No. <b>C 93808</b>		Due no later than Nov 30, 2016  Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX)     C T CORPORATION SYSTEM					
Return to:										
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  UNITED HEALTHCARE SERVICES, INC.  UNITEDHEALTH GROUP CENTER  9900 BREN ROAD EAST  MINNETONKA MN 55343			921 S ORCHARD ST STE G BOISE ID 83705					
				3. New Registered Agent Signature:*						
								. Corporations: Enter I	Names and Busin	ess Addresses of Presid
Office Held	Name		Street or PO Address	City	State	Country	Postal Code			
PRESIDENT	TARRANT JEFFREY PUTNAM		9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343			
SECRETARY PAYMAN PEZHMAN		ZHMAN	9700 HEALTH CARE LANE	MINNETONKA	MN	USA	55343			
REASURER ROBERT WORTH OBERRENDER		RTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343			
DIRECTOR	RECTOR BRIAN ROBERT THOMPSON		9700 HEALTH CARE LANE	EDINA	MN	USA	55436			
DIRECTOR	TARRANT JEFFREY PUTNAM		9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343			
5. Organized Under the Laws of:		6. Annual Report must be signed.*								
5. Organized Under the	e Laws of:	o. Annual Report mus	t be signed.				Date: 10/14/2016			
5. Organized Under the	e Laws of:	Signature: Kelly Le			Date: 10	/14/2016				
			ttmann		Date: 10 Title: PC					