

Due to updated information gathered during the audit, we have elected to amend the 2020 Annual Statement.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Optum Insurance of Ohio, Inc.



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

Optum Insurance of Ohio, Inc.

NAIC Group Code	<u>0707</u>	NAIC Company Code	<u>69647</u>	Employer's ID Number	<u>31-0628424</u>
	(Current)		(Prior)		

Organized under the Laws of Ohio, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaLicensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies []Incorporated/Organized 10/19/1948 Commenced Business 12/05/1978Statutory Home Office 50 W. Broad Street, Suite 1800, Columbus, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office 9800 Health Care Lane; MS: MN006-W500
(Street and Number)
Minnetonka, MN, US 55343, 952-979-7329
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address 9800 Health Care Lane; MS: MN006-W500, Minnetonka, MN, US 55343
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records 9800 Health Care Lane; MS: MN006-W500
(Street and Number)
Minnetonka, MN, US 55343, 952-979-7329
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address www.optumrx.comStatutory Statement Contact Tanner Scott Pearson, +1(952) 979-7329
(Name) tanner_pearson5@uhc.com, 952-931-4651
(E-mail Address) (Area Code) (Telephone Number) (FAX Number)**OFFICERS**

President, Chief Executive Officer	<u>John Michael Prince</u>	Chief Financial Officer, Chairman of the Board	<u>Jeffrey David Grosklags</u>
Secretary	<u>Karen Elizabeth Peterson</u>	Treasurer	<u>Peter Marshall Gill</u>

OTHER

<u>Nyle Brent Cottington, Vice President</u>	<u>Daniel Christopher Davis, Vice President</u>	<u>Kirsten Colleen Hines, Assistant Secretary</u>
<u>Heather Anastasia Lang, Assistant Secretary</u>	<u>David John Oberg, Assistant Secretary</u>	

DIRECTORS OR TRUSTEES

<u>Daniel Christopher Davis</u>	<u>Elizabeth Fulton Erickson</u>	<u>Jeffrey David Grosklags</u>
<u>Ellen Ruth Nelson</u>	<u>John Michael Prince</u>	

State of _____	State of _____	State of _____
County of _____	County of _____	County of _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions there from for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John Michael Prince
President, Chief Executive Officer

Karen Elizabeth Peterson
Secretary

Jeffrey David Grosklags
Chief Financial Officer, Chairman of the Board

Subscribed and sworn to before me this
day of _____

Subscribed and sworn to before me this
day of _____

Subscribed and sworn to before me this
day of _____

a. Is this an original filing?..... Yes [] No [X]
 b. If no,
 1. State the amendment number..... 1
 2. Date filed.....
 3. Number of pages attached..... 37