2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 03, 2003
Secretary of State

DOCUMENT# F99000003844

Entity Name: UNITEDHEALTH NETWORKS, INC.

Current Principal Place of Business:

UNITEDHEALTH GROUP CENTER (MN008-T202)
9900 BREN ROAD EAST
MINNETONKA, MN 55343

New Principal Place of Business:

Current Mailing Address:

% UNITEDHEALTH GROUP CENTER
9900 BREN RD.. E. (MN008-T202)
MINNETONKA, MN 55343

New Mailing Address:

% UNITEDHEALTH GROUP CENTER
9900 BREN ROAD EAST (MN008-T202)
MINNETONKA, MN 55343

FEI Number: 41-1941124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T 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:	PCEO	( ) Delete
Name:	MUNSELL, WILLIAM A	
Address:	UNITEDHEALTH GROUP CENTER 9900 BREN RD	
City-St-Zip:	MINNETONKA, MN 55343 US	
Title:	CFOV	( ) Delete
Name:	MCATHIE, DANIEL J	
Address:	UNITEDHEALTH GROUP CENTER 9900 BREN RD E	
City-St-Zip:	MINNETONKA, MN 55343 US	
Title:	T	( ) Delete
Name:	WEISS, ALLAN J	
Address:	UNITEDHEALTH GROUP CENTER, 9900 BREN RD E	
City-St-Zip:	MINNETONKA, MN 55343 US	
Title:	AS	( ) Delete
Name:	LUBBEN, DAVID J	
Address:	UNITEDHEALTH GROUP CENTER, 9900 BREN RD E	
City-St-Zip:	MINNETONKA, MN 55343 US	
Title:	V	( ) Delete
Name:	KELLY, JOHN W	
Address:	UNITEDHEALTH GROUP CENTER, 9900 BREN RD E	
City-St-Zip:	MINNETONKA, MN 55343	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PCEO	(X) Change ( ) Addition
Name:	MUNSELL, WILLIAM A	
Address:	5901 LINCOLN DRIVE	
City-St-Zip:	EDINA, MN 55436 US	
Title:	CFOV	(X) Change ( ) Addition
Name:	MCATHIE, DANIEL J	
Address:	5901 LINCOLN DRIVE	
City-St-Zip:	EDINA, MN 55436 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	KELLY, JOHN W	
Address:	UNITEDHEALTH GROUP CENTER, 9900 BREN RD E	
City-St-Zip:	MINNETONKA, MN 55343 US	
Title:	S	( ) Change (X) Addition
Name:	PALME-KRIZAK, CHRISTINA R S	
Address:	5901 LINCOLN DRIVE	
City-St-Zip:	EDINA, MN 55436 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTINA R. PALME-KRIZAK S 01/03/2003

Electronic Signature of Signing Officer or Director — Date