No. C 93808	Due no later than November 30, 2003 Annual Report Form 1 Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BOX C T CORPORATION SYSTEM 300 NORTH 6TH STREET	
Return to: SECRETARY OF STATE				
700 WEST JEFFERSON PO BOX 83720	UNITED HEALTHCARE SERVICES LEGAL DEPT. MNO8-T202 P.O. BOX 1459	, INC.	BOISE, ID 83702	:
BOISE, ID 83720-0080 NO FILING FEE IF	MINNEAPOLIS, MN 55440 8001		3. New Registered Agent	Signature
PECEIVED BY DUE DATE				
4. Corporations: Enter Na	mes and Business Addresses of Pro	esident, Secreta	ry and Directors.	
Office held Name	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
		oad East, Mi	nnetonka, MN	55343
	. Lubben 9900 Bren R	load East, Mi	nnetonka, MN	55343
President Stepehn	J. Hemsley 9900 Bren R	load East, Mi	nnetonka, MN	55343
	Lubben 9900 Bren F	Road East, Mi	lnnetonka, MN	55343
	W. Oberrender 9900 Bren F	Road East, Mi	innetonka, MN	55343
5. Organized Under the Laws of: MINNESOTA C 93808	6. Signature David Name Printed) David	Lubben	Date Sept	ember 15, 20)3
0.0000				2052
Issued 09/02/2003	Do Not Tape or	Stanle		ZU0Z