



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 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)			
			562-542-1935 (Area Code) (Telephone Number)			
Mail Address	500 SW 7th St, Suite 304 (Street and Number or P.O. Box)		Des Moines, IA, US 50309 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	500 SW 7th St, Suite 304 (Street and Number)		Des Moines, IA, US 50309 (City or Town, State, Country and Zip Code)			
			562-542-1935 (Area Code) (Telephone Number)			
Internet Website Address	www.molinahealthcare.com					
Statutory Statement Contact	Aarati M Mehta (Name)		614-540-3488 (Area Code) (Telephone Number)			
	aarati.mehta@molinahealthcare.com (E-mail Address)		(FAX Number)			

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Jennifer Hansen Vermeer	David Thomas Reynolds	Ronald Douglas Kurtz
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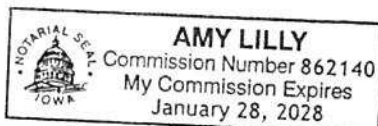
State of Iowa SS:
County of Des Moines

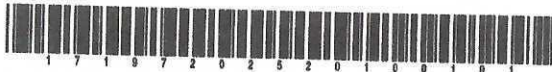
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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 10 day of May 2025

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





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OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Iowa, Inc.

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(Current) (Prior)
Organized under the Laws of Iowa, State of Domicile or Port of Entry IA
Country of Domicile United States of America
Licensed as business type: Health Maintenance Organization
Is HMO Federally Qualified? Yes [] No [X]
Incorporated/Organized 12/28/2021 Commenced Business 07/01/2023
Statutory Home Office 500 SW 7th St, Suite 304 Des Moines, IA, US 50309
(Street and Number) (City or Town, State, Country and Zip Code)
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Internet Website Address www.molinahealthcare.com
Statutory Statement Contact Aarati M Mehta 614-540-3488
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com (E-mail Address) (FAX Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Jennifer Hansen Vermeer David Thomas Reynolds Ronald Douglas Kurtz

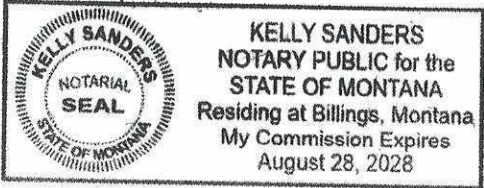
State of Iowa SS:
County of Des Moines

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

Subscribed and sworn to before me this 2nd day of May 2025 by Joan Gwen Noddings (only)
State of Montana
County of Yellowstone

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



ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	82,819,620		82,819,620	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 (\$ 16,888,528), cash equivalents (\$ 183,546,167) and short-term investments (\$)	200,434,695		200,434,695	191,638,956
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	283,254,315		283,254,315	273,466,533
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	1,454,709		1,454,709	1,381,323
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	33,892,802		33,892,802	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 (\$ 40,860,873)	40,860,873		40,860,873	34,848,177
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	2,302,929		2,302,929	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 (\$)	211,772	211,772		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 11,163,434) and other amounts receivable	14,713,252	3,549,818	11,163,434	5,469,809
25. Aggregate write-ins for other-than-invested assets	993,795	993,795		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	377,684,447	4,755,385	372,929,062	369,403,436
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	377,684,447	4,755,385	372,929,062	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. Prepaids, deposits, and other assets	993,795	993,795		
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)	993,795	993,795		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	136,657,433		136,657,433	145,402,412
2. Accrued medical incentive pool and bonus amounts	13,855,086		13,855,086	11,387,753
3. Unpaid claims adjustment expenses	885,675		885,675	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	10,134,057		10,134,057	19,434,012
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	11,618,793		11,618,793	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	5,816,818		5,816,818	4,947,673
16. Derivatives				
17. Payable for securities	1,000,000		1,000,000	
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	20,126		20,126	8,290,733
23. Aggregate write-ins for other liabilities (including \$ 765,082 current)	765,082		765,082	156,250
24. Total liabilities (Lines 1 to 23)	180,753,070		180,753,070	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	78,660,992	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	192,175,992	170,815,243
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	372,929,062	369,403,436
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	608,832		608,832	
2302. Fines and penalties payable	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)	765,082		765,082	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	593,217	598,647	2,397,594
2. Net premium income (including \$ non-health premium income).....	XXX	386,466,568	358,590,914	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	386,466,568	358,590,914	1,512,884,014
Hospital and Medical:				
9. Hospital/medical benefits		237,115,290	231,111,524	937,889,746
10. Other professional services		4,849,632	4,787,088	13,753,743
11. Outside referrals		2,894,788	13,158,624	31,651,081
12. Emergency room and out-of-area		31,648,190	24,632,653	110,731,305
13. Prescription drugs		52,623,630	46,244,321	201,570,170
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		2,596,311	2,274,128	10,318,759
16. Subtotal (Lines 9 to 15)		331,727,841	322,208,338	1,305,914,804
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		331,727,841	322,208,338	1,305,914,804
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$11,762,351 cost containment expenses		12,253,537	10,912,712	46,993,166
21. General administrative expenses		29,166,341	19,687,692	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).....		373,147,719	352,808,742	1,434,962,688
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	13,318,849	5,782,172	77,921,326
25. Net investment income earned		3,819,616	3,423,229	14,815,590
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)		3,819,616	3,423,229	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	17,138,465	9,205,401	92,772,666
31. Federal and foreign income taxes incurred	XXX	3,592,776	2,283,013	19,005,373
32. Net income (loss) (Lines 30 minus 31)	XXX	13,545,689	6,922,388	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	13,545,689	6,922,388	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	(2,080,126)	3,009,354	4,383,055
39. Change in nonadmitted assets	9,895,186	(2,736,096)	(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		12,500,000	32,500,000
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital & surplus (Lines 34 to 47)	21,360,749	19,695,646	97,539,018
49. Capital and surplus end of reporting period (Line 33 plus 48)	192,175,992	92,971,871	170,815,243
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	397,024,441	328,671,382	1,457,956,552
2. Net investment income	3,662,274	3,055,736	14,141,419
3. Miscellaneous income			
4. Total (Lines 1 to 3)	400,686,715	331,727,118	1,472,097,971
5. Benefit and loss related payments	333,764,613	299,644,839	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	59,041,024	26,891,476	104,226,450
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			11,270,000
10. Total (Lines 5 through 9)	392,805,637	326,536,315	1,441,464,578
11. Net cash from operations (Line 4 minus Line 10)	7,881,078	5,190,803	30,633,393
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,603,753	24,310	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	1,000,000		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,603,753	24,310	2,250,852
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,511,840	35,214,492	83,862,162
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,511,840	35,214,492	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)	91,913	(35,190,182)	(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		12,500,000	32,500,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	822,748	(596,269)	(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)	822,748	11,903,731	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) .	8,795,739	(18,095,648)	(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)	200,434,695	192,774,869	191,638,956

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	593,217	63,184							530,033					
Total Member Ambulatory Encounters for Period:														
7 Physician	332,022	23,171							308,851					
8. Non-Physician	289,849	16,088							273,761					
9. Total	621,871	39,259							582,612					
10. Hospital Patient Days Incurred	185,318	310							185,008					
11. Number of Inpatient Admissions	9,928	68							9,860					
12. Health Premiums Written (a)	386,466,568	12,748,960							373,717,608					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....	386,466,568	12,748,960							373,717,608					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....	333,635,635	9,476,564							324,159,071					
18. Amount Incurred for Provision of Health Care Services	331,727,841	12,370,146							319,357,695					

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

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

oo

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	2,038,993	7,437,571	169,254	5,384,870	2,208,247	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	111,645,841	212,513,230	14,598,648	116,504,661	126,244,489	142,448,384
9. Credit A&H						
10. Disability Income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	113,684,834	219,950,801	14,767,902	121,889,531	128,452,736	145,402,413
14. Health care receivables (a)	4,103,701	10,593,849		15,702	4,103,701	18,954,127
15. Other non-health						
16. Medical incentive pools and bonus amounts	128,978		10,938,804	2,916,282	11,067,782	11,387,753
17. Totals (Lines 13 - 14 + 15 + 16)	109,710,111	209,356,952	25,706,706	124,790,111	135,416,817	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	\$	13,545,689	\$ 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	\$	13,545,689	\$ 73,767,293
SURPLUS						
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$	192,175,992	\$ 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	\$	192,175,992	\$ 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 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 March 31, 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 (seasonally), 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	\$ 80,588
2. 12 Months or Longer	
b)The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 7,108,279
2. 12 Months or Longer	

(5) Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at March 31, 2025.

NOTES TO FINANCIAL STATEMENTS

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- H. Repurchase Agreements Transactions Accounted for as a Sale: None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.
- J. - K. None.
- L. Restricted Assets: None.
- M. Working Capital Finance Investments: None.
- N. Offsetting and Netting of Assets and Liabilities: None.
- O. - P. None.
- Q. Prepayment Penalty and Acceleration Fees:

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

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

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

None.

NOTE 7 Investment Income

No significant change.

NOTE 8 Derivative Instruments

None.

NOTE 9 Income Taxes

The Plan is included in the consolidated federal income tax return with its parent, Molina. The Plan does not expect to be liable for the Corporate Alternative Minimum Tax in 2025.

- A. - I. No significant changes.

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

- A. No significant change.
- B. The Plan neither paid dividends to, nor received contributions from Molina during the period ended March 31, 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.

NOTES TO FINANCIAL STATEMENTS

NOTE 15 Leases

No significant changes.

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

None.

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

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

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

- A. - 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	\$ 1,619,820	\$ -	\$ -	\$ -	\$ 1,619,820
Other money market mutual funds	\$ 181,926,348	\$ -	\$ -	\$ -	\$ 181,926,348
Total assets at fair value/NAV	\$ 183,546,168	\$ -	\$ -	\$ -	\$ 183,546,168

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 March 31, 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	\$ 1,619,820	\$ 1,619,820	\$ 1,619,820	\$ -	\$ -	\$ -	
Other money market mutual funds	\$ 181,926,347	\$ 181,926,347	\$ 181,926,347	\$ -	\$ -	\$ -	
Open depositories	\$ 16,888,528	\$ 16,888,528	\$ 16,888,528	\$ -	\$ -	\$ -	
Special revenue & special assessments	\$ 13,018,429	\$ 12,946,775	\$ -	\$ 13,018,429	\$ -	\$ -	
Industrial & miscellaneous	\$ 69,884,101	\$ 69,633,009	\$ -	\$ 69,884,101	\$ -	\$ -	
Political subdivisions	\$ 241,420	\$ 239,836	\$ -	\$ 241,420	\$ -	\$ -	
Total financial instruments	\$ 283,578,645	\$ 283,254,315	\$ 200,434,695	\$ 83,143,950	\$ -	\$ -	

- 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 May 13, 2025, the date the statutory financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

NOTE 23 Reinsurance

- A. - D. No significant changes.
- 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 ☒
 - (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Amount

 - 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, as of December 31, 2024 were \$137,836,039. As of March 31, 2025, \$113,813,812 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 \$21,603,005, as a result of re-estimation of unpaid claims principally on the Medicaid line of business. Therefore, there has been a \$2,419,222 favorable prior-year development since December 31, 2024 to March 31, 2025. The favorable development is generally the result of ongoing analysis of recent loss development trends primarily due to lower than expected utilization of medical services. Consequently, the ultimate costs recognized in 2025, as claims payments were processed, were lower than the Plan's original estimates in 2024.

The liabilities for claim adjustment expenses as of December 31, 2024 were \$943,343. As of March 31, 2025, the Plan incurred and paid claims adjustment expenses of \$12,253,537 and \$12,311,205, respectively. The liabilities for claims adjustment expenses are now \$885,675.
- B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claim adjustment expenses as of March 31, 2025.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

No significant change.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

None.

NOTE 31 Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

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

Yes [] No [X]

1.2

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

Yes [] No []

2.1

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

Yes [] No [X]

2.2

If yes, date of change:

3.1

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

Yes [X] No []

3.2

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

Yes [X] No []

3.3

If the response to 3.2 is yes, provide a brief description of those changes.
ConnectiCare, Inc., ConnectiCare Benefits, Inc., ConnectiCare Insurance Company, Inc., ConnectiCare Capital, LLC and Connecticare Holding Company, Inc. have 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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

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

6.1

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

12/31/2021

6.2

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

12/31/2021

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/01/2023

6.4

By what department or departments?
Iowa Insurance Division

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

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

6.6

Have all of the recommendations within the latest financial examination report been complied with?

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

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

STATEMENT AS OF MARCH 31, 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?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

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

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

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

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

Yes [] No [X]
- 9.31

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

FINANCIAL

- 10.1

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

Yes [] No [X]
- 10.2

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

INVESTMENT

- 11.1

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

Yes [] No [X]
- 11.2

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

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

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:

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

15.1

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

Yes [] No [X]

15.2

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

16.

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

16.1

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

\$

16.2

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

\$

16.3

Total payable for securities lending reported on the liability page.

\$
- 11.1

STATEMENT AS OF MARCH 31, 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 [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

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

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

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

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

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

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

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

.....

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

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

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

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

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

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

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent

88.9 %
- 1.2 A&H cost containment percent

3.0 %
- 1.3 A&H expense percent excluding cost containment expenses

7.7 %
- 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 MARCH 31, 2025 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

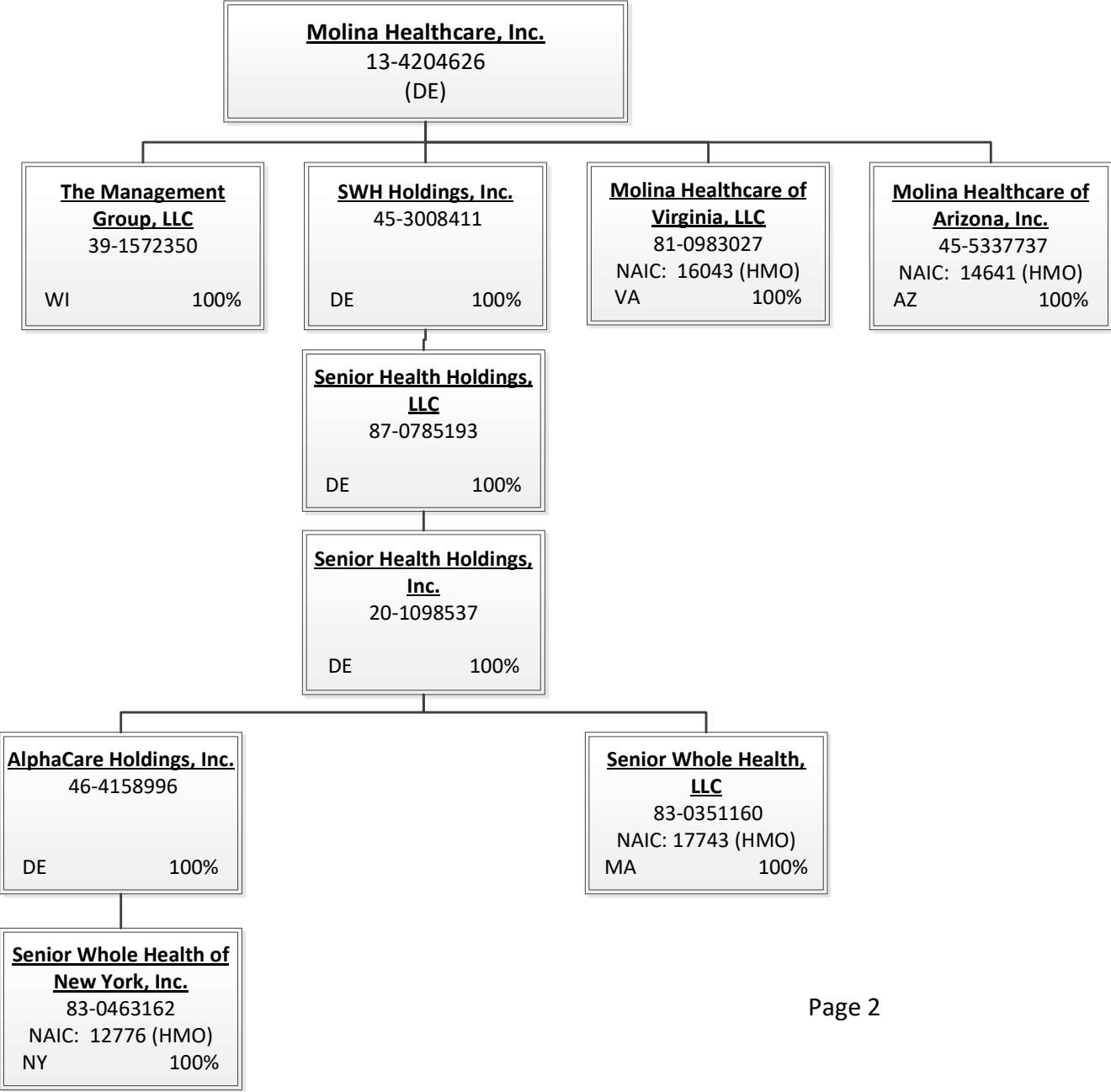
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

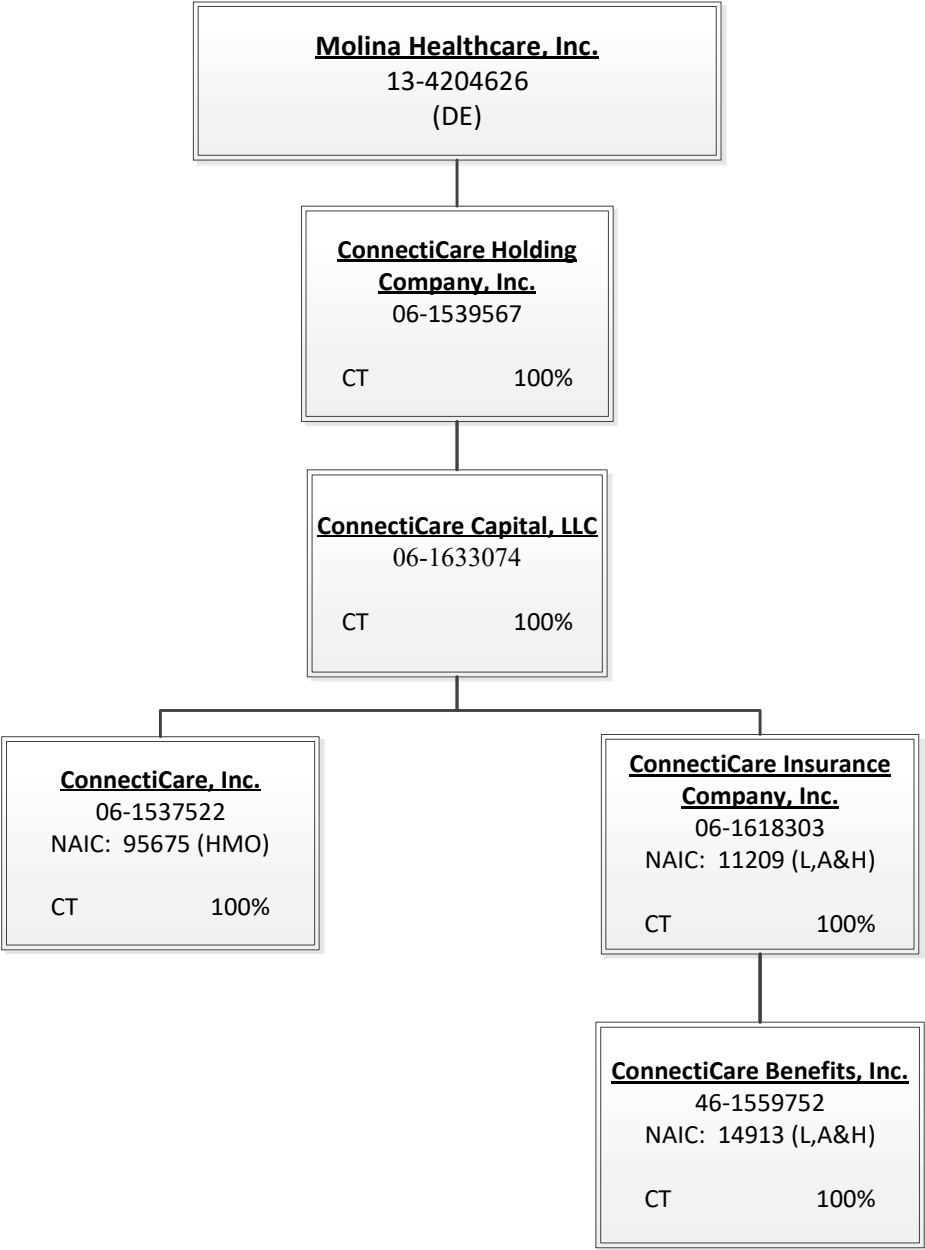
Current Year to Date - Allocated by States and Territories											
		1	Direct Business Only								
		Active Status (a)	2	3	4	5	6	7	8	9	10
States, etc.			Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL .....	..N..								
2.	Alaska	AK .....	..N..								
3.	Arizona	AZ .....	..N..								
4.	Arkansas	AR .....	..N..								
5.	California	CA .....	..N..								
6.	Colorado	CO .....	..N..								
7.	Connecticut	CT .....	..N..								
8.	Delaware	DE .....	..N..								
9.	District of Columbia	DC .....	..N..								
10.	Florida	FL .....	..N..								
11.	Georgia	GA .....	..N..								
12.	Hawaii	HI .....	..N..								
13.	Idaho	ID .....	..N..								
14.	Illinois	IL .....	..N..								
15.	Indiana	IN .....	..N..								
16.	Iowa	IA .....	..L..		..373,717,608	..12,748,960				..386,466,568	
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..			..373,717,608	..12,748,960				..386,466,568	
60.	Reporting Entity Contributions for Employee Benefit Plans .....	..XXX..									
61.	Totals (Direct Business) .....	..XXX..			373,717,608	12,748,960				386,466,568	
DETAILS OF WRITE-INS											
58001.	.....	..XXX..									
58002.	.....	..XXX..									
58003.	.....	..XXX..									
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	..XXX..									
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	..XXX..									

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

The organizational chart for Molina Healthcare, Inc. is structured as follows:

- 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%)
 - Universal Care Inc.** (33-0012358, HMO, CA, 100%)
 - Central Health Plan of California, Inc.** (91-2155938, HMO, CA, 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%)





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

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	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)					
		00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17424	38-4187664				Molina Healthcare of Indiana, Inc.	IN	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	IA	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17545	92-3336788				Molina Healthcare of Kansas, Inc.	KS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17357	88-2279643				Molina Healthcare of Nebraska, Inc.	NE	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	NV	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Rhode Island Holding Company, Inc.								
1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	RI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Texas Insurance Company								
1531	Molina Healthcare, Inc.	13778	27-0522725					TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95675	06-1537522				ConnectiCare, Inc.	CT	IA	ConnectiCare Capital LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14913	46-1559752				ConnectiCare Benefits, Inc.	CT	IA	ConnectiCare Insurance Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	11209	06-1618303				ConnectiCare Insurance Company, Inc.	CT	IA	ConnectiCare Capital LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17743	83-0351160				Senior Whole Health, LLC	MA	IA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	91-2155938				Central Health Plan of California, Inc.	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	06-1633074				ConnectiCare Capital, LLC	CT	NIA	ConnectiCare Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	06-1539567				ConnectiCare Holding Company, Inc.	CT	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	30-0876771				MHAZ, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	46-4148278				Molina Healthcare of North Carolina, Inc.	NC	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Rhode Island Holding Company, Inc.								
		00000	87-2979541					DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.... 00000	20-1098537 ..	.....	.....	.....	Senior Health Holdings, Inc. ....	.. DE.....	..... NIA.....	Senior Health Holdings, LLC	Ownership.....	100.000 ...	Molina Healthcare, Inc. ....	.... NO.....	.....
.... 00000	87-0785193 ..	.....	.....	.....	Senior Health Holdings, LLC .....	.. DE.....	..... NIA.....	SWH Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc. ....	.... NO.....	.....
.... 00000	45-3008411 ..	.....	.....	.....	SWH Holdings, Inc. ....	.. DE.....	..... NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc. ....	.... NO.....	.....
.... 00000	39-1572350 ..	.....	.....	.....	The Management Group, LLC .....	.. WI.....	..... NIA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc. ....	.... NO.....	.....
.... 00000	33-0012358 ..	.....	.....	.....	Universal Care, Inc. ....	.. CA.....	..... IA.....	Molina Healthcare, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc. ....	.... NO.....	.....

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

AUGUST FILING

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

Explanation:

1.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	81,827,577	
2. Cost of bonds and stocks acquired	2,511,840	83,862,162
3. Accrual of discount	92,088	232,515
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	1,603,753	2,250,852
7. Deduct amortization of premium	8,132	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)	82,819,620	81,827,577
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	82,819,620	81,827,577

STATEMENT AS OF MARCH 31, 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)	41,237,479	250,000	95,000	(453,509)	40,938,970			41,237,479
2. NAIC 2 (a)	10,278,226			517,001	10,795,227			10,278,226
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	51,515,705	250,000	95,000	63,492	51,734,197			51,515,705
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	30,311,873	2,261,840	1,508,753	20,464	31,085,424			30,311,873
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS	30,311,873	2,261,840	1,508,753	20,464	31,085,424			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	81,827,578	2,511,840	1,603,753	83,956	82,819,621			81,827,578

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

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

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	132,107,295	221,399,085
2. Cost of cash equivalents acquired	704,432,291	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	652,993,419	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)	183,546,167	132,107,295
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	183,546,167	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 MARCH 31, 2025 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
668444-AT-9	NORTHWESTERN UNIVERSITY .....	....03/11/2025	BARCLAYS CAPITAL INC.		250,000	250,000		1.B FE
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					250,000	250,000		XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					250,000	250,000		XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)								XXX
0509999997. Total - Issuer Credit Obligations - Part 3					250,000	250,000		XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					250,000	250,000		XXX
69382C-AB-2	PMT LOAN TRUST 25-INV3 A2 .....	....03/14/2025	BOFA SECURITIES INC.		251,367	250,000	833	1.A FE
817370-AB-5	SEQUOIA MORTGAGE TRUST 25-3 A2 .....	....03/07/2025	BOFA SECURITIES INC.		247,617	250,000	497	1.A FE
817370-AV-1	SEQUOIA MORTGAGE TRUST 25-3 A20 .....	....03/07/2025	BOFA SECURITIES INC.		264,106	268,000	532	1.A FE
1059999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)					763,090	768,000	1,862	XXX
00112H-AA-5	ACREC LLC 25-FL3 A .....	....01/10/2025	J.P. MORGAN SECURITIES LLC		498,750	500,000		1.A FE
51218Y-AC-0	LAKESIDE PARK CLO 25-1A B1 .....	....03/07/2025	NOMURA SECURITIES INTERNATIONAL INC.		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)					1,498,750	1,500,000		XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					2,261,840	2,268,000	1,862	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)								XXX
1909999997. Total - Asset-Backed Securities - Part 3					2,261,840	2,268,000	1,862	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					2,261,840	2,268,000	1,862	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					2,511,840	2,518,000	1,862	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					2,511,840	XXX	1,862	XXX

STATEMENT AS OF MARCH 31, 2025 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
..47770V-AY-6	JOBSOHIO BEVERAGE SYS STWD LIQ	01/01/2025	SINKING FUND REDEMPTION		95,000	95,000	92,977	95,000						95,000				1,893	01/01/2029	1.C FE
0059999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - Special Revenues					95,000	95,000	92,977	95,000						95,000				1,893	XXX	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					95,000	95,000	92,977	95,000						95,000				1,893	XXX	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)																			XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					95,000	95,000	92,977	95,000						95,000				1,893	XXX	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					95,000	95,000	92,977	95,000						95,000				1,893	XXX	XXX
..3132DS-W2-4	UMBS - POOL SD5165	03/01/2025	MBS PAYDOWN		17,250	17,250	16,398	17,244		6		6		17,250				110	08/01/2052	1.A FE
..3132DT-DS-6	UMBS - POOL SD5513	03/01/2025	MBS PAYDOWN		43,498	43,498	42,634	43,491		6		6		43,498				411	02/01/2053	1.A FE
..3133KR-Q4-9	UMBS - POOL RA9475	03/01/2025	MBS PAYDOWN		17,595	17,595	17,017	17,591		4		4		17,595				145	07/01/2053	1.A FE
..31400T-Z7-7	UMBS - POOL CB7965	03/01/2025	MBS PAYDOWN		7,688	7,688	7,476	7,687		1		1		7,688				58	02/01/2054	1.A FE
..31400U-6X-9	UMBS - POOL CB8985	03/01/2025	MBS PAYDOWN		4,138	4,138	4,157	4,138						4,138				34	08/01/2054	1.A FE
..31400U-A5-5	UMBS - POOL CB8127	03/01/2025	MBS PAYDOWN		39,187	39,187	38,257	39,180		7		7		39,187				336	03/01/2054	1.A FE
..3140XM-3Y-0	UMBS - POOL FS6214	03/01/2025	MBS PAYDOWN		28,648	28,648	28,904	28,650		(1)		(1)		28,648				252	11/01/2053	1.A FE
..3140XR-SU-0	UMBS - POOL FS9530	03/01/2025	MBS PAYDOWN		3,255	3,255	3,244	3,255						3,255				30	10/01/2054	1.A FE
1039999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					161,259	161,259	158,087	161,236		23		23		161,259				1,376	XXX	XXX
..03465Q-AA-2	ANGEL OAK MORTGAGE TRUST 24-8 A1	03/01/2025	MBS PAYDOWN		8,920	8,920	8,920	8,920						8,920				82	05/27/2069	1.A FE
..03466J-AA-7	ANGEL OAK MORTGAGE TRUST 24-9 A1	03/01/2025	MBS PAYDOWN		49,461	49,461	49,460	49,461						49,461				394	09/25/2069	1.A FE
..16159N-AA-2	CHASE MORTGAGE FINANCE CORPORA 24-4 A2	03/01/2025	MBS PAYDOWN		18,863	18,863	18,565	18,860		3		3		18,863				213	03/25/2055	1.A
..16159N-AU-8	CHASE MORTGAGE FINANCE CORPORA 24-4 A9	03/01/2025	MBS PAYDOWN		6,288	6,288	6,145	6,286		1		1		6,288				71	03/25/2055	1.A
..16159Q-AA-5	CHASE MORTGAGE FINANCE CORPORA 24-5 A2	03/01/2025	MBS PAYDOWN		6,660	6,660	6,640	6,660						6,660				55	04/25/2055	1.A
..16159Q-AU-1	CHASE MORTGAGE FINANCE CORPORA 24-5 A9	03/01/2025	MBS PAYDOWN		6,660	6,660	6,599	6,660		1		1		6,660				55	04/25/2055	1.A
..22758D-AA-7	CROSS MORTGAGE TRUST 24-H3 A1	03/01/2025	MBS PAYDOWN		6,499	6,499	6,498	6,499						6,499				62	06/25/2069	1.A
..22758D-AB-5	CROSS MORTGAGE TRUST 24-H3 A2	03/01/2025	MBS PAYDOWN		12,878	12,878	12,878	12,878						12,878				129	06/25/2069	1.A
..33851P-AB-1	FLAGSTAR MORTGAGE TRUST 21-S1NV A2	03/01/2025	MBS PAYDOWN		6,986	6,986	5,575	6,975		11		11		6,986				28	07/25/2051	1.A
..33852H-AB-8	FLAGSTAR MORTGAGE TRUST 21-S1NV A3	03/01/2025	MBS PAYDOWN		3,371	3,371	2,696	3,366		5		5		3,371				14	09/25/2051	1.A
..46591L-BQ-3	JP MORGAN MORTGAGE TRUST 19-INV3 B1	03/01/2025	MBS PAYDOWN		2,224	2,224	2,023	2,222		1		1		2,224				14	05/25/2050	1.A
..46649T-AA-4	JP MORGAN MORTGAGE TRUST 18-3 A1	03/01/2025	MBS PAYDOWN		6,378	6,378	5,852	6,373		5		5		6,378				33	09/25/2048	1.A
..46652K-BV-0	JP MORGAN MORTGAGE TRUST 20-INV2 B1A	03/01/2025	MBS PAYDOWN		2,967	2,967	2,334	2,962		5		5		2,967				14	10/25/2050	1.A
..46654R-AG-7	JP MORGAN MORTGAGE TRUST 21-INV8 A2	03/01/2025	MBS PAYDOWN		16,459	16,459	13,610	16,434		25		25		16,459				81	05/25/2052	1.A
..67118K-AA-1	ONSLOW BAY FINANCIAL LLC 24-NQM3 A1	03/01/2025	MBS PAYDOWN		32,303	32,303	32,303	32,303						32,303				302	12/25/2063	1.A
..753917-AB-9	RATE MORTGAGE TRUST 24-J2 A2	03/01/2025	MBS PAYDOWN		17,879	17,879	17,678	17,877		2		2		17,879				207	07/25/2054	1.A
..81749P-AB-6	SEQUOIA MORTGAGE TRUST 24-9 A2	03/01/2025	MBS PAYDOWN		47,012	47,012	47,151	47,015		(3)		(3)		47,012				361	10/25/2054	1.A FE
..89183F-AQ-1	TOWN POINT MORTGAGE TRUST 24-3 A1B	03/01/2025	MBS PAYDOWN		13,005	13,005	12,845	13,002		2		2		13,005				107	07/25/2065	1.A FE
..924925-AA-8	VERUS SECURITIZATION TRUST 24-7 A1	03/01/2025	MBS PAYDOWN		14,167	14,167	14,167	14,167						14,167				111	09/25/2069	1.A
1059999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)					278,980	278,980	271,939	278,920		58		58		278,980				2,333	XXX	XXX
..05493N-AA-0	BDS LTD 21-FL9 A	01/16/2025	MBS PAYDOWN		131,411	131,411	130,426	131,015		397		397		131,411				690	11/16/2038	1.A FE
..87166R-DG-9	SYMPHONY CLO LTD 19-21A BR	02/21/2025	SECURITY CALLED AT 100.00000000		500,000	500,000	498,750	500,000						500,000				11,585	07/15/2032	1.C FE
1099999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency - CLOs/CBOs/CDOs (Unaffiliated)					631,411	631,411	629,176	631,015		397		397		631,411				12,275	XXX	XXX
..437918-AB-1	HONDA AUTO RECEIVABLES OWNER T 24-1 A2	03/15/2025	MBS PAYDOWN		112,553	112,553	112,542	112,353		200		200		112,553				999	09/15/2026	1.A FE
..55389Q-AB-3	MVII OWNER TRUST 24-2A B	03/20/2025	MBS PAYDOWN		16,267	16,267	16,267	16,229		38		38		16,267				126	03/20/2042	1.F FE
..82653B-AB-9	SIERRA RECEIVABLES FUNDING CO 24-3A B	03/20/2025	MBS PAYDOWN		31,548	31,548	31,547	31,471		78		78		31,548				256	08/20/2041	1.F FE
..895975-AA-8	TRICON RESIDENTIAL 24-SFR4 A	02/01/2025	MBS PAYDOWN		520	520	500	520						520				4	11/17/2041	1.A FE
1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					160,888	160,888	160,856	160,573		316		316		160,888				1,385	XXX	XXX

STATEMENT AS OF MARCH 31, 2025 OF THE Molina Healthcare of Iowa, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Ident-ification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog-nized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date	NAIC Desig-nation, NAIC Desig-nation Modifier and SVO Admini-strative Symbol
..65481D-AB-8	NISSAN AUTO LEASE TRUST 24-B A2A .....	. 03/15/2025 .	MBS PAYDOWN .....	.....	.....10,778	.....10,778	.....10,777	.....10,757	.....	.....21	.....	.....21	.....	.....10,778	.....	.....	.....	.....136	. 06/15/2027 .	1-A FE
..89238G-AB-7	TOYOTA LEASE OWNER TRUST 24-A A2A .....	. 03/20/2025 .	MBS PAYDOWN .....	.....	.....252,743	.....252,743	.....252,721	.....252,270	.....	.....473	.....	.....473	.....	.....252,743	.....	.....	.....	.....2,183	. 07/20/2026 .	1-A FE
1539999999. Subtotal - Asset-Backed Securities - Non-Financial Asset-Backed Securities - Practical Expedient - Other Non-Financial Asset-Backed Securities Securities - Practical Expedient (Unaffiliated)					263,521	263,521	263,498	263,027		494		494		263,521				2,319	XXX	XXX
..12510H-AZ-3	CAPITAL AUTOMOTIVE REIT 24-3A A1 .....	. 03/15/2025 .	MBS PAYDOWN .....	.....	.....2,500	.....2,500	.....2,458	.....2,495	.....	.....5	.....	.....5	.....	.....2,500	.....	.....	.....	.....19	. 10/15/2054 .	1-A FE
..12510H-BA-7	CAPITAL AUTOMOTIVE REIT 24-3A A2 .....	. 03/15/2025 .	MBS PAYDOWN .....	.....	.....1,563	.....1,563	.....1,508	.....1,559	.....	.....4	.....	.....4	.....	.....1,563	.....	.....	.....	.....12	. 10/15/2054 .	1-E FE
..30332Y-AC-5	FIP MASTER FUNDING LLC 24-1A A1 .....	. 03/15/2025 .	MBS PAYDOWN .....	.....	.....174	.....174	.....174	.....173	.....	.....	.....	.....	.....	.....174	.....	.....	.....	.....1	. 10/15/2054 .	1-A FE
..30332Y-AD-3	FIP MASTER FUNDING LLC 24-1A A2 .....	. 03/15/2025 .	MBS PAYDOWN .....	.....	.....174	.....174	.....174	.....173	.....	.....	.....	.....	.....	.....174	.....	.....	.....	.....1	. 10/15/2054 .	1-C FE
..83100A-AA-0	SLAM LLC 24-1A A .....	. 03/15/2025 .	MBS PAYDOWN .....	.....	.....7,973	.....7,973	.....7,972	.....7,956	.....	.....16	.....	.....16	.....	.....7,973	.....	.....	.....	.....71	. 09/15/2049 .	1-F FE
..86212X-AP-5	STORE MASTER FUNDING LLC 24-1A A4 .....	. 03/20/2025 .	MBS PAYDOWN .....	.....	.....313	.....313	.....312	.....312	.....	.....1	.....	.....1	.....	.....313	.....	.....	.....	.....3	. 05/20/2054 .	1-C FE
1719999999. Subtotal - Asset-Backed Securities - Non-Financial Asset-Backed Securities - Full Analysis - Lease-Backed Securities - Full Analysis (Unaffiliated)					12,697	12,697	12,598	12,668		26		26		12,697				107	XXX	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					1,508,756	1,508,756	1,496,154	1,507,439		1,314		1,314		1,508,756				19,795	XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)																			XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4					1,508,756	1,508,756	1,496,154	1,507,439		1,314		1,314		1,508,756				19,795	XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					1,508,756	1,508,756	1,496,154	1,507,439		1,314		1,314		1,508,756				19,795	XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					1,603,756	1,603,756	1,589,131	1,602,439		1,314		1,314		1,603,756				21,688	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4						XXX													XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						XXX													XXX	XXX
5989999997. Total - Common Stocks - Part 4						XXX													XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						XXX													XXX	XXX
5999999999. Total - Preferred and Common Stocks						XXX													XXX	XXX
6009999999 - Totals					1,603,756	XXX	1,589,131	1,602,439		1,314		1,314		1,603,756				21,688	XXX	XXX

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

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

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

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

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

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

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Restricted Asset Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
US Bank St. Paul, MN								XXX.
US Bank St. Paul, MN					(129,182)	(1,001,913)	(194,505)	XXX.
US Bank St. Paul, MN					19,650	18,937	79,954	XXX.
US BANK MONEY MKT SAVINGS St. Paul, MN		0.000	53,499		4,523,336	4,538,002	24,456,596	XXX.
US Bank St. Paul, MN					(11,106,999)	(10,820,330)	(11,877,377)	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	53,499		(6,693,195)	(7,265,304)	16,888,528	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	53,499		(6,693,195)	(7,265,304)	16,888,528	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
.....							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
0599999. Total - Cash	XXX	XXX	53,499		(6,693,195)	(7,265,304)	16,888,528	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]