2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000017668

Entity Name: OPTUM SPECIALTY DISTRIBUTION, LLC

Current Principal Place of Business:

1 OPTUM CIRCLE

EDEN PRAIRIE, MN 55344

Current Mailing Address:

1 OPTUM CIRCLE

EDEN PRAIRIE. MN 55344 US

FEI Number: 88-4300788 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

Authorized Person(s) Detail:

Title TREASURER Title MANAGER

Name HIRSCH, MARILYN VICTORIA Name SATTERWHITE, ERIN ANN

Address 1 OPTUM CIRCLE Address 1 OPTUM CIRCLE

City-State-Zip: EDEN PRAIRIE MN 55344 City-State-Zip: EDEN PRAIRIE MN 55344

Title MANAGER Title PRESIDENT

Name STIDMAN, CHRISTOPHER JOSEPH Name STIDMAN, CHRISTOPHER JOSEPH

Address 1 OPTUM CIRCLE Address 1 OPTUM CIRCLE

City-State-Zip: EDEN PRAIRIE MN 55344 City-State-Zip: EDEN PRAIRIE MN 55344

Title SECRETARY Title CEO

Name BOHMER, KAREN ELIZABETH Name STIDMAN, CHRISTOPHER JOSEPH

Address 1 OPTUM CIRCLE Address 1 OPTUM CIRCLE

City-State-Zip: EDEN PRAIRIE MN 55344 City-State-Zip: EDEN PRAIRIE MN 55344

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA

Address 1 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: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY

03/22/2025

FILED Mar 22, 2025

Secretary of State

8570014962CC

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date