



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

**QUARTERLY STATEMENT**AS OF MARCH 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE**Optum Insurance of Ohio, Inc.**NAIC Group Code 0707 0707 NAIC Company Code 69847 Employer's ID Number 31-0628424  
(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) (Area Code) (Telephone Number)  
tanner\_pearson5@uhc.com 952-931-4651  
(E-mail Address) (FAX Number)**OFFICERS**President, Chief Executive Officer John Michael Prince Chief Financial Officer, Chairman of the Board Jeffrey David Grosklags  
Secretary Karen Elizabeth Peterson Treasurer Peter Marshall Gill**OTHER**Nyle Brent Cottingham, Vice President Daniel Christopher Davis, Vice President Kirsten Colleen Hines, Assistant Secretary  
Heather Anastasia Lang, Assistant Secretary David John Oberg, Assistant Secretary**DIRECTORS OR TRUSTEES**Daniel Christopher Davis Elizabeth Fulton Erickson Jeffrey David Grosklags  
Ellen Ruth Nelson John Michael PrinceState of Minnesota  
County of CarverState of Illinois  
County of CookState of Minnesota  
County of Hennepin

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

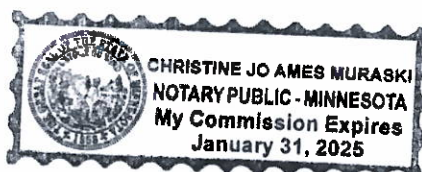
Karen Elizabeth Peterson  
Secretary

Jeffrey David Grosklags  
Chief Financial Officer, Chairman of the Board

Subscribed and sworn to before me this  
24 day of April 2021  
Munich

Subscribed and sworn to before me this  
20 day of April 2021  
Kelly L. Mace Levin

Subscribed and sworn to before me this  
24 day of April 2021  
Heather



a. Is this an original filing? Yes [ X ] No [ ]

1. State the amendment number.....

2. Date filed.....

3. Number of pages attached.....

