



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000118525

2. Name of Corporation OptumHealth Care Solutions, Inc.

3. Street Address Principal Business Office:

No. and Street: 6300 OLSON MEMORIAL HIGHWAY

City or Town: GOLDEN VALLEY

State: MN Zip: 55427 Country: USA

4. Business Phone No.

5. State of Incorporation

State: MN

6. Brief Description of the Character of Business Conducted in Rhode Island

Sale and administration of health and wellness programs as well as network services

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|---------------------|---|---|
| PRESIDENT | ROBERT THOMAS WEBB | 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427 USA |
| TREASURER | ROBERT WORTH OBERRENDER | 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427 USA |
| SECRETARY | TIMOTHY FRANCIS RYAN | 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427 USA |
| ASSISTANT SECRETARY | MICHELLE MARIE HUNTLEY DILL | 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427 USA |
| VICE PRESIDENT | JOHN WILLIAM KELLY | 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427 USA |
| DIRECTOR | DAWN MARIE OWENS | 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427 USA |
| DIRECTOR | JOHN MICHAEL PRINCE | 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427 USA |
| DIRECTOR | ROBERT THOMAS WEBB | 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares <i>Number of Shares</i> | Total Issued and Outstanding <i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CWP | | \$0.02 | 4,200,000.00 | 84000 |

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 17 Day of February, 2011 at 11:31:57 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MANDELINE HENDRICKS
Signature of Authorized Representative of the Corporation

POA
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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