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 (number and street) **9900 Bren Road East**

☐ (Check if address is changed)

Minnetonka CITY **MN** STATE **55343** 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

2023836412

2. DATE MM **12** / DD **11** / YYYY **2006**

3. **FEC IDENTIFICATION NUMBER** **C C00274431**

4. IS THIS STATEMENT ☐ NEW (N) **OR** ☒ 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 **Eric Rangen**

Signature of Treasurer Electronically Filed by **Eric Rangen** Date MM **12** / DD **11** / YYYY **2006**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 202-694-1100

Image# 26930730407

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

(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, Inc.

Mailing Address **9900 Bren Road East**

Minnetonka | **MN** | **55343** –

CITY **STATE** **ZIP CODE**

Relationship **Connected**

Type of Connected Organization:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ 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: **Eric Rangen**

Mailing Address: **9900 Bren Road East**

Minnetonka | **MN** | **55343** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number **952** – **936** – **5778**

Full Name of Designated Agent: **Scott Theisen**

Mailing Address: **9900 Bren Road East**

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 **STATE** **ZIP CODE**

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:

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

Designated Agent **[ADDITIONAL]**

Full Name: **Jack W. Shields**

Mailing Address: **3803 North Elm Street**

Greensboro | **NC** | **27455** – _____

Title or Position ▼ | **CITY** ▲ | **STATE** ▲ | **ZIP CODE** ▲

Asst. Treasurer

Telephone number **952** – **936** – **1300**