

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90001 003 \*\*\*150.00

**DOCUMENT #** F99 000001549

1. Entity Name

UnitedHealthcare, Inc.

Principal Place of Business

Mailing Address

UnitedHealth Group Center  
 9900 Bren Road East  
 Minnetonka, MN 55343

UnitedHealth Group Center  
 Attention Legal - MN008T202  
 9900 Bren Road East  
 Minnetonka, MN 55343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1922511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution... ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/S	<input type="checkbox"/> Delete
NAME	Brian K. Beutner	
STREET ADDRESS	9900 Bren Road East	
CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	D/COO	<input type="checkbox"/> Delete
NAME	William A. Munsell	
STREET ADDRESS	9900 Bren Road East	
CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	D/P/CEO	<input type="checkbox"/> Delete
NAME	Robert J. Sheehy	
STREET ADDRESS	9900 Bren Road East	
CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	T	<input type="checkbox"/> Delete
NAME	Allan J. Weiss	
STREET ADDRESS	9900 Bren Road East	
CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	VP-Taxes	<input type="checkbox"/> Delete
NAME	Diane L. Flottesmesch	
STREET ADDRESS	9900 Bren Road East	
CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brian K. Beutner*

Brian K. Beutner

April 20, 2001

952-936-1709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/100)

# Uniform Business Report (UBR) Instructions

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.**

## Reminder:

1. Changes must be typed or printed in ink and legible.
2. Signature in Block 13.
3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.). This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

**Block 1.** Block 1 is preprinted with the name, document number, mailing address and principal place of business as previously reported to our office. You cannot change the name on this form. You must file an amendment to change the name. If you filed an amendment after November 17, 2000, reflect the change of name in Block 1. If no name change has been filed, do not make changes to the form; file it as is and submit a name change amendment promptly. ALL REPORT FILING QUESTIONS SHOULD BE DIRECTED TO (850) 488-9000.

**Block 2 & 3.** If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.

**Block 4.** Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" is preprinted in Block 4, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.

**Block 5.** Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee.

The law requires that each entity have a Registered Agent with a Florida street address. If the computer entry in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.

**Block 7.** If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can.

**Block 8.** The new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**

By checking the box, you indicate that the corporation: 1) Does not owe Intangible Personal Property Tax on its year 2000 tax return; 2) The corporation is not paying as agent for its stockholders and has notified shareholders of the market value of the stock; or 3) The corporation has no Florida shareholders. If the corporation checks box 9, an Intangible Personal Property Tax Return is not required to be filed with the Department of Revenue. Please direct all questions regarding the tax to the Department of Revenue at (800) 352-3671 (Florida only). Out-of-state callers must call (850) 922-4826 or (850) 922-7200.

**Block 10.** Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 10 and include an additional \$5.00 with the filing fee.

**Block 11.** Block 11 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 12. Please do not make any marks in Block 11 unless deleting an officer; corrections or additions are to be made in Block 12.

**Block 12.** Block 12 is for changes or additions to the existing Officers/Directors in Block 11. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. **NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 11; 12 or on an attachment is an affirmation under oath that no other address is available.**

**Block 13.** This report must be signed in Block 13 with an original signature by an officer/director of the entity that is listed in Block 11, Block 12 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 13 is unacceptable.

Use enclosed envelope or mail to:

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Other Correspondence Address:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Internet Address:  
<http://www.sunbiz.org>

Courier Address: (overnight delivery)  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Phone: (850) 488-9000  
Hearing/Voice Impaired may call (850) 487-6096 (TDD)

## INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.