

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213558827

1.) CORPORATION NAME:

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

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9700 HEALTH CARE LANE		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	DAVID HARVEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9700 HEALTH CARE LANE		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	TERI HOVSEPIAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST TREAS		
ADDRESS:	9700 HEALTH CARE LANE		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	DAVID LETRO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST EXEC DIR		
ADDRESS:	9700 HEALTH CARE LANE		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	JEANETTE PFOTENHAUER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9700 HEALTH CARE LANE		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	GAYLE WOODIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC. DIRECTOR		
ADDRESS:	9700 HEALTH CARE LANE		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

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	
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	12/9/2013 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.		