

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22147

Entity Name: UNITEDHEALTHCARE LIFE INSURANCE COMPANY

Current Principal Place of Business:

3100 AMS BLVD.
GREEN BAY, WI 54313

Current Mailing Address:

3100 AMS BLVD.
GREEN BAY, WI 54313

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

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 PRESIDENT, DIRECTOR
Name CARR, PATRICK F
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

Title CFO, VP
Name PROCHNOW, JAMES E
Address 3100 AMS BOULEVARD
City-State-Zip: GREEN BAY WI 54313

Title TREASURER
Name OBERRENDER, ROBERT W
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR, VP
Name GABRIEL, JAMES M
Address 3100 AMS BOULEVARD
City-State-Zip: GREEN BAY WI 54313

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

Title ASST. SECRETARY
Name HUNTLEY, MICHELLE M
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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: RICHARD C. SULLIVAN

SECRETARY

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date