

**2016 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           TREASURER  
Name           OBERRENDER, ROBERT WORTH  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

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

Title           ASSISTANT SECRETARY  
Name           HUNTLEY, MICHELLE MARIE  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

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

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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: MICHELLE MARIE HUNTLEY**

**ASSISTANT SECRETARY   04/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name NELSON, STEVEN HALE  
Address 3100 LAKE CENTER DRIVE  
City-State-Zip: SANTA ANA CA 92704

Title DIRECTOR  
Name ROOS, THOMAS EDWARD  
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

Title DIRECTOR  
Name SORBO, ALLEN JON  
Address 48 MONROE TURNPIKE  
City-State-Zip: TRUMBULL CT 06611