

FOI000001310

CORPORATION(S) NAME

United Healthcare Insurance Company of Illinois

FILED
01 MAR -8 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
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	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
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Name _____
Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/8/01

Order#: 3748260

CB

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

Mr
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

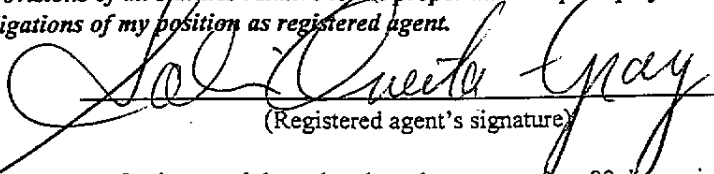
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. United HealthCare Insurance Company of Illinois
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Illinois 3. 36-3800349
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/14/91 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. United HealthCare Insurance Company of Illinois
233 North Michigan Avenue Chicago, IL 60601
(Current mailing address)
8. Accident and health insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

SALINA AHENTA-GRAY
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Ronald B. Colby

Address: 9900 Bren Road East

Minnetonka, MN 55343

Vice Chairman: William P. Whitely

Address: 233 North Michigan Ave.

Chicago, IL 60601

Director: Stephen J. Hemsley

Address: 9900 Bren Road East

Minnetonka, MN 55343

Director: Keith A. Kudla

Address: 233 North Michigan Ave.

Chicago, IL 60601

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Ronald B. Colby

Address: 9900 Bren Road East

Minnetonka, MN 55343

Vice President: Arnold H. Kaplan

Address: 9900 Bren Road East

Minnetonka, MN 55343

Secretary: Matthew L. Friedman

Address: 450 Columbus Blvd.

Hartford, CT 06115

Treasurer: Arnold H. Kaplan

Address: 9900 Bren Road East

Minnetonka, MN 55343

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. See Attached Addendum

13. Matthew Friedman
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Matthew L. Friedman, Secretary
(Typed or printed name and capacity of person signing application)

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**ADDENDUM TO APPLICATION
LISTING OF ADDITIONAL OFFICERS AND DIRECTORS**

12. NAMES AND ADDRESSES OF OFFICERS AND/OR DIRECTORS: (STREET ADDRESS ONLY – P.O. BOX NOT ACCEPTABLE)

A. DIRECTORS (STREET ADDRESS ONLY – P.O. BOX NOT ACCEPTABLE)

Director: Jillian Foucre
Address: 233 N. Michigan Street
Chicago, IL 60601

Director: Norman S. Ryan, M.D.
Address: 233 N. Michigan Street
Chicago, IL 60601

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

Assistant Secretary: P. Alain McMahon
450 Columbus Blvd.
Hartford, CT 06115

Assistant Treasurer: Cecilia A. Walpole Griffin
450 Columbus Blvd.
Hartford, CT 06115

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

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

Assistant Secretary: Christina Palme-Krizak
9900 Bren Road East
Minnetonka, MN 55343

Vice President, Taxes: Diane L. Flottesmesch
9900 Bren Road East
Minnetonka, MN 55343

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STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



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TAMMASEE, FLORIDA

Whereas, the United HealthCare Insurance Company of Illinois

located at Chicago in the State of Illinois was incorporated pursuant to the provisions of the "Illinois Insurance Code" applicable to said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby certify that the said Company is authorized to transact its appropriate business as set forth under Clause(s) (a) Life and (b) Accident & Health of Class 1

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof.



In Testimony Whereof, I

hereto set my hand and cause to be affixed the Seal of my office. Done at the City of Springfield, this 5th day of March, 2001.

Nat Shapo

Nathaniel S. Shapo, *Director of Insurance*