RI SOS F	iling Number:	2020400288	820 Date	: 5/12/2020 1	2:58:00 PM	
State of Rhode Island	I and Providence P	lantations	e Division			
Department of Annual Report for the				R.	RECEIVED I. DEPT. OF STA BUS SVCS DIV	TEITAMP
Corporation			<u></u>		BO2 2402 DIA	1
→ Filing period: January 1	i - March 1			282	O MAY 12 PM 12	: 58
→ Filing Fee: \$50.00 → Penalty: Additional \$25.6	00 fee if form is no	ot filed by April 1	•	200		
I. Entity ID Number	2. Exact nam	e of the Corporat	tion		·	
000798517		Servies Compan				
3. Principal Office Address			City		State	Zip
11000 Optum Circle			Eden Pai	гie	MN	55344
4. NAICS Code	6. Brief desc	ription of the char	racter of busines	s conducted in R	node Island	· ·
621999	Healthcare	services				
5. State of Incorporation						
Tennessee						
7. List ALL officers (names and	d addresses)				Check the box to indi	cate an attachment
President Name			Vice-Presi	dent Name		
Street Address			Street Add	ress		
<u></u>	ICATA		C		IState	Zip
City	State	Zip	City		State	210
Secretary Name	I	A	Treasurer	Name	•	
Street Address		. <u></u>	Street Add	ress	. <u> </u>	
<u></u>						
City	State	Zip	City		State	Zıp
8 List ALL directors (names a	nd addresses)				Check the box to ind	icate an attachment
Director Name			Director N	ame		
Street Address			Street Add	ress		
City	State	Zıp	City		State	Zip
City	O.dic	C .P				
Director Name			Director N	ame		
Street Address	<u> </u>		Street Add	lress		
					State	Zip
City	State	Zip	City		State	
9. Shares Authorized	ł. · · · · · · · · · · · · · · · · · · ·	10. Shares			Check the box to ind	PAR VALUE
This information is currently of Department of State.	record in the		R OF SHARES	CNP	S/SERIES	00
Changes require an additional f	Filma	100				
changes require an additional i	innig.					
11. This report must be execu	ted on behalf of the	e corporation by a	an authorized re	presentative. If the	e corporation is in the	e hands of a receiver
trustee, this report must be ex Under penalty of perjury, I a	ecuted on behalt of lectare and affirm	that I have exam	by the receiver nined this repo	or trustee. rt, including any	accompanying sch	edules and
statements, and that all stat	ements containe	d herein are true	and correct.		Date	
Name of Authorized Represer Heather A. Lang	1(ative					/2020
Sgnature Bradthorized Repre	esentative					
Heather a. Lang		SIGN	DOCTILED	:KI:		
				20		
Division of Business Services			MAY 1, 20	20 12:5	8	
148 W. River Street, Providence, I Phone: (401) 222-3040	knobe Island 02904-			100		RM 630 - Revised: 10
Nebsite: www.sos.ri.gov		BY.		<u> </u>	FO	тыя 030 + rt9VIS60; 10

RI200 - 20/16/2018 Wolters Kluwer Online

Name	Title	Role Start	Address Line 1
Steinbrecher, Holly Elizabeth	Director	3/24/2017	1311 W. President George Bush Highway, Richardson, Texas 75080
Theisen, Scott Edwin	Director	5/5/2016	11020 Optum Circle, Eden Praine, MN 55344
Steinbrecher, Holly Elizabeth	President	3/31/2017	1311 W President George Bush Highway, Richardson, Texas 75080
Gill, Peter Marshall	Treasurer	6/30/2018	9900 Bren Road East, Minnelonka, MN 55343
Friedman, Daniel Jay	Secretary	5/24/2016	c/o Optum, 6675 Business Parkway, Suite F, Elkridge, MD 21075
Lang. Heather Anastasia	Assistant Secretary	8/1/2016	9900 Bren Road East, Minnetonka, MN 55343

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

May 12, 2020 12:58 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

