

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001310

FILED
Jan 07, 2004
Secretary of State

Entity Name: UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS

Current Principal Place of Business:

233 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

New Principal Place of Business:

Current Mailing Address:

9900 BREN ROAD EAST
LEGAL DEPT. - MN008T202
MINNETONKA, MN 55343

New Mailing Address:

FEI Number: 36-3800349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: COLBY, RONALD B
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: TD () Delete
Name: ERLANDSON, PATRICK J
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: S () Delete
Name: FRIEDMAN, MATTHEW L
Address: 450 COLUMBUS BLVD.
City-St-Zip: HARTFORD, CT 06103

Title: D () Delete
Name: FOUCRE, JILLIAN R
Address: 233 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: MOELLER, WILLIAM E
Address: 233 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: WIECHERS, DAVID M.D.
Address: 233 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: COLBY, RONALD B
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MCDONNELL, MICHAEL J
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: PALME-KRIZAK, CHRISTINA R
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTINA R PALME-KRIZAK

AS

01/07/2004

Electronic Signature of Signing Officer or Director

Date