

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000488

**Entity Name:** COVENTRY HEALTH AND LIFE INSURANCE COMPANY**Current Principal Place of Business:**6720B ROCKLEDGE DRIVE, SUITE 700  
BETHESDA, MD 20817**Current Mailing Address:**151 FARMINGTON AVENUE  
RW61  
HARTFORD, CT 06156 US**FEI Number:** 75-1296086**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
P O BOX 6200 (32314-6200)  
TALLAHASSEE, FL 32399 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 AND DIRECTOR  
Name            BAHR, MICHAEL DEAN  
Address        6720B ROCKLEDGE DRIVE, SUITE 700  
City-State-Zip: BETHESDA MD 20817

Title            VP, DIRECTOR  
Name            BELLIZZI, JERRY JOHN  
Address        6720B ROCKLEDGE DRIVE, SUITE 700  
City-State-Zip: BETHESDA MD 20817

Title            VP, TREASURER, DIRECTOR  
Name            COFRANCESCO, ELAINE ROSE  
Address        6720B ROCKLEDGE DRIVE, SUITE 700  
City-State-Zip: BETHESDA MD 20817

Title            DIRECTOR  
Name            MACKEL, DALE G.  
Address        6720B ROCKLEDGE DRIVE, SUITE 700  
City-State-Zip: BETHESDA MD 20817

Title            VP AND SECRETARY  
Name            LEE, EDWARD CHUNG-I  
Address        151 FARMINGTON AVENUE  
RW61  
City-State-Zip: HARTFORD CT 06156

Title            DIRECTOR  
Name            BRUBAKER, LAURIE ANN  
Address        6720B ROCKLEDGE DRIVE, SUITE 700  
City-State-Zip: BETHESDA MD 20817

Title            DIRECTOR  
Name            D'ANTONIO, FRANK J.  
Address        6720B ROCKLEDGE DRIVE, SUITE 700  
City-State-Zip: BETHESDA MD 20817

Title            DIRECTOR  
Name            MARTINO, GREGORY STEPHEN  
Address        6720B ROCKLEDGE DRIVE, SUITE 700  
City-State-Zip: BETHESDA MD 20817

**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:** EDWARD CHUNG-I LEE**SECRETARY****04/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name NELSON, MICHAEL ANDREW  
Address 6720B ROCKLEDGE DRIVE, SUITE 700  
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR  
Name STELBEN, JOHN J.  
Address 6720B ROCKLEDGE DRIVE, SUITE 700  
City-State-Zip: BETHESDA MD 20817