APPROVED AND FILED

03 MAY -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001549

1. Entity Name
UNITEDHEALTHCARE, INC.

400001830518 4
05/06/03--01096--028 **550.00

Principal Place of Business	Mailing Address
UNITED HEALTH GROUP CENTER 9900 BREN ROAD EAST MINNETONKA, MN 55343	U H G C ATTN: LEGAL-MN008T202 9900 BREN ROAD EAST MINNETONKA, MN 55343

☒ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHEEHY, ROBERT J 9900 BREN ROAD EAST MINNETONKA, MN 55343	☐ Delete	PD SHEEHY, ROBERT J 5901 Lincoln Drive Edina, MN 55436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCOO MUNSELL, WILLIAM A 9900 BREN RD E MINNETONKA, MN 55343	☐ Delete	DCOO MUNSELL, WILLIAM A 5901 Lincoln Drive Edina, MN 55436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PALME-KRIZAK, CHRISTINA R 9900 BREN RD E MINNETONKA, MN 55343	☐ Delete	AS PALME-KRIZAK, CHRISTINA 5901 Lincoln Drive Edina, MN 55436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEISS, ALLAN J 9900 BREN ROAD EAST MINNETONKA, MN 55343	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDONNELL, MICHAEL J 5901 Lincoln Drive Edina, MN 55436	☐ Delete	S MCDONNELL, MICHAEL J 5901 Lincoln Drive Edina, MN 55436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ M.J. McDonnell Date 4/28/2003 Telephone # 952-936-1709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary