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## AMENDED FILING EXPLANATION

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Page 3 corrected to reflect the proper classification of an ordinary dividend paid to the parent in 2011 as a reduction of Unassigned funds (surplus), Line 31. This reclassification resulted in an increase to Line 28, Gross paid in and contributed surplus, amounting to \$29,000,000, and a decrease for the same amount to Line 31, Unassigned funds (surplus). There was no change to total capital and surplus as a result of this reclassification.

Page 5 corrected to reflect the proper classification of an ordinary dividend paid to the parent in 2011. This correction resulted the movement of the (\$29,000,000) reported on Line 45.1, Paid in surplus, to Line 46, Dividends to stockholders.

Correction of error in the allocation of 2011 Hospital and Medical costs across lines 9-12 of page 4 - Statement of Revenue and Expenses and Lines 8-11 of page 7 - Analysis of Operations by Lines of Business.

Page 28- Five Year History Data, Line 15 corrected to reflect change in Authorized control level risk based capital due to above correction relating to reclassification of ordinary dividend.



# ANNUAL STATEMENT

For the Year Ended December 31, 2011  
of the Condition and Affairs of the

## Molina Healthcare of Ohio, Inc.

NAIC Group Code.....1531, 1531 (Current Period) (Prior Period)	NAIC Company Code..... 12334	Employer's ID Number..... 20-0750134
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Licensed as Business Type.....Health Maintenance Organization	Is HMO Federally Qualified? Yes [ ] No [ X ]	
Incorporated/Organized..... November 19, 2003	Commenced Business..... October 24, 2005	
Statutory Home Office	8101 North High Street, Suite 180..... Columbus ..... OH ..... 43235 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	8101 North High Street, Suite 180..... Columbus ..... OH ..... 43235 (Street and Number) (City or Town, State and Zip Code)	614-781-4300 (Area Code) (Telephone Number)
Mail Address	8101 North High Street, Suite 180..... Columbus ..... OH ..... 43235 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	8101 North High Street, Suite 180..... Columbus ..... OH ..... 43235 (Street and Number) (City or Town, State and Zip Code)	614-781-4300 (Area Code) (Telephone Number)
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Benjamin Sargent Orris (Name) benjamin.orris@molinahealthcare.com (E-Mail Address)	614-781-4300 (Area Code) (Telephone Number) (Extension) 614-781-1410 (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Amy Schultz Clubbs #	President	2. Benjamin Sargent Orris #	Treasurer/VP
3. Jeffrey Don Barlow	Secretary	4.	

### OTHER

### DIRECTORS OR TRUSTEES

Amy Schultz Clubbs # Teri Daly Lauenstein # James Dwight Forshee MD

State of..... Ohio  
County of.... Franklin

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.

(Signature) Amy Schultz Clubbs	(Signature) Benjamin Sargent Orris	(Signature) Jeffrey Don Barlow
1. (Printed Name) President	2. (Printed Name) Treasurer/VP	3. (Printed Name) Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me This _____ day of _____ 2012	a. Is this an original filing? Yes [ ] No [ X ] b. If no 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____	1 _____ 6 _____