



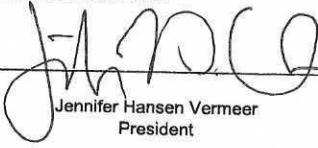
HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE
Molina Healthcare of Iowa, Inc.

NAIC Group Code	1531 (Current)	1531 (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)			
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)			
Internet Website Address	www.molinahealthcare.com					
Statutory Statement Contact	Aarati M Mehta (Name) aarati.mehta@molinahealthcare.com (E-mail Address)		614-540-3488 (Area Code) (Telephone Number)			
President	Jennifer Hansen Vermeer		Secretary	Jeffrey Don Barlow		
Chief Financial Officer	Joan Gwen Noddings					
OFFICERS						
DIRECTORS OR TRUSTEES						
David Thomas Reynolds						
Richard Paul Russell #						

State of Iowa
County of Des Moines SS:

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.

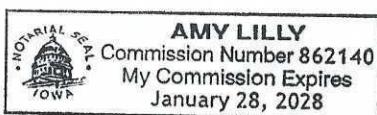

Jennifer Hansen Vermeer
President

Joan Gwen Noddings
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
16th day of October 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.....





HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 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
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
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, 562-542-1935
(Street and Number) (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)
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, 562-542-1935
(Street and Number) (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)
Internet Website Address www.molinahealthcare.com
Statutory Statement Contact Aarati M Mehta, 614-540-3488
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com, (FAX Number)
(E-mail Address)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

David Thomas Reynolds

Richard Paul Russell #

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
President

Joan Gwen Noddings
Chief Financial Officer

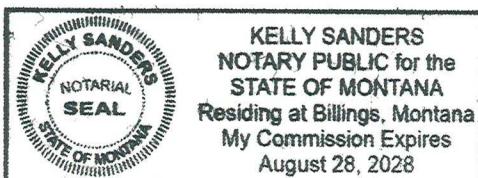
Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
20 day of October 2025

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

Yes No

*State of Montana
County of Yellowstone
Kelly Sanders*



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	134,954,789		134,954,789	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 (\$ 6,854,771), cash equivalents (\$ 108,474,048) and short-term investments (\$)	115,328,819		115,328,819	191,638,956
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	19,432		19,432	
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	250,303,040		250,303,040	273,466,533
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	1,703,049		1,703,049	1,381,323
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	48,106,024		48,106,024	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 (\$ 36,611,598)	36,611,598		36,611,598	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	3,524,938		3,524,938	
18.2 Net deferred tax asset	2,295,788		2,295,788	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 (\$)	197,603	197,603		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 7,580,819) and other amounts receivable	9,179,085	1,598,266	7,580,819	5,469,809
25. Aggregate write-ins for other-than-invested assets	3,263,049	1,202,875	2,060,174	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	355,184,174	2,998,744	352,185,430	369,403,436
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	355,184,174	2,998,744	352,185,430	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	3,263,049	1,202,875	2,060,174	
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)	3,263,049	1,202,875	2,060,174	

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	131,913,118		131,913,118	145,402,412
2. Accrued medical incentive pool and bonus amounts	15,706,656		15,706,656	11,387,753
3. Unpaid claims adjustment expenses	862,384		862,384	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	5,394,477		5,394,477	19,434,012
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				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	5,948,695		5,948,695	4,947,673
16. Derivatives				
17. Payable for securities	967,814		967,814	
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	16,363		16,363	8,290,733
23. Aggregate write-ins for other liabilities (including \$ 485,124 current)	485,124		485,124	156,250
24. Total liabilities (Lines 1 to 23)	161,294,631		161,294,631	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	77,375,799	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	190,890,799	170,815,243
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	352,185,430	369,403,436
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	328,874		328,874	
2302. Fines and penalties	156,250		156,250	156,250
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	485,124		485,124	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.....	1,755,153	1,800,411	2,397,594
2. Net premium income (including \$ non-health premium income).....	....XXX.....	1,185,609,953	1,116,904,402	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.....	1,185,609,953	1,116,904,402	1,512,884,014
Hospital and Medical:				
9. Hospital/medical benefits		759,798,293	711,383,947	937,889,746
10. Other professional services		13,011,288	11,550,413	13,753,743
11. Outside referrals		11,980,875	28,084,394	31,651,081
12. Emergency room and out-of-area		92,692,949	84,021,391	110,731,305
13. Prescription drugs		165,321,446	149,511,038	201,570,170
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		8,874,253	7,221,611	10,318,759
16. Subtotal (Lines 9 to 15)		1,051,679,104	991,772,794	1,305,914,804
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		1,051,679,104	991,772,794	1,305,914,804
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 36,273,160 cost containment expenses		38,371,666	34,264,633	46,993,166
21. General administrative expenses		73,974,954	60,970,913	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).....		1,164,025,724	1,087,008,340	1,434,962,688
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	....XXX.....	21,584,229	29,896,062	77,921,326
25. Net investment income earned		11,159,464	11,270,406	14,815,590
26. Net realized capital gains (losses) less capital gains tax of \$ 703		2,645		
27. Net investment gains (losses) (Lines 25 plus 26)		11,162,109	11,270,406	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.....	32,746,338	41,166,468	92,772,666
31. Federal and foreign income taxes incurred .....	....XXX.....	7,235,342	8,448,964	19,005,373
32. Net income (loss) (Lines 30 minus 31) .....	....XXX.....	25,510,996	32,717,504	73,767,293
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				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	25,510,996	32,717,504	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	(2,087,267)	3,102,036	4,383,055
39. Change in nonadmitted assets	11,651,827	(5,683,508)	(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)	20,075,556	62,636,032	97,539,018
49. Capital and surplus end of reporting period (Line 33 plus 48)	190,890,799	135,912,257	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)			

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

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,185,923,921	1,077,183,047	1,457,956,552
2. Net investment income	10,587,068	10,545,501	14,141,419
3. Miscellaneous income			
4. Total (Lines 1 to 3)	1,196,510,989	1,087,728,548	1,472,097,971
5. Benefit and loss related payments	1,051,074,454	989,498,151	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	134,720,231	83,097,179	104,226,450
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	18,787,000	6,620,000	11,270,000
10. Total (Lines 5 through 9)	1,204,581,685	1,079,215,330	1,441,464,578
11. Net cash from operations (Line 4 minus Line 10)	(8,070,696)	8,513,218	30,633,393
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	5,254,389	1,096,408	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	967,814	1,478,218	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,222,203	2,574,626	2,250,852
13. Cost of investments acquired (long-term only):			
13.1 Bonds	58,127,583	77,467,065	83,862,162
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	19,432		
13.7 Total investments acquired (Lines 13.1 to 13.6)	58,147,015	77,467,065	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)	(51,924,812)	(74,892,439)	(81,611,310)
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		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)	(1,314,629)	(600,207)	(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)	(16,314,629)	31,899,793	31,746,356
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)	(76,310,137)	(34,479,428)	(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)	115,328,819	176,391,089	191,638,956

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

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

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
Total Members at end of:														
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	195,714	20,288							175,426					
5. Current Year														
6. Current Year Member Months	1,755,153	185,550							1,569,603					
Total Member Ambulatory Encounters for Period:														
7. Physician	1,180,915	75,352							1,105,563					
8. Non-Physician	1,132,885	55,633							1,077,252					
9. Total	2,313,800	130,985							2,182,815					
10. Hospital Patient Days Incurred	931,542	1,648							929,894					
11. Number of Inpatient Admissions	47,502	307							47,195					
12. Health Premiums Written (a)	1,185,609,953	35,980,991							1,149,628,962					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....	1,185,609,953	35,980,991							1,149,628,962					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....	1,046,519,104	30,778,331							1,015,740,773					
18. Amount Incurred for Provision of Health Care Services	1,051,679,104	31,588,311							1,020,090,793					

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

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

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

Aging Analysis of Unpaid Claims

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	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	2,274,583	28,503,748	(1,576)	3,113,460	2,273,007	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	130,728,318	885,012,455	1,617,171	127,184,063	132,345,489	142,448,384
9. Credit A&H						
10. Disability Income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	133,002,901	913,516,203	1,615,595	130,297,523	134,618,496	145,402,413
14. Health care receivables (a)	1,335,894	7,821,145		22,045	1,335,894	18,954,127
15. Other non-health						
16. Medical incentive pools and bonus amounts	3,116,038	1,439,312	7,249,456	8,457,200	10,365,494	11,387,753
17. Totals (Lines 13 - 14 + 15 + 16)	134,783,045	907,134,370	8,865,051	138,732,678	143,648,096	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	\$ 25,510,996	\$ 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	\$ 25,510,996	\$ 73,767,293
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 190,890,799	\$ 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	\$ 190,890,799	\$ 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 September 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	\$ 29,898
2. 12 Months or Longer	\$ 8,433
b) The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 6,482,123
2. 12 Months or Longer	\$ 338,417

(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 September 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: None.

General Account

1. Number of CUSIPs	3
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	\$ 1,864,044	\$ -	\$ -	\$ -	\$ 1,864,044
Other money market mutual funds	\$ 106,610,004	\$ -	\$ -	\$ -	\$ 106,610,004
Total assets at fair value/NAV	\$ 108,474,048	\$ -	\$ -	\$ -	\$ 108,474,048

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 September 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	\$ 1,864,044	\$ 1,864,044	\$ 1,864,044	\$ -	\$ -	\$ -	\$ -
Other money market mutual funds	\$ 106,610,004	\$ 106,610,004	\$ 106,610,004	\$ -	\$ -	\$ -	\$ -
Open depositories	\$ (11,371,930)	\$ (11,371,930)	\$ (11,371,930)	\$ -	\$ -	\$ -	\$ -
Special revenue & special assessments	\$ 21,935,566	\$ 21,618,390	\$ -	\$ 21,935,566	\$ -	\$ -	\$ -
Industrial & miscellaneous	\$ 114,386,835	\$ 113,092,412	\$ -	\$ 114,386,835	\$ -	\$ -	\$ -
Political subdivisions	\$ 245,370	\$ 243,987	\$ -	\$ 245,370	\$ -	\$ -	\$ -
Short term certificates of deposit	\$ 18,226,701	\$ 18,226,701	\$ 18,226,701	\$ -	\$ -	\$ -	\$ -
Total financial instruments	\$ 251,896,590	\$ 250,283,608	\$ 115,328,819	\$ 136,567,771	\$ -	\$ -	\$ -

D. - E. None.

NOTE 21 Other Items

- A. - B. No significant changes.
- C. Other Disclosures: None.
- D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through November 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 September 30, 2025, \$136,118,939 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 \$7,529,157, as a result of re-estimation of unpaid claims principally on the Medicaid line of business. Therefore, there has been a \$5,812,057 unfavorable prior-year development from December 31, 2024 to September 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 nine months ended September 30, 2025, the Plan incurred and paid claims adjustment expenses of \$38,371,666 and \$38,452,625, respectively. The unpaid claims adjustment expenses were \$862,384 as of September 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 September 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.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Molina Healthcare of Iowa, Inc.
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 [X] No []

3.3 If the response to 3.2 is yes, provide a brief description of those changes.
 Molina Healthcare of Missouri, Inc. has been added to 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 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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Molina Healthcare of Iowa, Inc.
GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
On July 8, 2025, Molina Healthcare, Inc. amended its Code of Business Conduct and Ethics to conform with NYSE Listing rule 303A.10, and to make various other updates consistent with evolving best practices.

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 [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.	\$

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Molina Healthcare of Iowa, Inc.
GENERAL INTERROGATORIES

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

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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 [] No []

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 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 [] 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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

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

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

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	91.800 %
1.2 A&H cost containment percent	3.100 %
1.3 A&H expense percent excluding cost containment expenses	6.400 %

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 SEPTEMBER 30, 2025 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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		1,149,628,962		35,980,991				1,185,609,953
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			1,149,628,962		35,980,991			1,185,609,953
60. Reporting Entity Contributions for Employee Benefit Plans		XXX								
61. Totals (Direct Business)		XXX			1,149,628,962		35,980,991			1,185,609,953
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:

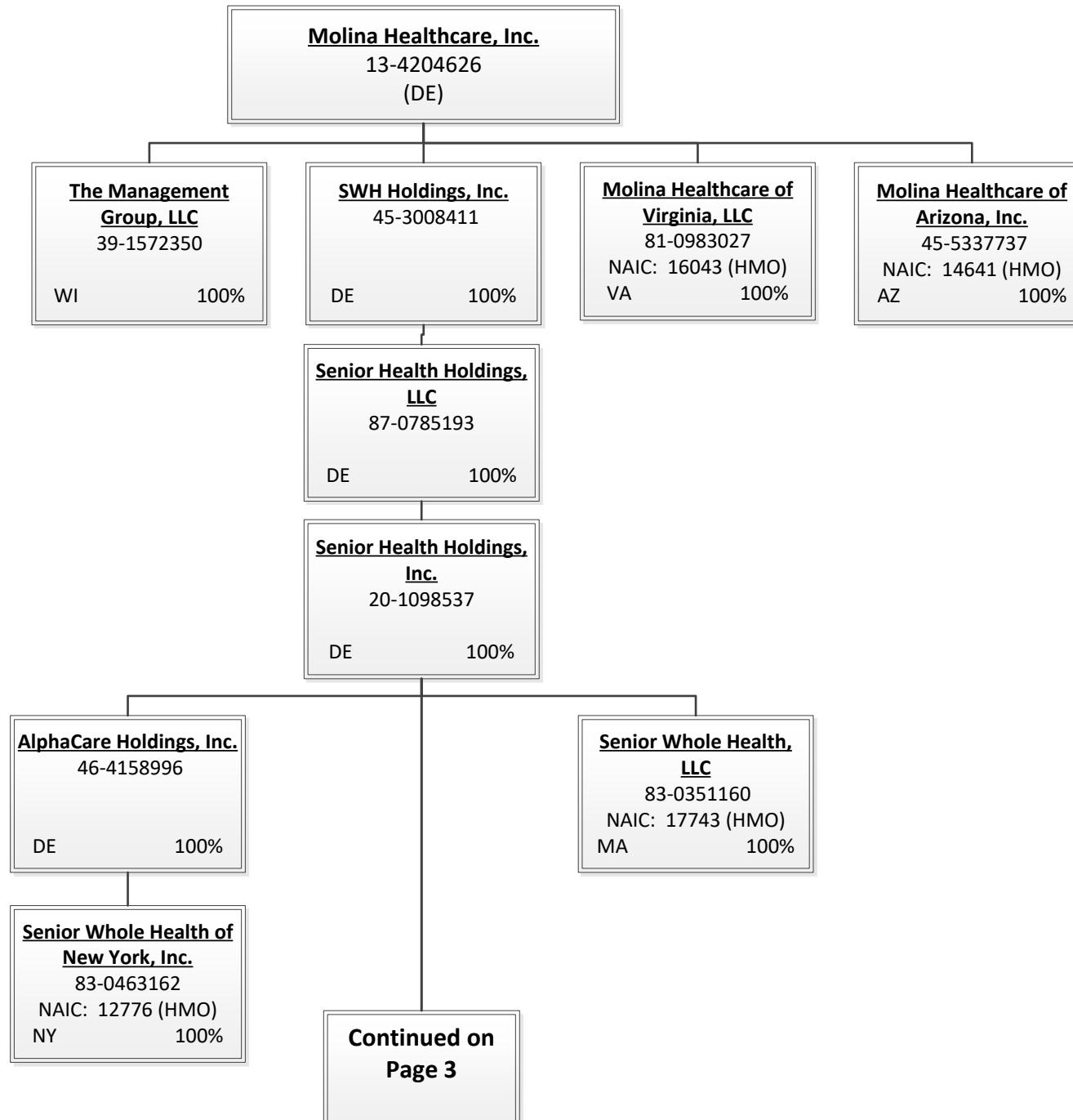
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....
 2. R - Registered - Non-domiciled RRGs.....
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....
 4. Q - Qualified - Qualified or accredited reinsurer.....
 5. N - None of the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

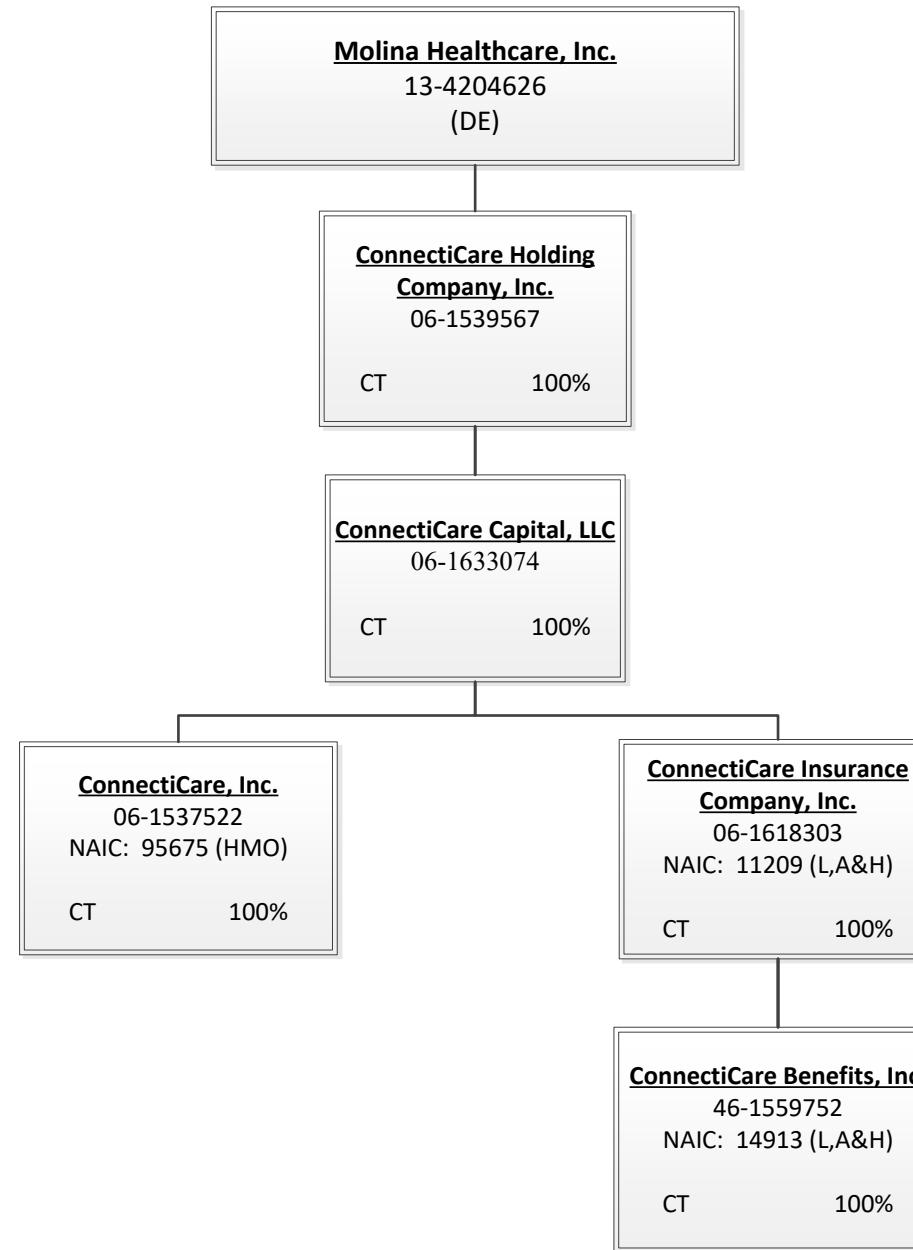
56

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%	Molina Care Connections, LLC 47-2296708 TX 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 Healthcare of Kansas, Inc. 92-3336788 NAIC: 17545 (HMO) KS 100%
Central Health Plan of California, Inc. 91-2155938 (HMO) CA 100%	Molina Healthcare of Missouri, Inc. 39-3843201 MO 100%	Continued on Page 2		Molina Healthcare of North Carolina, Inc. 46-4148278 NC 100%	Molina Healthcare of Rhode Island, Inc. 87-2738451 NAIC: 17290 (HMO) RI 100%		

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





STATEMENT AS OF SEPTEMBER 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 Loca-tion	Rela-tion-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	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	
1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	..RI...	... IA...	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership	100.000 ...	Molina Healthcare, Inc.	... NO	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	..SC...	... IA...	Molina Healthcare, Inc.	Ownership	100.000 ...	Molina Healthcare, Inc.	... NO	
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	39-3843201				Molina Healthcare of Missouri, Inc.	..MO...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	27-1603200				Molina Healthcare of New York, Inc.	..NY...	... IA...	Molina Healthcare, Inc.	Ownership	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	46-4148278				Molina Healthcare of North Carolina, Inc.	..NC...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	..PA...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000 ...	Molina Healthcare, Inc.	... NO	
		00000	87-2979541				Molina Healthcare of Rhode Island Holding Company, Inc.	..DE...	... NIA...	Molina Healthcare, Inc.	Ownership	100.000 ...	Molina Healthcare, Inc.	... NO	

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

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
.....	00000	84-3288805 ..	.....	.....	Molina Healthcare of Tennessee, Inc. ....	.. TN....	.... NIA.....	Molina Healthcare, Inc. ....	.....	Ownership.....	100.000 ...	Molina Healthcare, Inc. ....	.... NO.....	....
.....	00000	20-1098537 ..	.....	.....	Senior Health Holdings, Inc. ....	.. DE....	.... NIA.....	Senior Health Holdings, LLC .....	.....	Ownership.....	100.000 ...	Molina Healthcare, Inc. ....	.... NO.....	....
.....	00000	87-0785193 ..	.....	.....	Senior Health Holdings, LLC .....	.. DE....	.... NIA.....	SIWH Holdings, Inc. ....	.....	Ownership.....	100.000 ...	Molina Healthcare, Inc. ....	.... NO.....	....
.....	00000	45-3008411 ..	.....	.....	SIWH 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.

N/A

Explanation:

1.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

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

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid 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 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium, 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 Year to Date	2 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	58,127,583	83,862,162
3. Accrual of discount	286,033	232,515
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals	3,348	
6. Deduct consideration for bonds and stocks disposed of	5,254,389	2,250,852
7. Deduct amortization of premium	35,363	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)	134,954,789	81,827,577
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	134,954,789	81,827,577

STATEMENT AS OF SEPTEMBER 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)	59,979,003	1,752,021		543,319	40,938,970	59,979,003	62,274,343	41,237,479
2. NAIC 2 (a)	17,247,893	3,672,797		(482,303)	10,795,227	17,247,893	20,438,387	10,278,226
3. NAIC 3 (a)	76,786			260		76,786	77,046	
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	77,303,682	5,424,818		61,276	51,734,197	77,303,682	82,789,776	51,515,705
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	40,451,217	13,871,159	2,177,287	19,924	31,085,424	40,451,217	52,165,013	30,311,873
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS	40,451,217	13,871,159	2,177,287	19,924	31,085,424	40,451,217	52,165,013	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	117,754,899	19,295,977	2,177,287	81,200	82,819,621	117,754,899	134,954,789	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

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

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 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	1,882,259,694	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	1,905,892,941	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)	108,474,048	132,107,295
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	108,474,048	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 SEPTEMBER 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 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
025816-ED-7	AMERICAN EXPRESS CO	07/08/2025	CITIGROUP GLOBAL MARKETS INC.	252,156	250,000	2,431	1.FE	
126650-CX-6	CVS HEALTH CORP	07/09/2025	BOFA SECURITIES INC.	993,690	1,000,000	12,542	2.B FE	
29278G-BF-4	ENEL FINANCE INTL NV	09/23/2025	J.P. MORGAN SECURITIES LLC	498,830	500,000		2.A FE	
42824C-CB-3	HP ENTERPRISE CO	09/08/2025	CITIGROUP GLOBAL MARKETS INC.	499,745	500,000		2.B FE	
58933Y-B5-3	MERCK & CO INC	09/02/2025	J.P. MORGAN SECURITIES LLC	1,499,865	1,500,000		1.E FE	
62947Q-BC-1	NXP BV/NXP FUNDING LLC	07/09/2025	BARCLAYS CAPITAL INC.	1,030,670	1,000,000	6,013	2.A FE	
82434B-BU-9	SHERWIN-WILLIAMS CO	07/29/2025	BOFA SECURITIES INC.	399,968	400,000			
928668-CV-2	VOLKSWAGEN GROUP AMERICA	09/02/2025	MORGAN STANLEY & CO. LLC	249,895	250,000		2.A FE	
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					5,424,821	5,400,000	20,986	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					5,424,821	5,400,000	20,986	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)								XXX
0509999997. Total - Issuer Credit Obligations - Part 3					5,424,821	5,400,000	20,986	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					5,424,821	5,400,000	20,986	XXX
3140W3-LW-7	UMB'S - POOL FA3040	09/30/2025	WELLS FARGO SECURITIES LLC	967,961	950,000		1.A FE	
3142TP-FN-9	UMB'S - POOL SL1972	08/08/2025	WELLS FARGO SECURITIES LLC	493,516	492,170	752	1.FE	
31426V-K4-2	UMB'S - POOL RJ4814	09/03/2025	BOK FINANCIAL SECURITIES INC.	1,517,344	1,500,000	3,208	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)					2,978,821	2,942,170	3,960	XXX
17332G-AL-1	CITIGROUP MORTGAGE LOAN TRUST 25-INV1 A1	09/23/2025	WELLS FARGO SECURITIES LLC	888,269	872,690		3,345	1.A FE
36171D-AE-8	GCAT 25-INV1 A5	09/23/2025	BOFA SECURITIES INC.	1,376,732	1,350,409	5,177	1.A FE	
73015D-AC-5	PMT LOAN TRUST 25-INV4 A3	08/08/2025	WELLS FARGO SECURITIES LLC	1,422,577	1,423,356	2,175	1.A FE	
73015F-AA-4	PMT LOAN TRUST 25-INV7 A1	07/11/2025	GOLDMAN SACHS & CO. LLC	1,259,570	1,250,000	3,542	1.A FE	
1059999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)					4,947,148	4,896,455	14,239	XXX
056914-AE-4	BAIN CAPITAL CREDIT CLO LIMIT 25-3A B	07/03/2025	SG AMERICAS SECURITIES LLC		1,000,000	1,000,000		1.C FE
1099999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency - CLOs/CBOs/CDOs (Unaffiliated)					1,000,000	1,000,000		XXX
02582J-KV-1	AMERICAN EXPRESS CREDIT ACCOUNT 25-4 A	07/15/2025	BARCLAYS CAPITAL INC.	499,928	500,000		1.A FE	
161571-HZ-0	CHASE ISSUANCE TRUST 25-A1 A	07/18/2025	J.P. MORGAN SECURITIES LLC	1,499,970	1,500,000		1.A FE	
44935J-AD-8	HYUNDAI AUTO RECEIVABLES TRUST 25-C A3	09/09/2025	CITIGROUP GLOBAL MARKETS INC.	999,837	1,000,000		1.A FE	
74290U-AC-6	PROGRESS RESIDENTIAL TRUST 25-SFR4 B	07/28/2025	WELLS FARGO SECURITIES LLC	489,500	500,000		1.D FE	
74334R-AC-6	PROGRESS RESIDENTIAL TRUST 25-SFR5 B	09/05/2025	GOLDMAN SACHS & CO. LLC	1,205,995	1,250,000		1.D FE	
1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					4,695,230	4,750,000		XXX
379965-AD-8	GM FINANCIAL AUTOMOBILE LEASIN 25-3 A3	08/05/2025	J.P. MORGAN SECURITIES LLC		249,961	250,000		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)					249,961	250,000		XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					13,871,160	13,838,625	18,199	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)								XXX
1909999997. Total - Asset-Backed Securities - Part 3					13,871,160	13,838,625	18,199	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					13,871,160	13,838,625	18,199	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					19,295,981	19,238,625	39,185	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					19,295,981	XXX	39,185	XXX

STATEMENT AS OF SEPTEMBER 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 CUSIP Ident- ification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consid- eration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					15 Book/ Adjusted Carrying Value at Disposal Date	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Bond Interest/ Stock Dividends Received During Year	20 Stated Con- tractual Maturity Date	21 NAIC Design- nation, NAIC Design- nation Modifier and SVO Adminis- trative Symbol				
									10 Unrealized Valuation Increase/ (Decrease)	11 Current Year's (Amor- tization)/ Accretion	12 Current Year's Other Than Temporary Impairment Recogn- ized	13 Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	14 Total Foreign Exchange Change in Book/ Adjusted Carrying Value											
0489999999. Total - Issuer Credit Obligations (Unaffiliated)																						XXX	XXX	
0499999999. Total - Issuer Credit Obligations (Affiliated)																						XXX	XXX	
0509999997. Total - Issuer Credit Obligations - Part 4																						XXX	XXX	
0509999998. Total - Issuer Credit Obligations - Part 5									XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0509999999. Total - Issuer Credit Obligations																						XXX	XXX	
..3132D-W2-4 UMBS - POOL S05165	09/01/2025 .	MBS PAYDOWN				20,195	20,195	19,198	20,126		.69		.69		20,195							.587	08/01/2025 .	1.A FE
..3132D-T-D5-6 UMBS - POOL S05153	09/01/2025 .	MBS PAYDOWN				48,532	48,532	47,569	48,471		.61		.61		48,532							1,387	02/01/2053 .	1.A FE
..3133KR-04-9 UMBS - POOL RA9475	09/01/2025 .	MBS PAYDOWN				12,390	12,390	11,982	12,368		.22		.22		12,390							448	07/01/2053 .	1.A FE
..3140QT-27-7 UMBS - POOL C87965	09/01/2025 .	MBS PAYDOWN				6,845	6,845	6,657	6,839		.6		.6		6,845							.227	02/01/2054 .	1.A FE
..3140QU-GX-9 UMBS - POOL C88985	09/01/2025 .	MBS PAYDOWN				7,312	7,312	7,345	7,314		(2)		(2)		7,312							.272	08/01/2054 .	1.A FE
..3140QU-A5-5 UMBS - POOL C88127	09/01/2025 .	MBS PAYDOWN				42,664	42,664	41,651	42,605		.59		.59		42,664							1,406	03/01/2054 .	1.A FE
..3140W1-2H-5 UMBS - POOL FA1675	09/01/2025 .	MBS PAYDOWN				246,503	246,503	244,462	246,503		.28		.28		246,503							2,391	05/01/2055 .	1.A FE
..3140XM-3Y-0 UMBS - POOL FS6214	09/01/2025 .	MBS PAYDOWN				45,647	45,647	46,053	45,667		(21)		(21)		45,647							1,634	11/01/2053 .	1.A FE
..3140XR-SU-0 UMBS - POOL FS9530	09/01/2025 .	MBS PAYDOWN				5,905	5,905	5,884	5,905		1		1		5,905							.288	10/01/2054 .	1.A FE
..31427P-FN-9 UMBS - POOL SL1972	09/01/2025 .	MBS PAYDOWN				6,201	6,201	6,217							6,201							.28	07/01/2055 .	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)						442,194	442,194	437,018	189,295		223		223		442,194							8,618	XXX	XXX
..034650-AA-2 ANGEL OAK MORTGAGE TRUST 24-8 A1	09/01/2025 .	MBS PAYDOWN				13,358	13,358	13,358	13,358						13,358							.466	05/27/2069 .	1.A FE
..03466J-AA-7 ANGEL OAK MORTGAGE TRUST 24-9 A1	09/01/2025 .	MBS PAYDOWN				39,666	39,666	39,666	39,666						39,666							1,351	09/25/2069 .	1.A FE
..16150N-AA-2 CHASE MORTGAGE FINANCE CORPORA 24-4 A2	09/01/2025 .	MBS PAYDOWN				28,367	28,367	27,919	28,324		.43		.43		28,367							1,144	03/25/2055 .	1.A
..16159N-AU-8 CHASE MORTGAGE FINANCE CORPORA 24-4 A9	09/01/2025 .	MBS PAYDOWN				9,456	9,456	9,241	9,435		.21		.21		9,456							.381	03/25/2055 .	1.A
..16159Q-AA-5 CHASE MORTGAGE FINANCE CORPORA 24-5 A2	09/01/2025 .	MBS PAYDOWN				7,467	7,467	7,445	7,466		2		2		7,467							.288	04/25/2055 .	1.A
..16159Q-AU-1 CHASE MORTGAGE FINANCE CORPORA 24-5 A9	09/01/2025 .	MBS PAYDOWN				7,467	7,467	7,399	7,461		6		6		7,467							.288	04/25/2055 .	1.A
..22758D-AA-7 CROSS MORTGAGE TRUST 24-H3 A1	09/01/2025 .	MBS PAYDOWN				11,441	11,441	11,441	11,441						11,441							.454	06/25/2069 .	1.A
..22758D-AB-7 CROSS MORTGAGE TRUST 24-H3 A2	09/01/2025 .	MBS PAYDOWN				22,870	22,870	22,870	22,870						22,870							.952	06/25/2069 .	1.A
..33851P-AB-1 FLAGSTAR MORTGAGE TRUST 21-5INV A2	09/01/2025 .	MBS PAYDOWN				7,192	7,192	5,739	7,122		.70		.70		7,192							.121	07/25/2051 .	1.A
..33852H-AB-8 FLAGSTAR MORTGAGE TRUST 21-8INV A3	09/01/2025 .	MBS PAYDOWN				4,140	4,140	3,311	4,104		.36		.36		4,140							.70	09/25/2051 .	1.A
..46591L-BQ-3 JP MORGAN MORTGAGE TRUST 19-INV3 B1	09/01/2025 .	MBS PAYDOWN				2,461	2,461	2,239	2,449		.11		.11		2,461							.69	05/25/2050 .	1.A
..46649T-AA-4 JP MORGAN MORTGAGE TRUST 18-3 A1	09/01/2025 .	MBS PAYDOWN				7,033	7,033	6,453	6,989		.44		.44		7,033							.170	09/25/2048 .	1.A
..46652K-BV-0 JP MORGAN MORTGAGE TRUST 20-INV2 B1A	09/01/2025 .	MBS PAYDOWN				3,769	3,769	2,965	3,725		.44		.44		3,769							.73	10/25/2050 .	1.A
..46654R-AG-7 JP MORGAN MORTGAGE TRUST 21-INV8 A2	09/01/2025 .	MBS PAYDOWN				13,813	13,813	13,813	13,668		145		145		13,813							.277	05/25/2052 .	1.A
..67118K-AA-1 ONSLOW BAY FINANCIAL LLC 24-N0M3 A1	09/01/2025 .	MBS PAYDOWN				17,886	17,886	17,886	17,886						17,886							.718	12/25/2063 .	1.A
..69382C-AB-2 PMT LOAN TRUST 25-INV3 A2	09/01/2025 .	MBS PAYDOWN				12,128	12,128	12,195			(4)		(4)		12,128							.303	03/25/2056 .	1.A FE
..73015D-AC-5 PMT LOAN TRUST 25-INV4 A3	09/01/2025 .	MBS PAYDOWN				13,973	13,973	13,965							13,973							.64	03/25/2056 .	1.A FE
..73015F-AA-4 PMT LOAN TRUST 25-INV7 A1	09/01/2025 .	MBS PAYDOWN				28,133	28,133	28,348			(1)		(1)		28,133							.216	06/25/2056 .	1.A FE
..75023X-AA-9 RADIAN MTG CAP TR 2025-J2 A4	09/01/2025 .	MBS PAYDOWN				13,888	13,888	13,859			1		1		13,888							.119	11/25/2055 .	1.A FE
..75023X-BM-3 RADIAN MTG CAP TR 2025-J2 A24	09/01/2025 .	MBS PAYDOWN				13,888	13,888	13,816			1		1		13,888							.119	11/25/2055 .	1.A FE
..753917-AB-9 RATE MORTGAGE TRUST 24-J2 A2	09/01/2025 .	MBS PAYDOWN				21,086	21,086	20,849	21,043		.43		.43		21,086							.807	07/25/2054 .	1.A
..81737D-AB-5 SEQUOIA MORTGAGE TRUST 25-3 A2	09/01/2025 .	MBS PAYDOWN				15,841	15,841	15,690			13		13		15,841							.359	04/25/2055 .	1.A FE
..81737D-AB-5 SEQUOIA MORTGAGE TRUST 25-3 A20	09/01/2025 .	MBS PAYDOWN				16,982	16,982	16,735			.21		.21		16,982							.385	04/25/2055 .	1.A FE
..81749P-AB-6 SEQUOIA MORTGAGE TRUST 24-9 A2	09/01/2025 .	MBS PAYDOWN				32,993	32,993	33,091	33,019		(27)		(27)		32,993							1,167	10/25/2054 .	1.A FE
..89183F-AQ-1 TOID POINT MORTGAGE TRUST 24-3 A1B	09/01/2025 .	MBS PAYDOWN				12,484	12,484	12,331	12,467		.17		.17		12,484							.413	07/25/2065 .	1.A FE
..89190K-AA-6 TOID POINT MORTGAGE TRUST 25-1 A1A	09/01/2025 .	MBS PAYDOWN				10,004	10,004	9,959			1		1		10,004							.82	06/25/2065 .	1.A FE
..92492S-AA-8 VERUS SECURITIZATION TRUST 24-7 A1	09/01/2025 .	MBS PAYDOWN				12,08																		

STATEMENT AS OF SEPTEMBER 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 CUSIP Ident- ification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consid- eration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					15 Book/ Adjusted Carrying Value at Disposal Date	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Bond Interest/ Stock Dividends Received During Year	20 Stated Con- tractual Maturity Date	21 NAIC Design- nation, NAIC Design- nation Modifier and SVO Adminis- trative Symbol			
									10 Unrealized Valuation Increase/ (Decrease)	11 Current Year's (Amor- tization)/ Accretion	12 Current Year's Other Than Temporary Impairment Recogn- ized	13 Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	14 Total Foreign Exchange Change in Book/ Adjusted Carrying Value										
1099999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency - CLOs/CBOs/CDOs (Unaffiliated)				795,032		795,032	794,694	794,615		416		416		795,032					40,905	XXX	XXX		
..02008F-AC-8 ALLY AUTO RECEIVABLES TRUST 24-1 A3	09/15/2025	MBS PAYDOWN		50,109	50,109	50,102	50,012		.97		.97		.97	50,109					1,827	12/15/2028	1.A FE		
..437918-AB-1 HONDA AUTO RECEIVABLES OWNER T 24-1 A2	09/15/2025	MBS PAYDOWN		97,861	97,861	97,852	98,123		(262)		(262)		(262)	97,861					3,476	09/15/2026	1.A FE		
..437918-AC-9 HONDA AUTO RECEIVABLES OWNER T 24-1 A3	09/15/2025	MBS PAYDOWN		2,878	2,878	2,877	2,872		6		6		6	2,878					112	08/15/2028	1.A FE		
..55389Q-AB-3 MVI OWNER TRUST 24-2A B	09/20/2025	MBS PAYDOWN		15,432	15,432	15,432	15,402		30		30		30	15,432					468	03/20/2042	1.F FE		
..82653B-AB-9 SIERRA RECEIVABLES FUNDING CO 24-3A B	09/20/2025	MBS PAYDOWN		25,321	25,321	25,321	25,280		41		41		41	25,321					831	08/20/2041	1.F FE		
..895975-AA-8 TRICON RESIDENTIAL 24-SFR4 A	08/01/2025	MBS PAYDOWN		1,544	1,544	1,483	1,539		6		6		6	1,544					41	11/17/2041	1.A FE		
1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)				193,145	193,145	193,067	193,228		(82)		(82)		(82)	193,145					6,755	XXX	XXX		
..65481D-AB-8 NISSAN AUTO LEASE TRUST 24-B A2A	09/15/2025	MBS PAYDOWN		84,453	84,453	84,446	84,324		129		129		129	84,453					2,850	06/15/2027	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)				84,453	84,453	84,446	84,324		129		129		129	84,453					2,850	XXX	XXX		
..12510H-AZ-3 CAPITAL AUTOMOTIVE REIT 24-3A A1	09/15/2025	MBS PAYDOWN		2,500	2,500	2,458	2,492		8		8		8	2,500					73	10/15/2054	1.A FE		
..12510H-BA-7 CAPITAL AUTOMOTIVE REIT 24-3A A2	09/15/2025	MBS PAYDOWN		1,563	1,563	1,508	1,555		8		8		8	1,563					47	10/15/2054	1.E FE		
..30332Y-AC-5 FIP MASTER FUNDING LLC 24-1A A1	09/15/2025	MBS PAYDOWN		174	174	174	173							174					6	10/15/2054	1.A FE		
..30332Y-AD-3 FIP MASTER FUNDING LLC 24-1A A2	09/15/2025	MBS PAYDOWN		174	174	174	173							174					6	10/15/2054	1.C FE		
..59170J-AG-3 METRONET INFRASTRUCTURE ISSUER 24-1A A2	07/24/2025			250,000	250,000	249,964	249,976		3		3		3	249,979					16,688	04/20/2054	1.F FE		
..83100A-AA-0 SLAM LLC 24-1A A	09/15/2025	MBS PAYDOWN		7,891	7,891	7,891	7,876		15		15		15	7,891					281	09/15/2049	1.F FE		
..86212X-AP-5 STORE MASTER FUNDING LLC 24-1A A4	09/20/2025	MBS PAYDOWN		313	313	312	312		1		1		1	313					12	05/20/2054	1.C FE		
1719999999. Subtotal - Asset-Backed Securities - Non-Financial Asset-Backed Securities - Full Analysis - Lease-Backed Securities - Full Analysis (Unaffiliated)				262,615	262,615	262,481	262,557		35		35		35	262,594					21	21	17,113	XXX	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)				2,177,311	2,177,311	2,163,984	1,798,598		1,208		1,208		1,208	2,177,290					21	21	87,511	XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)																					XXX	XXX	
1909999997. Total - Asset-Backed Securities - Part 4				2,177,311	2,177,311	2,163,984	1,798,598		1,208		1,208		1,208	2,177,290					21	21	87,511	XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX		XXX		XXX		XXX	XXX					XXX	XXX	XXX	XXX	
1909999999. Total - Asset-Backed Securities				2,177,311	2,177,311	2,163,984	1,798,598		1,208		1,208		1,208	2,177,290					21	21	87,511	XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities				2,177,311	2,177,311	2,163,984	1,798,598		1,208		1,208		1,208	2,177,290					21	21	87,511	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	
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	
5989999999. Total - Common Stocks				XXX																	XXX	XXX	
5999999999. Total - Preferred and Common Stocks				2,177,311	XXX	2,163,984	1,798,598		1,208		1,208		1,208	2,177,290					21	21	87,511	XXX	XXX
6009999999 - Totals				2,177,311	XXX	2,163,984	1,798,598		1,208		1,208		1,208	2,177,290					21	21	87,511	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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
US Bank St. Paul, MN					(85,727)	(56,796)	(65,649)	XXX
US Bank St. Paul, MN					115,479	16,969	25,066	XXX
US BANK MONEY MKT SAVINGS St. Paul, MN	0.000		82,054		17,023,860	1,038,670	17,836,616	XXX
US Bank St. Paul, MN					(8,847,775)	(9,846,354)	(10,941,262)	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	82,054		8,205,837	(8,847,511)	6,854,771	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	82,054		8,205,837	(8,847,511)	6,854,771	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	82,054		8,205,837	(8,847,511)	6,854,771	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 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 Restricted Asset Code	4 Date Acquired	5 Stated Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0489999999. Total - Issuer Credit Obligations (Unaffiliated)								
0499999999. Total - Issuer Credit Obligations (Affiliated)								
0509999999. Total - Issuer Credit Obligations								
31846V-54-2	FIRST AMER TREASURY OBLIG-Z		09/15/2025	0.000		1,864,044	21,538	
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						1,864,044	21,538	
31846V-33-6	FIRST AMERICAN GOVT OBLIG-X		09/15/2025	0.000		78,894,696	327,796	
52470G-49-4	WA PREM INST GOVT RSRV-PRM		09/15/2025	0.000				
825252-88-5	INVESTCO GVT & AGNCY-INST		09/15/2025	0.000			192,765	
949921-12-6	ALLSPRING GOVT MONEY MKT FD - SELECT		09/15/2025	0.000		27,715,308	94,923	
8309999999. Subtotal - All Other Money Market Mutual Funds						106,610,004	615,484	
8589999999. Total Cash Equivalents (Unaffiliated)						108,474,048	637,022	
8599999999. Total Cash Equivalents (Affiliated)								
8609999999 - Total Cash Equivalents						108,474,048	637,022	