

No. C 93808

Annual Report Form

Due No Later Than November 30,

2. Registered Agent and Office **NOT A P.O. BOX**Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**NO FEE REQUIRED**

1. Mailing Address - Please Correct, If Not Correct

UNITED HEALTHCARE SERVICES, INC.
~~MR MN08-8313~~ LEGAL DEPT. MN08-T202
PO BOX 1459
MINNEAPOLIS MN 55440CT CORPORATION SYSTEM
300 N 6TH ST
BOISE ID 837013. Organized Under the Laws of: ~~IDAHO~~
C 93808 MINNESOTA

4. Corporations: Enter Names and Addresses of
- President, Secretary and Directors**
-
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers**
- or
- ☐
- Members**
- (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	William W. McGuire, M.D.,	9900 Bren Road East #300,	Minnetonka,	MN	55343
Secretary	Brigid M. Spicola	9900 Bren Road East #300,	Minnetonka,	MN	55343
Director	William W. McGuire, M.D.,	9900 Bren Road East #300,	Minnetonka,	MN	55343
Director	David P. Koppe	9900 Bren Road East #300,	Minnetonka,	MN	55343

5. Health Care Cost Management

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature  Date October 9, 1997Name (Typed or Printed) Brigid M. Spicola Title Secretary