moment of State Division of Corporations Electronic Filing Cover Sheet

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(((H160001630163)))



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Please retain original filing: (850) 617-6380 Please retain original filing date of submission 7/6

From:

Account Name : C T CORPORATION

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

**Enter the email addr -ss for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CATAMARAN INSURANCE OF OHIO, INC.

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7/19/2016 2:55:38 PM From: To: 8506176380(2/6)

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July 12, 2016

FLORIDA DEPARTMENT OF STATE

RE-SUBMIT

CATAMARAN INSURANCE OF OHIO, INC. 3RD REQUEST 800 KING FARM BLVD. 4TH FLOOR ROCKVILLE, MD 20850US

SUBJECT: CATAMARAN INSURANCE OF OHIO, INC. PIECSE retain original filing REF: P05382 date of submission _7/6___

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE FORM YOU SUBMITTED IS FOR A FOREIGN LIMITED LIABILITY COMPANY, BUT YOUR ENTITY IS A FOREIGN CORPORATION. PLEASE COMPLETE THE CORRECT FORM AND RETURN FOR FILING.

THE CERTIFICATE FROM OHIO MUST CONTAIN THE OLD AND NEW CORPORATE NAME AND THE DATE THE CHANGE WAS MADE IN THE HOMESTATE.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate. under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

FAX Aud. #: H16000163016 Letter Number: 116A00014337

COVER LETTER

	VER LEFTER
TO: Amendment Section Division of Corporations	
SUBJECT: Catamaran Insurance of Ohio, Ir	пс.
	ame of Corporation
DOCUMENT NUMBER: P05382	
The enclosed Amendment and fee are st	ubmitted for filing.
Please return all correspondence concern	ning this matter to the following:
Christine E. Feldman	
Name of Contact Person	t e e e e e e e e e e e e e e e e e e e
UnitedHealth Group	
Firm/Company	
9900 Bren Road East Address	
Minnetonka, MN 55343 City/State and Zip Cod	e
christing.e.feldman@uhg.com E-mail address. (to be used for future) For further information concerning this	
	•
Christine E. Feldman Name of Contact Person	at (at () 925-519-8819 Area Code & Daytime Telephone Number
Enclosed is a check for the following an \$35.00 Filing Fee \$43.75 Filing F Certificate of S	ee & \$43.75 Filing Fee & \$52.50 Filing Fee.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED SECRETARY OF STATE NAISION OF CORPORATION

2016 JUL-6 AM 9: 47

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

P05382		
(Document number of corporation (if known)		
Catamaran Insurance of Ohio, Inc.		
(Name of corporation as it appears	on the records of the Department of State)	
2. Ohio	3, 03/21/1985	
(Incorporated under laws of)	3. (Date authorized to do business in Florida)	
	CTION II THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation		
its jurisdiction of incorporation? 7/01	2014	
5. Optum fusurance of Ohio. Inc. (Name of corporation after the amendment, adding stappropriate abbreviation, if not contained in new na	uffix "corporation," "company," or "incorporated," or	
(If new name is unavailable in Florida, enter alternate business in Florida)	corporate name adopted for the purpose of transacting	
6. If the amendment changes the period of duration, ind	licate new period of duration.	
DEFECTIVE (New	w duration)	
7. If the amendment changes the jurisdiction of incorpor	ration, indicate new jurisdiction.	
(New	jurisdiction)	
 Attached is a certificate or document of similar important application to the Dephaving custody of corporate records in the jurisdiction 	rt, evidencing the amendment, authenticated not more than partment of State, by the Secretary of State or other official n under the laws of which it is incorporated.	
(Signature of a director, pres) of a receiver or other court a	ident or other officeth if in the hands appointed fiduciary, by that fiduciary)	
Michelle M. Huntley	Assistant Secretary	
(Typed or printed name of person signing)	(Title of person signing)	

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show a Certificate of Amendment of CATAMARAN INSURANCE OF OHIO, INC., an Ohio Corporation, Charter No. 210268, changing its corporate title to: OPTUM INSURANCE OF OHIO, INC., was filed on July 01, 2016 Said Corporation, OPTUM INSURANCE OF OHIO, INC., an Ohio Corporation, Charter No. 210268, having its principal location in Columbus, County of Franklin, was incorporated on October 19, 1948, is in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of July, A.D. 2016.

Ohio Secretary of State

Validation Number: 201619700342