

1.) CORPORATION NAME:

UnitedHealthcare Children's Foundation, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1453432**

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: 9700 HEALTH CARE LANE

CITY/ST/ZIP: MINNETONKA, MN 55343

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: MATTHEW PETERSON TITLE: PRESIDENT ADDRESS: 9700 HEALTH CARE LANE CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEANETTE PFOTENHAUER TITLE: SECRETARY ADDRESS: 9700 HEALTH CARE LANE CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID HARVEY TITLE: TREASURER ADDRESS: 9700 HEALTH CARE LANE CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TERI HOVSEPIAN TITLE: ASSIST TREAS ADDRESS: 9700 HEALTH CARE LANE CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GAYLE WOODIS TITLE: EXEC. DIRECTOR ADDRESS: 9700 HEALTH CARE LANE CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JACK WICKENS TITLE: CHAIRMAN ADDRESS: 1313 KILCHATTAN LANE CITY/ST/ZIP/CO: KESWICK, VA 22947	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: THOMAS P. BARBERA TITLE: DIRECTOR ADDRESS: 18600 NEW HAMPSHIRE AVENUE CITY/ST/ZIP/CO: ASHTON, MD 20861	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID HEFNER TITLE: DIRECTOR ADDRESS: 1120 15TH STREET CITY/ST/ZIP/CO: BI-2090 AUGUSTA, GA 30912	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEANNINE RIVET TITLE: DIRECTOR ADDRESS: 9900 BREN ROAD EAST CITY/ST/ZIP/CO: MN008-T920 MINNETONKA, MN 55343	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID WICHMANN TITLE: DIRECTOR ADDRESS: 9900 BREN ROAD EAST CITY/ST/ZIP/CO: MN008-T040 MINNETONKA, MN 55343	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID LETRO TITLE: ASST EXEC DIR ADDRESS: 9700 HEALTH CARE LANE CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input checked="" type="checkbox"/> OFFICER <input 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.		
/s/ DAVID HARVEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID HARVEY, TREASURER PRINTED NAME AND CORPORATE TITLE	11/19/2012 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.		