

Part B

Name of Reporting Employer: United HealthCare Services, Inc.	File Number 6164
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <div style="border: 1px solid black; padding: 2px;">National President</div>
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <div style="border: 1px solid black; padding: 2px;">Dennis</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Pierce</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">Standard Building, Mezzanine</div> Street <div style="border: 1px solid black; padding: 2px;">1370 Ontario Street</div> City <div style="border: 1px solid black; padding: 2px;">Cleveland</div> State <div style="border: 1px solid black; padding: 2px;">Ohio</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">44113</div>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <div style="border: 1px solid black; padding: 2px;">Brotherhood of Locomotive Engineers and Trainmen</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">Standard Building, Mezzanine</div> Street <div style="border: 1px solid black; padding: 2px;">1370 Ontario Street</div> City <div style="border: 1px solid black; padding: 2px;">Cleveland</div> State <div style="border: 1px solid black; padding: 2px;">Ohio</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">44113</div>
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div>	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<div style="border: 1px solid black; padding: 2px;">1/29/14</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">37</div>	<div style="border: 1px solid black; padding: 2px;">Payment - Food & Beverage</div>
<div style="border: 1px solid black; padding: 2px;">1/26/14</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">51</div>	<div style="border: 1px solid black; padding: 2px;">Payment - Beverages</div>
<div style="border: 1px solid black; padding: 2px;">1/27/14</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">22</div>	<div style="border: 1px solid black; padding: 2px;">Payment - Beverages</div>
<div style="border: 1px solid black; padding: 2px;">1/27/14</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">14</div>	<div style="border: 1px solid black; padding: 2px;">Payment - Beverages</div>
<div style="border: 1px solid black; padding: 2px;">1/28/14</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">364</div>	<div style="border: 1px solid black; padding: 2px;">Payment - Reception/Dinner</div>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Various relationship building activities

