2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2013
Secretary of State
CC5781603075

DOCUMENT# P04000159923

Entity Name: COVENTRY SUMMIT HEALTH PLAN, INC.

Current Principal Place of Business:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

Current Mailing Address:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817 US

FEI Number: 20-1976986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	PRES
Name	CHRISTOPHER, CIANO A
Address	6705 ROCKLEDGE DRIVE, SUITE 900
City-State-Zip:	BETHESDA MD 20817

Title	CEO
Name	CIANO, CHRISTOPHER A
Address	6705 ROCKLEDGE DRIVE, SUITE 900
City-State-Zip:	BETHESDA MD 20817

Title	CFO
Name	WEISS, RICHARD
Address	6705 ROCKLEDGE DRIVE, SUITE 900
City-State-Zip:	BETHESDA MD 20817

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

Title	TREA
Name	RUHLMANN, JOHN J
Address	6705 ROCKLEDGE, DRSUITE 900
City-State-Zip:	BETHESDA MD 20817

Title	ASSISTANT TREASURER
Name	TUOZZO, MELINDA L
Address	6705 ROCKLEDGE DRIVE SUITE 900
City-State-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 SECRETARY 04/03/2013

Electronic Signature of Signing Officer/Director Detail — Date