



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Iowa, Inc.

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

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 (Street and Number) Des Moines, IA, US 50309 (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 (City or Town, State, Country and Zip Code) 844-236-1464 (Area Code) (Telephone Number)

Mail Address 500 SW 7th St, Suite 304 (Street and Number or P.O. Box) Des Moines, IA, US 50309 (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 (City or Town, State, Country and Zip Code) 844-236-1464 (Area Code) (Telephone Number)

Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Ying Veronica Wang (Name) 562-542-1935 (Area Code) (Telephone Number) veronica.wang@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
Jennifer Hansen Vermeer
President

Joan Gwen Noddings
Joan Gwen Noddings
Chief Financial Officer

Jeffrey Don Barlow
Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this 25th day of October, 2023

Linda A. Gulley

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



ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds				
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 (\$(7,721,753)), cash equivalents (\$160,769,827) and short-term investments (\$)	153,048,074		153,048,074	1,013,704
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)	153,048,074		153,048,074	1,013,704
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	702,269		702,269	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	9,119,850		9,119,850	
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 (\$4,816,657)	4,816,657		4,816,657	
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				272
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)	254,279	254,279		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	201,710		201,710	
24. Health care (\$21,134) and other amounts receivable	27,337	6,203	21,134	
25. Aggregate write-ins for other than invested assets	2,007,997	2,007,997		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	170,178,173	2,268,479	167,909,694	1,013,976
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	170,178,173	2,268,479	167,909,694	1,013,976
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. Prepaids, deposits, and other assets	2,007,997	2,007,997		
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)	2,007,997	2,007,997		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	121,537,907		121,537,907	
2. Accrued medical incentive pool and bonus amounts	2,260,577		2,260,577	
3. Unpaid claims adjustment expenses	790,759		790,759	
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	3,412,191		3,412,191	
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	554,444		554,444	
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				
16. Derivatives				
17. Payable for securities				
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	27,688		27,688	
23. Aggregate write-ins for other liabilities (including \$ current)	23,972		23,972	
24. Total liabilities (Lines 1 to 23)	128,607,538		128,607,538	
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	46,015,000	1,015,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	(6,712,844)	(1,024)
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	39,302,156	1,013,976
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	167,909,694	1,013,976
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	23,972		23,972	
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)	23,972		23,972	
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	593,628		
2. Net premium income (including \$ non-health premium income).....	XXX	327,604,219		
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	327,604,219		
Hospital and Medical:				
9. Hospital/medical benefits		187,543,317		
10. Other professional services		3,438,721		
11. Outside referrals		35,756,662		
12. Emergency room and out-of-area		25,437,756		
13. Prescription drugs		50,928,223		
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		2,260,577		
16. Subtotal (Lines 9 to 15)		305,365,256		
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		305,365,256		
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 10,257,862 cost containment expenses		11,284,490		
21. General administrative expenses		16,119,777	1,296	1,296
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).....		332,769,523	1,296	1,296
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(5,165,304)	(1,296)	(1,296)
25. Net investment income earned		1,318,679		
26. Net realized capital gains (losses) less capital gains tax of \$0				
27. Net investment gains (losses) (Lines 25 plus 26)		1,318,679		
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		(42,000)		
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(3,888,625)	(1,296)	(1,296)
31. Federal and foreign income taxes incurred	XXX	554,716		(272)
32. Net income (loss) (Lines 30 minus 31)	XXX	(4,443,341)	(1,296)	(1,024)
DETAILS OF WRITE-INS				
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		(42,000)		
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)		(42,000)		

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.....	1,013,976	1,000,000	1,000,000
34. Net income or (loss) from Line 32	(4,443,341)	(1,296)	(1,024)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0		
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(2,268,479)		
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	45,000,000	15,000	15,000
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital & surplus (Lines 34 to 47)	38,288,180	13,704	13,976
49. Capital and surplus end of reporting period (Line 33 plus 48)	39,302,156	1,013,704	1,013,976
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
Cash from Operations			
1. Premiums collected net of reinsurance	313,691,684		
2. Net investment income	616,410		
3. Miscellaneous income			
4. Total (Lines 1 to 3)	314,308,094		
5. Benefit and loss related payments	181,594,109		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	23,207,691	1,296	1,296
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10. Total (Lines 5 through 9)	204,801,800	1,296	1,296
11. Net cash from operations (Line 4 minus Line 10)	109,506,294	(1,296)	(1,296)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
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)			
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock	45,000,000	15,000	15,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(2,471,924)		
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	42,528,076	15,000	15,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	152,034,370	13,704	13,704
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	1,013,704	1,000,000	1,000,000
19.2 End of period (Line 18 plus Line 19.1)	153,048,074	1,013,704	1,013,704

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

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STATEMENT AS OF SEPTEMBER 30, 2023 OF THE Molina Healthcare of Iowa, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Comprehensive (Hospital & Medical)		3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		Individual														
Total Members at end of:																
1. Prior Year																
2. First Quarter																
3. Second Quarter																
4. Third Quarter	182,233	11,374								170,859						
5. Current Year																
6. Current Year Member Months	593,628	34,689								558,939						
Total Member Ambulatory Encounters for Period:																
7. Physician	225,007	8,563								216,444						
8. Non-Physician	198,231	5,498								192,733						
9. Total	423,238	14,061								409,177						
10. Hospital Patient Days Incurred	146,433	136								146,297						
11. Number of Inpatient Admissions	7,490	27								7,463						
12. Health Premiums Written (a)	327,604,219	5,714,248								321,889,971						
13. Life Premiums Direct																
14. Property/Casualty Premiums Written																
15. Health Premiums Earned	327,604,219	5,714,248								321,889,971						
16. Property/Casualty Premiums Earned																
17. Amount Paid for Provision of Health Care Services	181,594,109	3,211,380								178,382,729						
18. Amount Incurred for Provision of Health Care Services	305,365,256	5,087,676								300,277,580						

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

STATEMENT AS OF SEPTEMBER 30, 2023 OF THE Molina Healthcare of Iowa, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		3 On Claims Unpaid Dec. 31 of Prior Year	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		4 On Claims Incurred During the Year			
1. Comprehensive (hospital and medical) individual		3,211,380		1,775,073			
2. Comprehensive (hospital and medical) group							
3. Medicare Supplement							
4. Dental Only							
5. Vision Only							
6. Federal Employees Health Benefits Plan							
7. Title XVIII - Medicare							
8. Title XIX - Medicaid		178,382,729		119,762,834			
9. Credit A&H							
10. Disability Income							
11. Long-term care							
12. Other health							
13. Health subtotal (Lines 1 to 12)		181,594,109		121,537,907			
14. Health care receivables (a)		27,337					
15. Other non-health							
16. Medical incentive pools and bonus amounts				2,260,577			
17. Totals (Lines 13 - 14 + 15 + 16)		181,566,772		123,798,484			

(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, 2022. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2022 annual statement have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

Organization and Operations

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. (Molina, or the Parent). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the 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 #	2023	2022
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (4,443,341)	\$ (1,024)
(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	\$ (4,443,341)	\$ (1,024)
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 39,302,156	\$ 1,013,976
(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	\$ 39,302,156	\$ 1,013,976

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

C. Accounting Policy

(1) - (13) None.

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. - R. 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 2023.

No significant change.

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

A. No significant change.

B. The Plan received contributions amounting to \$5,000,000 on June 30, 2023 and \$40,000,000 on September 22, 2023 from Molina, principally to provide funding to meet minimum capital and surplus requirements. Molina has agreed to provide additional future funding to the Plan, if necessary, to ensure the Plan's compliance with minimum capital and surplus requirements during the next 12 months.

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

D. - O. No significant changes.

NOTES TO FINANCIAL STATEMENTS

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

None.

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.

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

None.

NOTE 20 Fair Value Measurements

- A. Fair Value Measurements

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

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Other Money Market Mutual Funds	\$ 160,769,827	\$ -	\$ -		\$ 160,769,827
Total assets at fair value/NAV	\$ 160,769,827	\$ -	\$ -	\$ -	\$ 160,769,827

(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 Open Depositories and Other Money Market Mutual Funds listed below, the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

- C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of September 30, 2023 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Open Depositories	\$ (7,721,753)	\$ (7,721,753)	\$ (7,721,753)	\$ -	\$ -	\$ -	\$ -
Other Money Market Mutual Funds	\$ 160,769,827	\$ 160,769,827	\$ 160,769,827	\$ -	\$ -	\$ -	\$ -
Total Financial Instruments	\$ 153,048,074	\$ 153,048,074	\$ 153,048,074				

- D. - E. None.

NOTES TO FINANCIAL STATEMENTS

NOTE 21 Other Items

A. - B. No significant changes.

C. Other Disclosures:

The Plan's new contract with the Iowa Department of Health and Human Services commenced on July 1, 2023, and offers health coverage to Temporary Assistance for Needy Families, Children's Health Insurance Program, Aged Blind Disabled, Long-Term Services and Supports and Medicaid Expansion beneficiaries serving approximately 180,000 new members. This new contract has a term of four years, with a potential for two, two-year extensions.

D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through November 13, 2023, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

A. - E. No significant changes.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D. Medicaid premiums are subject to retrospective rating and redetermination based on contractual requirements. The Plan had net premiums written of \$327,604,219 for the period ended September 30, 2023 representing 100% of total net premiums written as of September 30, 2023.

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

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year: None.

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance: None.

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

(5) ACA Risk Corridors Receivable as of Reporting Date: None.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Claims unpaid activity during the current period is summarized below:

	Nine months ended 9/30/2023
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ -
Add provision for claims, net of reinsurance:	
Current year	305,365,256
Prior years	-
Net incurred claims during the current year	305,365,256
Deduct paid claims, net of reinsurance:	
Current year	181,594,109
Prior years	-
Net paid claims during the current year	181,594,109
Change in claims adjustment expenses	790,759
Change in health care receivables	27,337
Change in amounts due from reinsurers	-
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 124,589,243

The Plan had no subscribers during 2022. As mentioned in Note 21C above, the Plan began operations on July 1, 2023. Therefore, there is no development related to prior years.

B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claim adjustment expenses during 2023.

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.

NOTES TO FINANCIAL STATEMENTS

NOTE 31 Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$.....201,710

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$.....
13. Amount of real estate and mortgages held in short-term investments:\$.....
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
- 14.2 If yes, please complete the following:
- | | 1 | 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 []
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
 If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$
- 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.\$

GENERAL INTERROGATORIES

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

- 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. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

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

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	Molina Healthcare	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 percent96.3 %
- 1.2 A&H cost containment percent 3.1 %
- 1.3 A&H expense percent excluding cost containment expenses 5.2 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 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 []
- 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 []
- 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 []

STATEMENT AS OF SEPTEMBER 30, 2023 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N								
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		321,889,971	5,714,248			327,604,219		
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			321,889,971	5,714,248			327,604,219		
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									
61. Totals (Direct Business)	XXX			321,889,971	5,714,248			327,604,219		
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
- 2. R - Registered - Non-domiciled RRGs.....
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.
- 4. Q - Qualified - Qualified or accredited reinsurer.....
- 5. N - None of the above - Not allowed to write business in the state..... 56

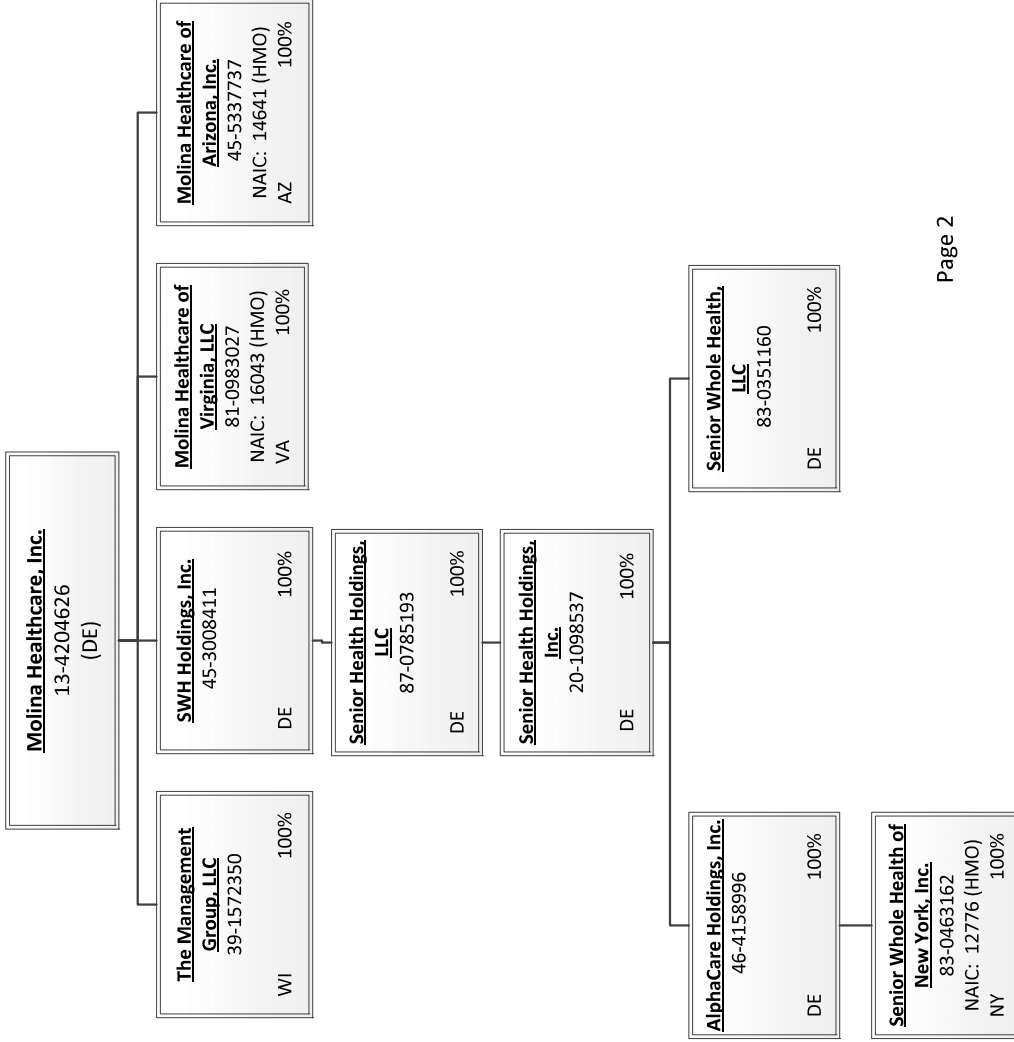
STATEMENT AS OF SEPTEMBER 30, 2023 OF THE Molina Healthcare of Iowa, Inc.

Molina Healthcare, Inc.
13-4204626
(DE)

Molina Healthcare of California 33-0342719 (HMO) CA 100%	Molina Healthcare of Wisconsin, Inc. 20-0813104 NAIC: 12007 (HMO) WI 100%	Molina Healthcare of Florida, Inc. 26-0155137 NAIC: 13128 (HMO) FL 100%	Molina Healthcare of Illinois, Inc. 27-1823188 NAIC: 14104 (HMO) IL 100%	Molina Healthcare of Michigan, Inc. 38-3341599 NAIC: 52630 (HMO) MI 100%	Molina Healthcare of New Mexico, Inc. 85-0408506 NAIC: 95739 (HMO) NM 100%	Molina Healthcare of Ohio, Inc. 20-0750134 NAIC: 12334 (HMO) OH 100%	Molina Healthcare of Puerto Rico, Inc. 66-0817946 NAIC: 15600 (HMO PR) PR & NV 100%
Molina Healthcare of Texas, Inc. 20-1494502 NAIC: 10757 (HMO) TX 100%	Molina Healthcare of South Carolina, Inc. 46-2992125 NAIC: 15329 (HMO) SC 100%	Molina Healthcare of Utah, Inc. 33-0617992 NAIC: 95502 (HMO) UT 100%	Molina Healthcare of Washington, Inc. 91-1284790 NAIC: 96270 (HMO) WA 100%	Molina Healthcare of New York, Inc. 27-1603200 (MCO) NY 100%	Molina Healthcare of Texas Insurance Company 27-0522725 NAIC: 13778 (A&H) TX 100%	Molina Healthcare of Mississippi, Inc. 26-4390042 NAIC: 16301 (HMO) MS 100%	Molina Healthcare of Kentucky, Inc. 83-3866292 NAIC: 16596 (HMO) KY 100%
Molina Clinical Services, LLC 81-2824030 DE 100%	Oceangate Reinsurance, Inc. 84-4039542 NAIC: 16808 (captive insurer) UT 100%	Molina Healthcare Data Center, LLC 45-2634351 NM 100%	2028 West Broadway, LLC 85-3111408 DE 100%	Molina Healthcare of Indiana, Inc. 38-4187664 NAIC: 17424 (HMO) IN 100%	Molina Healthcare of Nevada, Inc. 20-3567602 NAIC: 17064 (HMO) NV 100%	Molina Healthcare of Nebraska, Inc. 88-2279643 NAIC: 17357 (HMO) NE 100%	Molina Healthcare of Oklahoma, Inc. 81-0864563 NAIC: 17066 (HMO) OK 100%
Molina Healthcare of Tennessee, Inc. 84-3288805 TN 100%	Molina Healthcare of Georgia, Inc. 80-0800257 NAIC: 15714 (HMO) GA 100%	Molina Healthcare of Louisiana, Inc. 81-4229476 LA 100%	Molina Healthcare of Pennsylvania, Inc. 81-0855820 PA 100%	Molina Healthcare of Iowa, Inc. 38-4187674 NAIC: 17197 (HMO) IA 100%	MHAZ, Inc. 30-0876771 AZ 100%	Molina Healthcare of Rhode Island Holding Company, Inc. 87-2979541 DE 100%	Molina Care Connections, LLC 47-2296708 TX 100%
	Molina Healthcare of Kansas, Inc. 92-3336788 KS 100%	Molina Healthcare of Wisconsin CMO, Inc. 88-2992962 WI 100%				Molina Healthcare of Rhode Island, Inc. 87-2738451 NAIC: 17290 (HMO) RI 100%	

Continued on Page 2

STATEMENT AS OF SEPTEMBER 30, 2023 OF THE Molina Healthcare of Iowa, Inc.



STATEMENT AS OF SEPTEMBER 30, 2023 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Dominant Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence)	Control If Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	
153	Molina Health, Inc.	00000	13-4294626		1179939	New York Stock Exchange	Molina Health, Inc.	DE	DP	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	1641	45-533737				Molina Health of Arizona, Inc.	AZ	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	13128	26-0151537				Molina Health of Florida, Inc.	FL	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	15714	80-060257				Molina Health of Georgia, Inc.	GA	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	14104	27-1823186				Molina Health of Illinois, Inc.	IL	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	17424	38-4157664				Molina Health of Indiana, Inc.	IN	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	17197	38-4157674				Molina Health of Iowa, Inc.	IA	DE	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	16596	83-386292				Molina Health of Kentucky, Inc.	KY	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	52630	38-3341599				Molina Health of Michigan, Inc.	MI	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	16301	26-4390042				Molina Health of Mississippi, Inc.	MS	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	17357	88-2279643				Molina Health of Nebraska, Inc.	NE	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	17064	20-5657692				Molina Health of Nevada, Inc.	NV	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	65739	85-0485596				Molina Health of New Mexico, Inc.	NM	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	2334	20-0730134				Molina Health of Ohio, Inc.	OH	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	7066	81-8661593				Molina Health of Oklahoma, Inc.	OK	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	15600	86-3871946				Molina Health of Puerto Rico, Inc.	PR	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	17290	87-2738451				Molina Health of Rhode Island, Inc.	RI	IA	Molina Health of Rhode Island Holding Company, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	15329	46-2592125				Molina Health of South Carolina, Inc.	SC	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	13778	27-8527275				Molina Health of Texas Insurance Company	TX	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	10757	20-1494502				Molina Health of Texas, Inc.	TX	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	95502	33-0677992				Molina Health of Utah, Inc.	UT	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	16043	81-0663027				Molina Health of Virginia, LLC	VA	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	12007	91-1284790				Molina Health of Washington, Inc.	WA	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	18608	20-0813104				Molina Health of Wisconsin, Inc.	WI	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	12776	83-0463162				Coastgate Reinsurance, Inc.	UT	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	85-3111408				Senior Whole Health of New York, Inc.	DE	N/A	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	46-4159996				2028 West Broadway, LLC	DE	N/A	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	30-067671				MPZ, Inc.	AZ	N/A	Senior Health Holdings, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	47-226708				Molina Care Connections, LLC	TX	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	81-262430				Molina Clinical Services, LLC	TX	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	45-2634951				Molina Health Care Data Center, LLC	DE	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	33-0342719				Molina Health of California	CA	IA	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	82-336768				Molina Health of Kansas, Inc.	KS	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	81-422476				Molina Health of Louisiana, Inc.	LA	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	27-1603200				Molina Health of New York, Inc.	NY	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	81-8535620				Molina Health of Pennsylvania, Inc.	PA	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	87-2979541				Molina Health of Rhode Island Holding Company, Inc.	DE	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	84-238695				Molina Health of Tennessee, Inc.	DE	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	86-269262				Molina Health of Wisconsin CIO, Inc.	DE	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	20-1096537				Senior Health Holdings, Inc.	DE	N/A	Senior Health Holdings, LLC	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	87-0785193				Senior Health Holdings, LLC	DE	N/A	SIH Holdings, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	83-0351160				Senior Whole Health, LLC	DE	N/A	Senior Health Holdings, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	45-3008411				SIH Holdings, Inc.	DE	N/A	SIH Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	
153	Molina Health, Inc.	00000	39-1572350				The Management Group, LLC	IL	N/A	Molina Health, Inc.	Ownership	100.000	Molina Health, Inc.	No	

STATEMENT AS OF SEPTEMBER 30, 2023 OF THE Molina Healthcare of Iowa, Inc.

Asterisk	Explanation
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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.

	<u>Response</u>
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
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Explanation:

1.

Bar Code:

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



NONE

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

NONE

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

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

NONE

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

NONE

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		
2. Cost of cash equivalents acquired	373,346,078	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	212,576,251	
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)	160,769,827	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	160,769,827	

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF SEPTEMBER 30, 2023 OF THE Molina Healthcare of Iowa, Inc.
SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0109999999	Total - U.S. Government Bonds							
0309999999	Total - All Other Government Bonds							
0509999999	Total - U.S. States, Territories and Possessions Bonds							
0709999999	Total - U.S. Political Subdivisions Bonds							
0909999999	Total - U.S. Special Revenues Bonds							
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds							
1309999999	Total - Hybrid Securities							
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds							
1909999999	Subtotal - Unaffiliated Bank Loans							
2119999999	Total - Issuer Obligations							
2429999999	Total - Residential Mortgage-Backed Securities							
2439999999	Total - Commercial Mortgage-Backed Securities							
2449999999	Total - Other Loan-Backed and Structured Securities							
2459999999	Total - SVO Identified Funds							
2469999999	Total - Affiliated Bank Loans							
2479999999	Total - Unaffiliated Bank Loans							
2509999999	Total Bonds							
8269999999	ALL SHORT TERM INVESTMENT TRUST TREASURY		09/14/2023	0.000		77,704		
8209999999	Subtotal - Exempt Money Market Mutual Funds - as identified by the SVO					77,704		
61747C-10-7	INSLIF GOVERNMENT PART-INVT		09/14/2023	0.000		91,726,972		
85749Z-57-3	STATE ST TRUST US GOV MH-INVT		09/14/2023	0.000		89,642,855		
8309999999	Subtotal - All Other Money Market Mutual Funds					160,789,827		
8609999999	Total Cash Equivalents					160,789,827	702,268	