

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22147

**Entity Name:** UNITEDHEALTHCARE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2020 INNOVATION COURT  
DE PERE, WI 54115

**Current Mailing Address:**

2020 INNOVATION COURT  
DE PERE, WI 54115 US

**FEI Number: 86-0207231**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

**FILED**  
**Apr 23, 2023**  
**Secretary of State**  
**6866167273CC**

*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 GABRIEL, JAMES MARK  
Address 2020 INNOVATION COURT  
City-State-Zip: DE PERE WI 54115

Title SENIOR VICE PRESIDENT  
Name GABRIEL, JAMES MARK  
Address 2020 INNOVATION COURT  
City-State-Zip: DE PERE WI 54115

Title DIRECTOR  
Name SULLIVAN, RICHARD CHARLES  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title VP  
Name COTTINGTON, NYLE BRENT  
Address 9800 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title VP  
Name SULLIVAN, RICHARD CHARLES  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title SECRETARY  
Name SULLIVAN, RICHARD CHARLES  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

**Continues on page 2**

*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 04/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name ZUBA, JESSICA LEIGH  
Address POST OFFICE BOX 9472  
MAIL CODE: CA952-1000  
City-State-Zip: MINNEAPOLIS MN 55440-9472

Title DIRECTOR  
Name COSGRIFF, JOHN WILLIAM  
Address 9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title CEO  
Name COSGRIFF, JOHN WILLIAM  
Address 9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title CFO  
Name ANSARI, AHMAD ISAM  
Address 2020 INNOVATION COURT  
City-State-Zip: DE PERE WI 54115

Title VP  
Name ZARN, MARY HELEN  
Address 2020 INNOVATION COURT  
City-State-Zip: DE PERE WI 54115

Title CHAIR  
Name COSGRIFF, JOHN WILLIAM  
Address 9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title PRESIDENT  
Name COSGRIFF, JOHN WILLIAM  
Address 9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title VP  
Name ANSARI, AHMAD ISAM  
Address 2020 INNOVATION COURT  
City-State-Zip: DE PERE WI 54115