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TALLAHASSEE, FLORIDA

WITHDRAWAL OF FOREIGN CORPORATION

UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS

Certificate of Status	0
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**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

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TALLAHASSEE, FLORIDA

United HealthCare Insurance Company of Illinois
(Name of Corporation)

F01G00001310
(Document Number of Corporation (if known))

Illinois
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

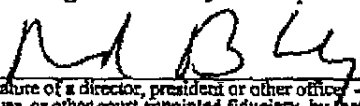
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

9900 Bren Road East MN008-T202
(Mailing Address)

Minnetonka, MN 55343
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

February 2, 2005

(Date)

Ronald B. Colby

(Typed or printed name of person signing)

President and CEO

(Title of person signing)

FILING FEE \$35

02/08/2005 12:10 18502229428
FEB-07-2005 14:11
Dec-21-04 08:48am From:UNITED HEALTH GROUP

CTCORPORATIONSYSTEM

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FILED

OFFICE OF INSURANCE REGULATION

JAN 19 2005

KEVIN M. MCCARTY
COMMISSIONER

Dictated by: SP.

IN THE MATTER OF:

CASE NO.: 79159-04-CO

UNITED HEALTHCARE INSURANCE OF ILLINOIS

CONSENT ORDER

THIS CAUSE came on for consideration upon the agreement by UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS (hereinafter referred to as "UNITED") and the OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE") concerning the voluntary surrender of the Certificate of Authority issued by the OFFICE to UNITED as a foreign insurer, pursuant to sections 624.401, 624.415, 624.416 and 624.430, Florida Statutes. The OFFICE having considered said agreement and being otherwise fully advised in the premises, hereby finds, and UNITED agrees as follows:

1. The OFFICE has jurisdiction over UNITED and the subject matter of this proceeding.
2. UNITED is a foreign insurer domiciled in Illinois and is authorized to transact insurance in Florida and is subject to the jurisdiction and regulation of the OFFICE pursuant to the Florida Insurance Code.
3. In accordance with section 624.430, Florida Statutes, UNITED notified the OFFICE by letter dated June 30, 2004, of its intent to discontinue writing insurance, voluntarily surrender its Certificate of Authority, and withdraw from the state of Florida.

DEC 20 '04 14:26

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4. Furthermore, UNITED represents that it never wrote life policies discontinued writing health insurance in Florida after December 31, 2003. As of 2004, United HealthCare Insurance Company, the parent company of UNITED, the health product EncoreEncore previously written by UNITED. United HealthCare Company will service any outstanding claims and any issues that may arise from business in Florida.

5. Notwithstanding the representations enumerated in Paragraph 4 at shall honor all claims and liabilities arising under its contract obligations pursuant issued to residents of Florida. Also, UNITED shall honor all of its obligations to markets, if any, in Florida. Moreover, UNITED, specifically agrees that the OFFICE retain continuing jurisdiction over UNITED to enforce provisions of the Florida Code applicable to the satisfaction of past, current or future claims, liabilities or other obligations of UNITED that have arisen or may arise in Florida.

6. UNITED agrees that the OFFICE shall have continuing jurisdiction over the requirements and provisions of this Consent Order, and that in the event that UNITED fails to comply with any provision of this Consent Order, the OFFICE may impose upon such administrative penalties or other appropriate remedies as authorized by the Florida Insurance Code.

7. Effective upon execution of this Consent Order, UNITED's Certificate of Authority shall stand terminated, pursuant to sections 624.416 and 624.430, Florida Statutes.

8. UNITED voluntarily enters into this agreement with the OFFICE and has delivered its Certificate of Authority to the OFFICE.

9. UNITED expressly waives its rights to any hearing in this matter, the finding of fact and conclusions of law by the OFFICE, and all further and other proceedings.

which it may be entitled by law or rules of the OFFICE. UNITED hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum now or in the future available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

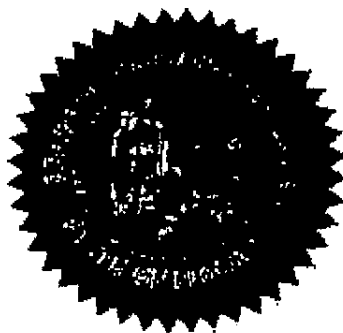
10. Each party to this action shall bear its own court costs and attorneys' fees.


11. This Consent Order will be deemed executed when the agency head or his designee has signed a copy bearing the signature of the authorized representative of UNITED, notwithstanding the fact that the copy was transmitted to the OFFICE by facsimile transmission. UNITED further agrees that the original of this Consent Order will be forwarded to the OFFICE within three (3) days of its receipt. Failure to forward the signed original within the specified time period shall render this agreement voidable.

WHEREFORE, the agreement between UNITED and the OFFICE, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 19TH day of JANUARY, 2005.




Kevin M. McCarty
Commissioner
Office Of Insurance Regulation

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FROM-UNITED HEALTH GROUP

By execution hereof, UNITED consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that he/she is authorized to bind UNITED to the terms and conditions of this Consent Order.

UNITED HEALTHCARE INSURANCE OF ILLINOIS

By: [Signature]

Title: President / CEO

Date: 12-21-04

In the state of Minnesota

In the county of Hennepin

On 12/21/04 before me, Nancy A. Miller personally appeared Bruno B. Carey personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person or the entity upon behalf which the person acted, executed the instrument.

Subscribed and sworn to before me this 21 day of December 2004.

Signature: [Signature]
(Signature of Notary Public)

[NOTARIAL SEAL]

My Commission Expires:

