

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829631

FILED
Jan 15, 2008
Secretary of State

Entity Name: UNITED HEALTHCARE INSURANCE COMPANY

Current Principal Place of Business:

450 COLUMBUS BLVD.
HARTFORD, CT 06115 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150450
HARTFORD, CT 061150450 US

New Mailing Address:

FEI Number: 36-2739571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SORBO, ALLEN J
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611 US

Title: D () Delete
Name: TRAN, THOMAS L
Address: 450 COLUMBUS BLVD
City-St-Zip: HARTFORD, CT 06103 US

Title: DSVP () Delete
Name: WICHMANN, DAVID S
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436 US

Title: T () Delete
Name: OBERRENDER, ROBERT W
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343 US

Title: AS () Delete
Name: MOONEY, MICHAEL F
Address: 450 COLUMBUS BLVD
City-St-Zip: HARTFORD, CT 06103 US

Title: S () Delete
Name: BURKE, FORREST G
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDERSON, CRAIG
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN SORBO

PCEO

01/15/2008

Electronic Signature of Signing Officer or Director

Date