

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004926

**Entity Name:** OPTUM GOVERNMENT SOLUTIONS, INC.**Current Principal Place of Business:**11000 OPTUM CIRCLE  
EDEN PRAIRIE, MN 55344**Current Mailing Address:**100 QUANNAPOWITT PARKWAY,SUITE 405  
WAKEFIELD, MA 01880 US**FEI Number: 04-3574101****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**Officer/Director Detail :**

Title            PRESIDENT  
Name            VAUGHAN, DENNIS WILLIAM  
Address        11000 OPTUM CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title            DIRECTOR  
Name            ARTHUR, SUSAN DONNER  
Address        11000 OPTUM CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title            DIRECTOR  
Name            MUSSLEWHITE, ROBERT WILLIEM  
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

Title            TREASURER  
Name            GILL, PETER MARSHALL  
Address        11000 OPTUM CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title            SECRETARY  
Name            SODERBERG, ELIZABETH ANN  
Address        11000 OPTUM CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title            VP  
Name            KELLY, JOHN WILLIAM  
Address        9900 BREN ROAD EAST,  
City-State-Zip: MINNETONKA MN 55343

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 Officer/Director Detail\_\_\_\_\_  
Date