## 2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05382

Entity Name: OPTUM INSURANCE OF OHIO, INC.

**Current Principal Place of Business:** 

1600 MCCONNOR PARKWAY SCHAUMBURG. IL 60173-6801

**Current Mailing Address:** 

11020 OPTUM CIRCLE, MS: MN102-0600

EDEN PRAIRIE, MN 55343 US

FEI Number: 31-0628424 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 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

FILED Apr 22, 2023

Secretary of State

5911033492CC

Officer/Director Detail:

Title TREASURER Title DIRECTOR

Name GILL, PETER MARSHALL Name MUST FILL, VACANCY

Address 9900 BREN ROAD EAST Address 1600 MCCONNOR PARKWAY

City-State-Zip: MINNETONKA MN 55343 City-State-Zip: SCHAUMBURG IL 60173-6801

Title VP Title SECRETARY

NameTROK, , MATTHEW PAULNameBOHMER, KAREN ELIZABETHAddress11000 OPTUM CIRCLEAddress1600 MCCONNOR PARKWAYCity-State-Zip:EDEN PRAIRIE MN 55344City-State-Zip:SCHAUMBURG IL 60173

Title ASST. SECRETARY Title PRESIDENT, CEO, DIRECTOR

Name LANG, HEATHER ANASTASIA Name CIANFROCCO, HEATHER RACHELLE

Address 9900 BREN ROAD EAST Address NOVA TOWER 2,2 ALLEGHENY

MINNETONKA MN 55343

City-State-Zip: MINNETONKA MN 55343 City-State-Zip: PITTSBURGH PA 15212

Title DIRECTOR, CFO Title ASST. SECRETARY
Name CAREY, KATHRYN EVE Name OBERG, DAVID JOH

Address 11000 OPTUM CIR,MN101-E400 Address 2300 MAIN STREET

City-State-Zip: EDEN PRAIRIE MN 55344 City State Zip: IRV/INE CA 03614

ity-State-Zip: EDEN PRAIRIE IVIN 55344 City-State-Zip: IRVINE CA 92614

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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: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY

04/22/2023

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP Title DIRECTOR

NameVIOLETTE, STEVEN MARTINNameALTMAN, KIMBERLY LAWAddress1600 MCCONNOR PARKWAYAddress1600 MCCONNOR PARKWAYCity-State-Zip:SCHAUMBURG IL 60173-6801City-State-Zip:SCHAUMBURG IL 60173-6801

Title DIRECTOR

Name DAVENPORT, ALLISON MCCONOMY Address 726 YORKLYN ROAD, SUITE 200

City-State-Zip: HOCKESIN DE 19707