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December 7, 2006

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U.S. DEPARTMENT OF LABOR  
OFFICE OF EMPLOYEE BENEFITS SECURITY

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Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

**Re: Molina Healthcare, Inc. 2005 Deferred Compensation Plan**

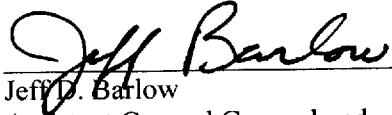
Dear Sir or Madam:

This document constitutes the statement required by 29 C.F.R. Sec. 2520.104-23(a)(1) to be filed with the Secretary of Labor with respect to a nonqualified deferred compensation plan maintained by Molina Healthcare, Inc., a Delaware corporation (the "Company"). The Company has adopted and currently maintains a nonqualified deferred compensation plan for a member of a select group of management and highly compensated employees, as described below:

<b>The Company:</b>	Molina Healthcare, Inc. One Golden Shore Drive Long Beach, CA 90802-4202
<b>Employer Tax ID Number:</b>	134204626
<b>Name of Plan:</b>	Molina Healthcare, Inc. 2005 Deferred Compensation Plan
<b>Number of plans maintained:</b>	Two (The Company maintains a predecessor plan that is frozen)
<b>Participants in this plan:</b>	23
<b>Date plan became subject to Title I:</b>	November 6, 2006

We request that you please date-stamp a file copy of this statement and return it to us in the enclosed self-addressed envelope. Thank you.

**MOLINA HEALTHCARE, INC.**

By:   
Jeff D. Barlow  
Assistant General Counsel and  
Assistant Corporate Secretary