

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Molina Healthcare of Ohio, Inc.



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
Molina Healthcare of Ohio, Inc.

NAIC Group Code 1531 1531 NAIC Company Code 12334 Employer's ID Number 20-0750134
Organized under the Laws of Ohio, State of Domicile or Port of Entry OH
Country of Domicile United States of America
Licensed as business type: Health Maintenance Organization
Is HMO Federally Qualified? Yes No
Incorporated/Organized 11/19/2003 Commenced Business 10/24/2005
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, 888-562-5442-212330
(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 or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 3000 Corporate Exchange Drive, 888-562-5442-212330
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.molinahealthcare.com
Statutory Statement Contact Aarati M Mehta, 614-392-3818
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com, 562-437-7235
(E-mail Address) (FAX Number)

OFFICERS

President Ami Lee Cole Secretary Jeffrey Don Barlow
Chief Financial Officer Cassie Lynn Lighton

OTHER

DIRECTORS OR TRUSTEES

Ami Lee Cole Mark William Bloom M.D. John Patrick Sivori

State of Ohio SS: _____
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.

Ami Lee Cole

Cassie Lynn Lighton

Ami Lee Cole
President

Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Secretary

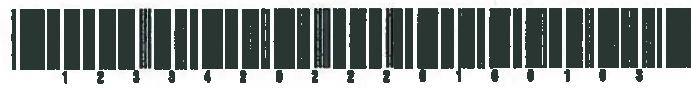
Subscribed and sworn to before me this
17th day of October, 2022

Linda A. Golley

a. Is this an original filing?
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Yes No





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(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com, 562-437-7235
(E-mail Address) (FAX Number)

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Ami Lee Cole
President

Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Secretary

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

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 17th
day of October, 2022, by Jeff Barlow

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in blue ink that appears to read "Michelle Leventon".