

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OPTUM INSURANCE OF OHIO, INC.



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

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

Optum Insurance of Ohio, Inc.

NAIC Group Code 0707 (Current) 0707 (Prior) 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 1 Optum Circle
(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 1 Optum Circle, 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 1 Optum Circle
(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) oioh.mailbox@optum.com, (Area Code) (Telephone Number)
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Kimberly Law Altman Treasurer Marilyn Victoria Hirsch
Secretary Karen Elizabeth Bohmer Chief Financial Officer Matthew Allan Vesledahl #

OTHER

Jason Eric Greenberg, Chief Operating Officer Heather Anastasia Lang, Assistant Secretary Nicholas Robert Shjerve, Assistant Secretary
Matthew Paul Trok, Vice President

DIRECTORS OR TRUSTEES

Kimberly Law Altman Kathryn Eve Carey Allison McConomy Davenport
Jason Eric Greenberg Lisa Marie SmithState of Minnesota State of _____ State of _____
County of Hennepin 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 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 Lang
Assistant SecretaryKimberly Law Altman
Chief Executive Officer, PresidentMatthew Allan Vesledahl
Chief Financial Officer

Subscribed and sworn to before me this

Subscribed and sworn to before me this

Subscribed and sworn to before me this

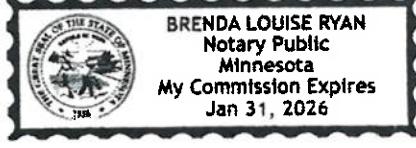
a. Is this an original filing?..... Yes [X] No []

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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AS OF SEPTEMBER 30, 2025
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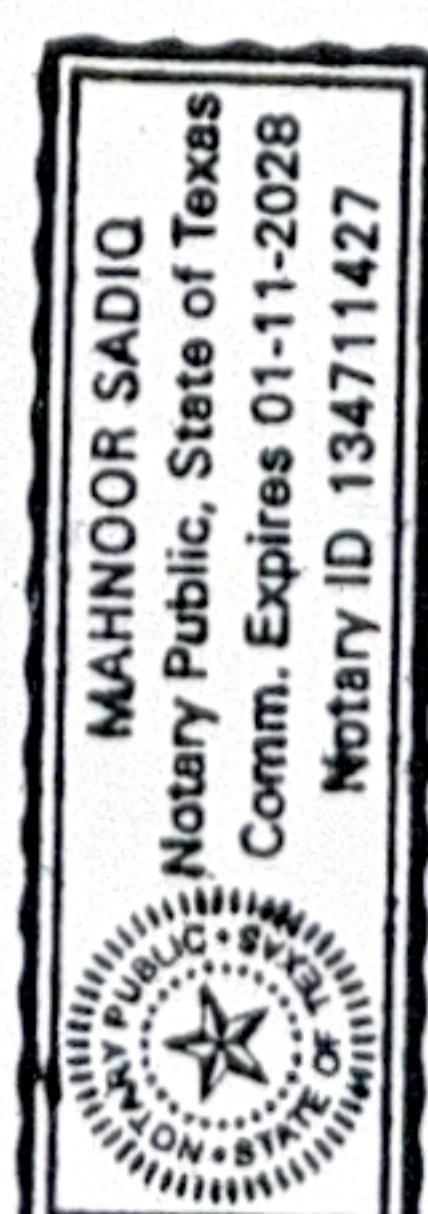
Optum Insurance of Ohio, Inc.

NAIC Group Code	0707 (Current)	0707 (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 [X] Fraternal Benefit Societies []					
Incorporated/Organized	10/19/1948		Commenced Business	12/05/1978		
Statutory Home Office	50 W. Broad Street, Suite 1800 (Street and Number)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1 Optum Circle (Street and Number)		Eden Prairie, MN, US 55344 952-251-9723 (City or Town, State, Country and Zip Code)			
Mail Address	1 Optum Circle (Street and Number or P.O. Box)		Eden Prairie, MN, US 55344 (City or Town, State, Country and Zip Code)			
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Internet Website Address	www.optumrx.com					
Statutory Statement Contact	Micah Forrest Wenck (Name)		952-251-9723 (Area Code) (Telephone Number)			
	oioh.mailbox@optum.com (E-mail Address)		(FAX Number)			
OFFICERS						
Chief Executive Officer and President	Kimberly Law Altman		Treasurer	Marilyn Victoria Hirsch		
Secretary	Karen Elizabeth Bohmer		Chief Financial Officer	Matthew Allan Vesledahl #		
OTHER						
Jason Eric Greenberg, Chief Operating Officer Matthew Paul Trok, Vice President	Heather Anastasia Lang, Assistant Secretary		Nicholas Robert Shjerve, Assistant Secretary			
Kimberly Law Altman Jason Eric Greenberg	Kathryn Eve Carey Lisa Marie Smith		Allison McConomy Davenport			
State of County of	Texas Collin		State of County of	State of County of		

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Heather Anastasia Lang
Assistant SecretaryKimberly Law Altman
Chief Executive Officer, PresidentMatthew Allan Vesledahl
Chief Financial OfficerSubscribed and sworn to before me this
day of _____Subscribed and sworn to before me this
8th day of November, 2025
*May*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.....
 2. Date filed.....
 3. Number of pages attached.....





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

QUARTERLY STATEMENTAS OF SEPTEMBER 30, 2025
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(Name) oioh.mailbox@optum.com, (Area Code) (Telephone Number)
(E-mail Address) (FAX Number)**OFFICERS**Chief Executive Officer and President Kimberly Law Altman Treasurer Marilyn Victoria Hirsch
Secretary Karen Elizabeth Bohmer Chief Financial Officer Matthew Allan Vesledahl #OTHER
Jason Eric Greenberg, Chief Operating Officer Heather Anastasia Lang, Assistant Secretary Nicholas Robert Shjerve, Assistant Secretary
Matthew Paul Trok, Vice PresidentDIRECTORS OR TRUSTEES
Kimberly Law Altman Kathryn Eve Carey Allison McEconomy Davenport
Jason Eric Greenberg Lisa Marie SmithState of _____ State of _____ State of Minnesota
County of _____ County of _____ County of Dakota

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Heather Anastasia Lang
Assistant SecretaryKimberly Law Altman
Chief Executive Officer, PresidentMatthew Allan Vesledahl
Chief Financial OfficerSubscribed and sworn to before me this
day of _____Subscribed and sworn to before me this
day of _____Subscribed and sworn to before me this
22 day of Oct
2025

a. Is this an original filing? Yes [] No []
 b. If no,
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