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## AMENDED FILING EXPLANATION

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# ANNUAL STATEMENT

For the Year Ending December 31, 2006  
of the Condition and Affairs of the

## United HealthCare of Arkansas, Inc.

NAIC Group Code.....0707, 0707 (Current Period) (Prior Period) NAIC Company Code..... 95446 Employer's ID Number..... 63-1036819

Organized under the Laws of Arkansas State of Domicile or Port of Entry Arkansas Country of Domicile US  
 Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [ X ]  
 Incorporated/Organized..... September 27, 1990 Commenced Business..... April 1, 1992

Statutory Home Office 415 North McKinley Street, Suite 300..... Little Rock ..... AR ..... 72205  
 (Street and Number) (City, State and Zip Code)

Main Administrative Office 415 North McKinley Street, Suite 300..... Little Rock ..... AR ..... 72205 501-664-7700  
 (Street and Number) (City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 10 Cadillac Drive, Suite 200..... Brentwood ..... TN ..... 37027  
 (Street and Number or P. O. Box) (City, State and Zip Code)

Primary Location of Books and Records 10 Cadillac Drive, Suite 200..... Brentwood ..... TN ..... 37027 615-372-3622  
 (Street and Number) (City, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uhc.com

Statutory Statement Contact Stephen Lewis Wilson 615-372-3488  
 (Name) (Area Code) (Telephone Number) (Extension)  
 Stephen\_L\_Wilson@uhc.com 615-372-3640  
 (E-Mail Address) (Fax Number)

Policyowner Relations Contact 6601 Centerville Business Parkway..... Dayton ..... OH ..... 45459 800-357-1371  
 (Street and Number) (City, State and Zip Code) (Area Code) (Telephone Number) (Extension)

### OFFICERS

| Name                         | Title                          | Name                            | Title               |
|------------------------------|--------------------------------|---------------------------------|---------------------|
| 1. Garland Greeven Scott III | Chairman/President/CEO         | 2. Juanita Valarae Bolland Luis | Assistant Secretary |
| 3. Donald Alan Powers        | VP-Finance/Assistant Treasurer |                                 |                     |

### OTHER

|                         |                     |                      |                        |
|-------------------------|---------------------|----------------------|------------------------|
| Robert Worth Oberrender | Treasurer           | David Scott Wichmann | VP/Assistant Treasurer |
| Timothy Gilbert Caron   | Assistant Secretary | Mary Lynn Stanislav  | Assistant Secretary    |
| Forrest Gregory Burke   | Secretary           |                      |                        |

### DIRECTORS OR TRUSTEES

|                           |                    |                   |
|---------------------------|--------------------|-------------------|
| Garland Greeven Scott III | Robert John Sheehy | Amy Kathryn Knapp |
|---------------------------|--------------------|-------------------|

|  |  |  |
|--|--|--|
| State of Tennessee<br>County of Williamson | State of Minnesota<br>County of Hennepin | State of Minnesota<br>County of Hennepin |
|--|--|--|

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

|   |   |  |
|---|---|--|
| _____<br>(Signature)<br>Garland Greeven Scott III<br>1. (Printed Name)<br>Chairman/President/CEO<br>(Title) | _____<br>(Signature)<br>Juanita Valarae Bolland Luis<br>2. (Printed Name)<br>Assistant Secretary<br>(Title) | _____<br>(Signature)<br>Donald Alan Powers<br>3. (Printed Name)<br>VP-Finance/Assistant Treasurer<br>(Title) |
| Subscribed and sworn to before me<br>This _____ day of _____  | Subscribed and sworn to before me<br>This _____ day of _____  | Subscribed and sworn to before me<br>This _____ day of _____   |

|                      |  |  |
|----------------------|--|--|
| _____<br>(Signature) | _____<br>(Signature)<br>a. Is this an original filing?<br>Yes [ X ] No [ ] | _____<br>(Signature)<br>Yes [ X ] No [ ] |
|                      | b. If no   |  |
|                      | 1. State the amendment number  |  |
|                      | 2. Date filed  |  |
|                      | 3. Number of pages attached  |  |