



**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: 2018

1. ID No. 000114463

2. Exact Name of the Limited Liability Company UNITEDHEALTHCARE SPECIALTY BENEFITS, LLC

3. State of Formation

State: ME

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

812990

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

"THIRD PARTY ADMINISTRATOR MANAGING CLAIMS AND BUSINESS FOR INTERNAL AND EXTERNAL CLIENTS"

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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	ROBERT LEE BROMMER	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	THOMAS PATRICK WIFFLER	200 EAST RANDOLPH STREET SUITE 5300 CHICAGO, IL 60601 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 25 Day of September, 2018 at 9:15:11 AM 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 KELLY LETTMANN
Signature of Authorized Person

Form No. 632
Revised 09/07

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