

No. <b>C 190003</b>		<b>Due no later than Feb 28, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> UNITEDHEALTHCARE OF UTAH, INC. 2795 EAST COTTONWOOD PARKWAY SUITE 200 SALT LAKE CITY UT 84121		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 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
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
SECRETARY	CHRISTINA REGINA PALME-KRIZAK	PO BOX 9472	MINNEAPOLIS	MN	USA	55440-9472
PRESIDENT	MARC R BRIGGS	2724 N. TENAYA WAY	LAS VEGAS	NV	USA	89128
DIRECTOR	MARC R BRIGGS	2724 N. TENAYA WAY	LAS VEGAS	NV	USA	89128
DIRECTOR	SUSAN ELIZABETH VOGEL	2720 N. TENAYA WAY	LAS VEGAS	NV	USA	89128
DIRECTOR	PAMELA JEAN GOLD	2525 LAKE PARK BOULEVARD	WEST VALLEY CITY	UT	USA	84120
5. Organized Under the Laws of:  <b>UT C 190003</b>		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 01/07/2017 Title: POA				
Processed 01/07/2017		* Electronically provided signatures are accepted as original signatures.				