



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 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
(Current) (Prior)

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 [X]

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
(Street and Number)
Columbus, OH, US 43231, 888-562-5442-212330
(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
(Street and Number)
Columbus, OH, US 43231, 888-562-5442-212330
(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 Jeffrey Don Barlow
Ami Lee Cole Cassie Lynn Lighton Jeffrey Don Barlow
President Chief Financial Officer Secretary

Subscribed and sworn to before me this 3rd day of February, 2023
Linda A. Gulley

- 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.....



FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code	<u>1531</u>	<u>1531</u>	NAIC Company Code	<u>12334</u>	Employer's ID Number	<u>20-0750134</u>
	(Current)	(Prior)				

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 [X]

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 (Street and Number)
----------------------------	--

Columbus, OH, US 43231	888-562-5442-212330
(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)

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

Primary Location of Books and Records 3000 Corporate Exchange Drive
(Street and Number)

Columbus, OH, US 43231	888-562-5442-212330
(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)

(Name)	(Fax No.)/(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

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
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? Yes [☒] No [☐]
- b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

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 6th
day of February, 2023, by Jeff Barlow

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



(Seal)

Signature Sandra Moses

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	26,735,981	27,321,419		35,024,535	26,735,981	26,937,843
2. Claim overpayment receivables	31,700,885	53,245,467	10,225,641	22,591,201	41,926,526	37,703,585
3. Loans and advances to providers	605,117			3,355,099	605,117	0
4. Capitation arrangement receivables	2,839,249	121,120,504	(1,913,602)	954,987	925,647	9,298,722
5. Risk sharing receivables					0	0
6. Other health care receivables.....				9,157,982	0	1,957,178
7. Totals (Lines 1 through 6)	61,881,232	201,687,390	8,312,039	71,083,804	70,193,271	75,897,328

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	287,159,011	9.6	408,252	100.0		287,159,011
2. Intermediaries	52,838,285	1.8	197,720	48.4		52,838,285
3. All other providers	373,820,169	12.5	408,252	100.0		373,820,169
4. Total capitation payments	713,817,465	23.9	1,014,224	248.4	0	713,817,465
Other Payments:						
5. Fee-for-service	104,377,205	3.5	XXX	XXX		104,377,205
6. Contractual fee payments	2,174,271,664	72.7	XXX	XXX		2,174,271,664
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	2,278,648,869	76.1	XXX	XXX	0	2,278,648,869
13. TOTAL (Line 4 plus Line 12)	2,992,466,334	100%	XXX	XXX	0	2,992,466,334

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	ACCESS2CARE LLC - 0319532	15,868,114	1,322,343		
	AMERICAN SPECIALTY HEALTH FITNESS - 9111115	158,421	13,202		
	DELTA DENTAL OF CALIFORNIA - OH	(62)	(5)		
	HEARUSA - OH	68,069	5,672		
	MARCH VISION CARE	7,400,346	616,696		
	NCH MANAGEMENT SYSTEMS INC - 9111115	1,854,943	154,579		
	SCION DENTAL INC	27,155,106	153,034		
	TELADOC PHYSICIANS PA - 0334503	45,042	3,754		
	VISION SERVICE PLAN	288,306	24,026		
9999999 Totals		52,838,285	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,998,739	.....	1,994,016	4,723	4,723	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment	4,003,423		3,875,813	127,610	127,610	
6.	Total	6,002,162	0	5,869,829	132,333	132,333	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Molina Healthcare of Ohio, Inc.

2. Columbus, OH

(LOCATION)

NAIC Group Code		1531		BUSINESS IN THE STATE OF Ohio				DURING THE YEAR 2022				NAIC Company Code		12334	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year		384,685	26,029						18,011	340,645					
2. First Quarter		408,332	42,128						18,670	347,534					
3. Second Quarter		406,166	40,653						18,871	346,642					
4. Third Quarter		406,420	41,710						19,005	345,705					
5. Current Year		408,252	42,580						18,775	346,897					
6. Current Year Member Months		4,893,103	503,199						224,639	4,165,265					
Total Member Ambulatory Encounters for Year:															
7. Physician		4,990,152	265,791						454,427	4,269,934					
8. Non-Physician		3,260,658	180,109						367,280	2,713,269					
9. Total		8,250,810	445,900	0	0	0	0	0	821,707	6,983,203	0	0	0	0	0
10. Hospital Patient Days Incurred		2,007,374	20,271						230,029	1,757,074					
11. Number of Inpatient Admissions		109,853	3,035						18,287	88,531					
12. Health Premiums Written (b)		3,596,042,711	269,699,429						413,554,506	2,912,788,776					
13. Life Premiums Direct		0													
14. Property/Casualty Premiums Written		0													
15. Health Premiums Earned.....		3,671,881,955	269,699,429						418,757,928	2,983,424,598					
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services.....		2,992,466,334	231,440,278						360,217,261	2,400,808,795					
18. Amount Incurred for Provision of Health Care Services		2,990,010,193	234,409,376						365,865,020	2,389,735,797					

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 413,554,506



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Molina Healthcare of Ohio, Inc.

2. Columbus, OH

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR									(LOCATION)	
1531		1		4		2022									NAIC Company Code	
		Comprehensive (Hospital & Medical)													12334	
		2	3													
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:																
1.	Prior Year	384,685	26,029	0	0	0	0	0	18,011	340,645	0	0	0	0	0	
2.	First Quarter	408,332	42,128	0	0	0	0	0	18,670	347,534	0	0	0	0	0	
3.	Second Quarter	406,166	40,653	0	0	0	0	0	18,871	346,642	0	0	0	0	0	
4.	Third Quarter	406,420	41,710	0	0	0	0	0	19,005	345,705	0	0	0	0	0	
5.	Current Year	408,252	42,580	0	0	0	0	0	18,775	346,897	0	0	0	0	0	
6.	Current Year Member Months	4,893,103	503,199	0	0	0	0	0	224,639	4,165,265	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																
7.	Physician	4,990,152	265,791	0	0	0	0	0	454,427	4,269,934	0	0	0	0	0	
8.	Non-Physician	3,260,658	180,109	0	0	0	0	0	367,280	2,713,269	0	0	0	0	0	
9.	Total	8,250,810	445,900	0	0	0	0	0	821,707	6,983,203	0	0	0	0	0	
10.	Hospital Patient Days Incurred	2,007,374	20,271	0	0	0	0	0	230,029	1,757,074	0	0	0	0	0	
11.	Number of Inpatient Admissions	109,853	3,035	0	0	0	0	0	18,287	88,531	0	0	0	0	0	
12.	Health Premiums Written (b)	3,596,042,711	269,699,429	0	0	0	0	0	413,554,506	2,912,788,776	0	0	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	3,671,881,955	269,699,429	0	0	0	0	0	418,757,928	2,983,424,598	0	0	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	2,992,466,334	231,440,278	0	0	0	0	0	360,217,261	2,400,808,795	0	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	2,990,010,193	234,409,376	0	0	0	0	0	365,865,020	2,389,735,797	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$413,554,506

30.GT

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							0	0	0	0	0	0	0
.... 16808 .....84-4039542 ..	12/01/2020	Oceangate Reinsurance, Inc.	UT.....	SSL/I.....	MC.....	3,629,355							
.... 16808 .....84-4039542 ..	12/01/2020	Oceangate Reinsurance, Inc.	UT.....	SSL/I.....	MR.....	779,672							
.... 16808 .....84-4039542 ..	12/01/2020	Oceangate Reinsurance, Inc.	UT.....	SSL/I.....	CMM.....	2,131							
1299999. General Account - Unauthorized U.S. Affiliates - Captive							4,411,158	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							4,411,158	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							4,411,158	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							4,411,158	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							4,411,158	0	0	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							4,411,158	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							4,411,158	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
...16808	..84-4039542 ..	12/01/2020	Oceangate Reinsurance, Inc.		1,801,308		1,801,308							0
1299999. General Account - Accident and Health U.S. Affiliates - Captive				0	1,801,308	0	1,801,308	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	1,801,308	0	1,801,308	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	1,801,308	0	1,801,308	0	XXX	0	0	0	0	0
2199999. Total General Account - Accident and Health Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2299999. Total General Account Accident and Health				0	1,801,308	0	1,801,308	0	XXX	0	0	0	0	0
2399999. Total General Account				0	1,801,308	0	1,801,308	0	XXX	0	0	0	0	0
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	1,801,308	0	1,801,308	0	XXX	0	0	0	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	1,801,308	0	1,801,308	0	XXX	0	0	0	0	0

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....				

NONE

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	2	313	207	147	196
2. Title XVIII - Medicare	780	454	332	(87)	79
3. Title XIX - Medicaid	3,629	4,993	4,652	4,645	3,900
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	1,903	3,476	4,495	1,216	2,092
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		0	0	0	0
18. Funds deposited by and withheld from (F)		0	0	0	0
19. Letters of credit (L)		0	0	0	0
20. Trust agreements (T)		0	0	0	0
21. Other (O)		0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	621,723,115		621,723,115
2. Accident and health premiums due and unpaid (Line 15)	105,769,321		105,769,321
3. Amounts recoverable from reinsurers (Line 16.1)	1,902,568	(1,902,568)	0
4. Net credit for ceded reinsurance	XXX	101,260	101,260
5. All other admitted assets (Balance)	76,627,513		76,627,513
6. Total assets (Line 28)	806,022,517	(1,801,308)	804,221,209
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	277,605,754		277,605,754
8. Accrued medical incentive pool and bonus payments (Line 2)	16,796,286		16,796,286
9. Premiums received in advance (Line 8)	3,245,057		3,245,057
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	1,801,308	(1,801,308)	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	176,613,147		176,613,147
15. Total liabilities (Line 24)	476,061,552	(1,801,308)	474,260,244
16. Total capital and surplus (Line 33)	329,960,965	XXX	329,960,965
17. Total liabilities, capital and surplus (Line 34)	806,022,517	(1,801,308)	804,221,209
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	1,902,568		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	1,902,568		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	1,801,308		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	1,801,308		
31. Total net credit for ceded reinsurance	101,260		

Schedule T - Part 2 - Interstate Compact
N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
		00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	IA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17357	88-2279643				Molina Healthcare of Nebraska, Inc.	NE	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	NV	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	RI	IA	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Texas Insurance Company								
1531	Molina Healthcare, Inc.	13778	27-0522725					TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	30-0876771				MHAZ, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	34-4187664				Molina Healthcare of Indiana, Inc.	IN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Rhode Island Holding Company, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	87-2979541												
		00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	88-2992962				Molina Healthcare of Wisconsin CMO, Inc.	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	87-0785193				Senior Health Holdings, LLC	DE	NIA	SHH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-3008411				SHH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

Asterisk	Explanation

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	13-4204626	Molina Healthcare, Inc.	623,000,000	(113,207,523)			2,150,659,289				2,660,451,766	
00000	33-0342719	Molina Healthcare of California	(200,000,000)				(241,412,200)	(1,639,658)			(443,051,858)	2,704
00000	45-2634351	Molina Healthcare Data Center, Inc.	0	1,500,000			2,590,491				4,090,491	
14641	45-5337737	Molina Healthcare of Arizona, Inc.	0	(5,000,000)			(22,516,944)				(27,516,944)	
13128	26-0155137	Molina Healthcare of Florida, Inc.	0	(20,000,000)			(95,371,215)	125,406			(115,245,809)	343,714
00000	38-4187664	Molina Healthcare of Indiana, Inc.		1,622,097			0				1,622,097	
14104	27-1823188	Molina Healthcare of Illinois, Inc.	(25,000,000)				(165,365,239)	1,090,141			(189,275,098)	829,632
16596	83-3866292	Molina Healthcare of Kentucky, Inc.	0	5,000,000			(112,292,237)	3,621,037			(103,671,200)	2,269,923
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(40,000,000)				(188,104,586)				(228,104,586)	
16301	26-4390042	Molina Healthcare of Mississippi, Inc.					(37,508,015)	(543,513)			(38,051,528)	80,657
17064	20-3567602	Molina Healthcare of Nevada, Inc.		26,000,000			(37,321,802)				(11,321,802)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.					(16,013,916)	4,975			(16,008,941)	107
00000	27-1603200	Molina Healthcare of New York, Inc.					(174,234,033)				(174,234,033)	
12776	83-0463162	Senior Whole Health of New York, Inc.		114,000,000			(26,548,973)				87,451,027	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(165,000,000)				(266,509,199)	1,968,403			(429,540,796)	1,801,308
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.		(20,000,000)			6,534,742				(13,465,258)	
15329	46-2992125	Molina Healthcare of South Carolina, Inc.	(10,000,000)				(88,668,735)				(98,668,735)	
10757	20-1494502	Molina Healthcare of Texas, Inc.		3,000,000			(287,742,950)	8,609,965			(276,132,985)	(522,979)
13778	27-0522725	Molina Healthcare of Texas Insurance Com.					3,442,870	(3,021,145)			421,725	693,991
95502	33-0617992	Molina Healthcare of Utah, Inc.	(45,000,000)				(90,297,295)	(764,331)			(136,061,626)	
00000	26-1769086	Molina Healthcare of Virginia, LLC	(55,000,000)				(57,324,805)	(1,081,169)			(113,405,974)	190,892
96270	91-1284790	Molina Healthcare of Washington, Inc.	(48,000,000)				(354,559,378)	1,444,116			(401,115,262)	5,154,322
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.	(10,000,000)				(30,823,440)	(217,684)			(41,041,124)	
16808	84-4039542	Oceangate Reinsurance, Inc.		5,000,000			4,280,000	(9,596,543)			(316,543)	(10,844,271)
17197	34-4187674	Molina Healthcare of Iowa, Inc.		15,000							15,000	
00000	81-2824030	Molina Clinical Services, LLC					183,899,891				183,899,891	
00000	83-0351160	Senior Whole Health, LLC	(15,000,000)				(55,936,711)				(70,936,711)	
00000	39-1572350	The Management Group, LLC	(10,000,000)				(2,850,286)				(12,850,286)	
17357	88-2279643	Molina Healthcare of Nebraska, Inc.		1,600,000							1,600,000	
17290	87-2738451	Molina Healthcare of Rhode Island, Inc.		3,015,000							3,015,000	
00000	45-2854547	Molina Pathways, LLC		(2,544,574)			(5,324)				(2,549,898)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Molina Healthcare of Arizona, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Florida, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Georgia, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Illinois, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Iowa, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Kentucky, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Michigan, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Mississippi, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Nebraska, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Nevada, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of New Mexico, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Ohio, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Oklahoma, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Puerto Rico, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Rhode Island, Inc.	Molina Healthcare of Rhode Island Holding Company, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of South Carolina, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Texas, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Texas Insurance Company	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Utah, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Washington, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Wisconsin, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Oceangate Reinsurance, Inc.	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Molina Healthcare of Virginia, LLC	Molina Healthcare, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....
Senior Whole Health of New York, Inc.	AlphaCare Holdings, Inc.	100.000	NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Ohio, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Bar Codes:

10.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11.	Life Supplement [Document Identifier 205]	
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15.	Medicare Part D Coverage Supplement [Document Identifier 365]	
16.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]

