

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>UNITEDHEALTH GROUP 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1985</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1985</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>UNITEDHEALTH GROUP INCORPORATED</u> <u>9900 BREN ROAD EAST</u> <u>MN008-R120</u> <u>MINNETONKA, MN 55343</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>41-1321939</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>952-936-1300</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>41-1321939</u>	2c Plan Sponsor's telephone number <u>952-936-1300</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>41-1321939</u>					
2c Plan Sponsor's telephone number <u>952-936-1300</u>					
2d Business code (see instructions) <u>541990</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/23/2015	DAVID E. STRAUSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	121459
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	97978
a(2) Total number of active participants at the end of the plan year		6a(2)	100293
b Retired or separated participants receiving benefits		6b	23
c Other retired or separated participants entitled to future benefits.....		6c	24146
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	124462
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	53
f Total. Add lines 6d and 6e		6f	124515
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	118831
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	4534
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☐	(1)	☐
Insurance		Insurance	
(2)	☐	(2)	☐
Code section 412(e)(3) insurance contracts		Code section 412(e)(3) insurance contracts	
(3)	☒	(3)	☒
Trust		Trust	
(4)	☐	(4)	☐
General assets of the sponsor		General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1)	☒ R (Retirement Plan Information)	(1)	☒ H (Financial Information)
(2)	☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐ I (Financial Information – Small Plan)
(3)	☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3)	☐ A (Insurance Information)
		(4)	☒ C (Service Provider Information)
		(5)	☒ D (DFE/Participating Plan Information)
		(6)	☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>UNITEDHEALTH GROUP 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITEDHEALTH GROUP INCORPORATED</u>	D Employer Identification Number (EIN) <u>41-1321939</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <u>FIDELITY INVST INSTNL OPRTN CO, INC</u> <u>04-2647786</u>
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(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation <u>STATE STREET GLOBAL ADVISORS</u> <u>04-1867445</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVST INSTNL OPRTN CO, INC

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71 50	RECORDKEEPER	6438028	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVST INSTNL OPRTN CO, INC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INCOME - BFDS, INC. 04-2526037	.08%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVST INSTNL OPRTN CO, INC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM ALL ASSET INST - BFDS, INC. P.O. BOX 8480 BOSTON, MA 02266	.03%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>UNITEDHEALTH GROUP 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITEDHEALTH GROUP INCORPORATED</u>	D Employer Identification Number (EIN) <u>41-1321939</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE SEP ACCT. 690</u>				
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65146915</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE SEP ACCT. 695</u>				
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66346462</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST TREASURY INFLATION</u>				
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>				
c EIN-PN <u>45-6138589-091</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15519878</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA BOND INDEX NON-LENDING SER. FD</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>				
c EIN-PN <u>90-0337987-178</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35414296</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA GLOBAL EQUITY EX-US INDEX FUND</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>				
c EIN-PN <u>90-0337987-242</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18644559</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLINGTON MID CAP OPPORTUNITIES FD</u>				
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY NA</u>				
c EIN-PN <u>04-6913417-018</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>471993001</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO DJ TARGET 2010 N</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO FUNDS MANAGEMENT LLC</u>				
c EIN-PN <u>27-6745191-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32523047</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2015 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745203-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139619476
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGO 2020 N		
b Name of sponsor of entity listed in (a): WELSS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745217-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292890399
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2025 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745238-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 402968465
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2030 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745249-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 441722276
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2035 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745261-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 454511488
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2040 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745274-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 370165389
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2045 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745287-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263791271
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2050 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745297-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136337777
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2055 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 45-7008802-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21712231
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET TODAY N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745185-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10645193

a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO FIXED INCOME FUND F](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO FUNDS MANAGEMENT LLC](#)

c EIN-PN 52-2252204-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184929405
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO FIXED INCOME FUND L](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO FUNDS MANAGEMENT LLC](#)

c EIN-PN 27-6635237-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66708622
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO FIXED INCOME FUND N](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO FUNDS MANAGEMENT LLC](#)

c EIN-PN 27-6724457-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58571516
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO FIXED INCOME FUND Q](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO FUNDS MANAGEMENT LLC](#)

c EIN-PN 45-6924923-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61654951
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO SHORT TERM INVESTMENT S](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO FUNDS MANAGEMENT LLC](#)

c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34327413
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan UNITEDHEALTH GROUP 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITEDHEALTH GROUP INCORPORATED		D Employer Identification Number (EIN) 41-1321939

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	52549136	52070219
(2) U.S. Government securities	1c(2)	206882642	223726088
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	180848073	206659641
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	3452717	3779002
(B) Common.....	1c(4)(B)	578944689	604526991
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	184295588	206293796
(9) Value of interest in common/collective trusts	1c(9)	3096831862	3514650653
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1815287393	2000619793
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	31761164	23131470

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	163357401	203007624
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6314210665	7038465277

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6314210665	7038465277
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	233359361	
(B) Participants	2a(1)(B)	483781588	
(C) Others (including rollovers)	2a(1)(C)	47970892	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		765111841

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	33518	
(B) U.S. Government securities	2b(1)(B)	4737345	
(C) Corporate debt instruments	2b(1)(C)	7554435	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	8137828	
(F) Other	2b(1)(F)	885427	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21348553

(2) Dividends: (A) Preferred stock	2b(2)(A)	257870	
(B) Common stock	2b(2)(B)	11025844	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	35975579	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		47259293

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	560533053	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	557371452	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3161601

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	101688349	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		101688349

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		178637668
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		117086890
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1234294195

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	530753196	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		530753196
f Corrective distributions (see instructions).....	2f		108395
g Certain deemed distributions of participant loans (see instructions).....	2g		479148
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	3706541	
(4) Other.....	2i(4)	2385316	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6091857
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		537432596

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		696861599
l Transfers of assets:			
(1) To this plan.....	2l(1)		27393013
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a	☒	☐	15464
4b	☐	☒	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		25000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OPTUM CLINICAL SERVICES 401(K) SAVINGS PLAN	45-3142512	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan UNITEDHEALTH GROUP 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITEDHEALTH GROUP INCORPORATED		D Employer Identification Number (EIN) 41-1321939
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

UnitedHealth Group 401(k) Savings Plan

Employer ID No: 41-1321939
Plan Number: 001

Financial Statements as of December 31, 2014 and
2013, and for the Year Ended December 31, 2014,
Supplemental Schedules as of December 31, 2014,
and Independent Auditors' Report

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of
UnitedHealth Group 401(k) Savings Plan
Minneapolis, Minnesota

We have audited the accompanying financial statements of UnitedHealth Group 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of UnitedHealth Group 401(k) Savings Plan as of December 31, 2014 and 2013, and the changes in net assets available for benefits for the year ended December 31, 2014, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the Table of Contents are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These schedules are the responsibility of the Plan's management and were derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. These schedules have been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, these schedules are fairly stated in all material respects in relation to the financial statements as a whole.

Deloitte & Touche LLP

June 17, 2015

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS:		
Investments—at fair value:		
Participant-directed investments	\$6,832,171,481	\$6,129,915,077
Receivables:		
Notes receivable from participants	<u>207,592,504</u>	<u>185,223,182</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	7,039,763,985	6,315,138,259
ADJUSTMENTS FROM FAIR VALUE TO CONTRACT VALUE OF FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACTS	<u>(4,531,749)</u>	<u>(474,772)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$7,035,232,236</u>	<u>\$6,314,663,487</u>

See notes to financial statements.

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS:

Contributions:

Employee	\$ 483,781,588
Employer	233,359,361
Rollover	<u>47,970,892</u>

Total contributions 765,111,841

Interest and dividends	38,461,352
Net appreciation in fair value of investments	418,639,514
Interest income on notes receivable from participants	<u>8,189,599</u>

Total additions 1,230,402,306

DEDUCTIONS:

Benefits paid to participants	(531,051,551)
Administrative expenses	<u>(6,175,019)</u>

Total deductions (537,226,570)

INCREASE IN NET ASSETS BEFORE PLAN TRANSFERS 693,175,736

NET TRANSFERS INTO THE PLAN (Note 9) 27,393,013

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 720,568,749

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 6,314,663,487

End of year \$7,035,232,236

See notes to financial statements.

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2014 AND 2013 AND FOR THE YEAR ENDED DECEMBER 31, 2014

1. DESCRIPTION OF THE PLAN

The following description of the UnitedHealth Group 401(k) Savings Plan (the “Plan”) is provided for informational purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

General—The Plan was first established on July 1, 1985, as a defined contribution (profit sharing) plan under Section 401(a) of the Internal Revenue Code (the “Code”). The Plan also contains a cash or deferred arrangement as described in Section 401(k) of the Code. UnitedHealth Group Incorporated (the “Company”) is the Plan’s sponsor and administrator. Fidelity Management Trust Company (“Fidelity”), performs recordkeeping and trustee functions relating to the Plan.

Eligibility and Vesting—In general, eligible employees may make pretax and/or Roth elective deferral contributions to the Plan upon employment with a participating employer and are automatically enrolled in the Plan as soon as administratively feasible after their hire date, unless they decline to participate within a prescribed time limit. Participants become eligible for employer safe harbor matching contributions once they are credited with one year of service. Employees whose employment is governed by the terms of a collective bargaining agreement, persons who the Company classified as leased employees, and certain other classifications of employees are not eligible to participate in the Plan, with the exception of Local 1199C that collectively bargained to be eligible for the Plan in 2006, and, effective November 1, 2014, any new hires, rehires, or transfers into the United Food Commercial Workers Union Local 27.

Participant contributions and earnings thereon are 100% vested at all times. Participants become 100% vested in employer safe harbor matching contributions, and the earnings thereon upon being credited with two years of service. Employer safe harbor matching contributions, and the earnings thereon also become fully vested upon the earliest occurrence of any of the following events, while a participant is employed by a participating employer: (a) death, (b) attainment of age 65, (c) disability (as defined by the Plan), (d) partial or complete termination of or complete discontinuance of contributions to the Plan, or (e) an acceleration date (as defined by the Plan).

Contributions—Eligible employees direct the Company to make pre-tax and/or Roth contributions to the Plan on their behalf through payroll deductions. Eligible employees are automatically enrolled in the Plan as soon as administratively feasible after their hire date at an employee pre-tax contribution rate of 3% of their eligible pay, unless they decline to participate within a prescribed time limit or they elect a different pre-tax and/or Roth contribution rate. Participants who miss the deadline to decline participation will have 90 days from the first biweekly pay date in which employee pre-tax contributions are deducted from their eligible pay to request a withdrawal of any employee pre-tax contributions, including any associated earnings and losses, made to their account since that first biweekly pay date. Different enrollment rules apply to eligible employees who are acquired employees.

In general, the Plan provides for automatic employee pre-tax contribution rate increases until the participant’s pre-tax and/or Roth contribution rate reaches 6%. Participants are notified of the automatic rate increases in advance and have the opportunity to decline the automatic increase.

The Plan allows participants to contribute up to 50% of their eligible pay, subject to the Code Section 402(g) limit on participant contributions (which was \$17,500 for 2014). Within certain limitations, the Company will make a safe harbor matching contribution to the Plan on a participant's behalf on a dollar-for-dollar basis up to the first 3% of the participant's eligible pay, and an additional 50 cents for each dollar the participant contributes to the Plan up to the next 3% of the participant's eligible pay each pay period. The maximum matching contribution a participant may receive under this formula is 4.5% of the participant's eligible pay each pay period. Participants must make pre-tax and/or Roth contributions to receive the employer safe harbor matching contribution. Participants become eligible for safe harbor matching contributions once they are credited with one year of service. Additional discretionary contributions may also be made by the Company; however, no discretionary contributions were made in 2014.

Participants who reach age 50 during the calendar year or who are over age 50 are allowed to make catch-up contributions to the Plan as permitted under Code Section 414(v). The Code limited participant catch-up contributions to \$5,500 in 2014. A participant's combined employee pre-tax/Roth contributions and catch-up contributions cannot exceed 80% of the participant's eligible pay.

The Plan accepts rollover contributions of certain distributions from certain qualified plans. Rollover contributions are assets formerly held in an employee benefit plan of a prior employer, qualified under Section 401(a) of the Code, which a participant elects to be transferred into the Plan and were transferred into the Plan during the current year.

Participant Accounts—Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contributions and (b) plan earnings (losses). Allocations are based on participant contributions, earnings (losses) on the participant's account, or the participant's account balance, as described in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options—Subject to the investment rules or limitations applicable to the Plan, eligible participants may direct the trustee to invest their contributions and the Company's contributions in any one or a combination of several funds.

The Plan has various investment options to which participants can elect to allocate their contributions, including a self-managed brokerage account option.

Dividend Payout—Effective March 1, 2012, the Plan was amended to include the UnitedHealth Group Stock Fund (the "Stock Fund") Dividend Payout Feature. This feature allows participants invested in the Stock Fund to elect whether dividends payable on Company stock held in the Stock Fund are distributed to participants in cash or reinvested in Company stock within the Stock Fund. The total dividends on the Company stock in the Stock Fund were \$2,842,137 for the year ended December 31, 2014. The amount participants elected to be distributed in cash was insignificant.

Distributions—A participant's vested account generally becomes distributable upon the earliest occurrence of any of the following events (an "Event of Maturity"): (a) death, (b) voluntary or involuntary separation from service, or (c) disability (as defined by the Plan).

Distributions occur on a daily basis upon the submission of an application for distribution from the participant. If no such application is submitted, distribution is made in a cash lump-sum payment no later than the following dates: (a) April 1 following the first calendar year in which the participant has both attained age 70-1/2 and terminated employment (for distribution to a participant), and

(b) December 31 of the calendar year in which the first anniversary of the participant's death occurs (for distribution to a beneficiary). However, following an Event of Maturity, a participant's account, if valued at less than \$1,000, is distributed in cash under the involuntary cash-out rules as a direct distribution to the participant or as a rollover into an Individual Retirement Account or another employer-sponsored plan (whichever the participant elects).

Notes Receivable from Participants—While employed with the Company, a participant may obtain a loan in an amount that does not exceed (when added to the outstanding balance of any other loan from the Plan) the lesser of one-half of the participant's vested account balance, as defined, or \$50,000 less their highest outstanding loan balance during the 12-month period that ends on the day before the new loan is issued. Other limitations may apply if the participant has a loan from a plan of an acquired company. The minimum loan amount that a participant can borrow is \$1,000. The loan bears interest at the prime rate of interest, plus 1% (at the time the participant takes the loan and will remain in effect for the duration of the loan) and is payable over a period not to exceed five years; except that a loan that is used by the participant to acquire a principal residence may, if the loan originated prior to April 1, 2001, be repaid over a period not to exceed 30 years, and if the loan originated on or after April 1, 2001, be repaid over a period not to exceed 10 years. As of December 31, 2014 and 2013, the interest rate on loans outstanding varied from 3.25% to 10.25%, and 3.25% to 10.50%, respectively.

Unallocated Accounts—The Plan has certain unallocated amounts that relate to items such as lost distributees, lost participants, uncashed checks, and participant forfeitures. The nonvested portion of a participant's account is forfeited as of the earlier of the distribution of the participant's vested account or the occurrence of a five-year period of break in service. Forfeitures may be used to make restorations for rehired participants (if rehired by the Company or certain of its affiliates within five years of an initial Event of Maturity), to restore forfeited account balances, to reduce Company contributions, to pay Plan expenses, or to correct errors, omissions, and exclusions. Total unallocated amounts used to reduce Company contributions for the year ended December 31, 2014 were approximately \$3,500,000. As of December 31, 2014, the unallocated accounts ending balance was \$778,655.

Plan Amendment or Termination—Although it has not expressed any intention to do so, the Company has the right to discontinue contributions or to amend or terminate the Plan at any time. In the event of the Plan's termination, participants' accounts would become 100% vested and the Company could direct either the current distribution of the assets or the continuation of the trust, in which case distribution of the benefits would occur in accordance with the terms of the Plan.

Nonexempt Party-in-Interest Transaction—ERISA Section 406 prohibits the use of plan assets by, or transfer of plan assets to, a party in interest (such as an employer whose employees are covered by the plan). The Company remitted certain participant contributions to the custodian later than required by DOL Regulation 2510.3-102. The Company has filed Form 5330 with the IRS and paid the required excise tax on the transactions. In addition, participant accounts have been credited with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis as required by the DOL guidelines.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The Plan's financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates—The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available

for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan provides for investment in a variety of investment funds. Investments, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Investments—During the year ended December 31, 2014, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$418,639,514 as follows:

Common collective trust	<u>\$ 177,081,993</u>
Net appreciation in fair value of investments at estimated fair value	<u>177,081,993</u>
Common stock	104,607,007
Mutual funds	118,048,882
Fixed-income securities	<u>18,901,632</u>
Net appreciation in fair value of investments as determined by quoted market prices	<u>241,557,521</u>
Net appreciation in fair value of investments	<u>\$ 418,639,514</u>

The fair market values of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2014 and 2013, were as follows:

	2014	2013
Vanguard Institutional Index Fund	\$ 784,546,111	\$ 671,837,567
Wellington Mid-Cap Opportunities Fund	471,993,001	435,963,655
Wells Fargo DJ Target 2035 N	454,511,488	388,713,094
Wells Fargo DJ Target 2030 N	441,722,276	375,523,264
Wells Fargo DJ Target 2025 N	402,968,465	346,293,264
American Europacific Growth Fund	401,143,122	421,687,902
Vanguard Mid-Cap Index Fund Plus	382,096,487	322,523,152
Wells Fargo DJ Target 2040 N	370,165,389	*

* Investment represents less than 5% of the Plan's assets in the year indicated.

Investment Valuation and Income Recognition—The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices, which represent the net asset value ("NAV") of shares held by the Plan at year-end. Common stock is valued at quoted market prices. Cash and cash equivalents are highly liquid investments that have an original maturity of three months or less. The fair value of cash and cash equivalents approximates their carrying value because of the short maturity of the instruments. The estimated fair values of debt securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. The units of the common/collective investment trust funds and pooled separate account are stated at fair value as

determined by the issuer based on the fair market value of the underlying investments. The fair value of the Synthetic Guaranteed Investment Contracts (“Synthetic GIC”) is determined based on the components of the Synthetic GIC. The Synthetic GIC is comprised of underlying investments in fixed income securities, pooled separate accounts, and wrapper contracts issued by banks and insurance companies in which the issuer guarantees a specified interest rate. The fair value of the wrapper contracts is calculated by discounting the related cash flows of the rebid wrapper contract fees based on current yields of similar instruments with comparable durations. The underlying investments are valued at fair market value using quoted market prices or other market data.

In accordance with GAAP, the statements of net assets available for benefits present an investment contract at fair value, as well as an additional line item showing an adjustment of the fully benefit-responsive contract from fair value to contract value. The statement of changes in net assets available for benefits is presented on a contract-value basis.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Unrealized gains and losses are recorded in the period in which they occur.

Administrative Expenses—Administrative expenses of the Plan are paid by both the Plan and the Company. Recordkeeping fees are paid by the participants quarterly based on the number of participants. The Company pays fees related to trust and investment services, conversion planning and mergers, Form 5500 preparation, discrimination testing, qualified domestic relations order services, employee education, statement mailings, postage, enrollment kits, annual financial statement audit, and address searches.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

New Accounting Standards—In May 2015, the FASB issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement*, which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendment also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. This requirement is effective for fiscal years beginning after December 15, 2015. The Plan is currently evaluating the impact of the amendment.

The Plan has determined that there have been no other recently adopted or issued accounting standards that had, or will have, a material impact on the financial statements.

3. FAIR VALUE MEASUREMENT

GAAP established a single authoritative definition of fair value, set a framework for measuring fair value, and requires additional disclosures about fair value measurements. The Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's assets measured at fair value on a recurring basis at December 31, 2014 and 2013.

	Fair Value Measurements at December 31, 2014		
	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Total Fair Value
Cash and cash equivalents	\$ 53,713,507	\$ -	\$ 53,713,507
Fixed-income securities:			
U.S. government and agencies	35,758,265	108,246,975	144,005,240
Corporate	-	163,009,355	163,009,355
Other	-	16,255,154	16,255,154
Total fixed-income securities	35,758,265	287,511,484	323,269,749
Mutual funds:			
Large-cap funds	792,497,543	-	792,497,543
Mid-cap funds	384,956,608	-	384,956,608
Small-cap funds	337,632,972	-	337,632,972
Other fixed income	6,683,978	-	6,683,978
Balanced funds	1,971,464	-	1,971,464
International large-cap funds	469,607,035	-	469,607,035
Short-term funds	792,054	-	792,054
Equity funds	4,884,384	-	4,884,384
Total mutual funds	1,999,026,038	-	1,999,026,038
Common stock:			
UnitedHealth Group, Inc.	203,007,624	-	203,007,624
Other	606,374,060	-	606,374,060
Total common stock	809,381,684	-	809,381,684
Preferred stock	549,532	-	549,532
Common/collective trusts	-	3,514,650,653	3,514,650,653
Pooled separate accounts	-	131,493,377	131,493,377
GIC wrappers	-	86,941	86,941
Total	\$ 2,898,429,026	\$ 3,933,742,455	\$ 6,832,171,481

Fair Value Measurements at December 31, 2013			
	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Total Fair Value
Cash and cash equivalents	\$ 48,269,550	\$ -	\$ 48,269,550
Fixed-income securities:			
U.S. government and agencies	16,147,972	110,997,400	127,145,372
Corporate	-	149,190,718	149,190,718
Other	-	19,834,740	19,834,740
Total fixed-income securities	16,147,972	280,022,858	296,170,830
Mutual funds:			
Large-cap funds	677,855,133	-	677,855,133
Mid-cap funds	324,847,889	-	324,847,889
Small-cap funds	316,084,113	-	316,084,113
Other fixed income	5,095,554	-	5,095,554
Balanced funds	1,170,736	-	1,170,736
International large-cap funds	483,952,219	-	483,952,219
Short-term funds	563,137	-	563,137
Equity funds	3,474,796	-	3,474,796
Total mutual funds	1,813,043,577	-	1,813,043,577
Common stock:			
UnitedHealth Group, Inc.	163,357,401	-	163,357,401
Other	577,163,010	-	577,163,010
Total common stock	740,520,411	-	740,520,411
Preferred stock	310,792	-	310,792
Common/collective trusts	-	3,096,831,861	3,096,831,861
Pooled separate accounts	-	134,689,743	134,689,743
GIC wrappers	-	78,313	78,313
Total	\$ 2,618,292,302	\$ 3,511,622,775	\$ 6,129,915,077

For the year ended December 31, 2014, there were no significant transfers in or out of Levels 1, 2, or 3.

Except for the Common/collective trust and Synthetic GIC (see Note 6), the Plan's investments do not have redemption or other restrictions.

4. FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated September 8, 2014, that the Plan is designed and operating in accordance with applicable Code qualification requirements and the Plan is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

5. RECONCILIATION TO THE FORM 5500

Reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2014 and 2013, is as follows:

	2014	2013
Net assets available for benefits per the financial statements	\$7,035,232,236	\$6,314,663,487
Deemed distributions of participant loans	(1,298,708)	(927,594)
Fair market value adjustment of investment contracts	<u>4,531,749</u>	<u>474,772</u>
Net assets available for benefits per the Form 5500	<u>\$7,038,465,277</u>	<u>\$6,314,210,665</u>

A reconciliation of the increase in net assets available for benefits per the financial statements to the net income per the Form 5500 for the year ended December 31, 2014 is as follows:

Increase in net assets per the financial statements	\$ 720,568,749
Deemed distributions activity	(371,114)
Fair market value adjustment of investment contracts	<u>4,056,977</u>
Net income per the Form 5500	<u>\$ 724,254,612</u>

6. NET ASSET VALUE PER SHARE

A summary of the Plan's investments with a reported NAV as of December 31, 2014 and 2013, is set forth as follows:

Investment	Fair Value ⁽¹⁾	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions ⁽²⁾	Redemption Notice Period
December 31, 2014					
Common/collective trust ⁽³⁾⁽⁴⁾	\$3,514,650,653	\$ -	Immediate	Various	Various
December 31, 2013					
Common/collective trust ⁽³⁾	\$3,096,831,861	\$ -	Immediate	Various	Various

⁽¹⁾ The fair values of the investments are based on the fair values of the underlying investments in the funds.

- (2) Certain events may cause funds held in the common/collective trust to be deferred, including, but not limited to, the following:
- (i) Closing or disruption of the financial markets or exchanges in which a transaction is unable to be settled prudently.
 - (ii) An emergency situation in which the disposition of assets would be seriously prejudicial to Plan participants.
 - (iii) Breakdown in the means of communication normally employed to determine fair market value of an investment.
 - (iv) Investments cannot be effected at normal rates of exchange.
- None of these events occurred in 2014 or 2013.
- (3) The funds in the common/collective trusts employ a variety of investment strategies, including, but not limited to, long-term capital growth, short-term growth and income.
- (4) Effective March 24, 2014, the Fidelity BrokerageLink investment option was deemed a competing fund of the UHG Stable Value Fund. As a result, certain restrictions have been imposed to satisfy requirements of the insurance companies, banks, and financial institutions who have issued investment contracts to the UHG Stable Value Fund, including, but not limited to the following:
- (i) A participant may not make a direct exchange from the UHG Stable Value Fund into the Fidelity BrokerageLink.
 - (ii) The participant must first exchange from the UHG Stable Value Fund to one of the Plan's other investment options for at least 90 days before exchanging to the Fidelity BrokerageLink.
 - (iii) If the participant exchanges from the Fidelity BrokerageLink to the UHG Stable Value Fund, they must first exchange to the Wells Fargo DJ Target Date Today N, before exchanging to the UHG Stable Value Fund.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Pyramis Global Advisors Trust Company ("Pyramis") and Galliard Capital Management ("Galliard") provide investment management services. Pyramis is affiliated with Fidelity. Galliard is affiliated with Wells Fargo Bank N.A., a plan custodian. These transactions are exempt party-in-interest transactions. For the year ended December 31, 2014, the Plan paid \$2,147,615 and \$609,827 in fees related to investment management services provided by Pyramis and Galliard, respectively, which were included as a reduction of the return earned on each fund. The investment of the Plan in the Company's common stock is considered a party-in-interest transaction. At December 31, 2014, the Plan held 2,008,187 shares of common stock of the Company with a cost basis of \$65,556,137. At December 31, 2013, the Plan held 2,169,421 shares of common stock of the Company with a cost basis of \$70,717,575.

8. WRAPPER CONTRACTS

The Plan provides a self-managed stable value investment option fund (the "Stable Value Fund") to participants that includes Synthetic GICs, which simulate the performance of a GIC through an issuer's guarantee of a specific interest rate and a portfolio of financial instruments that are owned by the Plan. Effective July 31, 2014, Monumental Life Insurance Company name was changed to Transamerica Premier Life Insurance Company. In 2013, the Plan terminated all prior wrapper contracts, and entered into new wrapper contracts with Monumental Life Insurance Company, Pacific Life Insurance Company, Prudential Life Insurance Company, New York Life Insurance Company, and Metropolitan Life Insurance Company. Contributions are maintained in a pooled account and are credited with earnings based on the contract crediting rates. The crediting interest rate is based on an agreed-upon formula with the issuers of the contracts. The rates are generally reset quarterly according to each wrapper contract and are tied to the performance and duration of the wrapper contracts. Most agreements use a formula that is based on the characteristics of the underlying investments. Generally, the wrapper contracts amortize the gains and losses of the fixed income common collective trust funds and pooled separate accounts over the duration of the portfolios through the crediting rate of the wrapper contracts.

Plan management believes no reserves are necessary against contract value for credit risk of the contract issuer or otherwise as of December 31, 2014 and 2013. Both the average yield of the contracts and the average yield credited to the participants during 2014 and 2013 were 1.47% and 1.36%, respectively. The crediting interest rate for the contracts at December 31, 2014 and 2013 was 1.47% and 1.36%, respectively.

The Stable Value Fund is charged for withdrawals and administrative expenses. The wrapper contracts are included in the financial statements at fair value and then adjusted to contract value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value (which represents contributions made under the contracts, plus earnings, less withdrawals and administrative expenses) because they are fully benefit responsive.

The contract value and fair value of the contracts as of December 31, 2014, were as follows:

	Underlying Investments at Fair Value	Wrapper Contracts at Fair Value	Total Investments at Fair Value	Total Investments at Contract Value
Transamerica Premier Life Insurance Company	\$ 94,078,757	\$ 51,977	\$ 94,130,734	\$ 93,178,762
Pacific Life Insurance Company	100,549,027	-	100,549,027	100,151,988
Prudential Life Insurance Company	115,581,759	-	115,581,759	114,219,500
New York Life Insurance Company	61,654,951	-	61,654,951	61,188,917
Metropolitan Life Insurance Company	131,493,377	34,964	131,528,341	130,173,896
Total	<u>\$ 503,357,871</u>	<u>\$ 86,941</u>	<u>\$ 503,444,812</u>	<u>\$ 498,913,063</u>

The contract value and fair value of the contracts as of December 31, 2013, were as follows:

	Underlying Investments at Fair Value	Wrapper Contracts at Fair Value	Total Investments at Fair Value	Total Investments at Contract Value
Monumental Life Insurance Company	\$ 140,852,870	\$ 78,313	\$ 140,931,183	\$ 141,114,552
Pacific Life Insurance Company	49,518,200	-	49,518,200	49,512,879
Prudential Life Insurance Company	112,515,437	-	112,515,437	112,736,726
New York Life Insurance Company	60,567,819	-	60,567,819	60,274,482
Metropolitan Life Insurance Company	134,689,743	-	134,689,743	134,108,971
Total	<u>\$ 498,144,069</u>	<u>\$ 78,313</u>	<u>\$ 498,222,382</u>	<u>\$ 497,747,610</u>

9. PLAN TRANSFERS

During 2014, the XLHealth Corporation 401(k) P/S Plan, INSPIRIS of Tennessee Medical Services, P.C. 401(k) Plan, FrontierMEDEX, Inc. 401(k) Plan, and Executive Health Resources, Inc. 401(k) Profit Sharing Plan merged into the Plan.

10. SUBSEQUENT EVENTS

For the year ended December 31, 2014, subsequent events were evaluated through June 17, 2015, the date the financial statements were available to be issued.

There are no events subsequent to December 31, 2014 that require adjustment or disclosure.

* * * * *

**SUPPLEMENTAL SCHEDULES FURNISHED PURSUANT
TO THE REQUIREMENTS OF FORM 5500**

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
COMMON/COLLECTIVE TRUST FUNDS:		
Wellington Mid-Cap Opportunities Fund		\$ 471,993,001
Wells Fargo DJ Target 2035 N*		454,511,488
Wells Fargo DJ Target 2030 N*		441,722,276
Wells Fargo DJ Target 2025 N*		402,968,465
Wells Fargo DJ Target 2040 N*		370,165,389
Wells Fargo DJ Target 2020 N*		292,890,399
Wells Fargo DJ Target 2045 N*		263,791,271
Wells Fargo Fixed Income Fund F*		184,929,405
Wells Fargo DJ Target 2015 N*		139,619,476
Wells Fargo DJ Target 2050 N*		136,337,777
Wells Fargo Fixed Income Fund L*		66,708,622
Wells Fargo Fixed Income Fund Q*		61,654,951
Wells Fargo Fixed Income Fund N*		58,571,516
SSgA Bond Index Non-Lending Series Fund		35,414,296
Wells Fargo Short Term Investment Fund*		34,327,413
Wells Fargo DJ Target 2010 N*		32,523,047
Wells Fargo DJ Target 2055 N*		21,712,231
SSgA Global Equity Ex-US Index Fund		18,644,559
Northern Trust Treasury Inflation		15,519,878
Wells Fargo DJ Target Today N*		10,645,193
Total common/collective trust funds		<u>3,514,650,653</u>
MUTUAL FUNDS:		
Vanguard Institutional Index Fund		784,546,111
American Europacific Growth Fund		401,143,122
Vanguard Mid-Cap Index Fund Plus		382,096,487
Vanguard Small-Cap Index Fund Plus		335,837,527
Aberdeen Emerging Markets Fund		34,332,583
PIMCO All Asset Fund Class		28,548,493
Vanguard Prime Money Market Institutional		3,300
Total mutual funds		<u>1,966,507,623</u>
POOLED SEPARATE ACCOUNTS:		
MetLife Separate Account #695		66,346,462
MetLife Separate Account #690		65,146,915
Total pooled separate accounts		<u>131,493,377</u>
SYNTHETIC INVESTMENT CONTRACTS—Wrapper at fair value:		
Transamerica Premier Life Insurance Company	1.65%	51,977
Metropolitan Life Insurance Company	1.63%	34,964
Total wrappers		<u>86,941</u>

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
COMMON STOCK:		
UnitedHealth Group*		\$ 203,007,624
Apple Inc		11,833,178
Johnson & Johnson		9,649,301
Microsoft Corp		7,535,305
Multi Color Co.		7,043,993
Lowes Cos Inc		6,844,362
Wells Fargo & Co*		6,645,280
United Technologies Corp		6,429,535
Bank Of America Corporation		6,216,310
Ashland Inc		5,741,294
World Fuel Services Corp		5,683,692
Facebook Inc A		5,567,507
Google Inc Cl C		5,448,766
Nasdaq Omx Group		5,383,030
Procter & Gamble Co		5,369,756
Citigroup Inc		5,330,106
Cubist Pharmaceuticals Inc		5,288,151
Amsurg Corp		5,193,877
Coca Cola Co		5,103,469
Morgan Stanley		5,067,396
Visa Inc Cl A		4,923,854
Occidental Petroleum Corp		4,776,707
Avago Technologies Ltd		4,705,198
Honeywell Intl Inc		4,636,088
Jarden Corp		4,571,582
Nxp Semiconductors Nv		4,515,240
Cdw Corporation		4,501,057
Exxon Mobil Corp		4,499,079
Reinsurance Group Of America		4,490,525
Bristol-Myers Squibb Co		4,439,410
Vantiv Inc		4,357,363
Twenty First Century Fox Inc-A		4,266,949
Amc Networks Inc Cl A		4,189,051
Chevron Corp		4,154,811
Starbucks Corp		4,032,101
Biogen Idec Inc		3,987,859
Cvs Health Corp		3,986,849
Paccar Inc		3,965,119
Dun & Bradstreet Corp Del New		3,921,160

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
COMMON STOCK (Continued):		
Hanger Inc		\$ 3,824,616
Philip Morris Intl Inc		3,804,692
Jazz Pharma Plc		3,700,298
Adobe Systems Inc		3,664,662
Emerson Electric Co		3,662,688
Time Warner Inc		3,644,188
Genpact Ltd		3,532,338
Celgene Corp		3,405,130
Comcast Corp Cl A		3,369,569
Verizon Communications Inc		3,350,524
Wesco International Inc		3,293,034
Accenture Plc Cl A		3,268,657
Dupont (Ei) De Nemours & Co		3,207,739
Service Corp International Inc		3,152,349
Total Sys Svcs Inc		3,119,226
Lam Research Corp		3,092,356
Eaton Corp Plc		3,078,792
Ptc Inc		3,075,668
Mckesson Corp		3,057,238
Union Pacific Corp		2,956,330
Salix Pharmaceuticals Ltd		2,944,763
Air Methods Corp		2,888,368
Alcoa Inc		2,864,653
Abbott Laboratories		2,835,450
Exlservice Holdings Inc		2,819,896
Fluor Corp		2,790,981
Tjx Companies Inc New		2,736,273
Cognizant Tech Solutions Cl A		2,727,103
Qualcomm Inc		2,689,705
Metlife Inc		2,664,473
Cadence Design Systems Inc		2,662,250
Investors Bancorp Inc New		2,653,062
Genesee & Wyoming Inc Cl A		2,648,144
United Continental Hlds Inc		2,621,954
Ingram Micro Inc Cl A		2,598,989
Wns Hldgs Ltd Sp Adr		2,584,566
Mondelez International Inc		2,574,716
Global Payments Inc		2,570,443
Mosaic Co New		2,561,650
Merck & Co Inc New		2,555,323
Humana Inc		2,515,105
Monolithic Power Sys Inc		2,504,906
Nextera Energy		2,492,182
Hanmi Financial Corporation		2,489,044
Cirrus Logic Inc		2,488,992
Manpowergroup Inc		2,454,802

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
COMMON STOCK (Continued):		
Darling Ingredients Inc		\$ 2,375,146
Firstmerit Corp		2,370,506
Schwab Charles Corp		2,337,763
Ace Ltd		2,309,203
Hilltop Hldgs I		2,258,141
General Motors Co		2,247,750
Costco Wholesale Corp		2,206,622
State Street Corp		2,200,983
Rovi Corporation		2,185,131
American International Group		2,172,684
Haemonetics Corp Mass		2,143,043
Virtus Investment Partner		2,119,191
Boston Scientific Corp		2,117,801
Invesco Ltd		2,111,791
Tcf Financial Corporation		2,107,967
Priceline Group Inc		2,105,968
Gnc Holdings Inc - Cl A		2,085,024
Prologis Inc Reit		2,055,844
Dominion Resources Inc Va		2,042,464
Evertec Inc		2,024,895
Fxcm Inc Class A		2,018,723
Tupperware Brands Corp		2,016,000
Heartland Payment Systems In		2,002,624
Halliburton Co		1,987,817
Alexion Pharmaceuticals Inc		1,975,935
Mentor Graphics Corp		1,900,026
Dish Network Corp A		1,867,004
Raymond James Financial Inc		1,813,801
Redwood Trust Inc Reit		1,774,970
Compass Minerals Intl Inc		1,762,649
Vertex Pharmaceuticals Inc		1,743,509
Ralph Lauren Corp		1,736,431
L 3 Communications Hldgs Inc		1,733,747
Simon Ppty Group Inc - Reit		1,730,591
Crown Holdings Inc		1,719,504
Rock Tenn Company Cl A		1,717,197
Everbank Financial Corp		1,705,699
Virtusa Corp		1,703,053
Harman Intl Ind Inc New		1,698,717
Marathon Oil Corp		1,695,363
Bb&T Corp		1,658,542
Broadcom Corp Cl A		1,646,843
Kla Tencor Corp		1,640,566
Gildan Activewear Inc (Us)		1,611,675
First Citizen Bancshares Inc A		1,600,161
Avery Dennison Corp		1,589,603

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
COMMON STOCK (Continued):		
Helen Of Troy Ltd		\$ 1,587,464
Constellation Brands Inc Cl A		1,578,475
Centerpoint Energy Inc		1,573,887
Citrix Systems Inc		1,561,314
Ebix Inc		1,532,872
Schlumberger Ltd		1,491,002
Constellation Software Inc		1,486,659
Dollar Tree Inc		1,476,009
Cinemark Holdings Inc		1,474,079
Canadian Pac Railway Ltd		1,460,012
Exelon Corp		1,449,902
Edison Intl		1,418,231
Regal-Beloit Corp		1,387,440
Artisan Partners Asset Managem		1,369,363
Coty Inc Cl A		1,364,800
Johnson Controls Inc		1,352,602
Alliance Data Systems Corp		1,336,426
Igate Corporation		1,332,529
Third Point Reinsurance Ltd		1,332,240
Synageva Biopharma Corp		1,312,979
Callidus Software Inc		1,305,959
Royal Caribbean Cruises Ltd		1,303,960
Charter Communications Cl A		1,299,136
Engility Holdings Inc		1,291,704
Ss&C Technologies Holdings Inc		1,285,025
Graphic Packaging Holdings Co		1,283,140
General Mills Inc		1,262,374
Boston Private Finl Hldg Inc		1,244,224
Fidelity Natl Inform Svcs Inc		1,243,191
Bruker Corp		1,210,946
Fortune Brands Home & Sec Inc		1,209,116
Jetblue Airways Corp		1,186,962
Ppl Corporation		1,169,971
Clicksoftware Technologies Ltd		1,161,006
Houghton Mifflin Harcourt Co		1,141,121
Svb Finl Group		1,140,968
Interactive Brokers Group Inc		1,137,532
South Jersey Industries Inc		1,119,670
Gilead Sciences Inc		1,117,924
Cogent Communications Hold Inc		1,082,934
Ferro Corp		1,080,929
Medivation Inc		1,078,179
Google Inc Cl A		1,071,403
Baker Hughes Inc		1,068,414
Dril-Quip Inc		1,059,641

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
COMMON STOCK (Continued):		
Matthews Intl Corp Cl A		\$ 1,029,371
Pultegroup Inc		1,026,367
Bbcn Bancorp Inc		1,007,894
Core-Mark Holding Co Inc		999,550
Blue Hills Bancorp Inc		987,266
Roadrunner Transportation Syst		976,030
Waddell & Reed Finl Inc Cl A		971,490
Steven Madden Ltd		968,109
Motorcar Parts Of American Inc		965,345
Akorn Inc		962,920
Dow Chemical Co		957,856
Masco Corporation		943,337
Hartford Finl Svcs Group Inc		933,522
Newlink Genetics Corp		932,535
Furmanite Corp		931,925
Intercontinental Exchange Inc		931,105
Sabra Healthcare Reit Inc		926,285
Lululemon Athletica Inc		925,277
Vitamin Shoppe Inc		923,992
Neurocrine Biosciences Inc		920,185
Cavium Inc		918,645
Aramark		915,810
Tiffany & Co		911,409
Nisource Inc		904,437
Ezcorp Inc Cl A Non Vtg		881,838
Dr Horton Inc		878,954
Waterstone Financial Inc		875,001
Team Inc		860,989
Providence Service Corp		858,891
Cbiz Inc		858,131
Spx Corp		854,732
Cempra Inc		852,473
Steris Corporation		849,535
Fairpoint Communications Inc		842,369
Willis Group Holdings Plc		834,541
Pvh Corp		831,311
Starz - A		822,690
East West Bancorp Inc		821,000
Covidien Plc		819,058
Estee Lauder Cos Inc Cl A		813,968
Anadarko Petroleum Corp		810,233
Solarwinds Inc		782,331
Phillips 66		779,379

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
COMMON STOCK (Continued):		
Unisys Corp New		777,977
Csx Corp		756,627
Time Warner Cable		754,370
Eaton Vance Corp Non Vtg		737,968
Stancorp Finl Group Inc		728,640
Endo International Plc		721,921
Carriage Services Inc		713,976
Brunswick Corp		691,497
Innerworkings Inc		681,391
Eqt Corporation		674,941
Pdf Solutions Inc		668,997
Teleflex Inc		648,733
Coca Cola Bottling Co Consolid		639,890
Freescale Semiconductor Ltd		639,379
Celldex Therapeutics Inc		624,515
Vwr Corp		622,044
Luxfer Hldgs Plc Spons Adr		612,906
Applied Industrial Tech Inc		599,053
Sunopta Inc		593,685
E Trade Financial Corp		592,792
Genesco Inc		576,182
Independent Bank Corp		572,634
Western Alliance Bancorp		560,448
East West Bancorp Inc		555,101
Maximus Inc		553,884
Broadridge Financial Sol		547,233
Eog Resources Inc		523,326
Quinstreet Inc		499,197
Om Asset Management Ltd		498,568
Us Concrete Inc C New		495,884
Concho Resources Inc		478,900
Pioneer Natural Resources Co		473,194
United States Steel Corp		469,929
Entegra Financial Corp		458,393
Builders Firstsource		446,619
Axiall Corp		438,970
Steiner Leisure Ltd		415,890
Hackett Group Inc		383,156
Cvb Financial Corp		378,392
Weatherford International Plc		377,346
Allegiant Travel Co		372,818
Cytokinetics Inc		367,979
Springleaf Holdings Inc		357,721
Epam Systems Inc		354,305
Rent A Ctr Inc		333,418

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
COMMON STOCK (Continued):		
United Community Banks Ga		293,419
Idera Pharmaceuticals Inc		290,972
Clearwater Seafoods Inc		275,624
Servicemaster Global Hldg Inc Inc		262,346
Trinseo Sa		260,005
Coresite Realty Corp		258,121
Intralinks Hldgs Inc		234,192
Yadkin Financial Corp		215,561
Science Applicatns Intl Corp		199,606
Ambarella Inc		197,808
Meridian Bancorp Inc		192,984
Kaman Corp		182,009
Uniqure B.V.		176,817
Ultratech Inc		148,480
California Res Corp		130,598
Pall Corp		101,210
Liberty Tax Inc Cl A		94,711
Harvard Biosciences Inc		54,999
Monarch Casino & Resort Inc		39,816
Asure Software Inc		29,975
Total common stock		<u>758,970,330</u>
FIXED INCOME SECURITIES:		
Ustn .875% 2/28/17		11,526,059
Ust Notes 0.875% 05/15/2017		10,472,450
Ca St 7.55% 4/1/39		7,638,791
Fhr 2013-4283 Ew Var 12/43		5,983,422
Ustn .625% 10/15/16		5,600,874
Ustn 1.5% 02/28/19		5,526,724
Fhlm Arm 3.056% 05/44 #849327		5,312,541
Aol Time Warner 7.7% 5/01/32		4,829,771
Chait 2012-A8 A8 0.54% 10/17		4,817,619
Fnr 2013-10 Fa Var 02/43		4,699,872
Fnma 20Yr 4.5% 10/33 #A14165		4,602,893
Fhlg 15Yr 4.00% 10/26 #G14585		4,311,022
Xerox Corp 6.35% 5/15/18		4,127,128
Verizon Comm 5.15% 09/15/23		3,947,633
Bac Cap Tr Xi 6.625% 5/23/36		3,807,884
Fnma 15Yr 4% 05/27 #A15957		3,672,944
Cox Com Inc 9.375 1/15/19 144A		3,656,006
Fnma 6.00% 3/34 #725229		3,577,927
Hca Inc 6.5% 2/15/16		3,477,775
Rio Oil Fin 6.25% 7/6/24 144A		3,466,696
Fnma Arm 9/43 #A14098		3,351,314
Fhr 2005-2957 Vz 5% 02/35		3,284,501
Amxca 2014-3 A 1.49% 04/20		3,277,970

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
FIXED INCOME SECURITIES (Continued):		
Citigroup Cap Xiii 7.875% Pfd		\$ 3,229,470
Fhl Arm 2.88% 10/44 #849505		3,222,649
Time Warner Cab 8.75% 2/14/19		3,170,142
Rio Oil Fin 6.75% 1/6/27 144A		3,151,500
Dow Chemical 8.55% 5/19		3,013,628
Wellpoint Inc 7% 2/15/19		2,997,674
Boston Scientific 6.4% 6/15/16		2,969,863
Fnma 7.00% 3/37 #888369		2,825,396
Capital One 3.5% 6/23 Wi		2,813,658
Boston Prp Ltd 5.625% 11/15/20		2,795,330
Fhlg 5.50% 1/40 #G07074		2,786,657
Rbs Gpr Plc 6.125% 12/15/22		2,748,225
Fnma 15Yr 5.50% 5/23 #889527		2,732,158
Fnr 2005-87 Fb 1Ml+50 10/35		2,714,186
Burlington North San 4.1% 6/21		2,711,548
Fnma 5.50% 6/33 #555531		2,628,304
Bnp Paribas 4.25% 10/15/24		2,525,732
Fhlg Arm 2.91% 10/44 #2B3311		2,514,161
Union Pac 07-3 6.176% 1/2/31		2,452,379
Il St 5.665 03/01/18		2,436,442
At&T Corp 8/8.5% 11/15/31		2,394,468
Fnma 20Yr 4.00% 12/30 #Ma0587		2,337,469
Telecom Italia Cap 7.175% 6/19		2,318,625
Fnma 15Yr 5.50% 10/23 #995405		2,308,734
Slma 2012-B A2 3.48% 12/30		2,285,562
Hsbc Hldgs 6.5% 5/02/36		2,279,693
Ge Cap Mtn 5.5% 1/08/20		2,260,538
Fhlg 30Yr 4.5% 01/44 #G08568		2,244,370
Fhlg 30Yr 5.5% 05/38 #G07404		2,217,706
Fnma 20Yr 4.5% 01/32 #A14549		2,193,181
Fhlg 30Yr 4.5% 07/41 #G07504		2,192,796
Fnma 20Yr 4% 10/32 #A14778		2,156,405
Bank Of Amer Mtn 7.625 6/1/19		2,151,329
Fnma 30Yr 4.5% 11/43 #As0923		2,039,604
Fhlg 20Yr 4% 10/31 #C91402		1,988,402
Cigna 8.5% 5/01/19		1,953,125
Lafarge Sa 6.5% 7/15/16		1,943,625
Nj Tpk 7.102% 01/01/41		1,921,687
Vulcan Material 7.5% 6/15/21		1,893,125
Lafarge Sa 5.5% 7/09/15 144A		1,892,365
Fnma 15Yr 5.50% 3/24 #Ae0467		1,832,138
Fhr 13-4240 Fa 1Ml+50 08/43		1,814,103
Fnr 2010-123 Wt 7% 11/40		1,737,483
Myriad Int Hldgs 6% 7/20 144A		1,720,688
Hsbc Hldgs 6.5% 9/15/37		1,702,474

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
FIXED INCOME SECURITIES (Continued):		
Petroleos Mexn 6.375% 1/23/45		\$ 1,698,750
Petrobras Intl 5.375% 1/27/21		1,690,990
Ustn 1.625% 03/31/19		1,681,936
Fordo 2014-C A3 1.06% 05/19		1,640,249
Fnma 15Yr 3.5% 09/28 #A15931		1,636,021
Reed Elsevie 3.125% 10/22		1,632,220
Chait 2014-A7 A 1.38% 11/19		1,623,522
Enel Fin Intl 6% 10/7/39 144A		1,621,457
Sprint Nextel 6% 12/01/16		1,595,188
Barclays Plc 4.375% 9/11/24		1,592,609
Cemex Sab 6.5% 12/10/2019 144A		1,587,975
Dominion Res 5.75/Var 10/1/54		1,565,123
Petroleos Mex 4.25% 01/25 144A		1,564,763
May Dept Stores 6.9% 1/15/32		1,561,312
Slm Corp Mtn 6% 1/25/17		1,545,063
Bnsf Railway Co 5.996% 4/01/24		1,522,779
Fnma 15Yr 4.5% 09/28 #A14147		1,520,509
Il St 5.365 03/01/17		1,498,770
Comcast Corp 6.3% 11/15/17		1,472,428
Cigna Corp 7.875% 5/15/27		1,468,786
Dow Chemical 9.4% 5/39		1,460,280
Fnma 20Yr 4.5% 01/31 #Ma0634		1,457,455
Cox Comm Inc 3.25 12/15/22 144		1,448,213
Hewlett 3.3% 12/09/16		1,446,242
Fhlg 6.00% 11/36 #G02385		1,434,931
Fed Dept St 6.9% 4/01/29		1,400,174
Il St 4.961 3/01/16		1,354,249
Citigroup Inc 6.125% 11/21/17		1,352,694
Fnma 15Yr 4.00% 2/27 #A12689		1,330,585
Royal Bk Sc 6% 12/19/23		1,298,878
Ford Mtr Cr Llc 5.875% 8/2/21		1,273,567
Fhlg 30Yr 4.5% 11/43 #G07596		1,249,536
May Dept Str Gbl 6.65 7/15/24		1,240,090
Time Warner Mtn 8.25% 4/1/19		1,236,384
Telecom Itali 6.999% 6/4/18		1,165,500
Nordstrom Inc Gbl 6.25 1/18		1,127,832
Fnma 30Yr 4.5% 10/01/43 #As0830		1,105,465
Fnma 20Yr 4.5% 10/34 #A15861		1,098,015
Fhlg 15Yr 4% 12/26 #G14668		1,080,546
Fnma Arm 4.84% 9/35 #A12084		1,067,793
Fnma Arm 5.26% 9/38 #965097		1,049,373
Fnma Arm 5.51% 8/38 #A10376		1,038,475
News Amer Inc 6.65% 11/37		1,034,827
Fnma 20Yr 4% 06/34 #As2666		1,014,266
Fnr 2008-16 Ab 5.5% 12/37		980,679
Ford Mtr Cr Llc 5.75% 2/01/21		974,042
Ustn 0.375% 02/15/2016		950,222

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
FIXED INCOME SECURITIES (Continued):		
Telecom Itali 7.721% 6/4/38		\$ 947,750
Fhlg 30Yr 4.5% 03/44 #G07686		944,271
General Elec 4.375% 9/16/20		930,951
Enel Fin Intl 6.8% 9/15/37 144A		926,949
Chait 2013-A8 A8 1.01% 10/18		924,982
Chait 2013-A5 A .47% 05/17		914,874
Erp Operat Lp 4.625% 12/15/21		902,558
Xerox Corp 4.5% 5/15/21		881,635
Healthnet Inc 6.375% 6/1/17		864,000
Fhlg 15Yr 4.0% 12/1/26 #G14678		863,688
Fhlg 5.50% 1/35 #G01749		861,515
Spain Govt 4.0% 3/6/18 144A		841,688
Ford Mtr Cr Llc 5.625% 9/15/15		825,564
Slm Corp Medium 3.875% 9/10/15		806,000
Fhlm Arm 5.42% 3/38 #1Q1114		788,752
Cemex Fin Llc 6% 04/01/24 144A		755,625
Fnma 7-Yr 4.84% 11/15 #745100		755,434
Verizon Comm 4.15 3/24		750,545
Fnma 5.50% 6/40 #Ae0607		749,755
Macys Retail Hldgs 7% 2/15/28		747,700
News America Inc 6.2% 12/15/34		734,214
Turlock Corp 2.75% 11/02/22		712,238
Boston Pptys Lp 3.8% 02/01/24		693,677
Fnma 15Yr 5.194% 1/18 #745629		691,491
Erp Oper Lp 3% 4/15/23		682,704
General Elec Cap 4.625% 1/7/21		668,754
Jpmorgan Chase 4.95% 3/25/20		635,205
Slm Corp 6.25% 1/25/16		624,000
Petrobras Bv 4.375% 05/20/2023		623,558
Fnma Arm 2.907% 9/44 #At7040		602,085
Fnma Arm 6/1/39 #A11845		585,944
Kinder Morgan Inc 4.3% 6/1/25		576,929
Petrobras Global Fin 6.25 3/24		570,924
Hsbc Holdings Plc 5.1% 4/05/21		565,199
Nj Tpk Ser F 7.414% 01/01/40		563,528
Ford Mtr Cr Llc 4.25% 9/20/22		557,059
Provident Compa 7.25% 3/15/28		549,338
Capital One Fin 4.75% 7/15/21		523,516
Verizon Comm Inc 6.55% 9/15/43		512,460
Telecom Itali 7.2% 7/18/36		510,625
Cigna 4% 2/15/22		474,174
Bank Amer Fdg 4.2% 08/26/24		458,426
Hca Inc 6.375% 1/15/15		450,000
Reed Elsevier C 8.625% 1/15/19		446,443
Becton Dickins 3.734% 12/15/24		437,392
Cox Communic Inc 3.85% 2/1/25		378,531

(Continued)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, Part IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

	Rate	Current Value
FIXED INCOME SECURITIES (Continued):		
Fnma Arm 5.36% 10/38 #995006		\$ 360,625
Citigroup Inc 4.05% 7/30/22		336,265
Time Warner Cab Inc 4% 9/01/21		329,931
Slm Corp Medium 4.625% 9/25/17		329,875
Exp-Imp Bank Korea 4% 1/11/17		314,499
Cox Commun Inc 2.95% 6/23 144A		311,656
Lloyds Bank Plc 4.5% 11/04/24		302,742
Eaton Corp 1.5% 11/02/17		298,284
Federated Rtl 6.375% 3/15/37		221,444
Fhlg 6.00% 2/39 #G06570		211,815
Fhlg 6.00% 1/39 #G06932		207,130
Fnma 6.50% 8/39 #Ad0130		124,689
Vulcan Material 6.5% 12/01/16		54,315
Fhlg 6.50% 2/38 #H09152		50,824
Fnma 10Yr 6.50% 12/37 #Ad0070		47,074
Fnma 6.50% 10/37 #256937		39,929
Fhlg 6.50% 8/36 #H01579		15,965
Total fixed income securities		<u>322,949,088</u>
OTHER INVESTMENTS:		
Cash/cash equivalents		53,713,507
Self managed brokerage account (less cash and cash equivalents)		83,799,962
Participant loans (interest ranging from 3.25% to 10.25% and maturity dates ranging from January 2015–December 2031)		<u>206,293,796</u>
Total other investments		<u>343,807,265</u>
TOTAL INVESTMENTS		<u>\$ 7,038,465,277</u>
* Known party-in-interest		(Concluded)

UNITEDHEALTH GROUP 401(k) SAVINGS PLAN
(EIN 41-1321939, Plan #001)

FORM 5500, SCHEDULE H, PART IV, LINE 4A—SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS
AS OF DECEMBER 31, 2014

	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant Contributions Transferred Late to the Plan	\$ -	\$ 15,464	\$ -	\$ -

Check here if late participant loan contributions are included: X

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code)

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2014****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

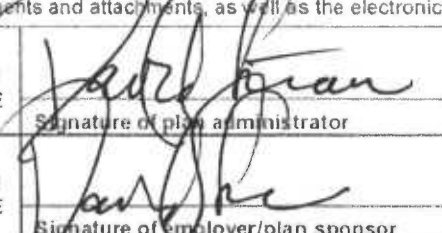
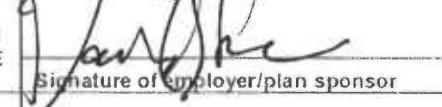
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions), or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ☒
- D** Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan UnitedHealth Group 401(k) Savings Plan	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>07/01/1985</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) UnitedHealth Group Incorporated 9900 Bren Road East MN008-R120 Minnetonka MN 55343	2b Employer Identification Number (EIN) <u>41-1321939</u>
	2c Plan Sponsor's telephone number <u>(952) 936-1300</u>
	2d Business code (see instructions) <u>541990</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE 	<u>6-23-15</u> Date	David E. Strauss Enter name of individual signing as plan administrator
SIGN HERE 	<u>6-23-15</u> Date	David E. Strauss Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)		Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 121,459
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 97,978
a(2) Total number of active participants at the end of the plan year	6a(2) 100,293
b Retired or separated participants receiving benefits	6b 23
c Other retired or separated participants entitled to future benefits	6c 24,146
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 124,462
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 53
f Total. Add lines 6d and 6e.	6f 124,515
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 118,831
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4,534
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☒ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Plan Name	UnitedHealth Group 401(k) Savings Plan
Plan Sponsor EIN	41-1321939
ERISA Plan #	001
Plan Year Ending	12/31/2014

The required attachment marked with an "x" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4j	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	UnitedHealth Group 401(k) Savings Plan
Plan Sponsor EIN	41-1321939
ERISA Plan #	001
Plan Year Ending	12/31/2014

The required attachment marked with an "x" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	UnitedHealth Group 401(k) Savings Plan
Plan Sponsor EIN	41-1321939
ERISA Plan #	001
Plan Year Ending	12/31/2014

The required attachment marked with an "x" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X