

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214546575
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1.) CORPORATION NAME: UnitedHealthcare Insurance Company 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	DUE DATE: 11/30/2014 SCC ID NO: F0259012 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: CT					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 185 Asylum Street

CITY/ST/ZIP: Hartford, CT 06103-0450

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY DONAL ALTER		
TITLE: PRESIDENT		
ADDRESS: 48 MONROE TURNPIKE		
CITY/ST/ZIP/CO: TRUMBULL, CT 06611		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT WORTH OBERRENDER		
TITLE: TREASURER		
ADDRESS: 9900 BREN ROAD EAST		
CITY/ST/ZIP/CO: MINNETONKA, MN 55343		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHELLE MARIE HUNTLEY DILL		
TITLE: ASST SECRETARY		
ADDRESS: 9900 BREN RAOD EAST		
CITY/ST/ZIP/CO: MINNETONKA, MN 55343		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS JOSEPH MCGUIRE		
TITLE: SECRETARY		
ADDRESS: 185 ASYLUM STREET		
CITY/ST/ZIP/CO: CITY PLACE I HARTFORD, CT 06013		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHELLE MARIE HUNTLEY DILL	MICHELLE MARIE HUNTLEY DILL, ASST SECRETARY	10/14/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.