

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002276

**Entity Name:** COVENTRY HEALTH CARE WORKERS COMPENSATION, INC.

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC5692320613**

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**FEI Number: 20-8376354**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. 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            SEC  
Name            SMITH, SHIRLEY R  
Address        6705 ROCKLEDGE DRIVE, STE 900  
City-State-Zip: BETHESDA MD 20817

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

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

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

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

Title            T  
Name            RUHLMANN, JOHN J  
Address        6705 ROCKLEDGE DRIVE, STE 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