

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 12, 2014
Secretary of State
CC8875373527

Entity Name: COVENTRY HEALTH CARE WORKERS COMPENSATION, 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: 20-8376354

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
Name	DOYLE, E. STEVEN
Address	6705 ROCKLEDGE DRIVE SUITE 900
City-State-Zip:	BETHESDA MD 20817
Title	VP, TREASURER
Name	COFRANCESCO, ELAINE ROSE
Address	6705 ROCKLEDGE DRIVE SUITE 900
City-State-Zip:	BETHESDA MD 20817

Title	PRESIDENT, CEO
Name	LYNCH, ARTHUR J
Address	6705 ROCKLEDGE DRIVE SUITE 900
City-State-Zip:	BETHESDA MD 20817
Title	VP, SECRETARY
Name	LEE, EDWARD CHUNG-I
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: EDWARD CHUNG-I LEE

SECRETARY

04/12/2014

Electronic Signature of Signing Officer/Director Detail

Date