

No. C 190003		Due no later than Feb 29, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. UNITEDHEALTHCARE OF UTAH, INC. 2525 LAKE PARK BLVD SALT LAKE CITY UT 84120		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 MS CA-112-0267 BOISE ID 83702 USA			
				3. <u>New</u> Registered Agent Signature: *			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CHRISTINA REGINA PALME-KRIZAK	PO BOX 9472	MINNEAPOLIS	MN	USA	55440	
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343	
DIRECTOR	CHRISTOPHER LOCKETT HARD	2525 LAKE PARK BOULEVARD	WEST VALLEY CITY	UT	USA	84120	
PRESIDENT	CHRISTOPHER LOCKETT HARD	2525 LAKE PARK BOULEVARD	WEST VALLEY CITY	UT	USA	84120	
5. Organized Under the Laws of: UT C 190003		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks			Date: 12/20/2011 Title: Poa		
Processed 12/20/2011		* Electronically provided signatures are accepted as original signatures.					