No. C 93808		Due no later than Nov 30, 2012		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CT CORPORAT	CT CORPORATION SYSTEM			
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.			1111 W JEFFERSON STE 530 BOISE ID 83702			
		UNITED HEALTHCARE SERVICES, INC. UNITEDHEALTH GROUP CENTER 9900 BREN ROAD EAST MINNETONKA MN 55343 USA		USA USA				
				3. <u>New</u> Registere				
4. Corporations: Enter Na	ames and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treas	surer (optional).				
Office Held	Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BRIAN ROBERT THOMPSON		9700 HEALTH CARE LANE	EDINA	MN	USA	55436	
		RTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343	
SECRETARY JAY ANTHONY		Y WARMUTH	9700 HEALTH CARE LANE	MINNETONKA	MN	USA	55343	
PRESIDENT WILLIAM ARNOLD MUNS		NOLD MUNSELL	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
MN C 93808		Signature: Mandeli		Date: 10/15/2012				
		Name (type or prin		Title: Poa				
Processed 10/15/2012		* Electronically provide	ed signatures are accepted as origina	al signatures.				