

STATEMENT AS OF MARCH 31, 2024 OF THE Optum Insurance of Ohio, Inc.



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

QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Optum Insurance of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 69647 Employer's ID Number 31-0628424Organized 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 11020 Optum Circle, MS: MN102-0600
(Street and Number) Eden Prairie, MN, US 55344 952-251-9723
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address 11020 Optum Circle, MS: MN102-0600, Eden Prairie, MN, US 55344
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records 11020 Optum Circle, MS: MN102-0600
(Street and Number) Eden Prairie, MN, US 55344 952-251-9723
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address www.optumrx.comStatutory Statement Contact Micah Forrest Wenck 952-251-9723
(Name) cioh.mailbox@optum.com (Area Code) (Telephone Number)
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Lisa Marie Smith Treasurer Peter Marshall Gill
Secretary Karen Elizabeth Bohmer Chief Financial Officer Kathryn Eve Carey

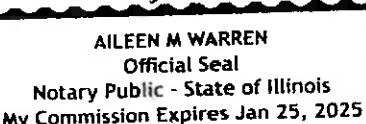
OTHER

Heather Anastasia Lang, Assistant Secretary Matthew Paul Trok, Vice President Steven Martin Violette, Vice President

DIRECTORS OR TRUSTEES

Kimberly Law Altman Kathryn Eve Carey Allison McEconomy Davenport
Lisa Marie Smith VacancyState of Illinois State of Illinois State of Illinois
County of Cook County of Cook County of Cook

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 therefrom 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.

Peter Marshall Gill
TreasurerKaren Elizabeth Bohmer
SecretaryKathryn Eve Carey
Chief Financial OfficerSubscribed and sworn to before me this
day of 25thSubscribed and sworn to before me this
day of APRIL 2024Subscribed and sworn to before me this
day of 25th

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

b. If no,

1. State the amendment number.....

2. Date filed.....

3. Number of pages attached.....



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

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OF THE CONDITION AND AFFAIRS OF THE

Optum Insurance of Ohio, Inc.

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

Organized under the Laws of _____, Ohio _____, State of Domicile or Port of Entry _____ OH _____

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health Fraternal Benefit Societies

Incorporated/Organized 10/19/1948 Commenced Business 12/05/1978
Statutory Home Office 50 W. Broad Street, Suite 1800 Columbus, OH, US 43215

Main Administrative Office 11020 Optum Circle; MS: MN102-0600
(Street and Number) (City or Town, State, County and Zip Code)
Eden Prairie, MN, US 55344 952-251-9723
(City or Town, State, County and Zip Code) (Area Code) (Telephone Number)

Mail Address 11020 Optum Circle, MS: MN102-0600 (Street and Number or P.O. Box) Eden Prairie, MN, US 55344 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 11020 Optum Circle; MS: MN102-0600
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(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.optumrx.com

Statutory Statement Contact Micah Forrest Wenck, 952-251-9723
(Name) (Area Code) (Telephone Number)
oioh.mailbox@optum.com,
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Lisa Marie Smith Treasurer Peter Marshall Gill
Secretary Karen Elizabeth Bohmer Chief Financial Officer Kathryn Eve Carey

OTHER
Heather Anastasia Lang, Assistant Secretary Matthew Paul Trok, Vice President Steven Martin Violette, Vice President

DIRECTORS OR TRUSTEES
Kimberly Law Altman Kathryn Eve Carey Alison McConomy Davenport

State of _____ State of _____ State of Minnesota
County of _____ County of _____ County of Dakota

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Kathryn Lany
Kathryn Lany

Peter Marshall Gill
Treasurer

**Karen Elizabeth Bohmer
Secretary**

Kathryn Eve Carey
Chief Financial Officer

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
18 day of April
2024

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

b. If no,

1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

