

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002865

**Entity Name:** COVENTRY HEALTH CARE NATIONAL NETWORK, INC.

**Current Principal Place of Business:**

509 PROGRESS DRIVE, SUITE 117  
LINTHICUM HEIGHTS, MD 21090

**Current Mailing Address:**

509 PROGRESS DRIVE, SUITE 117  
LINTHICUM HEIGHTS, MD 21090 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name COLE, JOSHUA C  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT SECRETARY  
Name BEAULIEU, SHEELAGH M.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT TREASURER  
Name HEALY, ROBERT SEAN  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT TREASURER  
Name CHUEY, LINDSAY A.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT VICE PRESIDENT  
Name WOLLER, SHERI L  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title VICE PRESIDENT AND TREASURER  
Name SMITH, TRACY LOUISE  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title DIRECTOR  
Name SCHMIDT, MARK W.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title PRESIDENT  
Name SCHMIDT, MARK W.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

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*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**

**04/23/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name STEPONAITIS, DIANE E.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT VICE PRESIDENT  
Name POMPONI, JENNIFER L.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT SECRETARY  
Name ROLWING, THOMAS J.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT SECRETARY  
Name CIANCI, WENDYANN M.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT SECRETARY  
Name NOWROOZI, LEILA  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT TREASURER  
Name PARR, MARC A.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title ASSISTANT SECRETARY  
Name FINCH, DEBORAH E.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title VICE PRESIDENT AND SECRETARY  
Name LEE, EDWARD CHUNG-I  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090

Title SENIOR INVESTMENT OFFICER  
Name OADES, PETER R.  
Address 509 PROGRESS DRIVE, SUITE 117  
City-State-Zip: LINTHICUM HEIGHTS MD 21090