

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 829631 (1)

1. Corporation Name
UNITED HEALTHCARE INSURANCE COMPANY



Principal Place of Business 450 COLUMBUS BLVD. HARTFORD CT 06115 US	Mailing Address P.O. BOX 150450 HARTFORD CT 06115-0450 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1973	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 36-2739571	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER STATE CAPITOL BUILDING TALLAHASSEE FL 32304				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Type or printed name of registered agent and, if applicable, (NCH) Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COLBY, RONALD		1.2 NAME				
STREET ADDRESS	9900 BREN RD E		1.3 STREET ADDRESS				
CITY-ST-ZIP	MINNETONKA MN		1.4 CITY-ST-ZIP				
TITLE	SVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BURTON, THOMAS E		2.2 NAME				
STREET ADDRESS	35 MARA TRAIL		2.3 STREET ADDRESS				
CITY-ST-ZIP	SOUTH WINDSOR CT		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RIVET, JEANNINE M		3.2 NAME				
STREET ADDRESS	9900 BREN RD E		3.3 STREET ADDRESS				
CITY-ST-ZIP	MINNETONKA MN		3.4 CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NEWCOMER, LEE N MD		4.2 NAME				
STREET ADDRESS	9900 BREN RD ES		4.3 STREET ADDRESS				
CITY-ST-ZIP	MINNETONKA MN		4.4 CITY-ST-ZIP				
TITLE	VPT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KOPPE, DAVID P		5.2 NAME				
STREET ADDRESS	9900 BREN RD EAST		5.3 STREET ADDRESS				
CITY-ST-ZIP	MINNETONKA FL		5.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SPICOLA, BRIGID M.		6.2 NAME				
STREET ADDRESS	9900 BREN ROAD EAST		6.3 STREET ADDRESS				
CITY-ST-ZIP	MINNETONKA MN		6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

[Signature] **4.30.98 8100-702-6593**

CR2E034 (10/97)

UNITED HEALTHCARE INSURANCE COMPANY
450 Columbus Boulevard
Hartford, Connecticut 06115

Officer Listing

Name	Title
Ronald B. Colby	President and Chief Executive Officer
Thomas E. Burton	Senior Vice President and Chief Actuary
Lee N. Newcomer, M.D.	Vice President and Medical Director
David P. Koppe	Treasurer
Allan J. Weiss	Assistant Treasurer
Sheila E. McMillan	Assistant Treasurer
Cecilia Walpole Griffin	Assistant Treasurer
Brigid M. Spicola	Secretary
David J. Lubben	Assistant Secretary
P. Alain McMahon	Assistant Secretary
Diane L. Flottesmesch	Vice President, Tax