
AMENDED FILING EXPLANATION

Subsequent to the filing of the 2012 Annual Statement, the Company determined that premium revenue, medical costs, and general administrative expenses relating to the Managed Care Plans (MCP) hospital incentive were understated.

The state of Ohio includes funding in the Medicaid capitation rates for the MCP hospital incentive. All such funds received by the Plan are required to be remitted to the Ohio Hospital Association, which in turn distributes the funds only to hospitals that are contracted with Medicaid managed care plan. These amounts received and distributed are presented as net premium income, hospital and medical expenses and general administrative expenses.

The details of the changes are as follows:

- A. Revenue from MCP hospital incentive should be \$30,926,521 for the year instead of the \$10,288,500 that was reported. Revenue was understated by \$20,638,021.
- B. Related capitation cost should be \$28,688,795 for the year instead of the \$9,544,063 that was reported. Hospital and medical benefit expenses were understated by \$19,144,732.
- C. Related premium tax should be \$2,237,726 for the year instead of the \$744,437 that was reported. General administrative expenses were understated by \$1,493,289.

The changes discussed above have no impact on net income reported. However, the correction reduces total Capital and surplus reported by \$58,695 due to impact on admissible deferred taxes assets discussed below.

Corrections have been made to the following pages:

- 1. Page 2 – Assets; Net deferred tax assets (Line 18.2, column 2) Nonadmitted Assets, increased by \$58,965, see note to financial statement 9.2(c).
- 2. Page 3 – Liabilities, Capital and Surplus; Unassigned funds (surplus), Line 31 Column 3 decreased by \$58,965 described above.
- 3. Page 4 – Statement of Revenue and Expenses; Net premium income, Line 2 Column 2 is revised to include revenue discussed in A. above. Hospital/medical benefits, Line 9 column 1 and 2 is revised to include capitation cost discussed in B. above. General administrative expenses, Line 21 Column 2 revised to include premium tax discussed C. above.
- 4. Page 5 – Capital and Surplus Account; Change in nonadmitted assets, Line 39 Column 1 is revised due to change discussed in 1 above and resultant change in Capital and surplus end of reporting period Line 49 column 1.
- 5. Page 6 – Cash Flow; Premium collected net of reinsurance, Line 1 Column1, Benefit and loss related payments, Line 5, Column 1 and Commissions, expenses paid and aggregate write-ins for deductions, Line 7 column 1, are revised due to changes described in A., B. and C. above respectively.
- 6. Page 7 – Analysis of Operations by Lines of Business; Net premium income, Line 1 Column 8 is revised to include revenue discussed in A. above. Hospital/medical benefits, Line 8 column 8 is revised to include capitation cost discussed in B. above. General administrative expenses, Line 20 Column 7 and 8 are revised to include premium tax discussed C. above.
- 7. Page 8 – Underwriting and Investment Exhibit – Part 1 Premiums; Title XIX – Medicaid, Line 7 column 1 is revised to include A. above.
- 8. Page 9 – Underwriting and Investment Exhibit – Part 2 Claims Incurred During the Year; Payments during the year direct, Line 1.1 Column 8 is revised to include B. above.
- 9. Page 11 – Underwriting and Investment Exhibit – Part 2B Analysis of Claims Unpaid-Prior Year-Net of Reinsurance; Claims paid during the year, On Claims incurred during the year, Column 2 Line 7 is revised to take account of B. above.
- 10. Page 12.GT – Underwriting and Investment Exhibit – Part 2C Development of Paid and Incurred Claims; Section A and B, Line 6 Column 5 for both sections are revised to take account of B. above. Section C, Line 5 column 1 and 2 are revised to take account of A. and B above.
- 11. Page 12.XI – Underwriting and Investment Exhibit – Part 2C Development of Paid and Incurred Claims; Section A and B, Line 6 Column 5 for both sections are revised to take account of B. above. Section C, Line 5 column 1 and 2 are revised to take account of A. and B above.
- 12. Page 14 – Underwriting and Investment Exhibit – Part 3 Analysis of Expenses; State premium taxes, Line 23.2 column 3 revised to include C. above.
- 13. Page 16 – Exhibit of Nonadmitted Assets – Net deferred tax assets, Line18.2 Column 1 revised to include 1., above
- 14. Page 23 – Exhibit 7 – Part 1 Summary of Transactions with Providers; Capitation payments to Intermediaries, Line 2 Column 6 are revised to include B. as discussed above. Contractual fee payments; Line 6 Column 6 is revised to show correct balance.
- 15. Page 23 – Exhibit 7 – Part 2 Summary of Transactions with Intermediaries; Partners For Kids, Line 00000 Column 3 is revised to include B. as discussed above.
- 16. Page 25 – Notes to financial statement; Note 9 Income tax is revised to include deferred tax effect impact amounting to \$58,965 as a result of corrections A, B and C discussed above. Also see note to financial statement 9.2(c).
- 17. Page 25 – Notes to financial statement; Note 25 Change in Incurred Claims and Claims Adjustment Expenses; 2012 Current year, provision for claims, net of reinsurance and current year, Paid claims, net of reinsurance are both revised to take account of B discussed above.

AMENDED FILING EXPLANATION

18. Page 27 – General Interrogatories, Part 2 – Health Interrogatories; Premium Numerator Line 2.1 and 2.2, Column 1 is revised to include A discussed above.
19. Page 28 – Five Year History Data, Column is revised to include impacted Balances from A., B., and C., above as follows;
 - i. Total admitted assets, Line 1 Column 1.
 - ii. Total capital and surplus, Line 4 Column 1.
 - iii. Total revenues, Line 5 Column 1.
 - iv. Total medical and hospital expenses, Line 6 Column 1.
 - v. Total administrative expenses, Line 8 Column 1.
 - vi. RBC Analysis; Total adjusted capital, Line 14 Column 1.
 - vii. RBC Analysis; Authorized control level RBC, Line 15 Column 1.
 - viii. Operating Percentage; Total hospital and medical plus other non-health, Line 19 Column 1.
 - ix. Operating Percentage; Total underwriting gain (loss), Line 23 Column 1.
20. Page 29 – Exhibit of Premiums, Enrollment and Utilization; Health premiums written, Line 12 Column 9 and Health premiums earned, Line 15 Column 9 are both revised to include A., discussed above. Amount paid for provision of healthcare services, Line 17 Column 9 and Amount incurred for provision of healthcare services, Line 18 Column 9, are revised for the impact of B., discussed above.
21. Page 37 – Schedule S – Part 7; All other admitted assets, Line 5 Column 1 and 3, and Total capital and surplus, Line 16 Column 1 and 3, are revised to include \$58,695 Deferred tax as discussed in note to financial statement 9.2(c).
22. Page 38 – Schedule T – Premiums and Other Considerations; Ohio Line 36 Column 4, is revised to include A., as discussed above.
23. As a result of these changes the Risk Based Capital filing was also amended. The new ACL is \$33,884,116 vs. \$34,924,382 that was reported previously. The Five Year Historical Page has been updated with the revised amount.



ANNUAL STATEMENT

For the Year Ended December 31, 2012
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 USA

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 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

Statutory Statement Contact Benjamin Sargent Orris 614-781-4300
(Name) (Area Code) (Telephone Number) (Extension)
benjamin.orris@molinahealthcare.com 614-781-1410
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Amy Schultz Clubbs	President	2. Donna Marie Sickler #	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) Donna Marie Sickler	_____ (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 _____ 2013

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____