

1.) CORPORATION NAME: <b>UnitedHealthcare of the Mid-Atlantic, Inc.</b>	DUE DATE: <b>5/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b>	SCC ID NO: <b>F1214073</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	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>1,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000,000
CLASS	AUTHORIZED				
COMMON	1,000,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 King Farm Boulevard

CITY/ST/ZIP: Rockville, MD 20850

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: Richard Wynn Reeves TITLE: PRESIDENT ADDRESS: 6095 Marshalee Drive, Suite 200 CITY/ST/ZIP/CO: Elkridge, MD 21075		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Christina Regina Palme-Krizak TITLE: SECRETARY ADDRESS: PO Box 9472 CITY/ST/ZIP/CO: Minneapolis, MN 55440		

	<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: Robert Worth Oberrender TITLE: TREASURER ADDRESS: 9900 Bren Road East CITY/ST/ZIP/CO: Minnetonka, MN 55343		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Wynne Reeves TITLE: DIRECTOR ADDRESS: 6095 Marshalee Drive, Suite 200 CITY/ST/ZIP/CO: Elkridge, MD 21075		

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	4/24/2012
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.