## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002865

Entity Name: COVENTRY HEALTH CARE NATIONAL NETWORK, INC.

FILED
May 24, 2020
Secretary of State
0984774057CC

# **Current Principal Place of Business:**

15400 CALHOUN DRIVE, SUITE 300 ROCKVILLE, MD 20855

## **Current Mailing Address:**

6720B ROCKLEDGE DRIVE,SUITE 800 BETHESDA, MD 20817 US

FEI Number: 20-5185442 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

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

Officer/Director Detail:

Title SENIOR INVESTMENT OFFICER Title ASSISTANT SECRETARY

Name  $\,$  OADES, PETER R.  $\,$  Name  $\,$  CIANCI, WENDYANN M.

Address 15400 CALHOUN Address 15400 CALHOUN

DRIVE, SUITE 300 DRIVE, SUITE 300

City-State-Zip: ROCKVILLE MD 20855 City-State-Zip: ROCKVILLE MD 20855

Title VICE PRESIDENT AND SECRETARY Title ASSISTANT SECRETARY

Name LEE, EDWARD CHUNG-I Name ROLWING, THOMAS J.

Address 15400 CALHOUN Address 6720B ROCKLEDGE DRIVE DRIVE, SUITE 300 SUITE 800

IVE, SUITE SUU SUITE OU

City-State-Zip: ROCKVILLE MD 20855 City-State-Zip: BETHESDA MD 20817

TitleASSISTANT SECRETARYTitleASSISTANT SECRETARYNameFINCH, DEBORAH E.NameRONSKI, MELISSA K.

Address 15400 CALHOUN Address 15400 CALHOUN

DRIVE, SUITE 300 DRIVE, SUITE 300

City-State-Zip: ROCKVILLE MD 20855 City-State-Zip: ROCKVILLE MD 20855

Title ASSISTANT VICE PRESIDENT Title ASSISTANT TREASURER

Name POMPONI, JENNIFER L. Name PARR, MARC A.

Address 15400 CALHOUN Address 15400 CALHOUN

DRIVE, SUITE 300 DRIVE, SUITE 300

City-State-Zip: ROCKVILLE MD 20855 City-State-Zip: ROCKVILLE MD 20855

## Continues on page 2

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: DEBORAH E. FINCH ASSISTANT SECRETARY 05/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Date

## Officer/Director Detail Continued:

 Title
 ASSISTANT TREASURER
 Title
 ASSISTANT SECRETARY

 Name
 STEPONAITIS, DIANE E.
 Name
 WAHL, GWENDOLYN ANN

Address 15400 CALHOUN Address

DRIVE, SUITE 300 DRIVE, SUITE 300

15400 CALHOUN

City-State-Zip: ROCKVILLE MD 20855 City-State-Zip: ROCKVILLE MD 20855

Title PRESIDENT Title DIRECTOR

NameSCHMIDT, MARK W.NameSCHMIDT, MARK W.Address15400 CALHOUNAddress15400 CALHOUN

DRIVE, SUITE 300 DRIVE, SUITE 300

City-State-Zip: ROCKVILLE MD 20855 City-State-Zip: ROCKVILLE MD 20855

Title VICE PRESIDENT AND TREASURER Title ASSISTANT VICE PRESIDENT

Name SMITH, TRACY LOUISE Name KELLY BERG, ANNE

Address 15400 CALHOUN Address 15400 CALHOUN

DRIVE, SUITE 300 DRIVE, SUITE 300

City-State-Zip: ROCKVILLE MD 20855 City-State-Zip: ROCKVILLE MD 20855

Title ASSISTANT TREASURER Title ASSISTANT TREASURER
Name CHUEY, LINDSAY A. Name HEALY, ROBERT SEAN

Address 15400 CALHOUN Address 15400 CALHOUN

DRIVE, SUITE 300 DRIVE, SUITE 300

City-State-Zip: ROCKVILLE MD 20855 City-State-Zip: ROCKVILLE MD 20855