

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (Home or street)

9900 Bren Road East

(Check if address is changed)

Minnetonka

MN

55343

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

andrew.g.tapling@uhc.com / manuela.s.boehm@uhc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-383-8412

2. DATE

12 / 27 / 2005

3. FEC IDENTIFICATION NUMBER

C C00274431

4. IS THIS STATEMENT

NEW (N)

OR

X

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Patrick J. Erlandson

Signature of Treasurer

Electronically Filed by Patrick J. Erlandson

Date

12 / 27 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

UnitedHealth Group Incorporated _____

Mailing Address _____ 9900 Bren Road East _____

Minnetonka MN 55343 - _____

CITY A

STATE A

ZIP CODE A

Relationship Connected _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Andrew Tapling**

Mailing Address **9900 Bren Road East**

Minnetonka MN 55343

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Book Keeper Telephone number 952 - 936 - 7140

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Patrick J. Erlandson**

Mailing Address **9900 Bren Road East**

Minnetonka MN 55343

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 952 - 936 - 5901

Full Name of Designated Agent **Scott Theisen**

Mailing Address **9900 Bren Road East
MN008-W395**

Minnetonka MN 55343

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Asst. Treasurer Telephone number 952 - 936 - 7141

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mellon Bank

Mailing Address

P.O. Box 329

Pittsburgh

PA

15230

CITY Δ

STATE Δ

ZIP CODE Δ

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Golden Rule Financial Corporation Political Action Committee

Mailing Address

7440 Woodland Drive

Indianapolis

IN

46278

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Committee

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number 0 _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Oxford Health Plans, Inc. Committee for Quality Healthcare

Mailing Address

48 Monroe Turnpike

Trumbull

CT

06611

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Committee

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number 0 _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

PACIFICARE HEALTH SYSTEMS INC. EMPLOYEES' POLITICAL ACTION COMMITTEE			
Mailing Address	5995 Plaza Drive M/S CY20-538		
	Cyprus	CA	90630
	CITY ▲	STATE ▲	ZIP CODE ▲

Relationship	Affiliated Committee
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Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number 0 _____ - _____ - _____
