

F07000002276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

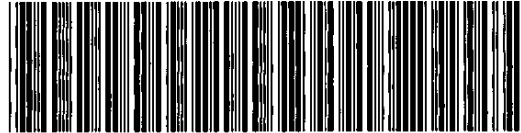
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/07--01002--008 **70.00

SECRET
TALLAHASSEE, FLORIDA

07 APR 25 11:30:3

APR 25 2007
FILED

SECRET
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

07 APR 25 PH 4:02

RECEIVED

Over-Com
W07-20290

B. McKnight APR 30 2007



UCC FILING & SEARCH SERVICES, INC.
 1574 Village Square Blvd Ste 100
 Tallahassee, Florida 32309
 (850) 681-6528 P

HOLD
 FOR PICKUP BY
 UCC SERVICES
 OFFICE USE ONLY

April 25, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Coventry Health Care Workers Compensation, Inc.

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
X	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2007

UCC FILING & SEARCH SERVICES

RESUBMISSION
PLEASE HONOR ORIGINAL
DATE OF SUBMISSION
AS FILE DATE

SUBJECT: COVENTRY HEALTH CARE WORKERS COMPENSATION, INC.
Ref. Number: W07000020290

We have received your document for COVENTRY HEALTH CARE WORKERS COMPENSATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 407A00028417

RECEIVED
07 APR 27 PM 4:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Coventry Health Care Workers Compensation, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 20-8376354
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 18, 2007 5. Perpetual
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6705 Rockledge Drive Bethesda, Maryland 20817
 (Principal office address)

6705 Rockledge Drive Bethesda, Maryland 20817
 (Current mailing address)

8. Network, bill review, care mngmnt srvcs to insurance carriers, 3rd-party admins, & other workers' comp healthcare payers.
 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Ste 4

Weston, Florida 33331
 (City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

B. April Brady
 (Registered agent's signature) B. April Brady, Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

APR 25 11:10:35
 FILED
 DEPARTMENT OF STATE
 FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attached Rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached Rider

Address: _____

Vice President: _____

Address: _____

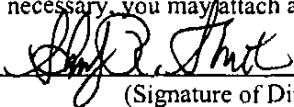
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Shirley R. Smith, Secretary
(Typed or printed name and capacity of person signing application)

APPROVED AND FILED
07 SEP 25 PM 04:31
SOUTHERN FLORIDA
MULTI-SERVICE BUREAU

Coventry Health Care Workers Compensation, Inc.

Officers & Directors

<u>Name</u>	<u>Office/Title</u>	<u>Business Address</u>
Shawn Michael Guertin	Director	6705 Rockledge Dr., Bethesda, MD 20817
James E. McGarry	Director	6705 Rockledge Dr., Bethesda, MD 20817
James E. McGarry	President/CEO	6705 Rockledge Dr., Bethesda, MD 20817
Shawn Guertin	Executive VP/Treasurer	6705 Rockledge Dr., Bethesda, MD 20817
Andrew L. Asher	Vice President	6705 Rockledge Dr., Bethesda, MD 20817
G. Kenneth Robinson, III	Assistant Treasurer	6705 Rockledge Dr., Bethesda, MD 20817
Shirley R. Smith	Secretary	6705 Rockledge Dr., Bethesda, MD 20817
Jonathan Weinberg	Assistant Secretary	6705 Rockledge Dr., Bethesda, MD 20817
John J. Ruhlmann	Corporate Controller	6705 Rockledge Dr., Bethesda, MD 20817

APR 25 11:10:30
FILED
ST. PETERSBURG, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVENTRY HEALTH CARE WORKERS COMPENSATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MARCH, A.D. 2007.

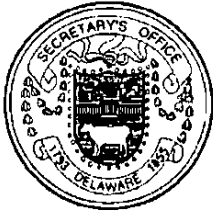
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVENTRY HEALTH CARE WORKERS COMPENSATION, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

APPROVED
FILED

07 APR 25 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4287277 8300
070286369

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5483960

DATE: 03-06-07