2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# F07000003809

Entity Name: UNITEDHEALTHONE AGENCY, INC.

Current Principal Place of Business:

7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278

New Principal Place of Business:

Current Mailing Address:

7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278

New Mailing Address:

FEI Number: 37-0920164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT 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: DP ( ) Delete
Name: COLLINS, RICHARD A
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

Title: DST ( ) Delete
Name: CARR, PATRICK F
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

Title: V ( ) Delete
Name: JONES, LARRY D
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

Title: V ( ) Delete
Name: KOHNE, GREGORY G
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V (X) Change ( ) Addition
Name: GARRETT, JAMES S
Address: 6200 SHINGLE CREEK PARKWAY, STE 415
City-St-Zip: MINNEAPOLIS, MN 55430

Title: AS ( ) Change (X) Addition
Name: THOMSON, CHERYL A
Address: 3100 AMS BOULEVARD
City-St-Zip: GREEN BAY, WI 54313

Title: V ( ) Change (X) Addition
Name: LEPSKY, SEAN P
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHERYL A. THOMSON AS 04/01/2008

Electronic Signature of Signing Officer or Director — Date