| No. C 200157 | | Due no later than Oct 31, 2018 | | 2. Registered Age | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|--|--|--|--|--------------------------|----------------------------------|--|
| Return to: | | Annual Report Form | | THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR | C T CORPORATION SYSTEM | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. OPTUM SERVICES, INC. 11000 OPTUM CIRCLE EDEN PRAIRIE MN 55344 USA | | BOISE ID 83 | 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | J. <u>New</u> Registered | a Agent 3 | igriature. | | |
| 4. Corporations: Enter Nam | nes and Busine | ess Addresses of Pre | esident, Secretary, and Directors. Treas | urer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| TREASURER DIRECTOR | RICHARD JUDE MATTERA PETER MARSHALL GILL AMY LYNN SHAW TIMOTHY ALAN WICKS | | 11000 OPTUM CIRCLE 9900 BREN ROAD EAST 9900 BREN ROAD EAST 11000 OPTUM CIRCLE | EDEN PRAIRIE MINNETONKA MINNETONKA EDEN PRAIRIE | MN MN MN MN | USA USA USA USA | 55344 55343 55343 55344 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| DE C 200157 | | Signature: Kelly Lettmann | | Date: 08 | Date: 08/22/2018 | | | |
| | | Name (type or print): Kelly Lettmann | | Title: P | Title: Power of Attorney | | | |
| rocessed 08/22/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |