

2019 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 DIRECTOR
Name BEDARD, JAMES FRANCIS
Address 185 ASYLUM STREET
City-State-Zip: HARTFORD CT 06103-0450

Title DIRECTOR
Name BRUECKMAN, BRIAN DOUGLAS
Address 9700 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name COTTINGTON, NYLE BRENT
Address 185 ASYLUM STREET
City-State-Zip: HARTFORD CT 06103-0450

Title DIRECTOR
Name GOLDEN, WILLIAM JOHN
Address ONE PENN PLAZA
8TH FLOOR
City-State-Zip: NEW YORK NY 10119

Title DIRECTOR
Name HANSEN, PAUL DANIEL
Address 185 ASYLUM STREET
City-State-Zip: HARTFORD CT 06103-0450

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

Title DIRECTOR
Name MCGLINCH, THOMAS SHAUN
Address 185 ASYLUM STREET
City-State-Zip: HARTFORD CT 06103-0450

Title DIRECTOR
Name NOEL, TIMOTHY JOHN
Address 9800 HEALTH CARE LANE
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

ASSISTANT SECRETARY 03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROOS, THOMAS EDWARD
Address 185 ASYLUM STREET
City-State-Zip: HARTFORD CT 06103-0450

Title TREASURER
Name GILL, PETER MARSHALL
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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

Title PRESIDENT
Name GOLDEN, WILLIAM JOHN
Address ONE PENN PLAZA
8TH FLOOR
City-State-Zip: NEW YORK NY 10119

Title SECRETARY
Name MCGUIRE, THOMAS JOSEPH
Address 185 ASYLUM STREET
City-State-Zip: HARTFORD CT 06103-0450