

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90098 031 ***158.75

DOCUMENT # 829631

1. Entity Name

UNITED HEALTHCARE INSURANCE COMPANY

Principal Place of Business

Mailing Address

450 COLUMBUS BLVD.
 HARTFORD CT 06115
 US

P.O. BOX 150450
 HARTFORD CT 06115-0450
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2739571

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PCEO COLBY, RONALD**
 STREET ADDRESS **9900 BREN RD E**
 CITY-ST-ZIP **MINNETONKA MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SVP BURTON, THOMAS E**
 STREET ADDRESS **450 COLUMBUS BLVD**
 CITY-ST-ZIP **HARTFORD CT 06115**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DSVP RIVET, JEANNINE M**
 STREET ADDRESS **9900 BREN RD E**
 CITY-ST-ZIP **MINNETONKA MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP NEWCOMER, LEE N MD**
 STREET ADDRESS **9900 BREN RD ES**
 CITY-ST-ZIP **MINNETONKA MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPT KAPLAN, ARNOLD H**
 STREET ADDRESS **9900 BREN RD E**
 CITY-ST-ZIP **MINNETONKA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S FRIEDMAN, MATTHEW L**
 STREET ADDRESS **9900 BREN ROAD EAST**
 CITY-ST-ZIP **HARTFORD CT 06115**

TITLE Change Addition
 NAME **Matthew L. Friedman**
 STREET ADDRESS **450 Columbus Blvd**
 CITY-ST-ZIP **Hartford CT 06115**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Matthew Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Friedman, Secretary

3:31.00

Date

860-702-6980

Daytime Phone #

CR2E034 (9/99)

United HealthCare Insurance Company
450 Columbus Blvd.
Hartford, CT 06115

attach.
C0059570
829631

April 5, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: United HealthCare Insurance Company
FEIN: 36-2739571

To Whom It May Concern:

Enclosed please find the following documents:

1. Executed 2000 Uniform Business Report (UBR)
2. Additional Officer Listing
3. Check number 01363641 in the amount of \$158.75, which covers the annual filing fee.

If you have any questions concerning this filing please contact me at 860-702-6938.

Sincerely,



Jennifer K. Zimmerman
Legal Services Specialist

Enclosures

United HealthCare Insurance Company
Officer Listing

attach.
C0059570
829631

R. Channing Wheeler – Senior Vice President
450 Columbus Blvd.
Hartford, CT 06115

Lois Quam – Senior Vice President
9900 Bren Road East
Minnetonka, MN 55343

Allan J. Weiss
9900 Bren Road East
Minnetonka, MN 55343

Sheila E. McMillan
9900 Bren Road East
Minnetonka, MN 55343

Cecilia Walpole Griffin
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Hartford, CT 06115

David J. Lubben
9900 Bren Road East
Minnetonka, MN 55343

P. Alain McMahon
450 Columbus Blvd.
Hartford, CT 06115