

AMENDED FILING EXPLANATION

At the request of the National Association of Insurance Commissioners (NAIC), Molina Healthcare of Ohio, Inc. (the Company) is amending its 1st Quarter 2014 electronic footnotes. Subsequent to the submission of the 1st Quarter 2014 electronic footnotes, it was determined that there was a vendor error in the software. The vendor has updated the software and corrected the following page of the 1st Quarter 2014 electronic filing:

1. Electronic Filing Footnote, Note #11 – Debt (*electronic delivery to NAIC only*)



HEALTH QUARTERLY STATEMENT

As of March 31, 2014
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 3000 Corporate Exchange Drive..... Columbus OH US 43231
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3000 Corporate Exchange Drive..... Columbus OH US 43231 888-562-5442
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3000 Corporate Exchange Drive..... Columbus OH US 43231
(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3000 Corporate Exchange Drive..... Columbus OH US 43231 888-562-5442
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.molinahealthcare.com

Statutory Statement Contact Donna Marie Sickler 888-562-5442-216406
(Name) (Area Code) (Telephone Number) (Extension)
donna.sickler@molinahealthcare.com 614-899-2376
(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 Nancy Thome Wohlhart 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 1. (Printed Name) President (Title)	_____ (Signature) Donna Marie Sickler 2. (Printed Name) Treasurer/VP (Title)	_____ (Signature) Jeffrey Don Barlow 3. (Printed Name) Secretary (Title)
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Subscribed and sworn to before me

This _____ day of _____

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

b. If no: 1. State the amendment number 1

2. Date filed 6/18/2014

3. Number of pages attached 2