



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008

OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare Plan of the River Valley, Inc.

NAIC Group Code 0707 (Current Period) , 0707 (Prior Period) NAIC Company Code 95378 Employer's ID Number 36-3379945

Organized under the Laws of Illinois , State of Domicile or Port of Entry Illinois

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []
 Vision Service Corporation [] Other [] Health Maintenance Organization [X]
 Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 08/05/1985 Commenced Business 12/19/1985

Statutory Home Office 1300 River Drive , Moline, IL 61265
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1300 River Drive
(Street and Number) Moline, IL 61265
(City or Town, State and Zip Code) 309-736-4600
(Area Code) (Telephone Number)

Mail Address 1300 River Drive, Suite 200 , Moline, IL 61265
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1300 River Drive
(Street and Number) Moline, IL 61265
(City or Town, State and Zip Code) 309-757-6285
(Area Code) (Telephone Number)

Internet Website Address UHCRiverValley.com

Statutory Statement Contact Joan G. Mincer 309-757-6285
(Name) (Area Code) (Telephone Number) (Extension)
Joan_G.Mincer@UHC.com 888-250-1769
(E-mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Daniel Roger Kueter #</u>	<u>President</u>	<u>Robert Worth Oberrender #</u>	<u>Treasurer</u>
<u>Mary Lynn Stanislav #</u>	<u>Secretary</u>		

OTHER OFFICERS

<u>Bruce Chase Steffens M.D.</u>	<u>Chief Medical Officer</u>		
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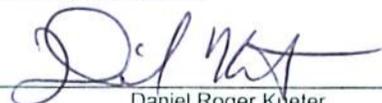
DIRECTORS OR TRUSTEES

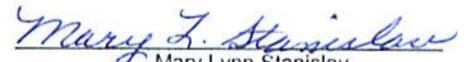
<u>James Edward Hecker</u>	<u>William Kenneth Appelgate</u>	<u>Cathie Sue Whiteside</u>	<u>Victoria Kauzlarich</u>
<u>Thomas Patrick Wiffler</u>	<u>Bruce Chase Steffens M.D.</u>	<u>Daniel Roger Kueter #</u>	<u>Nyle Brent Cottingham #</u>

State of Illinois
County of Rock Island

State of Minnesota
County of Hennepin

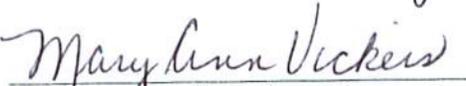
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and 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 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; (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 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.


 Daniel Roger Kueter
 President


 Mary Lynn Stanislav
 Secretary

Subscribed and sworn to before me

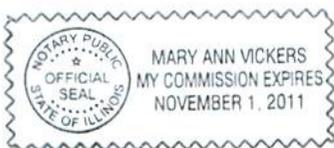
This 18 day of February 2009


 (Signature)

Subscribed and sworn to before me

This 12th day of February 2009


 (Signature)



- a. Is this an original filing? Yes [X] No []
- b. If no,
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

