

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 836005

**Entity Name:** UNITEDHEALTHCARE INSURANCE COMPANY OF AMERICA**Current Principal Place of Business:**1600 MCCONNOR PARKWAY  
FL 2  
SCHAUMBURG, IL 60173**Current Mailing Address:**185 ASYLUM STREET,CITY PLACE - 4TH FL  
HARTFORD, CT 06103 US**FEI Number:** 38-2044243**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ZITO, MOLLIE KATHERINE  
Address 1600 MCCONNOR PARKWAY  
FL 2  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR  
Name BARTHOLOMEW, CRAIG LEE  
Address 1600 MCCONNOR PARKWAY  
FL 2  
City-State-Zip: SCHAUMBURG IL 60173

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 1600 MCCONNOR PARKWAY  
FL 2  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR  
Name STATE, TONYA LYNN  
Address 1600 MCCONNOR PARKWAY  
FL 2  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR  
Name HILL, DAVID KEITH  
Address 1600 MCCONNOR PARKWAY  
FL 2  
City-State-Zip: SCHAUMBURG IL 60173

Title SECRETARY  
Name MURDOCK, SARAH ANN  
Address 1600 MCCONNOR PARKWAY  
FL 2  
City-State-Zip: SCHAUMBURG IL 60173

Title CFO  
Name STATE, TONYA LYNN  
Address 1600 MCCONNOR PARKWAY  
FL 2  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR  
Name FITZGIBBONS, MICHAEL DAVID  
Address 1600 MCCONNOR PARKWAY  
FL 2  
City-State-Zip: SCHAUMBURG IL 60173

**Continues on page 2**

*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** 04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                PRESIDENT  
Name                MONICAL, KENT WESLEY  
Address            1600 MCCONNOR PARKWAY  
                         FL 2  
City-State-Zip:    SCHAUMBURG IL 60173

Title                ASSISTANT SECRETARY  
Name                HEATHER, LANG ANASTASIA  
Address            1600 MCCONNOR PARKWAY  
                         FL 2  
City-State-Zip:    SCHAUMBURG IL 60173

Title                CEO  
Name                MONICAL, KENT WESLEY  
Address            1600 MCCONNOR PARKWAY  
                         FL 2  
City-State-Zip:    SCHAUMBURG IL 60173

Title                DIRECTOR  
Name                MONICAL, KENT WESLEY  
Address            1600 MCCONNOR PARKWAY  
                         FL 2  
City-State-Zip:    SCHAUMBURG IL 60173