

EXHIBIT 6b

Applicant Name: UnitedHealth Group Incorporated

NAIC No: None
FEIN: 41-1321939

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). UnitedHealth Group Incorporated 9900 Bren Road East Minnetonka, MN 55343
Phone: 952-936-1300

Type of entity (i.e. insurance company, premium finance company, etc.): Holding Company

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

- 1. a. Affiant's Full Name (Initials Not Acceptable). Jeannine Michele Rivet
- b. Maiden Name (if applicable). N/A
- 2. a. Have you ever had your name changed? Yes If yes, give the reason for the change and provide the full name(s).
Marriage – Jeannine Michele Wolferseder
- b. Other names used at any time (including aliases).
None
- 3. a. Are you a citizen of the United States? Yes
- b. Are you a citizen of any other country? No If so, what country? N/A
- 4. Affiant's Occupation or Profession. Executive, Nursing
- 5. Affiant's business address 9900 Bren Road East, Minnetonka, MN 55343
Business telephone. 952-936-1300
- 6. Education and Training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Boston College</u>	<u>Boston, Massachusetts</u>	<u>1969-1972</u>	<u>BS Nursing</u>

Graduate Studies: College/University	City/State	Dates Attended	Degree Obtained
<u>Boston University</u>	<u>Boston, Massachusetts</u>	<u>1979-1981</u>	<u>Masters-Public Health</u>

Other Training: Name	City/State	Dates Attended	Degree/Certification Obtained
<u>Rhode Island Hospital School of Nursing</u>	<u>Providence, RI</u>	<u>1965-1968</u>	<u>Diploma</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

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7. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Association of Health Plans	Karen Igranin	601 Pennsylvania Avenue, NW South Building, Suite 500, Washington, DC 20004	202-778-3200

8. Present or proposed position with the applicant entity. Executive Vice President, UnitedHealth Group, and Chief Executive Officer and President, Optum SCS

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): 12/2003-Present Employer's Name: UnitedHealth Group Incorporated
Address: 9900 Bren Road East City: Minnetonka State: Minnesota
Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: EVP, UHG and CEO & President, Optum SCS
Fax: 952-936-0044 Supervisor/Contact: Stephen J. Hemsley

Beginning/Ending Dates (MM/YY): 2001-2003 Employer's Name: UnitedHealth Group Incorporated
Address: 9900 Bren Road East City: Minnetonka State: Minnesota
Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: EVP, UHG and CEO, Ingenix
Fax: 952-936-0044 Supervisor/Contact: Stephen J. Hemsley

Beginning/Ending Dates (MM/YY): 1998-2000 Employer's Name: UnitedHealth Group Incorporated
Address: 9900 Bren Road East City: Minnetonka State: Minnesota
Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: CEO, UnitedHealthcare, Inc.
Fax: 952-936-0044 Supervisor/Contact: Stephen J. Hemsley

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Beginning/Ending
Dates (MM/YY): 1994-1998 Employer's Name: UnitedHealth Group Incorporated
Address: 9900 Bren Road East City: Minnetonka State: Minnesota
Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Exec VP & COO
Health Plan Division
Fax: 952-936-0044 Supervisor/Contact: Stephen J. Hemsley

Beginning/Ending
Dates (MM/YY): 1993-1994 Employer's Name: UnitedHealth Group Incorporated
Address: 9900 Bren Road East City: Minnetonka State: Minnesota
Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Sr. VP, Health
Service Operations
Fax: 952-936-0044 Supervisor/Contact: Stephen J. Hemsley

Beginning/Ending
Dates (MM/YY): 1990-1993 Employer's Name: UnitedHealth Group Incorporated
Address: 9900 Bren Road East City: Minnetonka State: Minnesota
Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: VP, Health Service
Operations
Fax: 952-936-0044 Supervisor/Contact: Stephen J. Hemsley

Beginning/Ending
Dates (MM/YY): 2001-Present Employer's Name: The Schwan Food Company
Address: 115 W. College Drive City: Marshall State: Minnesota
Country: USA Postal Code: 56258 Phone: 800-533-5290 Offices/Positions Held: Director
Fax: 507-532-3274 Supervisor/Contact: M. Lenny Pippin

10.a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details. N/A

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Office of Health Professionals Address 3 Capitol Hill, Room 205
Regulation
City Providence State/Province Rhode Island Country USA Postal Code 02908
License Type RN-Nursing License # 14336 Date Issued (MM/YY) 1968
Date Expired (MM/YY) N/A Reason for Termination N/A
Non-insurance Regulatory Phone Number (if known) (401) 222-2828

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? No
 - b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? No
 - c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
 - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
 - g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
 - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes
 - i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
 - j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

In Re: United HealthCare Corporation Securities Litigation, United States District Court, District of Minnesota, Civil Action No. 98-1888 JMR/FLN was a consolidated Class Action which individually named some of the directors and officers of United HealthCare Corporation, now known as UnitedHealth Group Incorporated ("United"). Plaintiffs alleged to have suffered damages as a result of having purchased United common stock at prices inflated due to materially false and misleading statements disseminated by the defendants regarding United's business, while allegedly individual defendants were able to sell some of their personal holdings in United stock at artificially inflated prices prior to announcing a restructuring charge and making other disclosures. Defendants denied liability to the Plaintiffs or Class and denied that Plaintiffs or the Class had suffered any damages. The parties disagreed on both liability and damages and, due to a settlement, the Court did not make any findings on the merits of the case. The dismissal of the consolidated shareholder class action resulted from a settlement agreement, the terms of which were reviewed and approved by the Court with an Order distributing class funds issued on February 13, 2003.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. No

If any of the shares or stock are pledged or hypothecated in any way, give details.
N/A

15. Have you ever been adjudged a bankruptcy? No If yes, provide details. _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

UnitedHealth Group Incorporated and its affiliates are a complex organization, operating in a highly regulated environment, engaged in a myriad of transactions which may from time to time result in fines or other disciplinary action which are non-material.

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Dated and signed this 9th day of September, 2005, at Golden Valley, I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jeannine Rivet
(Signature of Affiant)

State of Minnesota
County of Hennepin

The foregoing instrument was acknowledged before me this 9th day of September 2005, By Jeannine Michele Rivet, and

who is personally known to me, or
 who produced the following identification: _____

[SEAL]

Kerri L Bawek
Notary Public
Kerri Bawek
Printed Notary Name

My Commission expires 1/31/2010

