



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Ohio, Inc.

NAIC Group Code15311531NAIC Company Code12334Employer's ID Number20-0750134
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized11/19/2003Commenced Business10/24/2005

Statutory Home Office3000 Corporate Exchange DriveColumbus, OH, US 43231
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office3000 Corporate Exchange DriveColumbus, OH, US 43231888-562-5442
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address3000 Corporate Exchange DriveColumbus, OH, US 43231
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records3000 Corporate Exchange DriveColumbus, OH, US 43231888-562-5442
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.molinahealthcare.com

Statutory Statement ContactAarati M. Mehta614-540-3488
(Name)(Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com
(E-mail Address)(FAX Number)

OFFICERS

PresidentAmi Lee ColeSecretaryJeffrey Don Barlow

Chief Financial OfficerCassie Lynn LightonActuary

OTHER

DIRECTORS OR TRUSTEES

Mark William Bloom M.D.

John Patrick Sivori

Ami Lee Cole

State ofOhioSS:

County ofFranklin

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 ColeCassie Lynn LightonJeffrey Don Barlow
PresidentChief Financial OfficerSecretary

Subscribed and sworn to before me this day ofLinda 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.....





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aarati.mehta@molinahealthcare.com (E-mail Address) (FAX Number)

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Chief Financial Officer Cassie Lynn Lighton Actuary _____

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

Subscribed and sworn to before me this _____ day of _____
a. Is this an original filing? Yes [X] No []
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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 2nd
day of May, 2025, 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