

No. C 93808		Due no later than Nov 30, 2014 Annual Report Form		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. UNITED HEALTHCARE SERVICES, INC. UNITEDHEALTH GROUP CENTER 9900 BREN ROAD EAST MINNETONKA MN 55343 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
						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	
DIRECTOR	BRIAN ROBERT THOMPSON	9700 HEALTH CARE LANE	EDINA	MN	USA	55436	
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343	
SECRETARY	PAYMAN PEZHMAN	5995 PLAZA DRIVE	CYPRESS	CA	USA	90630	
DIRECTOR	WILLIAM ARNOLD MUNSELL	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343	
PRESIDENT	WILLIAM ARNOLD MUNSELL	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343	
5. Organized Under the Laws of: MN C 93808		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks					
		Date: 10/14/2014 Title: POA					
Processed 10/14/2014		* Electronically provided signatures are accepted as original signatures.					