

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002276

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

**FILED**  
**Mar 22, 2019**  
**Secretary of State**  
**6982020634CC**

**Current Principal Place of Business:**

6720B ROCKLEDGE DRIVE, SUITE 800  
BETHESDA, MD 20817

**Current Mailing Address:**

151 FARMINGTON AVENUE, RW61  
HARTFORD, CT 06156 US

**FEI Number: 20-8376354**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR, PRESIDENT  
Name LYNCH, ARTHUR J.  
Address 6720B ROCKLEDGE DRIVE, SUITE 800  
City-State-Zip: BETHESDA MD 20817

Title VICE PRESIDENT AND TREASURER  
Name MARONEY, JOHN PATRICK  
Address 6720B ROCKLEDGE DRIVE, SUITE 800  
City-State-Zip: BETHESDA MD 20817

Title VICE PRESIDENT AND SECRETARY  
Name LEE, EDWARD CHUNG-I  
Address 6720B ROCKLEDGE DRIVE, SUITE 800  
City-State-Zip: BETHESDA MD 20817

Title VP  
Name CARRARA, LISA M  
Address 6720B ROCKLEDGE DRIVE, SUITE 800  
City-State-Zip: BETHESDA MD 20817

Title VP  
Name PAVLOVICH,, MELISSA BUSH  
Address 6720B ROCKLEDGE DRIVE, SUITE 800  
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: EDWARD CHUNG-I LEE**

**SECRETARY**

**03/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date