

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000488

**Entity Name:** COVENTRY HEALTH AND LIFE INSURANCE COMPANY**Current Principal Place of Business:**6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817**Current Mailing Address:**6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817**FEI Number:** 75-1296086**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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 SEC  
Name SMITH, SHIRLEY R  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title PRE  
Name BAHR, MICHAEL D  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title TRE  
Name RUHLMANN, JOHN J  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title DIR  
Name ZIELINSKI ESQ., THOMAS C  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MA 20817

Title AS  
Name WEINBERG, JONATHAN D  
Address 6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title VP  
Name MURPHY, MICHAEL  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR  
Name KULICH, ROMAN T  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR  
Name TUOZZO, MELINDA L  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

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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:** SHIRLEY R SMITH**SECRETARY****04/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	NOLAN, TIMOTHY E
Address	6705 ROCKLEDGE DRIVE SUITE 900
City-State-Zip:	BETHESDA MD 20817