

No. C 188314		Due no later than Aug 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. OPTUMHEALTH FINANCIAL SERVICES, INC. 6300 OLSON MEMORIAL HWY GOLDEN VALLEY MN 55427		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	KATHRYN A. HOPKINS	100 QUANNAPOWITT PKWY SUITE 405	WAKEFIELD	MA	USA	01880
SECRETARY	CHRISTINE ANN LONGE	12501 WHIEWATER DR.	MINNETONKA	MN	USA	55343
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
DIRECTOR	KATHRYN A. HOPKINS	100 QUANNAPOWITT PKWY SUITE 405	WAKEFIELD	MA	USA	01880
5. Organized Under the Laws of: DE C 188314		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks				
		Date: 07/10/2013 Title: Poa				
Processed 07/10/2013		* Electronically provided signatures are accepted as original signatures.				