2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2025
Secretary of State
1642688582CC

DOCUMENT# 829631

Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY

Current Principal Place of Business:

185 ASYLUM STREET
HARTFORD, CT 06103-0450

Current Mailing Address:

185 ASYLUM STREET
HARTFORD, CT 06103-0450 US

FEI Number: 36-2739571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title	DIRECTOR
Name	THIERY, LINDA JEANNE
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	SECRETARY
Name	ARNEY, TRACY ANN
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	DIRECTOR
Name	MUST FILL, VACANCY
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	DIRECTOR
Name	MUST FILL, VACANCY 2
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	CFO
Name	THIERY, LINDA JEANNE
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	TREASURER
Name	HIRSCH, MARILYN VICTORIA
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	PRESIDENT
Name	MUST FILL, VACANCY
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	VP
Name	COTTINGTON, NYLE BRENT
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

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I hereby 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 all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG ASSISTANT SECRETARY 03/28/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROOS, THOMAS EDWARD
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	ASSISTANT SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	ASSISTANT SECRETARY
Name	ZUBA, JESSICA LEIGH
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	DIRECTOR
Name	MATTSON, COURTNEY O'SHEA
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	SENIOR VICE PRESIDENT
Name	ROOS, THOMAS EDWARD
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	CHIEF ACTUARY
Name	IANNONE, GARY ANTHONY
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450

Title	ASSISTANT TREASURER
Name	MATTSON, COURTNEY O'SHEA
Address	185 ASYLUM STREET
City-State-Zip:	HARTFORD CT 06103-0450