

Filing Fee: \$50.00

ID Number: 114463



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
UnitedHealthcare Specialty Benefits, LLC
2. The fictitious business name to be used is UnitedHealthcare Specialty Benefits
3. The state or territory under the laws of which it is incorporated, organized or formed is Maine
4. The date of incorporation, organization or formation is 05/20/1998
5. If a business corporation, the address of its registered office within Rhode Island is 10 Weybosset Street
Providence, RI 02903
6. If a business corporation, the business in which it is engaged Third party administrator managing claims and business
for internal and external clients.
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: November 7, 2012

UnitedHealthcare Specialty Benefits, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By Michelle M. Huntley Dill
Signature of Authorized Officer of the Corporation
Michelle M. Huntley Dill Assistant Secretary

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

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