

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002276

FILED
Apr 12, 2012
Secretary of State

Entity Name: COVENTRY HEALTH CARE WORKERS COMPENSATION, INC.

Current Principal Place of Business:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

New Principal Place of Business:

Current Mailing Address:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

New Mailing Address:

FEI Number: 20-8376354 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SEC
Name: SMITH, SHIRLEY R
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: AT
Name: TUOZZO, MELINDA L
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: P/D
Name: YOUNG, DAVID
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: AS
Name: WEINBERG, JONATHAN D
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: VP
Name: GELB, ROBERT L
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: T
Name: RUHLMANN, JOHN J
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY R. SMITH

SEC

04/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date