

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**  
(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. Non-RISK & OTHER HMO*	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	360,312	145,360	12,961	0	0	175,863	0	18,552	7,576	0	0
2. MEMBER MONTHS.....	1,092,875	440,420	39,093	0	0	531,817	0	57,576	23,969	0	0
3. Direct Premium Income.....	781,064,564	176,033,532	61,562,263	0	0	531,674,250	0	XXXXXXX	11,794,519	0	0
4. Net Premium Income.....	782,823,092	175,882,901	61,424,022	0	0	531,301,213	0	2,427,680	11,787,276	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,214,636)	(5,321,484)	(1,196,065)	0	0	2,200,034	0	0	102,879	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	2	0	0	0	0	2	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	778,608,458	170,561,417	60,227,957	0	0	533,501,249	0	2,427,680	11,890,155	0	0
11. Hospital & Medical Benefits.....	644,666,900	113,687,462	48,023,484	0	0	471,477,477	0	2,800,267	8,678,210	0	0
12. Net Reins Recoveries Incurred.....	185,674	0	162,730	0	0	22,944	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	644,481,226	113,687,462	47,860,754	0	0	471,454,533	0	2,800,267	8,678,210	0	0
14. Claims Adjustment Expenses.....	25,505,049	4,070,093	2,722,666	0	0	17,893,311	0	329,604	489,375	0	0
15. General Administrative Expenses.....	84,318,713	42,432,006	2,772,000	0	0	38,028,324	0	199,320	887,063	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	754,304,988	160,189,561	53,355,420	0	0	527,376,168	0	3,329,191	10,054,648	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	24,303,470	10,371,856	6,872,537	0	0	6,125,081	0	(901,511)	1,835,507	0	0
19. Net Investments Gains / (Losses).....	5,775,849	1,301,642	453,042	0	0	3,916,347	0	16,694	88,124	0	0
20. Aggregate write-ins for other expenses or income.....	(488,535)	(104,762)	(39,392)	0	0	(335,479)	0	(3,041)	(5,861)	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	29,590,784	11,568,736	7,286,187	0	0	9,705,949	0	(887,858)	1,917,770	0	0
22. Federal and foreign income taxes incurred.....	6,228,040	2,398,245	1,527,695	0	0	2,092,399	0	(182,344)	392,045	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	23,362,744	9,170,491	5,758,492	0	0	7,613,550	0	(705,514)	1,525,725	0	0
24. Medical Loss Ratio	82.8%	66.7%	79.5%	0.0%	0.0%	88.4%	0.0%	115.3%	73.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**  
(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. Non-RISK & OTHER HMO*	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	360,312	145,360	12,961	0	0	175,863	0	18,552	7,576	0	0
2. MEMBER MONTHS.....	2,238,541	922,528	79,205	0	0	1,070,558	0	118,369	47,881	0	0
3. Direct Premium Income.....	1,536,781,673	327,829,702	125,604,303	0	0	1,065,991,957	0	XXXXXXXX	17,355,711	0	0
4. Net Premium Income.....	1,546,332,357	327,522,164	125,331,514	0	0	1,065,267,600	0	10,870,298	17,340,781	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(7,606,555)	(5,321,484)	(1,258,272)	0	0	(1,033,826)	0	0	7,027	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	27,279	0	0	0	0	27,279	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,538,753,081	322,200,680	124,073,242	0	0	1,064,261,053	0	10,870,298	17,347,808	0	0
11. Hospital & Medical Benefits.....	1,263,232,639	219,257,123	97,336,007	0	0	922,687,978	0	10,096,611	13,854,920	0	0
12. Net Reins Recoveries Incurred.....	762,160	12,192	388,230	0	0	361,738	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,262,470,479	219,244,931	96,947,777	0	0	922,326,240	0	10,096,611	13,854,920	0	0
14. Claims Adjustment Expenses.....	50,235,587	7,764,825	5,291,753	0	0	35,407,986	0	930,791	840,232	0	0
15. General Administrative Expenses.....	159,578,772	78,287,492	5,397,404	0	0	73,760,521	0	881,689	1,251,666	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,472,284,838	305,297,248	107,636,934	0	0	1,031,494,747	0	11,909,091	15,946,818	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	66,468,243	16,903,432	16,436,308	0	0	32,766,306	0	(1,038,793)	1,400,990	0	0
19. Net Investments Gains / (Losses).....	11,707,795	2,479,991	950,181	0	0	8,064,097	0	82,232	131,294	0	0
20. Aggregate write-ins for other expenses or income.....	(585,605)	(124,045)	(47,527)	0	0	(403,353)	0	(4,113)	(6,567)	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	77,590,433	19,259,378	17,338,962	0	0	40,427,050	0	(960,674)	1,525,717	0	0
22. Federal and foreign income taxes incurred.....	15,914,107	3,950,175	3,556,290	0	0	8,291,749	0	(197,038)	312,931	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	61,676,326	15,309,203	13,782,672	0	0	32,135,301	0	(763,636)	1,212,786	0	0
24. Medical Loss Ratio	82.0%	68.0%	78.1%	0.0%	0.0%	86.7%	0.0%	92.9%	79.9%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	37,103	2,557	0	0	0	0	0	0	34,546	0
2. First Quarter	36,409	2,623	0	0	0	0	0	0	33,786	0
3. Second Quarter	35,654	2,602	0	0	0	0	0	0	33,052	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	219,599	16,825	0	0	0	0	0	0	202,774	0
Total Member Ambulatory Encounters for Year:										
7. Physician	88,963	8,721	0	0	0	0	0	0	80,242	0
8. Non-Physician	411,830	18,022	0	0	0	0	0	0	393,808	0
9. Total	500,793	26,743	0	0	0	0	0	0	474,050	0
10. Hospital Patient Days Incurred	131,969	54	0	0	0	0	0	0	131,915	0
11. Number of Inpatient Admissions	3,298	14	0	0	0	0	0	0	3,285	0
12. Health Premiums Written	137,425,009	3,520,932	0	0	0	0	0	0	133,904,077	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	137,425,009	3,520,932	0	0	0	0	0	0	133,904,077	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	119,866,971	2,176,002	0	0	0	0	0	0	117,690,969	0
18. Amount Incurred for Provision of Health Care Services	123,147,234	2,860,384	0	0	0	0	0	0	120,286,850	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION **Houston**  
(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER HMO	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	54,206	0	0	0	0	33,052	0	18,552	2,602	0	0
2. MEMBER MONTHS.....	166,320	0	0	0	0	100,316	0	57,576	8,428	0	0
3. Direct Premium Income.....	31,912,956	0	0	0	0	30,980,348	0	XXXXXXXX	932,608	0	0
4. Net Premium Income.....	34,340,636	0	0	0	0	30,980,348	0	2,427,680	932,608	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	2	0	0	0	0	2	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	34,340,638	0	0	0	0	30,980,350	0	2,427,680	932,608	0	0
11. Hospital & Medical Benefits.....	34,932,826	0	0	0	0	31,553,197	0	2,800,267	579,362	0	0
12. Net Reins Recoveries Incurred.....	(99,849)	0	0	0	0	(99,849)	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	35,032,675	0	0	0	0	31,653,046	0	2,800,267	579,362	0	0
14. Claims Adjustment Expenses.....	915,695	0	0	0	0	571,170	0	329,604	14,921	0	0
15. General Administrative Expenses.....	2,312,318	0	0	0	0	2,062,877	0	199,320	50,121	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	38,260,688	0	0	0	0	34,287,093	0	3,329,191	644,404	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,920,050)	0	0	0	0	(3,306,743)	0	(901,511)	288,204	0	0
19. Net Investments Gains / (Losses).....	237,240	0	0	0	0	214,002	0	16,694	6,543	0	0
20. Aggregate write-ins for other expenses or income.....	(41,637)	0	0	0	0	(37,593)	0	(3,041)	(1,003)	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,724,448)	0	0	0	0	(3,130,334)	0	(887,858)	293,744	0	0
22. Federal and foreign income taxes incurred.....	(746,545)	0	0	0	0	(624,657)	0	(182,344)	60,455	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,977,902)	0	0	0	0	(2,505,677)	0	(705,514)	233,289	0	0
24. Medical Loss Ratio	102.0%	0.0%	0.0%	0.0%	0.0%	102.2%	0.0%	115.3%	62.1%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION **Houston**  
(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER HMO	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	54,206	0	0	0	0	33,052	0	18,552	2,602	0	0
2. MEMBER MONTHS.....	337,968	0	0	0	0	202,774	0	118,369	16,825	0	0
3. Direct Premium Income.....	137,425,009	0	0	0	0	133,904,077	0	XXXXXXXX	3,520,932	0	0
4. Net Premium Income.....	148,295,307	0	0	0	0	133,904,077	0	10,870,298	3,520,932	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	27,279	0	0	0	0	27,279	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	148,322,586	0	0	0	0	133,931,356	0	10,870,298	3,520,932	0	0
11. Hospital & Medical Benefits.....	133,243,845	0	0	0	0	120,286,850	0	10,096,611	2,860,384	0	0
12. Net Reins Recoveries Incurred.....	238,859	0	0	0	0	238,859	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	133,004,986	0	0	0	0	120,047,991	0	10,096,611	2,860,384	0	0
14. Claims Adjustment Expenses.....	4,877,633	0	0	0	0	3,838,879	0	930,791	107,963	0	0
15. General Administrative Expenses.....	9,986,663	0	0	0	0	8,883,429	0	881,689	221,545	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	147,869,282	0	0	0	0	132,770,299	0	11,909,091	3,189,892	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	453,304	0	0	0	0	1,161,057	0	(1,038,793)	331,040	0	0
19. Net Investments Gains / (Losses).....	1,121,836	0	0	0	0	1,012,968	0	82,232	26,635	0	0
20. Aggregate write-ins for other expenses or income.....	(56,112)	0	0	0	0	(50,667)	0	(4,113)	(1,332)	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,519,027	0	0	0	0	2,123,358	0	(960,674)	356,343	0	0
22. Federal and foreign income taxes incurred.....	311,559	0	0	0	0	435,509	0	(197,038)	73,087	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,207,469	0	0	0	0	1,687,849	0	(763,636)	283,256	0	0
24. Medical Loss Ratio	89.7%	0.0%	0.0%	0.0%	0.0%	89.6%	0.0%	92.9%	81.2%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	283,996	200,543	0	0	0	0	0	12,636	70,817	0
2. First Quarter	240,225	157,974	0	0	0	0	0	13,217	69,034	0
3. Second Quarter	225,342	145,360	0	0	0	0	0	12,961	67,021	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,414,877	922,528	0	0	0	0	0	79,205	413,144	0
Total Member Ambulatory Encounters for Year:										
7. Physician	522,976	276,009	0	0	0	0	0	57,706	189,261	0
8. Non-Physician	2,073,168	248,973	0	0	0	0	0	71,993	1,752,202	0
9. Total	2,596,144	524,982	0	0	0	0	0	129,699	1,941,463	0
10. Hospital Patient Days Incurred	190,651	24,535	0	0	0	0	0	23,815	142,302	0
11. Number of Inpatient Admissions	10,576	3,914	0	0	0	0	0	2,639	4,023	0
12. Health Premiums Written	662,139,373	327,829,702	0	0	0	0	0	125,604,303	208,705,368	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	655,559,617	322,508,218	0	0	0	0	0	124,346,031	208,705,368	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	503,104,377	219,023,037	0	0	0	0	0	97,333,407	186,747,933	0
18. Amount Incurred for Provision of Health Care Services	505,614,895	219,257,123	0	0	0	0	0	97,336,007	189,021,765	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION

**San Antonio**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER HMO	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	225,342	145,360	12,961	0	0	67,021	0	0	0	0	0
2. MEMBER MONTHS.....	683,355	440,420	39,093	0	0	203,842	0	0	0	0	0
3. Direct Premium Income.....	286,974,469	176,033,532	61,562,263	0	0	49,378,674	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	286,685,597	175,882,901	61,424,022	0	0	49,378,674	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,517,549)	(5,321,484)	(1,196,065)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	280,168,048	170,561,417	60,227,957	0	0	49,378,674	0	0	0	0	0
11. Hospital & Medical Benefits.....	212,776,305	113,687,462	48,023,484	0	0	51,065,359	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(1,303,263)	0	162,730	0	0	(1,465,993)	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	214,079,568	113,687,462	47,860,754	0	0	52,531,352	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,373,600	4,070,093	2,722,666	0	0	1,580,841	0	0	0	0	0
15. General Administrative Expenses.....	48,481,217	42,432,006	2,772,000	0	0	3,277,211	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	270,934,385	160,189,561	53,355,420	0	0	57,389,404	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	9,233,663	10,371,856	6,872,537	0	0	(8,010,730)	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,096,708	1,301,642	453,042	0	0	342,024	0	0	0	0	0
20. Aggregate write-ins for other expenses or income.....	(202,886)	(104,762)	(39,392)	0	0	(58,732)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	11,127,485	11,568,736	7,286,187	0	0	(7,727,438)	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,364,365	2,398,245	1,527,695	0	0	(1,561,575)	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	8,763,120	9,170,491	5,758,492	0	0	(6,165,863)	0	0	0	0	0
24. Medical Loss Ratio	76.4%	66.7%	79.5%	0.0%	0.0%	106.4%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION

**San Antonio**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER HMO	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	225,342	145,360	12,961	0	0	67,021	0	0	0	0	0
2. MEMBER MONTHS.....	1,414,877	922,528	79,205	0	0	413,144	0	0	0	0	0
3. Direct Premium Income.....	662,139,373	327,829,702	125,604,303	0	0	208,705,368	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	661,559,046	327,522,164	125,331,514	0	0	208,705,368	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,579,756)	(5,321,484)	(1,258,272)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	654,979,290	322,200,680	124,073,242	0	0	208,705,368	0	0	0	0	0
11. Hospital & Medical Benefits.....	505,614,895	219,257,123	97,336,007	0	0	189,021,765	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(1,065,786)	12,192	388,230	0	0	(1,466,208)	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	506,680,681	219,244,931	96,947,777	0	0	190,487,973	0	0	0	0	0
14. Claims Adjustment Expenses.....	19,829,816	7,764,825	5,291,753	0	0	6,773,238	0	0	0	0	0
15. General Administrative Expenses.....	97,299,937	78,287,492	5,397,404	0	0	13,615,041	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	623,810,434	305,297,248	107,636,934	0	0	210,876,252	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	31,168,856	16,903,432	16,436,308	0	0	(2,170,884)	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,009,002	2,479,991	950,181	0	0	1,578,830	0	0	0	0	0
20. Aggregate write-ins for other expenses or income.....	(250,543)	(124,045)	(47,527)	0	0	(78,971)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	35,927,315	19,259,378	17,338,962	0	0	(671,025)	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	7,368,835	3,950,175	3,556,290	0	0	(137,630)	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	28,558,480	15,309,203	13,782,672	0	0	(533,395)	0	0	0	0	0
24. Medical Loss Ratio	77.4%	68.0%	78.1%	0.0%	0.0%	91.3%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	67,483	4,975	0	0	0	0	0	0	62,508	0
2. First Quarter	67,113	5,033	0	0	0	0	0	0	62,080	0
3. Second Quarter	67,538	4,974	0	0	0	0	0	0	62,564	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	406,072	31,056	0	0	0	0	0	0	375,016	0
Total Member Ambulatory Encounters for Year:										
7. Physician	176,603	12,873	0	0	0	0	0	0	163,730	0
8. Non-Physician	736,304	24,589	0	0	0	0	0	0	711,715	0
9. Total	912,907	37,462	0	0	0	0	0	0	875,445	0
10. Hospital Patient Days Incurred	309,258	160	0	0	0	0	0	0	309,098	0
11. Number of Inpatient Admissions	9,109	38	0	0	0	0	0	0	9,071	0
12. Health Premiums Written	671,289,399	13,834,779	0	0	0	0	0	0	657,454,620	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	670,262,600	13,841,806	0	0	0	0	0	0	656,420,794	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	552,407,501	8,363,959	0	0	0	0	0	0	544,043,542	0
18. Amount Incurred for Provision of Health Care Services	567,522,839	10,994,536	0	0	0	0	0	0	556,528,303	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION

**Dallas**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER HMO	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	67,538	0	0	0	0	62,564	0	0	4,974	0	0
2. MEMBER MONTHS.....	203,416	0	0	0	0	187,875	0	0	15,541	0	0
3. Direct Premium Income.....	446,676,374	0	0	0	0	435,814,463	0	XXXXXXXX	10,861,911	0	0
4. Net Premium Income.....	446,296,094	0	0	0	0	435,441,426	0	0	10,854,668	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,302,913	0	0	0	0	2,200,034	0	0	102,879	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	448,599,007	0	0	0	0	437,641,460	0	0	10,957,547	0	0
11. Hospital & Medical Benefits.....	381,556,426	0	0	0	0	373,457,578	0	0	8,098,848	0	0
12. Net Reins Recoveries Incurred.....	1,588,786	0	0	0	0	1,588,786	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	379,967,640	0	0	0	0	371,868,792	0	0	8,098,848	0	0
14. Claims Adjustment Expenses.....	15,729,214	0	0	0	0	15,254,760	0	0	474,454	0	0
15. General Administrative Expenses.....	32,504,342	0	0	0	0	31,667,401	0	0	836,941	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	428,201,196	0	0	0	0	418,790,953	0	0	9,410,243	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	20,397,811	0	0	0	0	18,850,507	0	0	1,547,304	0	0
19. Net Investments Gains / (Losses).....	3,334,617	0	0	0	0	3,253,036	0	0	81,581	0	0
20. Aggregate write-ins for other expenses or income.....	(225,472)	0	0	0	0	(220,615)	0	0	(4,857)	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	23,506,956	0	0	0	0	21,882,928	0	0	1,624,028	0	0
22. Federal and foreign income taxes incurred.....	4,865,981	0	0	0	0	4,534,391	0	0	331,590	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	18,640,975	0	0	0	0	17,348,537	0	0	1,292,438	0	0
24. Medical Loss Ratio	84.7%	0.0%	0.0%	0.0%	0.0%	85.0%	0.0%	0.0%	73.9%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION

**Dallas**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER HMO	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	67,538	0	0	0	0	62,564	0	0	4,974	0	0
2. MEMBER MONTHS.....	406,072	0	0	0	0	375,016	0	0	31,056	0	0
3. Direct Premium Income.....	671,289,399	0	0	0	0	657,454,620	0	XXXXXXXX	13,834,779	0	0
4. Net Premium Income.....	670,550,112	0	0	0	0	656,730,263	0	0	13,819,849	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,026,799)	0	0	0	0	(1,033,826)	0	0	7,027	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	669,523,313	0	0	0	0	655,696,437	0	0	13,826,876	0	0
11. Hospital & Medical Benefits.....	567,522,839	0	0	0	0	556,528,303	0	0	10,994,536	0	0
12. Net Reins Recoveries Incurred.....	1,589,087	0	0	0	0	1,589,087	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	565,933,752	0	0	0	0	554,939,216	0	0	10,994,536	0	0
14. Claims Adjustment Expenses.....	23,376,538	0	0	0	0	22,644,270	0	0	732,268	0	0
15. General Administrative Expenses.....	48,050,542	0	0	0	0	47,020,420	0	0	1,030,122	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	637,360,832	0	0	0	0	624,603,906	0	0	12,756,926	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	32,162,481	0	0	0	0	31,092,531	0	0	1,069,950	0	0
19. Net Investments Gains / (Losses).....	5,078,221	0	0	0	0	4,973,563	0	0	104,658	0	0
20. Aggregate write-ins for other expenses or income.....	(254,005)	0	0	0	0	(248,770)	0	0	(5,235)	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	36,986,697	0	0	0	0	35,817,324	0	0	1,169,373	0	0
22. Federal and foreign income taxes incurred.....	7,586,119	0	0	0	0	7,346,276	0	0	239,843	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	29,400,578	0	0	0	0	28,471,048	0	0	929,530	0	0
24. Medical Loss Ratio	84.5%	0.0%	0.0%	0.0%	0.0%	84.6%	0.0%	0.0%	79.5%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **EI Paso**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	13,395	0	0	0	0	0	0	0	13,395	0
2. First Quarter	13,232	0	0	0	0	0	0	0	13,232	0
3. Second Quarter	13,226	0	0	0	0	0	0	0	13,226	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	79,624	0	0	0	0	0	0	0	79,624	0
Total Member Ambulatory Encounters for Year:										
7. Physician	38,060	0	0	0	0	0	0	0	38,060	0
8. Non-Physician	387,489	0	0	0	0	0	0	0	387,489	0
9. Total	425,549	0	0	0	0	0	0	0	425,549	0
10. Hospital Patient Days Incurred	37,860	0	0	0	0	0	0	0	37,860	0
11. Number of Inpatient Admissions	1,265	0	0	0	0	0	0	0	1,265	0
12. Health Premiums Written	65,927,892	0	0	0	0	0	0	0	65,927,892	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	65,927,892	0	0	0	0	0	0	0	65,927,892	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	55,734,845	0	0	0	0	0	0	0	55,734,845	0
18. Amount Incurred for Provision of Health Care Services	56,851,059	0	0	0	0	0	0	0	56,851,059	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION

**El Paso**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER HMO	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	13,226	0	0	0	0	13,226	0	0	0	0	0
2. MEMBER MONTHS.....	39,784	0	0	0	0	39,784	0	0	0	0	0
3. Direct Premium Income.....	15,500,765	0	0	0	0	15,500,765	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	15,500,765	0	0	0	0	15,500,765	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	15,500,765	0	0	0	0	15,500,765	0	0	0	0	0
11. Hospital & Medical Benefits.....	15,401,342	0	0	0	0	15,401,342	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,401,342	0	0	0	0	15,401,342	0	0	0	0	0
14. Claims Adjustment Expenses.....	486,537	0	0	0	0	486,537	0	0	0	0	0
15. General Administrative Expenses.....	1,020,839	0	0	0	0	1,020,839	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	16,908,718	0	0	0	0	16,908,718	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,407,953)	0	0	0	0	(1,407,953)	0	0	0	0	0
19. Net Investments Gains / (Losses).....	107,285	0	0	0	0	107,285	0	0	0	0	0
20. Aggregate write-ins for other expenses or income.....	(18,540)	0	0	0	0	(18,540)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,319,208)	0	0	0	0	(1,319,208)	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(255,759)	0	0	0	0	(255,759)	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,063,449)	0	0	0	0	(1,063,449)	0	0	0	0	0
24. Medical Loss Ratio	99.4%	0.0%	0.0%	0.0%	0.0%	99.4%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2019**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CONSOLIDATED / 2. DIVISION

**El Paso**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER HMO	9. Non-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	13,226	0	0	0	0	13,226	0	0	0	0	0
2. MEMBER MONTHS.....	79,624	0	0	0	0	79,624	0	0	0	0	0
3. Direct Premium Income.....	65,927,892	0	0	0	0	65,927,892	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	65,927,892	0	0	0	0	65,927,892	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	65,927,892	0	0	0	0	65,927,892	0	0	0	0	0
11. Hospital & Medical Benefits.....	56,851,059	0	0	0	0	56,851,059	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	56,851,059	0	0	0	0	56,851,059	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,151,598	0	0	0	0	2,151,598	0	0	0	0	0
15. General Administrative Expenses.....	4,241,634	0	0	0	0	4,241,634	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	63,244,291	0	0	0	0	63,244,291	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,683,601	0	0	0	0	2,683,601	0	0	0	0	0
19. Net Investments Gains / (Losses).....	498,736	0	0	0	0	498,736	0	0	0	0	0
20. Aggregate write-ins for other expenses or income.....	(24,946)	0	0	0	0	(24,946)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,157,391	0	0	0	0	3,157,391	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	647,594	0	0	0	0	647,594	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,509,797	0	0	0	0	2,509,797	0	0	0	0	0
24. Medical Loss Ratio	86.2%	0.0%	0.0%	0.0%	0.0%	86.2%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, ASO):					
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0					