

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22147

**Entity Name:** UNITEDHEALTHCARE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

3100 AMS BOULEVARD  
GREEN BAY, WI 54313

**Current Mailing Address:**

3100 AMS BOULEVARD  
GREEN BAY, WI 54313 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

*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 3100 AMS BLVD.  
City-State-Zip: GREEN BAY WI 54307

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

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

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

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

*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 JACOBSEN

ASSISTANT SECRETARY 04/11/2018

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

\_\_\_\_\_  
Date