State of Rhode Island
Office of the Secretary of State

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

Fee: $50.00

Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 000032437

2. Name of Corporation UnitedHealthCare of New England, Inc.

3. Street Address Principal Business Office:

No. and Street: 475 KILVERT STREET, SUITE 310
MAIL ROUTE # RI010-3400
City or Town: WARWICK State: RI Zip: 02886-1392 Country: USA

4. Business Phone No.

8778583855

5. State of Incorporation

State: RI

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.

621491

6. Brief Description of the Character of Business Conducted in Rhode Island

HEALTH MAINTENANCE ORGANIZATION.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY CALLAHAN ARCHER	185 ASYLUM STREET,CITY PLACE I HARTFORD, CT 06103 USA
TREASURER	PETER MARSHALL GILL	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	NICHOLAS ROBERT SHJERVE	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
VICE PRESIDENT	NYLE BRENT COTTINGTON	9800 HEALTH CARE LANE MINNETONKA, MN 55343 USA
DIRECTOR	MARY RACHEL SNYDER	POST OFFICE BOX 9472, MAIL CODE: CT950-1000 MINNEAPOLIS, MN 55440-9472 USA
DIRECTOR	MICHAEL ALEXAND FLORCZYK	475 KILVERT STREET, SUITE 310, MAIL ROUTE # RI010-3400 WARWICK, RI 02886-1392 USA
DIRECTOR	TIMOTHY CALLAHAN ARCHER	185 ASYLUM STREET,CITY PLACE I HARTFORD, CT 06103 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CNP		$0.0000	100.00	10

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 25 Day of April, 2023 at 8:17:32 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07