



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
Molina Healthcare of Ohio, Inc.

NAIC Group Code 1531 (Current) 1531 (Prior) 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
(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
(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, 614-540-3488
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com, (E-mail Address) (FAX Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

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

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 Cole

Ami Lee Cole
President

Cassie Lighton

Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
31st day of July, 2024

Linda A. Guley

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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Internet Website Address	www.molinahealthcare.com					
Statutory Statement Contact	Aarati M Mehta (Name) aarati.mehta@molinahealthcare.com (E-mail Address)		614-540-3488 (Area Code) (Telephone Number) (FAX Number)			
OFFICERS						
President	Ami Lee Cole		Secretary	Jeffrey Don Barlow		
Chief Financial Officer	Cassie Lynn Lighton		Actuary			
OTHER						
DIRECTORS OR TRUSTEES						
Mark William Bloom M.D. John Patrick Sivori Ami Lee Cole						

State of Ohio
County of Franklin SS:

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Ami Lee Cole
President

Cassie Lynn Lighton
Chief Financial Officer

Subscribed and sworn to before me this
day of _____

a. Is this an original filing? Yes [X] No []
 b. If no,
 1. State the amendment number.....
 2. Date filed
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Jeffrey Don Barlow
Secretary

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 19th
day of July, 2024, 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