



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
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
(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
(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

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 Lee Cole
Ami Lee Cole
President

Cassie Lynn Lighton
Cassie Lynn Lighton
Chief Financial Officer

Jeffrey Don Barlow
Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
22nd day of January, 2026



- 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.....

Linda A. Gulley



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
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
(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
(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

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 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 [X] 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 29th
day of January, 2026, 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

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	1,447,455					1,447,455
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group						
0399999. Premiums due and unpaid from Medicare entities	3,618,785					3,618,785
0499999. Premiums due and unpaid from Medicaid entities	68,553,860					68,553,860
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	73,620,100					73,620,100

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 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables	31,658,885	33,231,624	4,078	34,063,166	31,662,963	36,762,329
2. Claim overpayment receivables	52,625,063	73,323,099	7,815,633	43,908,349	60,440,696	52,548,464
3. Loans and advances to providers				2,751,674		3,178,247
4. Capitation arrangement receivables		87,454		19,157,860		13,606,333
5. Risk sharing receivables						
6. Other health care receivables.....	8,947,799	2,593,751		48,890,391	8,947,799	30,799,255
7. Totals (Lines 1 through 6)	93,231,747	109,235,928	7,819,711	148,771,440	101,051,458	136,894,628

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

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 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	210,481,248	7.8	332,231	100.0		210,481,248
2. Intermediaries	24,671,544	0.9	332,231	100.0		24,671,544
3. All other providers	6,825,284	0.3	332,231	100.0		6,825,284
4. Total capitation payments	241,978,076	9.0	996,693	300.0		241,978,076
Other Payments:						
5. Fee-for-service	126,148,295	4.7	XXX	XXX		126,148,295
6. Contractual fee payments	2,324,927,571	86.3	XXX	XXX		2,324,927,571
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	2,451,075,866	91.0	XXX	XXX		2,451,075,866
13. TOTAL (Line 4 plus Line 12)	2,693,053,942	100%	XXX	XXX		2,693,053,942

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	11,529,182	960,765		
	AMERICAN SPECIALTY HEALTH FITNESS - 9111115	88,386	7,366		
	AMERICAN SPECIALTY HEALTH FITNESS INC - OH	16,360	1,363		
	EVOLVENT SPECIALTY SERVICES INC - 9111115	2,409,437	200,786		
	MARCH VISION CARE - DIRECT 9111115	4,980,273	415,023		
	NATIONSBENEFITS LLC	14,426	1,202		
	NATIONSBENEFITS LLC - (0944) 0097309	67,000	5,583		
	NATIONSBENEFITS LLC - OH MEDICARE	20,431	1,703		
	NCH MANAGEMENT SYSTEMS INC - 9111115	3,654,405	304,534		
	SCION DENTAL INC	1,381,539	115,128		
	SCION DENTAL INC - OH	224,168	18,681		
	VISION SERVICE PLAN	269,701	22,475		
	VISION SERVICE PLAN OHIO	16,236	1,353		
9999999 Totals		24,671,544	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,203,428		2,058,496	144,932	144,932	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	1,734,446		1,387,704	346,742	346,742	
6. Total	3,937,874		3,446,200	491,674	491,674	



ANNUAL STATEMENT FOR THE YEAR 2025 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	1531 BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2025 (LOCATION) NAIC Company Code 12334										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	340,796	77,720						13,965	249,111					
2. First quarter	352,086	90,491						12,776	248,819					
3. Second quarter	354,860	91,416						12,818	250,626					
4. Third quarter	355,718	90,323						12,197	253,198					
5. Current year	332,231	68,849						11,778	251,604					
6. Current year member months	4,135,964	987,949						148,844	2,999,171					
Total Member Ambulatory Encounters for Year:														
7. Physician	4,727,358	581,009						362,161	3,784,188					
8. Non-physician	2,887,109	419,095						253,742	2,214,272					
9. Total	7,614,467	1,000,104						615,903	5,998,460					
10. Hospital patient days incurred	2,115,896	56,670						209,646	1,849,580					
11. Number of inpatient admissions	102,704	7,052						14,646	81,006					
12. Health premiums written (b)	3,286,136,537	528,007,256						343,420,486	2,414,708,795					
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	3,324,103,865	537,036,612						350,718,558	2,436,348,695					
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	2,693,053,942	423,550,717						298,021,688	1,971,481,537					
18. Amount incurred for provision of health care services	2,691,214,063	441,832,489						284,924,471	1,964,457,103					

(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 \$ 343,420,486

HO 00



ANNUAL STATEMENT FOR THE YEAR 2025 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	1531	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR									
		2025			(LOCATION)									
		NAIC Company Code			12334									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3	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	340,796	77,720						13,965	249,111					
2. First quarter	352,086	90,491						12,776	248,819					
3. Second quarter	354,860	91,416						12,818	250,626					
4. Third quarter	355,718	90,323						12,197	253,198					
5. Current year	332,231	68,849						11,778	251,604					
6. Current year member months	4,135,964	987,949						148,844	2,999,171					
Total Member Ambulatory Encounters for Year:														
7. Physician	4,727,358	581,009						362,161	3,784,188					
8. Non-physician	2,887,109	419,095						253,742	2,214,272					
9. Total	7,614,467	1,000,104						615,903	5,998,460					
10. Hospital patient days incurred	2,115,896	56,670						209,646	1,849,580					
11. Number of inpatient admissions	102,704	7,052						14,646	81,006					
12. Health premiums written (b)	3,286,136,537	528,007,256						343,420,486	2,414,708,795					
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	3,324,103,865	537,036,612						350,718,558	2,436,348,695					
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	2,693,053,942	423,550,717						298,021,688	1,971,481,537					
18. Amount incurred for provision of health care services	2,691,214,063	441,832,489						284,924,471	1,964,457,103					

(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 \$ 343,420,486

30 GT

ANNUAL STATEMENT FOR THE YEAR 2025 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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2025 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 Current Year	12 Prior Year		
0399999. Total General Account - authorized U.S. affiliates													
0699999. Total General Account - authorized non-U.S. affiliates													
0799999. Total General Account - authorized affiliates													
23680	47-0698507	01/01/2023	Odyssey Reinsurance Company	CT	SSL/I	MC	5,949,053						
23680	47-0698507	01/01/2023	Odyssey Reinsurance Company	CT	SSL/I	MR	1,039,652						
0899999. General Account - authorized U.S. non-affiliates													
1099999. Total General Account - authorized non-affiliates													
1199999. Total General Account authorized													
1499999. Total General Account - unauthorized U.S. affiliates													
1799999. Total General Account - unauthorized non-U.S. affiliates													
1899999. Total General Account - unauthorized affiliates													
2199999. Total General Account - unauthorized non-affiliates													
2299999. Total General Account unauthorized													
2599999. Total General Account - certified U.S. affiliates													
2899999. Total General Account - certified non-U.S. affiliates													
2999999. Total General Account - certified affiliates													
3299999. Total General Account - certified non-affiliates													
3399999. Total General Account certified													
3699999. Total General Account - reciprocal jurisdiction U.S. affiliates													
3999999. Total General Account - reciprocal jurisdiction non-U.S. affiliates													
4099999. Total General Account - reciprocal jurisdiction affiliates													
4399999. Total General Account - reciprocal jurisdiction non-affiliates													
4499999. Total General Account reciprocal jurisdiction													
4599999. Total General Account authorized, unauthorized, reciprocal jurisdiction and certified													
4899999. Total Separate Accounts - authorized U.S. affiliates													
5199999. Total Separate Accounts - authorized non-U.S. affiliates													
5299999. Total Separate Accounts - authorized affiliates													
5599999. Total Separate Accounts - authorized non-affiliates													
5699999. Total Separate Accounts authorized													
5999999. Total Separate Accounts - unauthorized U.S. affiliates													
6299999. Total Separate Accounts - unauthorized non-U.S. affiliates													
6399999. Total Separate Accounts - unauthorized affiliates													
6699999. Total Separate Accounts - unauthorized non-affiliates													
6799999. Total Separate Accounts unauthorized													
7099999. Total Separate Accounts - certified U.S. affiliates													
7399999. Total Separate Accounts - certified non-U.S. affiliates													
7499999. Total Separate Accounts - certified affiliates													
7799999. Total Separate Accounts - certified non-affiliates													
7899999. Total Separate Accounts certified													
8199999. Total Separate Accounts - reciprocal jurisdiction U.S. affiliates													
8499999. Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates													
8599999. Total Separate Accounts - reciprocal jurisdiction affiliates													
8899999. Total Separate Accounts - reciprocal jurisdiction non-affiliates													
8999999. Total Separate Accounts reciprocal jurisdiction													
9099999. Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified													
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)													
9299999. Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)													
9999999 - Totals													

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums				2	313
2. Title XVIII - Medicare	1,040	759	931	780	454
3. Title XIX - Medicaid	5,949	5,670	7,978	3,629	4,993
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	1,780		1,788	1,903	3,476
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)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

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)	411,825,930		411,825,930
2. Accident and health premiums due and unpaid (Line 15)	222,545,252		222,545,252
3. Amounts recoverable from reinsurers (Line 16.1)	1,780,428	(1,780,428)	
4. Net credit for ceded reinsurance	XXX	1,780,428	1,780,428
5. All other admitted assets (Balance)	116,271,807		116,271,807
6. Total assets (Line 28)	752,423,417		752,423,417
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	301,313,043		301,313,043
8. Accrued medical incentive pool and bonus payments (Line 2)	30,467,354		30,467,354
9. Premiums received in advance (Line 8)	8,178,480		8,178,480
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	122,617,833		122,617,833
15. Total liabilities (Line 24)	462,576,710		462,576,710
16. Total capital and surplus (Line 33)	289,846,707	XXX	289,846,707
17. Total liabilities, capital and surplus (Line 34)	752,423,417		752,423,417
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	1,780,428		
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables	1,780,428		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance	1,780,428		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate other alien	OT						
59. Total							

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE Y
PART 1A - DETAILS 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (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.	17424	38-4187664				Molina Healthcare of Indiana, Inc.	IN	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.	17545	92-3336788				Molina Healthcare of Kansas, Inc.	KS	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	
							Molina Healthcare of Rhode Island Holding Company, Inc.			Molina Healthcare of Rhode Island Holding Company, 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, 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			Molina Healthcare of Texas Insurance Company	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13778	27-0522725				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12007	20-0813104				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12776	83-0463162				ConnectiCare, Inc.	CT	IA	ConnectiCare Capital LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95675	06-1537522				ConnectiCare Benefits, Inc.	CT	IA	ConnectiCare Insurance Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14913	46-1559752				ConnectiCare Insurance Company, Inc.	CT	IA	ConnectiCare Capital LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	11209	06-1618303				Senior Whole Health, LLC	MA	IA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17743	83-0351160				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	85-3111408				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	46-4158996				Central Health Plan of California, Inc.	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	91-2155938				ConnectiCare Capital, LLC	CT	NIA	ConnectiCare Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	06-1633074				ConnectiCare Holding Company, Inc.	CT	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	06-1539567				MHAZ, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	30-0876771				Molina Care Connections, LLC	TX	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	47-2296708				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-2824030				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-2634351				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	33-0342719				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-4229476				Molina Healthcare of Missouri, Inc.	MO	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	39-3843201				Molina Healthcare of Missouri, Inc.	MO	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	46-4148278				Molina Healthcare of North Carolina, Inc.	NC	NIA	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	
		00000	87-2979541				Molina Healthcare of Rhode Island Holding Company, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Molina Healthcare of Ohio, Inc.

SCHEDULE Y

PART 1A - DETAILS 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
..... 00000	84-3288805 ..	.....	.....	.....	Molina Healthcare of Tennessee, Inc. ....	.. TN.....	..... 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.....	SIH Holdings, Inc.	Ownership.....	100.000 ...	Molina Healthcare, Inc. ....	.... NO.....	.....
..... 00000	45-3008411 ..	.....	.....	.....	SIH 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.....	.....

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Molina Healthcare of Ohio, Inc.

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.	965,000,000	(423,625,000)			2,345,220,202				2,886,595,202	
00000	33-0342719	Molina Healthcare of California	(275,000,000)				(381,521,706)				(656,521,706)	
00000	45-2634351	Molina Healthcare Data Center, Inc.		500,000							500,000	
14641	45-5337737	Molina Healthcare of Arizona, Inc.	(20,000,000)				(16,721,436)				(36,721,436)	
13128	26-0155137	Molina Healthcare of Florida, Inc.		10,000,000			(91,147,721)				(81,147,721)	
15714	80-0800257	Molina Healthcare of Georgia, Inc.		25,000							25,000	
17197	38-4187674	Molina Healthcare of Iowa, Inc.	(50,000,000)				(76,177,295)				(126,177,295)	
14104	27-1823188	Molina Healthcare of Illinois, Inc.	(95,000,000)				(154,636,638)				(249,636,638)	
17424	38-4187664	Molina Healthcare of Indiana, Inc.										
17545	92-3336788	Molina Healthcare of Kansas, Inc.										
16596	83-3866292	Molina Healthcare of Kentucky, Inc.					(119,861,810)				(119,861,810)	
00000	81-4229476	Molina Healthcare of Louisiana, Inc.		3,100,000							3,100,000	
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(20,000,000)				(170,933,616)				(190,933,616)	
16301	26-4390042	Molina Healthcare of Mississippi, Inc.		40,000,000			(80,474,017)				(40,474,017)	
00000	39-3843201	Molina Healthcare of Missouri, Inc.		1,000,000							1,000,000	
17357	88-2279643	Molina Healthcare of Nebraska, Inc.					(43,503,423)				(43,503,423)	
17064	20-3567602	Molina Healthcare of Nevada, Inc.					(28,281,982)				(28,281,982)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.		15,000,000			(21,190,471)				(6,190,471)	
00000	27-1603200	Molina Healthcare of New York, Inc.	(35,000,000)				(125,265,016)				(160,265,016)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(215,000,000)				(215,563,936)				(430,563,936)	
17066	81-0864563	Molina Healthcare of Oklahoma, Inc.										
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.		(20,000,000)			4,804,557				(15,195,443)	
17290	87-2738451	Molina Healthcare of Rhode Island, Inc.										
15329	46-2992125	Molina Healthcare of South Carolina, Inc.	(52,500,000)				(80,230,661)				(132,730,661)	
10757	20-1494502	Molina Healthcare of Texas, Inc.	(95,000,000)				(272,522,803)	5,399,751			(362,123,052)	(4,557,594)
13778	27-0522725	Molina Healthcare of Texas Insurance Com					6,444,934	(5,399,751)			1,045,183	4,557,594
95502	33-0617992	Molina Healthcare of Utah, Inc.					(77,617,903)				(77,617,903)	
00000	26-1769086	Molina Healthcare of Virginia, LLC	(100,000,000)				(31,140,726)				(131,140,726)	
96270	91-1284790	Molina Healthcare of Washington, Inc.					(312,485,437)				(312,485,437)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.					(46,986,270)				(46,986,270)	
00000	81-2824030	Molina Clinical Services, LLC					217,655,134				217,655,134	
00000	39-1572350	The Management Group, LLC	(7,500,000)				(1,084,352)				(8,584,352)	
00000	91-2155938	Central Health Plan of California, Inc.		55,000,000			(110,716,673)				(55,716,673)	
00000	83-0351160	Senior Whole Health, LLC					(54,379,020)				(54,379,020)	
12776	83-0463162	Senior Whole Health of New York, Inc.					(39,035,831)				(39,035,831)	
95675	06-1537522	ConnectiCare, Inc.		161,000,000			(10,424,632)				150,575,368	
11209	06-1618303	ConnectiCare Insurance Company, Inc					(1,520,461)				(1,520,461)	
14913	46-1559752	ConnectiCare Benefits, Inc.		158,000,000			(10,700,991)				147,299,009	
9999999	Control Totals								XXX			

ANNUAL STATEMENT FOR THE YEAR 2025 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 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 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 Indiana, 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 Kansas, 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
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
Senior Whole Health, LLC	Senior Health Holdings, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
ConnectiCare, Inc.	ConnectiCare Capital, LLC	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
ConnectiCare Insurance Company, Inc.	ConnectiCare Capital, LLC	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO
ConnectiCare Benefits, Inc.	ConnectiCare Insurance Company, Inc.	100.000	NO	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your annual 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
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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.	
20.	
21.	

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]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Relief from the Requirements for Audit Committees [Document Identifier 226]



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



21. Life Supplement [Document Identifier 211]





SUPPLEMENT FOR THE YEAR 2025 OF THE Molina Healthcare of Ohio, Inc.

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 1531

NAIC Company Code 12334

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO.
2. Health	YES.
3. Homeowners	NO.
4. Individual annuity	NO.
5. Individual life	NO.
6. Lender-placed home and auto	NO.
7. Long-term care	NO.
8. Other health	NO.
9. Private flood	NO.
10. Private passenger auto	NO.
11. Short-term limited duration health plans	NO.
12. Travel	NO.
13. Pet insurance plans	NO.