

1.) CORPORATION NAME:

**UnitedHealthcare Children's Foundation, Inc.**

DUE DATE: **12/31/2011**

SCC ID NO: **F1453432**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5901 LINCOLN DRIVE

CITY/ST/ZIP: EDINA, MN 55436-

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.

NAME: DAVID HARVEY  
TITLE: TREASURER  
ADDRESS: 5901 LINCOLN DRIVE  
CITY/ST/ZIP/CO: EDINA, MN 55436-

OFFICER

DIRECTOR

NAME: TERI HOVSEPIAN  
TITLE: ASSIST TREAS  
ADDRESS: 5901 LINCOLN DRIVE  
CITY/ST/ZIP/CO: EDINA, MN 55436-

OFFICER

DIRECTOR

NAME: MICHAEL MORAVEC  
TITLE: ASSIST EXEC DIR  
ADDRESS: 5901 LINCOLN DRIVE  
CITY/ST/ZIP/CO: EDINA, MN 55436-

OFFICER

DIRECTOR

NAME: JACK WICKENS  
TITLE: CHAIRMAN  
ADDRESS: 1313 KILCHATTAN LANE  
CITY/ST/ZIP/CO: KESWICK, VA 22947-

OFFICER

DIRECTOR

NAME: THOMAS P. BARBERA  
TITLE: DIRECTOR  
ADDRESS: 18600 NEW HAMPSHIRE AVENUE  
CITY/ST/ZIP/CO: ASHTON, MD 20861-

OFFICER

DIRECTOR

NAME: JEANNINE RIVET TITLE: DIRECTOR ADDRESS: 9900 BREN ROAD EAST MN008-T920 CITY/ST/ZIP/CO: MINNETONKA, MN 55343-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID WICHMANN TITLE: DIRECTOR ADDRESS: 9900 BREN ROAD EAST MN008-T040 CITY/ST/ZIP/CO: MINNETONKA, MN 55343-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MATTHEW PETERSON TITLE: PRESIDENT ADDRESS: 5901 LINCOLN DRIVE CITY/ST/ZIP/CO: EDINA, MN 55436-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GAYLE WOODIS TITLE: EXEC. DIRECTOR ADDRESS: 9900 BREN ROAD EAST CITY/ST/ZIP/CO: MINNETONKA, MN 55343-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JEANETTE PFOTENHAUER TITLE: SECRETARY ADDRESS: 9900 BREN ROAD EAST CITY/ST/ZIP/CO: MINNETONKA, MN 55343-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID HEFNER TITLE: DIRECTOR ADDRESS: 1120 15TH STREET BI-2090 CITY/ST/ZIP/CO: AUGUSTA, GA 30912-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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.		
<u>/s/ TERI HOVSEPIAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TERI HOVSEPIAN, ASSIST TREAS</u> PRINTED NAME AND CORPORATE TITLE	<u>12/7/2011</u> 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.		