

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

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

202-383-6412

2. DATE

04 / 24 / 2008

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

04 / 24 / 2008

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

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

- (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

Sierra Health Services Political Action Committee

Mailing Address **P.O. Box 15645**

Las Vegas **NV** **89114** -

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Affiliated Committee**

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 **Karen Erickson**

Mailing Address **9900 Bren Road East**

Minnetonka **MN** **55343**

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

Designated Agent Telephone number _____

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 ▲

Name of Bank, Depository, etc.

Mailing Address

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 **Mellon Bank**

P.O. Box 329

Pittsburgh **PA** **15230**

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Fiserv Health Inc. Political Action Committee

Mailing Address **5500 Wayata Blvd**

Suite 500

Minneapolis **MN** **55416**

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 | **Karen Erickson** |

Mailing Address | **9900 Bren Road East** |

| **Minnetonka** | **MN** | **55343** - |

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

| | Telephone number | - | - |

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[ADDITIONAL]

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P.O. Box 329

Pittsburgh **PA** **15230**

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

UnitedHealth Group

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

Designated Agent

[ADDITIONAL]

Full Name **Karen Erickson**

Mailing Address **9900 Bren Road East**

Minnetonka **MN** **55343** -

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

Designated Agent Telephone number - -

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[ADDITIONAL]

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P.O. Box 329

Pittsburgh **PA** **15230**

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Designated Agent

[ADDITIONAL]

Full Name | **Karen Erickson** |

Mailing Address | **9900 Bren Road East** |

| **Minnetonka** | **MN** | **55343** - |

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

| **Designated Agent** |

Telephone number | - | - |

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[ADDITIONAL]

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P.O. Box 329

Pittsburgh **PA** **15230**

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mid Atlantic Medical Services Inc. Political Action Committee

Mailing Address **4 Taft Court**

Rockville **MD** **20850**

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 | **Karen Erickson** |

Mailing Address | **9900 Bren Road East** |

| **Minnetonka** | **MN** | **55343** - |

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

| Telephone number | - | - |

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Name of Bank, Depository, etc.

[ADDITIONAL]

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P.O. Box 329

Pittsburgh **PA** **15230**

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Oxford Health Plans, Inc. Committee for Quality Health Care

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 **Karen Erickson**

Mailing Address **9900 Bren Road East**

Minnetonka **MN** **55343** -

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

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Pittsburgh **PA** **15230**

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

PacificCare Health Systems Inc. Employee's Political Action Committee

Mailing Address **5995 Plaza Drive M/S CY20-538**

Cyprus **CA** **90630**

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 | **Karen Erickson** |

Mailing Address | **9900 Bren Road East** |

| **Minnetonka** | **MN** | **55343** - |

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

| Telephone number | - | - |

Image# 28990891771

Form/Schedule: **F1A** Amending the Report to include all of our affiliated committees.
Transaction ID:
