

UNITEDhealthcare

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
999 E. Henn Road East  
P.O. Box 1459  
Minneapolis, MN 55440-1459  
Aug 12 10 22 AM '98

August 11, 1998

Federal Election Commission  
999 E Street NW  
Washington, DC 20463

Re: United HealthCare Corporation Political Fund

Dear Sir or Madam:

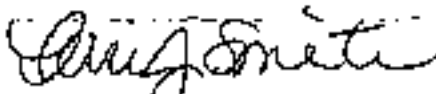
Enclosed for filing with your office is an Amended Statement of Organization for United HealthCare Corporation Political Fund.

The statement has been amended as follows:

1. Change in Custodian of Records on Line 7
2. Change in Treasurer and designated agent (assistant Treasurer)

If you have any questions, please call me at 612/936-7351.

Sincerely,



Terri J. Smith  
Manager, Public Affairs Administration

Enclosure

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <span style="float: right;">(Check if name is changed)</span> United HealthCare Corporation Political Fund FEDERAL ELECTION COMMISSION	2. DATE 8-11-98
(b) Number and Street Address 9900 Bren Road East	3. FEC IDENTIFICATION NUMBER C00274431
(c) City, State and ZIP Code Minnetonka, MN 55343	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
Gregory J. Springer	United HealthCare, MN008-8092 P.O. Box 1459 Minneapolis, MN 55440	Treasurer

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	Mailing Address	Title or Position
Gregory J. Springer	United HealthCare, MN008-8092 P.O. Box 1459	Treasurer
Scott E. Theisen	Minneapolis, MN 55440	Assistant Treasurer

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.	Mailing Address and ZIP Code

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	SIGNATURE OF TREASURER	DATE
Gregory J. Springer	<i>Gregory Springer</i>	8/11/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>8-12-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>8-12-98</i> DATE PREPARED