

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 829631 (1)**

1. Corporation Name  
**UNITED HEALTHCARE INSURANCE COMPANY**



Principal Place of Business <b>450 COLUMBUS BLVD.                  HARTFORD CT 06115                  US</b>	Mailing Address <b>P.O. BOX 150450                  HARTFORD CT 06115-0450                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/05/1973</b>	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>36-2739571</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STATE INSURANCE COMMISSIONER                  STATE CAPITOL BUILDING                  TALLAHASSEE FL 32304</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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 \_\_\_\_\_ (Type or printed name of registered agent and, if applicable, (NCH) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PCEO</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>COLBY, RONALD</b>		1.2 NAME				
STREET ADDRESS	<b>9900 BREN RD E</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MINNETONKA MN</b>		1.4 CITY-ST-ZIP				
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>BURTON, THOMAS E</b>		2.2 NAME				
STREET ADDRESS	<b>35 MARA TRAIL</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>SOUTH WINDSOR CT</b>		2.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>RIVET, JEANNINE M</b>		3.2 NAME				
STREET ADDRESS	<b>9900 BREN RD E</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MINNETONKA MN</b>		3.4 CITY-ST-ZIP				
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>NEWCOMER, LEE N MD</b>		4.2 NAME				
STREET ADDRESS	<b>9900 BREN RD ES</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MINNETONKA MN</b>		4.4 CITY-ST-ZIP				
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>KOPPE, DAVID P</b>		5.2 NAME				
STREET ADDRESS	<b>9900 BREN RD EAST</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MINNETONKA FL</b>		5.4 CITY-ST-ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>SPICOLA, BRIGID M.</b>		6.2 NAME				
STREET ADDRESS	<b>9900 BREN ROAD EAST</b>		6.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MINNETONKA MN</b>		6.4 CITY-ST-ZIP				

14. I 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 as an attachment with an address.

H. 20 98 8100-702-6593

CR2E034 (10/97)

**UNITED HEALTHCARE INSURANCE COMPANY**  
450 Columbus Boulevard  
Hartford, Connecticut 06115

**Officer Listing**

<b>Name</b>	<b>Title</b>
Ronald B. Colby	President and Chief Executive Officer
Thomas E. Burton	Senior Vice President and Chief Actuary
Lee N. Newcomer, M.D.	Vice President and Medical Director
David P. Koppe	Treasurer
Allan J. Weiss	Assistant Treasurer
Sheila E. McMillan	Assistant Treasurer
Cecilia Walpole Griffin	Assistant Treasurer
Brigid M. Spicola	Secretary
David J. Lubben	Assistant Secretary
P. Alain McMahon	Assistant Secretary
Diane L. Flottesmesch	Vice President, Tax