
AMENDED FILING EXPLANATION

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)

Organized under the Laws of OH

Licensed as Business Type.....Health Maintenance Organization

Incorporated/Organized..... November 19, 2003

NAIC Company Code..... 12334

Employer's ID Number..... 20-0750134

State of Domicile or Port of Entry OH

Country of Domicile US

Is HMO Federally Qualified? Yes [] No [X]

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

614-781-4300

(Street and Number) (City or Town, State and Zip Code)

(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

614-781-4300

(Street and Number) (City or Town, State and Zip Code)

(Area Code) (Telephone Number)

Internet Web Site Address

www.molinahealthcare.com

614-781-4300

Statutory Statement Contact

Benjamin Sargent Orris

614-781-4300

(Name)

benjamin.orriss@molinahealthcare.com

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

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 Forsee 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 _____	a. Is this an original filing? b. If no 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [] No [X] 1 6
2012		