

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002276

Entity Name: COVENTRY HEALTH CARE WORKERS COMPENSATION, INC.

FILED
Apr 02, 2018
Secretary of State
CC1801663411

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 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 VP
Name LEE, EDWARD CHUNG-I
Address 6720B ROCKLEDGE DRIVE,SUITE 800

City-State-Zip: BETHESDA MD 20817

Title SECRETARY
Name LEE, EDWARD CHUNG-I
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

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date