

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000006463

Entity Name: OPTUM360, LLC

Current Principal Place of Business:

11000 OPTUM CIRCLE
EDEN PRAIRIE, MN 55344

Current Mailing Address:

11000 OPTUM CIRCLE
EDEN PRAIRIE, MN 55344 US

FEI Number: 46-3328307

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGER
Name WICKS, TIMOTHY ALAN
Address 11000 OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

Title MANAGER
Name MURPHY, ERIC DREW
Address 11000 OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

Title MANAGER
Name MILLER, RICHARD T.
Address 11000 OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

Title MANAGER
Name HANELT, PETER G.
Address 13625 TECHNOLOGY DRIVE
City-State-Zip: EDEN PRAIRIE MN 55344

Title MANAGER
Name MUSSLEWHITE, ROBERT WILLIEM
Address 11000 OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

Title MANAGER
Name SCHUMACHER, DANIEL JOSEPH
Address 11000 OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

Title MANAGER
Name ZUCKERMAN, LISA
Address 11000 OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 11000 OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LANG, HEATHER ANASTASIA

ASSISTANT SECRETARY 04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date