



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt. Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W. Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Molina Healthcare of Ohio, Inc

NAIC No. 12334

We, the undersigned executive officers of Molina Healthcare of Ohio, Inc. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: ☐ Fraternal ☐ Title ☐ Property & Casualty ☐ Life & Health ☒ Health ☐ Other _____

Applicable documents:

- ☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "Annual Statement Electronic Filing(s)," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail."
Date of filing with the NAIC: _____ ☐ An original jurat page is attached.
☐ Original filing. ☐ Amended filing.
- ☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.
Date of filing with the NAIC: _____ ☐ An original, notarized signature page is attached.
☐ Original filing. ☐ Amended filing.
- ☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."
Date of filing with the NAIC: _____
List of supplemental documents included in this Affidavit: _____
☐ All original notarized signature pages are attached, as applicable.
☐ Original filing. ☐ Amended filing.
- ☒ The documents referred to in the *General Instructions to the NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.
Date of filing with the NAIC: 11/15/2025
☒ Original filing. ☐ Amended filing.
- ☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.
Date of filing with the NAIC: _____
- ☐ The documents referred to in the *General Instructions to the NAIC Checklist* as "June PDF Filing," which includes "the Audited Financial Statements" due June 1.
Date of filing with the NAIC: _____
☐ Original filing. ☐ Amended filing.

Ami Cole 11/14/2025
Signature Date

Cassie Lighton 11/14/2025
Signature Date

Signature Date

(Name) Ami Cole
(Title) President

(Name) Cassie Lighton
(Title) CFO

(Name) _____
(Title) _____

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

QUARTERLY STATEMENT

OF THE

Molina Healthcare of Ohio, Inc.

Of

Columbus

in the state of OH

**to the Insurance Department
of the state of Ohio**

For the Period Ended
September 30, 2025

2025



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 Lighton

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 this22nd day ofOctober, 2025

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.....



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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)

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Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

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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 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 []
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 27th
day of October, 20 25, 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