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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829631 (1)

1. Corporation Name
UNITED HEALTHCARE INSURANCE COMPANY



Principal Place of Business
**ONE TOWER SQUARE
HARTFORD CT 06183
US**

Mailing Address
**ONE TOWER SQUARE
HARTFORD CT 06183-0001
US**

3. Date Incorporated or Qualified
03/05/1973

3a. Date of Last Report
02/09/1996

2. Principal Place of Business
21 **450 Columbus Blvd**

2a. Mailing Address
26 **P.O. Box 150450**

4. FEI Number
36-2739571

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
Hartford, CT

28 City & State
Hartford, CT

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **06115** Country **USA**

29 Zip **06115-0450** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
STATE CAPITOL BUILDING
TALLAHASSEE FL 32304**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCEO <input type="checkbox"/> DELETE
NAME	COLBY, RONALD
STREET ADDRESS	9900 BREN RD E
CITY-ST-ZIP	MINNETONKA MN
TITLE	SVP <input type="checkbox"/> DELETE
NAME	BURTON, THOMAS E
STREET ADDRESS	35 MARA TRAIL
CITY-ST-ZIP	SOUTH WINDSOR CT
TITLE	D <input type="checkbox"/> DELETE
NAME	RIVET, JEANNINE M
STREET ADDRESS	9900 BREN RD E
CITY-ST-ZIP	MINNETONKA MN
TITLE	DVP <input type="checkbox"/> DELETE
NAME	NEWCOMER, LEE N MD
STREET ADDRESS	9900 BREN RD ES
CITY-ST-ZIP	MINNETONKA MN
TITLE	VPT <input type="checkbox"/> DELETE
NAME	KOPPE, DAVID P
STREET ADDRESS	9900 BREN RD EAST
CITY-ST-ZIP	MINNETONKA FL
TITLE	VSO <input checked="" type="checkbox"/> DELETE
NAME	MICHENER, JAMES M
STREET ADDRESS	24 WYNGATE
CITY-ST-ZIP	SIMSBURY CT 06070

1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brigid M. Spicola
1.3 STREET ADDRESS	9900 Bren Road East
1.4 CITY-ST-ZIP	Minnetonka, MN 55343
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Brigid M. Spicola** **SECRETARY REQUIRED** *Brigid M. Spicola* **612-936-1738**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)