.A ....
16159Q-AA-5	CHASE MORTGAGE FINANCE CORPORA 24-5 A2 .....	06/01/2025	MBS PAYDOWN .....		11,410	11,410	11,376	11,408		1		1		11,410				297	04/25/2055	1.A ....
16159Q-AU-1	CHASE MORTGAGE FINANCE CORPORA 24-5 A9 .....	06/01/2025	MBS PAYDOWN .....		11,410	11,410	11,305	11,405		5		5		11,410				297	04/25/2055	1.A ....
22758D-AA-7	CROSS MORTGAGE TRUST 24-H3 A1 .....	06/01/2025	MBS PAYDOWN .....		17,405	17,405	17,405	17,405						17,405				469	06/25/2069	1.A ....
22758D-AB-5	CROSS MORTGAGE TRUST 24-H3 A2 .....	06/01/2025	MBS PAYDOWN .....		34,820	34,820	34,819	34,820						34,820				983	06/25/2069	1.A ....
33851P-AB-1	FLAGSTAR MORTGAGE TRUST 21-S1NV A2 .....	06/01/2025	MBS PAYDOWN .....		6,688	6,688	5,337	6,648		40		40		6,688				69	07/25/2051	1.A ....
33852H-AB-8	FLAGSTAR MORTGAGE TRUST 21-S1NV A3 .....	06/01/2025	MBS PAYDOWN .....		2,878	2,878	2,302	2,862		16		16		2,878				31	09/25/2051	1.A ....
46591L-BQ-3	JP MORGAN MORTGAGE TRUST 19-INV3 B1 .....	06/01/2025	MBS PAYDOWN .....		2,047	2,047	1,862	2,041		6		6		2,047				38	05/25/2050	1.A ....
46649T-AA-4	JP MORGAN MORTGAGE TRUST 18-3 A1 .....	06/01/2025	MBS PAYDOWN .....		5,527	5,527	5,071	5,508		19		19		5,527				92	09/25/2048	1.A ....
46652K-BV-0	JP MORGAN MORTGAGE TRUST 20-INV2 B1A .....	06/01/2025	MBS PAYDOWN .....		2,995	2,995	2,357	2,975		20		20		2,995				36	10/25/2050	1.A ....
46654R-AG-7	JP MORGAN MORTGAGE TRUST 21-INV8 A2 .....	06/01/2025	MBS PAYDOWN .....		23,297	23,297	19,263	23,156		141		141		23,297				290	05/25/2052	1.A ....
67118K-AA-1	ONSLOW BAY FINANCIAL LLC 24-NQM3 A1 .....	06/01/2025	MBS PAYDOWN .....		29,162	29,162	29,162	29,162						29,162				759	12/25/2063	1.A ....
69392C-AB-2	PMT LOAN TRUST 25-INV3 A2 .....	06/01/2025	MBS PAYDOWN .....		8,867	8,867	8,915		(1)			(1)		8,867				73	03/25/2056	1.A FE ....
753917-AB-9	RATE MORTGAGE TRUST 24-J2 A2 .....	06/01/2025	MBS PAYDOWN .....		48,069	48,069	47,528	48,028		41		41		48,069				1,110	07/25/2054	1.A ....
817370-AB-5	SEQUOIA MORTGAGE TRUST 25-3 A2 .....	06/01/2025	MBS PAYDOWN .....		15,174	15,174	15,029		3			3		15,174				127	04/25/2055	1.A FE ....
817370-AV-1	SEQUOIA MORTGAGE TRUST 25-3 A20 .....	06/01/2025	MBS PAYDOWN .....		16,266	16,266	16,030		5			5		16,266				137	04/25/2055	1.A FE ....
81749P-AB-6	SEQUOIA MORTGAGE TRUST 24-9 A2 .....	06/01/2025	MBS PAYDOWN .....		99,409	99,409	99,704	99,447		(38)		(38)		99,409				2,179	10/25/2054	1.A FE ....
89183F-AQ-1	TOWN POINT MORTGAGE TRUST 24-3 A1B .....	06/01/2025	MBS PAYDOWN .....		10,735	10,735	10,604	10,728		7		7		10,735				249	07/25/2065	1.A FE ....
924925-AA-8	VERUS SECURITIZATION TRUST 24-7 A1 .....	06/01/2025	MBS PAYDOWN .....		15,427	15,427	15,426	15,426						15,427				341	09/25/2069	1.A ....
1059999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)					530,107	530,107	521,235	489,505		301		301		530,107				11,475	XXX	XXX
05493N-AA-0	BOS LTD 21-FL9 A .....	06/16/2025	MBS PAYDOWN .....		144,931	144,931	143,844	143,679		1,253		1,253		144,931				4,038	11/16/2038	1.A FE ....
1099999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency - CLOs/CBOs/CDOs (Unaffiliated)					144,931	144,931	143,844	143,679		1,253		1,253		144,931				4,038	XXX	XXX
437918-AB-1	HONDA AUTO RECEIVABLES OWNER T 24-1 A2 .....	06/15/2025	MBS PAYDOWN .....		111,833	111,833	111,823	111,761		73		73		111,833				2,490	09/15/2026	1.A FE ....
55389Q-AB-3	MVN OWNER TRUST 24-2A B .....	06/20/2025	MBS PAYDOWN .....		17,178	17,178	17,177	17,171		37		37		17,178				327	03/20/2042	1.F FE ....
82653B-AB-9	SIERRA RECEIVABLES FUNDING CO 24-3A B .....	06/20/2025	MBS PAYDOWN .....		29,411	29,411	29,410	29,351		60		60		29,411				608	08/20/2041	1.F FE ....

STATEMENT AS OF JUNE 30, 2025 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Ident- ification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
..895975-AA-8	TRICON RESIDENTIAL 24-SFR4 A .....	05/01/2025	MBS PAYDOWN .....		1,902	1,902	1,826	1,898		4		4		1,902				32	11/17/2041	1.A FE
1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					160,324	160,324	160,236	160,151		174		174		160,324				3,457	XXX	XXX
..65481D-AB-8	NISSAN AUTO LEASE TRUST 24-B A2A .....	06/15/2025	MBS PAYDOWN .....		80,324	80,324	80,317	80,177		146		146		80,324				1,697	06/15/2027	1.A FE
..89238G-AB-7	TOYOTA LEASE OWNER TRUST 24-A A2A .....	05/20/2025	MBS PAYDOWN .....		126,978	126,984	126,973	127,450		(466)		(466)		126,984				2,460	07/20/2026	1.A FE
1539999999. Subtotal - Asset-Backed Securities - Non-Financial Asset-Backed Securities - Practical Expedient - Other Non-Financial Asset-Backed Securities Securities - Practical Expedient (Unaffiliated)					207,302	207,308	207,290	207,627		(320)		(320)		207,308				4,157	XXX	XXX
..12510H-AZ-3	CAPITAL AUTOMOTIVE REIT 24-3A A1 .....	06/15/2025	MBS PAYDOWN .....		2,500	2,500	2,458	2,493		7		7		2,500				46	10/15/2054	1.A FE
..12510H-BA-7	CAPITAL AUTOMOTIVE REIT 24-3A A2 .....	06/15/2025	MBS PAYDOWN .....		1,563	1,563	1,508	1,557		6		6		1,563				29	10/15/2054	1.E FE
..30332Y-AC-5	FIP MASTER FUNDING LLC 24-1A A1 .....	06/15/2025	MBS PAYDOWN .....		174	174	174	173						174				4	10/15/2054	1.A FE
..30332Y-AD-3	FIP MASTER FUNDING LLC 24-1A A2 .....	06/15/2025	MBS PAYDOWN .....		174	174	174	173						174				4	10/15/2054	1.C FE
..83100A-AA-0	SLAM LLC 24-1A A .....	06/15/2025	MBS PAYDOWN .....		7,845	7,845	7,845	7,829		16		16		7,845				174	09/15/2049	1.F FE
..86212X-AP-5	STORE MASTER FUNDING LLC 24-1A A4 .....	06/20/2025	MBS PAYDOWN .....		313	313	312	312		1		1		313				8	05/20/2054	1.C FE
1719999999. Subtotal - Asset-Backed Securities - Non-Financial Asset-Backed Securities - Full Analysis - Lease-Backed Securities - Full Analysis (Unaffiliated)					12,569	12,569	12,471	12,537		30		30		12,569				265	XXX	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					1,238,796	1,238,802	1,225,006	1,196,931		1,568		1,568		1,238,802				27,155	XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)																			XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4					1,238,796	1,238,802	1,225,006	1,196,931		1,568		1,568		1,238,802				27,155	XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					1,238,796	1,238,802	1,225,006	1,196,931		1,568		1,568		1,238,802				27,155	XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					1,473,324	1,474,802	1,450,562	1,426,692		3,008		3,008		1,470,003		3,327	3,327	33,482	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4						XXX													XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						XXX													XXX	XXX
5989999997. Total - Common Stocks - Part 4						XXX													XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						XXX													XXX	XXX
5999999999. Total - Preferred and Common Stocks						XXX													XXX	XXX
6009999999 - Totals					1,473,324	XXX	1,450,562	1,426,692		3,008		3,008		1,470,003		3,327	3,327	33,482	XXX	XXX

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

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

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**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Restricted Asset Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
US Bank ..... St. Paul, MN .....					..... (83,373)	..... (78,971)	..... (115,331)	XXX.
US Bank ..... St. Paul, MN .....					..... 103,800	..... 27,281	..... 76,574	XXX.
US BANK MONEY MKT SAVINGS ..... St. Paul, MN .....			28,051		..... 210,808	..... 211,565	..... 20,514,647	XXX.
US Bank ..... St. Paul, MN .....					..... (15,661,939)	..... (12,119,129)	..... (11,395,516)	XXX.
CASH HELD AT BANK ..... Portland, OR .....		0.000					..... 171,401	XXX.
INTEREST RECEIVED DURING YEAR								
ON DISPOSED HOLDINGS ..... St. Paul, MN .....		0.000	43,563					XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	71,614		(15,430,704)	(11,959,254)	9,251,775	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX	71,614		(15,430,704)	(11,959,254)	9,251,775	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
.....								
.....								
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	71,614		(15,430,704)	(11,959,254)	9,251,775	XXX

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]