

2017 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**Current Mailing Address:**1600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60173 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**Officer/Director Detail :**

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

Title	TREASURER
Name	OBERRENDER, ROBERT WORTH
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	ASSISTANT SECRETARY
Name	HUNTLEY, MICHELLE MARIE
Address	11000 OPTUM CIRCLE
City-State-Zip:	EDEN PRAIRIE MN 55344

Title	DIRECTOR
Name	GROSKLAGS, JEFFREY DAVID
Address	11020 OPTUM CIRCLE MN102-0800
City-State-Zip:	EDEN PRAIRIE MN 55344

Title	DIRECTOR
Name	THIERER, MARK ALAN
Address	1600 MCCONNOR PARKWAY
City-State-Zip:	SCHAUMBURG IL 60173

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: MICHELLE MARIE HUNTLEY**ASSISTANT SECRETARY** 04/05/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date