

ORIG- File

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MARY ANN VICKERS MY COMMISSION EXPIRES NOVEMBER 1, 2011

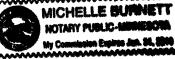
# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008

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	a es 200	OF THE C	ONDITION AND AF	FAIRS OF	THE		
C&I TENNO	ARE U	nitedHealthca	re Plan of th	e River	Valle	ey, Inc.	
	)707 , ent Period)		AIC Company Code				lumber 36-337
Organized under the Laws	of	Illinois	, St	tate of Dorr	nicile or	Port of Entry	Illinois
Country of Domicile			Ur	nited States	;		
Licensed as business type:	Life, Accider	nt & Health [ ]	Property/Casual	lty[]	Dental	Service Corporatio	n [ ]
	Vision Servi	ce Corporation [ ]	Other [ ]		Health	Maintenance Orga	nization [X]
	Hospital, Me	dical & Dental Servic	• •		Is HMC	, Federally Qualifie	ed?Yes[]No[X]
Incorporated/Organized		08/05/1985	Comme			•	12/19/1985
Statutory Home Office		1300 River Dr (Street and Numb	ve			Moline,	IL 61265 ate and Zip Code)
		(Sireer and Numo				(City or Town, St	ale and zip code)
Main Administrative Office				1300 Rive (Street and I		· · · · · · · · · · · · · · · · · · ·	
	Aoline, IL 6126 Town, State and Z				(Δτ	309-736-4600 ea Code) (Telephone Nu	mher)
Mail Address		er Drive, Suite 200			(71)	Moline, IL 6	
		id Number or P.O. Box)	ł			(City or Town, State ar	
Primary Location of Books a	nd Records	·····	····		1300 Ri	ver Drive	
Ν	Aoline, IL 6126	5			(Street an	d Number) 309-757-6285	
	Town, State and Z				(Ar	ea Code) (Telephone Nu	imber)
Internet Website Address			UHC	CRiverValle	ey.com		-
Statutory Statement Contact		Joan G. Mince	r			309-757	-6285
Joan	G Mincer@UH	(Name)	*			(Area Code) (Telephone 888-250-1769	Number) (Extension)
	(E-mail Address)					(FAX Number)	
				_			
Name		Title	OFFICERS				<b>.</b>
Daniel Roger Kueter	#	Title President	R		ame h Oberri	ender_#,	Title Treasurer
Mary Lynn Stanislav	a harden and the second s	Secretary				<u>,</u>	i leasulei
Bruce Chase Steffens M	1.D,	C Chief Medical Off	THER OFFIC	ERS		1	
James Edward Hecke Thomas Patrick Wiffle		DIREC William Kenneth Ap Bruce Chase Steffer		<b>RUSTE</b> Cathie Su Daniel Roç	e White		Victoria Kauzlaric Nyle Brent Cottingto
State of Illi						State of Minr	
County of I	Rock Island					County of He	ennepin
The officers of this reporting entit above, all of the herein described this statement, together with relate of the condition and affairs of the completed in accordance with the that state rules or regulations requ respectively. Furthermore, the soc exact copy (except for formatting of to the enclosed statement. Daniel Roger K President	assets were the ad exhibits, sche said reporting e NAIC Annual Sta jire differences i pe of this attesta lifferences due to Uneter	absolute property of the dules and explanations t ntity as of the reporting p atement Instructions and a reporting not related to ation by the described of	said reporting entity, fro herein contained, annex period stated above, ann Accounting Practices a accounting practices at ficers also includes the	ee and clear (ed or referre d of its incom ind Procedure nd procedure related corre	from any ed to, is a ne and d es manua es, accorre esponding	liens or claims thereo full and true statemen eductions therefrom for al except to the extent ling to the best of their g electronic filing with be requested by vario	on, except as herein stat t of all the assets and li or the period ended, and that: (1) state law may or information, knowledge the NAIC, when require
Subscribed and sworn to before This <u>18</u> day of <u>5</u> Many <u>Mann</u> (Signature)	ene Februar Vicker	y 200 9					worn to before me day of Tebruar (Signature)
· V	* * * * *			;	a. Is this	an original filing?	Yes [ X ]

- b. If no,
  - 1. State the amendment number
  - 2. Date filed 3. Number of pages attached





## **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDING DECEMBER 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

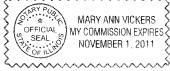
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		JnitedHealthca	······································					
	0707 ent Period)	, 0707 N (Prior Period)	AIC Company Code _	95	5378	Employer's ID Num	iber	36-3379945
Organized under the Laws	of	Illinois	, Sta	te of Do	micile o	Port of Entry	I	llinois
Country of Domicile			Unit	ed State	es			· · ·
Licensed as business type:		ent & Health [ ]		[]	Denta	Service Corporation [	]	
	Vision Ser	vice Corporation [ ]	Other [ ]		Health	Maintenance Organiza	ation [ X	]
	Hospital, N	Aedical & Dental Servic	e or Indemnity [ ]		ls HM	O, Federally Qualified?	Yes [	No [ X ]
Incorporated/Organized		08/05/1985	Commend	ced Bus	ness	12/	19/1985	
Statutory Home Office		1300 River Dri				Moline, IL 6		
•		(Street and Numb	er)			(City or Town, State a	and Zip Co	de)
Main Administrative Office					er Drive	·		
,	Moline, IL 61:	265		(Street and	f Number)	309-736-4600		
	Town, State and				(A	rea Code) (Telephone Numbe	er)	
Mail Address	1300 F	River Drive, Suite 200	*			Moline, IL 6126	5	
		and Number or P.O. Box)		(City or Town, State and Zip Code)				
Primary Location of Books a	ind Records				1300 R	iver Drive		
					(Street a	nd Number)		
	Moline, IL 61 Town, State and			309-757-6285 (Area Code) (Telephone Number)				
Internet Website Address		, .					a )	
				- ver var	ley.com			***
Statutory Statement Contac	t	Joan G. Mince (Name)				309-757-62 (Area Code) (Telephone Nur		
Joan	G_Mincer@l	JHC.com	•			888-250-1769		(15(01))
	(E-mail Addres	ss)				(FAX Number)		
			OFFICERS					
Name		Title			Name			Title
Daniel Roger Kueter	<u>#</u> ,	President	Rol	bert Wo	rth Ober	render #,	Tr	easurer
Mary Lynn Stanislav	#,	Secretary						
		0	THER OFFICE	ERS				
Bruce Chase Steffens N	И.D,	Chief Medical Off	icer					
			TORS OR TR	USTE	ES			
James Edward Heck		William Kenneth App	pelgate (		ue White			Kauzlarich
Thomas Patrick Wiffl	er	Bruce Chase Steffer	ns M.D. D	aniel Ro	oger Kue	eter #N	/le Bren	t Cottington #
State of III	inois					State of Minneso	ta	
	Rock Island					County of Henne		
The officers of this reporting enti	ty boing duly a	worm each donoed and s	av that they are the desc	ribed offi	ers of ea	id reporting entity and the	at on the	reporting period
above, all of the herein described	assets were th	he absolute property of the	said reporting entity, free	and clea	r from an	v liens or claims thereon. e	except as	herein stated, a
this statement, together with relat	ed exhibits, scl	hedules and explanations the	herein contained, annexe	d or refer	red to, is	a full and true statement of	all the a	ssets and liabilit

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 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; of 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 t respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that 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 ad to the enclosed statement.

"Cr hiel Roger Kueter President

day of February 2009 yan Vickers (Signature) Subscribed and sworn to before me 18 This



Mary L. Stanislav Mary Lynn Stanislav Secretary

Subscribed and sworn to before me This 12th day of rebruary 2

ichelle Burnett M

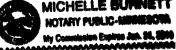
a. Is this an original filing?

b. If no,

Yes [ X ] No [

- 1. State the amendment number 2. Date filed
- 3. Number of pages attached

MICHELLE BURNETT



#### Supplement for the year 2008 of the

### UnitedHealthcare Plan of the River Valley, Inc.

# SUPPLEMENTAL COMPENSATION EXHIBIT For the Year Ended December 31, 2008 (To be filed by March 1)

PART 1-INTERROGATORIES 1. The reporting insurer is a member of a group of insurers or other holding company system, If ves, do the amounts below represent	Yes	[X]	No	[]
1) total gross compensation paid to each individual by or on behalf of all companies which are part of the group; or	Yes	[]]	No	[ X ]
2) allocation to each insurer?	Yes	î x î	No	Ì Ì
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period				
covered by this statement any commission on the business transactions of the reporting entity?	Yes	[]	No	[X]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any				
person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service				
rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument				
that will extend beyond a period of 12 months from the date of the agreement?	Yes	[]	No	[ X ]

1	2	Annual Compensation				
	Γ Γ	3	4	5	6	
Name and				All Other		
Principal Position	Year	Salary	Bonus	Compensation	Totals	
President and Director						
Daniel Roger Kueter	2008	48,116	15,296	15,640	79,053	
	2007	66,667	28,333	83,435	178,435	
	2006					
Eric Paul	2008	168,623	106,000	10,354	284,976	
Vice President	2007					
	2006					
Bruce Chase Steffens, M.D.	2008	85,965	27,050	25,305	138,319	
Chief Medical Officer and Director	2007	101,957	28,548	29,649	160,153	
	2006	70,882		2,302	73,184	
James Alan Cousins	2008	27,657	14,583	12,970	55,210	
Former Treasurer, Former Chief Financial Officer						
and Former Director	2007	64,552	23,333	24,070	111,955	
	2006	53,060	-	1,601	54,661	
Richard Lowell Bartsh, M.D.	2008	4,390	-	29,651	34,041	
Former President and Former Director	2007	118,333	33,400	47,892	199,626	
	2006	96,445	-	3,018	99,463	

PART 3-DIRECTOR COMPENSATION

1 Name and Principal Position	2 Compensation Pa	aid or Deferred	3 All Other Compensation	1
or Occupation	for Services as a Director		Paid or Deferred	Totals
Directors				
William Kenneth Applegate, Ph. D. Consumer Director	2008	3,000		3,000
Forrest Gregory Burke Former Director	2008		1,092	1,092
Nyle Brent Cottington Director	2008		2,750	2,750
Victoria Jane Graves Former Director	2008		10,522	10,522
James Edward Hecker Consumer Director	2008	0		C
Victoria Jean Kauzlarich Consumer Director	2008	3,000		3,000
Cathie Sue Whiteside Consumer Director	2008	0		0
Thomas Patrick Wiffler Director	2008		38,097	38,097