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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P36885 (2)  
1. Corporation Name  
UNITED HEALTHCARE ADMINISTRATORS, INC.

Principal Place of Business Mailing Address  
ONE TOWER SQUARE 18HS  
HARTFORD CT 06183  
US ONE TOWER SQUARE 18HS  
HARTFORD CT 06183-0001  
US

3. Date Incorporated or Qualified 12/30/1991  
3a. Date of Last Report 04/08/1996

2. Principal Place of Business 2a. Mailing Address  
21 5995 Opus Parkway 26 5995 Opus Parkway  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Ste S201 27 Suite S201  
City & State City & State  
23 Minnetonka MN 28 Minnetonka MN  
Zip Zip  
24 55343 25 USA 29 55343 30 USA  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	Treasurer
NAME	KOPPE, DAVID P	1.2 NAME	Allan J. Weiss
STREET ADDRESS	9900 BREN ROAD EAST	1.3 STREET ADDRESS	9900 Bren Rd E, Ste 300
CITY-ST-ZIP	MINNETONKA MN 55343	1.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE	S	2.1 TITLE	
NAME	SPICOLA, BRIGID M	2.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	2.4 CITY-ST-ZIP	
TITLE	DEVP	3.1 TITLE	
NAME	WILLS, TRAVERS H	3.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	3.4 CITY-ST-ZIP	
TITLE	EVPD	4.1 TITLE	Director
NAME	GERSON, ELLIOT F	4.2 NAME	William W. McGuire, M.D.
STREET ADDRESS	9900 BREN ROAD EAST	4.3 STREET ADDRESS	9900 Bren Rd E, Ste 300
CITY-ST-ZIP	MINNETONKA MN 55343	4.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE	D	5.1 TITLE	Director
NAME	MARCUS, GAIL B	5.2 NAME	David P. Koppe
STREET ADDRESS	1 TOWER SQUARE	5.3 STREET ADDRESS	9900 Bren Rd E, Ste 300
CITY-ST-ZIP	HARTFORD CT	5.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE	D	6.1 TITLE	
NAME	GERSON, ELLIOT F	6.2 NAME	
STREET ADDRESS	1 TOWER SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06183	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 4/30/97 Daytime Phone #: 612-937-1717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)