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.

12334201120100105

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)*	614-781-4300 *(Area Code) (Telephone Number) (Extension)*
	benjamin.orris@molinahealthcare.com *(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 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)	(Signature)	(Signature)
Amy Schultz Clubbs	Benjamin Sargent Orris	Jeffrey Don Barlow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer/VP	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 1

2. Date filed

3. Number of pages attached 6

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	73,485,008		73,485,008	61,013,754
2.	Accrued medical incentive pool and bonus amounts			0	
3.	Unpaid claims adjustment expenses	981,265		981,265	1,006,487
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act			0	
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserve			0	
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance			0	
9.	General expenses due or accrued	20,362,696		20,362,696	15,638,183
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))	357,436		357,436	5,444,742
10.2	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable			0	
12.	Amounts withheld or retained for the account of others			0	
13.	Remittances and items not allocated			0	
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	288,671		288,671	205,167
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)			0	
20.	Reinsurance in unauthorized companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans			0	
23.	Aggregate write-ins for other liabilities (including $.....0 current)	3,378,324	0	3,378,324	10,010,417
24.	Total liabilities (Lines 1 to 23)	98,853,400	0	98,853,400	93,318,750
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX	1,500	1,500
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	82,888,500	82,888,500
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	32,875,924	16,048,636
32.	Less treasury stock at cost:				
	32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	115,765,924	98,938,636
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	214,619,324	192,257,386

DETAILS OF WRITE-INS

2301.	Amounts Due to State	3,378,324		3,378,324	10,010,417
2302.				0	
2303.				0	
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	3,378,324	0	3,378,324	10,010,417
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member months	XXX	2,966,124	2,816,880
2.	Net premium income (including $.....0 non-health premium income)	XXX	998,772,343	865,962,971
3.	Change in unearned premium reserves and reserve for rate credits	XXX		
4.	Fee-for-service (net of $.....0 medical expenses)	XXX		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	XXX	1,682,964	(8,014,660)
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	1,000,455,307	857,948,311
Hospital and Medical:				
9.	Hospital/medical benefits		566,245,814	500,214,369
10.	Other professional services		64,176,180	83,307,527
11.	Outside referrals			
12.	Emergency room and out-of-area		77,605,277	67,759,027
13.	Prescription drugs		53,574,204	13,079,801
14.	Aggregate write-ins for other hospital and medical	0	3,941,892	3,163,173
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)	0	765,543,367	667,523,897
Less:				
17.	Net reinsurance recoveries		1,811,341	3,092,464
18.	Total hospital and medical (Lines 16 minus 17)	0	763,732,026	664,431,433
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....18,846,080 cost containment expenses		22,781,732	21,588,156
21.	General administrative expenses		145,466,426	121,828,258
22.	Increase in reserves for life and accident and health contracts including $.....0 increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)	0	931,980,184	807,847,847
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	68,475,123	50,100,464
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,090,220	941,103
26.	Net realized capital gains or (losses) less capital gains tax of $.....0		102,176	(2,162)
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	1,192,396	938,941
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]			
29.	Aggregate write-ins for other income or expenses	0	0	0
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	69,667,519	51,039,405
31.	Federal and foreign income taxes incurred	XXX	24,324,454	13,117,472
32.	Net income (loss) (Lines 30 minus 31)	XXX	45,343,065	37,921,933

DETAILS OF WRITE-INS

0601.	Performance Revenue	XXX	1,682,964	(8,014,660)
0602.		XXX		
0603.		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	1,682,964	(8,014,660)
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.	Transportation Costs		3,941,892	3,163,173
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	3,941,892	3,163,173
2901.				
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	98,938,636	73,595,561
34. Net income or (loss) from Line 32	45,343,065	37,921,933
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (losses) less capital gains tax of $.....0	110,411	(110,412)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(71,021)	(5,127,924)
39. Change in nonadmitted assets	444,834	659,478
40. Change in unauthorized 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		(8,000,000)
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(29,000,000)	
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	16,827,289	25,343,075
49. Capital and surplus end of reporting period (Line 33 plus 48)	115,765,925	98,938,636

DETAILS OF WRITE-INS

4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	998,772,343						1,847,495	996,924,848		
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	1,682,964	0	0	0	0	0	0	1,682,964	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,000,455,307	0	0	0	0	0	1,847,495	998,607,812	0	0
8. Hospital/medical benefits	566,245,814						347,396	565,898,418		XXX
9. Other professional services	64,176,180						19,101	64,157,079		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	77,605,277						853,807	76,751,470		XXX
12. Prescription drugs	53,574,204						502,619	53,071,585		XXX
13. Aggregate write-ins for other hospital and medical	3,941,892	0	0	0	0	0	6,653	3,935,239	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	765,543,367	0	0	0	0	0	1,729,576	763,813,791	0	XXX
16. Net reinsurance recoveries	1,811,341							1,811,341		XXX
17. Total hospital and medical (Lines 15 minus 16)	763,732,026	0	0	0	0	0	1,729,576	762,002,450	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....18,846,080 cost containment expenses	22,781,732						26,213	22,755,519		
20. General administrative expenses	145,466,426						279,960	145,186,466		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	931,980,184	0	0	0	0	0	2,035,749	929,944,435	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	68,475,123	0	0	0	0	0	(188,254)	68,663,377	0	0
DETAILS OF WRITE-INS										
0501. Performance Revenue	1,682,964							1,682,964		XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above)	1,682,964	0	0	0	0	0	0	1,682,964	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Transportation and Other FFS Payments	3,941,892						6,653	3,935,239		XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above)	3,941,892	0	0	0	0	0	6,653	3,935,239	0	XXX

FIVE-YEAR HISTORICAL DATA

	1 2011	2 2010	3 2009	4 2008	5 2007
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	214,619,324	192,257,386	225,811,719	132,334,211	156,900,995
2. Total liabilities (Page 3, Line 24)	98,853,400	93,318,750	152,216,158	72,898,319	105,099,168
3. Statutory surplus	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	115,765,924	98,938,636	73,595,561	59,435,892	51,801,827
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	1,000,455,307	857,948,311	801,857,722	601,518,596	434,148,090
6. Total medical and hospital expenses (Line 18)	763,732,026	664,431,433	676,288,156	539,101,555	386,900,836
7. Claims adjustment expenses (Line 20)	22,781,732	21,588,156	21,960,967	14,212,851	9,173,685
8. Total administrative expenses (Line 21)	145,466,426	121,828,258	99,198,344	67,013,205	47,786,334
9. Net underwriting gain (loss) (Line 24)	68,475,123	50,100,464	4,410,255	(18,809,015)	(9,712,765)
10. Net investment gain (loss) (Line 27)	1,192,396	938,941	1,117,215	2,895,590	3,042,410
11. Total other income (Lines 28 plus 29)					(64,450)
12. Net income or (loss) (Line 32)	45,343,065	37,921,933	(2,000,530)	(10,351,243)	(4,485,791)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	49,290,544	(15,343,262)	75,637,023	(47,123,020)	58,309,800
Risk-Based Capital Analysis					
14. Total adjusted capital	115,765,924	98,938,636	73,595,561	59,435,892	51,801,827
15. Authorized control level risk-based capital	21,230,415	22,885,880	23,100,297	17,643,907	13,101,271
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	248,004	244,942	216,273	176,483	136,378
17. Total member months (Column 6, Line 7)	2,966,124	2,816,880	2,410,552	1,997,699	1,567,030
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	76.5	76.7	84.3	89.6	89.1
20. Cost containment expenses	1.9	2.1	2.1	1.8	1.5
21. Other claims adjustment expenses	0.4	0.4	0.6	0.6	0.6
22. Total underwriting deductions (Line 23)	93.3	93.3	99.5	103.1	102.2
23. Total underwriting gain (loss) (Line 24)	6.9	5.8	0.6	(3.1)	(2.2)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	31,751,456	18,597,155	49,664,856	38,634,817	14,066,514
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	47,641,229	26,516,451	36,337,347	48,760,069	12,349,694
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain: