

**2020 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 ASSISTANT TREASURER  
Name NOEL, TIMOTHY JOHN  
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 ASSISTANT SECRETARY\*  
Name ZAETTA, CHRISTOPHER ROBERT  
Address 9800 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title ASSISTANT SECRETARY\*  
Name WEBER, ERIN ELIZABETH  
Address 9700 HEALTH CARE LANE  
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 ASSISTANT SECRETARY\*  
Name IAIA, BRIAN PAUL  
Address 185 ASYLUM STREET  
City-State-Zip: HARTFORD CT 06103-0450

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

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

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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 05/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VICE PRESIDENT\*  
Name REICHEL, RANDI F  
Address P.O. BOX 9472  
City-State-Zip: MINNEAPOLIS MN 55440

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

Title VICE PRESIDENT\*  
Name CONWAY, LAUREN JEAN  
Address 185 ASYLUM STREET  
City-State-Zip: HARTFORD CT 06103-0450

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

Title ASSISTANT TREASURER\*  
Name RUNICE, PAUL TIMOTHY  
Address 185 ASYLUM STREET  
City-State-Zip: HARTFORD CT 06103-0450

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

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

Title VICE PRESIDENT\*  
Name HANSEN, DAVID MORRIS  
Address 185 ASYLUM STREET  
City-State-Zip: HARTFORD CT 06103-0450

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

Title DIRECTOR  
Name COTTINGTON, NYLE BRENT

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

Title SENIOR VICE PRESIDENT\*  
Name JOSEPH, MOLLY ELIZABETH  
Address 9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title ASSISTANT SECRETARY\*  
Name PALME-KRIZAK, CHRISTINA REGINA  
Address 185 ASYLUM STREET  
City-State-Zip: HARTFORD CT 06103-0450

Title ASSISTANT SECRETARY\*  
Name KALLMEYER, PAUL DAVID  
Address 185 ASYLUM STREET  
City-State-Zip: HARTFORD CT 06103-0450

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

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

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

Title VP, FINANCE\*  
Name TASSINARI, PETER ARTHUR  
Address 185 ASYLUM STREET  
City-State-Zip: HARTFORD CT 06103-0450

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

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

Title SENIOR VICE PRESIDENT\*  
Name MATTEO, MICHAEL CURT  
Address 185 ASYLUM STREET

Address	185 ASYLUM STREET	City-State-Zip:	HARTFORD CT 06103-0450
City-State-Zip:	HARTFORD CT 06103-0450	Title	DIRECTOR
Title	VICE PRESIDENT*	Name	MCGLINCH, THOMAS SHAUN
Name	ERICSON, KEVIN MICHAEL	Address	185 ASYLUM STREET
Address	185 ASYLUM STREET	City-State-Zip:	HARTFORD CT 06103-0450
City-State-Zip:	HARTFORD CT 06103-0450	Title	VICE PRESIDENT*
Title	ACTUARY*	Name	FALKENBERG, ROBERT CHARLES
Name	WEINSTOCK, RANDALL HARRISON	Address	185 ASYLUM STREET
Address	185 ASYLUM STREET	City-State-Zip:	HARTFORD CT 06103-0450
City-State-Zip:	HARTFORD CT 06103-0450	Title	SECRETARY
Title	VP, TAX SERVICES*	Name	BURCH, TIMOTHY JAMES
Name	KELLY, JOHN WILLIAM	Address	185 ASYLUM STREET
Address	185 ASYLUM STREET	City-State-Zip:	HARTFORD CT 06103-0450
City-State-Zip:	HARTFORD CT 06103-0450	Title	CHIEF MEDICAL OFFICER*
Title	SENIOR VICE PRESIDENT, GOVERNMENT PROGRAMS*	Name	VACANT, POSITION
Name	CIANFROCCO, HEATHER RACHELLE	Address	185 ASYLUM STREET
Address	185 ASYLUM STREET	City-State-Zip:	HARTFORD CT 06103-0450
City-State-Zip:	HARTFORD CT 06103-0450	Title	CHAIR
Title	TREASURER	Name	GOLDEN, WILLIAM JOHN
Name	GILL, PETER MARSHALL	Address	ONE PENN PLAZA 8TH FLOOR
Address	9900 BREN ROAD EAST	City-State-Zip:	NEW YORK NY 10119
City-State-Zip:	MINNETONKA MN 55343	Title	DIRECTOR
Title	PRESIDENT	Name	BRUECKMAN, BRIAN DOUGLAS
Name	GOLDEN, WILLIAM JOHN	Address	9700 HEALTH CARE LANE
Address	ONE PENN PLAZA 8TH FLOOR	City-State-Zip:	MINNETONKA MN 55343
City-State-Zip:	NEW YORK NY 10119	Title	DIRECTOR
Title	DIRECTOR	Name	NOEL, TIMOTHY JOHN
Name	GOLDEN, WILLIAM JOHN	Address	9800 HEALTH CARE LANE
Address	ONE PENN PLAZA 8TH FLOOR	City-State-Zip:	MINNETONKA MN 55343
City-State-Zip:	NEW YORK NY 10119	Title	ASSISTANT SECRETARY
Title	ASSISTANT SECRETARY*	Name	ZUBA, JESSICA LEIGH
Name	MATTHEWS, JOHN JOSEPH	Address	185 ASYLUM STREET
Address	185 ASYLUM STREET	City-State-Zip:	HARTFORD CT 06103-0450
City-State-Zip:	HARTFORD CT 06103-0450	Title	ASSISTANT SECRETARY
Title	ASSISTANT SECRETARY*	Name	GALIMI, GAVIN GUY
Name	LEWIS-DAVID, JENNIFER LUNDGREN	Address	185 ASYLUM STREET
Address	10175 LITTLE PATUXENT	City-State-Zip:	HARTFORD CT 06103-0450
City-State-Zip:	COLUMBIA MD 21044	Title	CHIEF ACTUARY
Title	VICE PRESIDENT*	Name	IANNONE, GARY ANTHONY
Name	STATE, TONYA LYNN	Address	185 ASYLUM STREET
Address	9800 HEALTH CARE LANE	City-State-Zip:	HARTFORD CT 06103-0450

City-State-Zip: MINNETONKA MN 55343