



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

QUARTERLY STATEMENT

AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE

Optum Insurance of Ohio, Inc.

NAIC Group Code07070707NAIC Company Code69647Employer's ID Number31-0628424

(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

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

Incorporated/Organized10/19/1948Commenced Business12/05/1978

Statutory Home Office50 W. Broad Street, Suite 1800Columbus, OH, US 43215

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office11020 Optum Circle; MS: MN102-0600

(Street and Number)

Eden Prairie, MN, US 55344952-251-9723

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address11020 Optum Circle; MS: MN102-0600Eden Prairie, MN, US 55344

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records11020 Optum Circle; MS: MN102-0600

(Street and Number)

Eden Prairie, MN, US 55344952-251-9723

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.optumrx.com

Statutory Statement ContactMicah Forrest Wenck952-251-9723

(Name)(Area Code) (Telephone Number)

oioh.mailbox@optum.com

(E-mail Address)(FAX Number)

OFFICERS

Chief Executive Officer andPresidentKimberly Law Altman #TreasurerPeter Marshall Gill

SecretaryKaren Elizabeth BohmerChief Financial OfficerKathryn Eve Carey

OTHER

Jason Eric Greenberg #, Chief Operating OfficerHeather Anastasia Lang, Assistant SecretaryMatthew Paul Trok, Vice President

DIRECTORS OR TRUSTEES

Kimberly Law AltmanKathryn Eve CareyAllison McConomy Davenport

Lisa Marie SmithVacancy

State ofMinnesotaState ofState of

County ofHennepinCounty ofCounty 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 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.

Heather Anastasia LangPeter Marshall GillKathryn Eve Carey

Assistant SecretaryTreasurerChief Financial Officer

Subscribed and sworn to before me this16 day ofJuly 2024Subscribed and sworn to before me thisSubscribed and sworn to before me this

BrendaLouyday ofday ofday of



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.....



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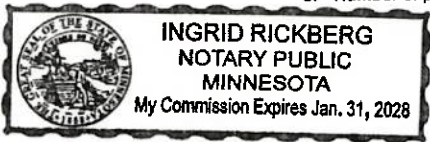
State of _____ State of Minnesota State of _____
County of _____ County of Hennepin County of _____

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Heather Anastasia Lang Peter Marshall Gill Kathryn Eve Carey
Assistant Secretary Treasurer Chief Financial Officer

Subscribed and sworn to before me this _____ day of _____
Subscribed and sworn to before me this 30th day of July 2024
Subscribed and sworn to before me this _____ day of _____

- a. Is this an original filing?..... Yes [X] No []
b. If no,
1. State the amendment number.....
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Heather Anastasia Lang
 Assistant Secretary

Peter Marshall Gill
 Treasurer

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
2 day of Aug
2024

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