

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829631

Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY

Current Principal Place of Business:

185 ASYLUM STREET
HARTFORD, CT 06103-0450

Current Mailing Address:

185 ASYLUM STREET
HARTFORD, CT 06103-0450 US

FEI Number: 36-2739571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title PRESIDENT/DIRECTOR
Name ALTER, JEFFREY DONALD
Address 48 MONROE TURNPIKE
City-State-Zip: TRUMBULL CT 06611

Title DIRECTOR
Name BECKER, JAMES HENNE
Address 9700 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name BEDARD, JAMES FRANCIS
Address 185 ASYLUM STREET
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR
Name COTTINGTON, NYLE BRENT
Address 9700 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name HANSEN, PAUL DANIEL
Address 9700 HEALTH CARE LANE
City-State-Zip: MIINNETONKA MN 55343

Title DIRECTOR
Name IANNONE, GARY ANTHONY
Address 185 ASYLUM STREET
City-State-Zip: HARTFORD CT 06103-0450

Title ASSISTANT SECRETARY
Name LANG JACOBSEN, HEATHER ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name MCGLINCH, THOMAS SHAUN
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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I hereby 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 all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG JACOBSEN

ASSISTANT SECRETARY 04/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name MCGUIRE, THOMAS JOSEPH
Address 185 ASYLUM STREET
CITY PLACE I
City-State-Zip: HARTFORD CT 06013

Title TREASURER
Name OBERRENDER, ROBERT WORTH
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name NOEL, TIMOTHY JOHN
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name ROOS, THOMAS EDWARD
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343