1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000001310

1. Corporation Name

United HealthCare Insurance Company of Illinois

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
233 No. Michigan Avenue	9900 Bren Road East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Legal Dept. - MN008T202
City & State	City & State
Chicago, IL	Minnetonka, MN
Zip / Country	Zip / Country
60601 / USA	55343 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/8/2001

5. FEI Number: 36-3800349 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): ~~1200 Pine Island Road South~~

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Michele Miller Assistant Secretary — Date: 10/3/03

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,C,D	Ronald B. Colby	9900 Bren Road East	Minnetonka, MN 55343
T,V	Patrick J. Erlandson	9900 Bren Road East	Minnetonka, MN 55343
S	Matthew L. Friedman	450 Columbus Blvd.	Hartford, CT 06103
D	Jillian R. Foucre	233 North Michigan Avenue	Chicago, IL 60601
D	William E. Moeller	233 North Michigan Avenue	Chicago, IL 60601
D	David Wiechers, M.D.	233 North Michigan Avenue	Chicago, IL 60601

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Christina R. Palme-Krizak — 9/26/2003 — 952-936-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 11/1/2002 C T System Online

Addendum to Reinstatement Application
United HealthCare Insurance Company of Illinois

9 Officer/Directors

AT	Assistant Treasurer	Robert W. Oberrender	9900 Bren Road East Minnetonka, MN 55343
AT	Assistant Treasurer	Cecilia A. Walpole Griffin	450 Columbus Blvd. Hartford, CT 06103
AS	Assistant Secretary	David J. Lubben	9900 Bren Road East Minnetonka, MN 55343
AS	Assistant Secretary	Michael McDonnell	5901 Lincoln Drive Edina, MN 55436
AS	Assistant Secretary	P. Alain McMahon	450 Columbus Blvd. Hartford, CT 06103
AS	Assistant Secretary	Christina R. Palme-Krizak	5901 Lincoln Drive Edina, MN 55436
VP/F	Vice President-Finance		
AT	Assistant Treasurer	Craig C. Anderson	450 Columbus Blvd. Hartford, CT 06103
VP	Vice President Tax Services	John W. Kelly	9900 Bren Road East Minnetonka, MN 55343

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Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS

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