



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2014

**1. ID No.** 000114463

**2. Exact Name of the Limited Liability Company** UnitedHealthcare Specialty Benefits, LLC

**3. State of Formation**

State: ME

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

CLAIMS MANAGEMENT SERVICES TO DISABILITY BENEFIT PLANS

**5. Principal Office Address**

No. and Street: 300 SOUTHBOROUGH DRIVE

City or Town: SOUTH PORTLAND

State: ME

Zip: 04106

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 300 SOUTHBOROUGH DRIVE

City or Town: SOUTH PORTLAND

State: ME

Zip: 04106

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	PHILIP ROBERTS KAUFMAN	9700 HEALTH CARE LANE MINNETONKA, MN 55343 USA
MANAGER	ANDREW JOSEPH FABULA	6220 OLD DOBBIN LANE, LIBERTY 6, SUITE 200 COLUMBIA, MD 21045 USA
MANAGER	ROBERT LEE BROMMER	9700 HEALTH CARE LANE MINNETONKA, MN 55343 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 24 Day of September, 2014 at 3:53:36 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MANDELINE HENDRICKS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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