



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: 2017

1. Corporate ID No. 000509303

2. Name of Corporation OPTUMRX, INC.

3. Street Address Principal Business Office:

No. and Street: 2300 MAIN STREET
MS CA134-0501

City or Town: IRVINE State: CA Zip: 92614 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

81

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

PHARMACY BENEFIT MANAGEMENT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name | Address |
|-----------|-----------------------------|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | TIMOTHY ALAN WICKS | 11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344 USA |

| | | |
|-----------|-------------------------|---|
| TREASURER | ROBERT WORTH OBERRENDER | 9900 BREN ROAD EAST MINNETONKA, MN 55343 USA |
| DIRECTOR | TIMOTHY ALAN WICKS | 11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344 USA |
| DIRECTOR | MARK ALAN THIERER | 1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 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> |
|----------------|-----------------|---------------------|---|--|
| CNP | | \$0.0000 | 10,000.00 | 100 |

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 30 Day of January, 2017 at 11:10:16 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 KELLY LETTMANN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved