

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005004

FILED
Apr 20, 2012
Secretary of State

Entity Name: SILVERSCRIPT INSURANCE COMPANY

Current Principal Place of Business:

445 GREAT CIRCLE RD.
NASHVILLE, TN 37228

New Principal Place of Business:

Current Mailing Address:

ONE CVS DRIVE
LEGAL DEPT
WOONSOCKET, RI 02895

New Mailing Address:

FEI Number: 20-2833904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: PD
Name: MCDONALD, LLOYD
Address: 9501 SHEA BLVD.
City-St-Zip: SCOTTSDALE, AZ 85260

Title: D
Name: LUND, HAROLD N
Address: 445 GREAT CIRCLE RD.
City-St-Zip: NASHVILLE, TN 37228

Title: D
Name: MARITAN, JAMES G
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895

Title: D
Name: LAPINE, JOSEPH C
Address: 221 N. CHARLES LINDBERGH DR.
City-St-Zip: SALT LAKE CITY, UT 84116

Title: S
Name: BUCHANAN, MICHELE W
Address: 9501 E SHEA BLVD
City-St-Zip: SCOTTSDALE, AZ 85260

Title: T
Name: STRONG, ANTHONY G
Address: 2211 SANDERS RD.
City-St-Zip: NORTHBROOK, IL 60062

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: MICHELE W BUCHANAN

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04/20/2012

Electronic Signature of Signing Officer or Director

_____ Date