

No. W 109717		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)			
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. UNITEDHEALTHCARE SPECIALTY BENEFITS, LLC 300 SOUTHBOROUGH DRIVE SOUTH PORTLAND ME 04106		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	PHILIP ROBERTS KAUFMAN	9700 HEALTH CARE LANE	MINNETONKA	MN	USA	55343	
MANAGER	ANDREW JOSEPH FABULA	6220 OLD DOBBIN LANE LIBERTY 6, SUITE 200	COLUMBIA	MD	USA	21045	
MANAGER	ROBERT LEE BROMMER	9700 HEALTH CARE LANE	MINNETONKA	MN	USA	55343	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ME		Signature: Mandeline Hendricks				Date: 12/10/2015	
W 109717		Name (type or print): Mandeline Hendricks				Title: POA	
Processed 12/10/2015		* Electronically provided signatures are accepted as original signatures.					