

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000488

Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY

Current Principal Place of Business:

550 MARYVILLE CENTRE DRIVE
SUITE 300
ST. LOUIS, MO 63141

Current Mailing Address:

550 MARYVILLE CENTRE DRIVE
SUITE 300
ST. LOUIS, MO 63141 US

FEI Number: 75-1296086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
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 VP, TREASURER
Name COFRANCESCO, ELAINE ROSE
Address 550 MARYVILLE CENTRE DRIVE
SUITE 300
City-State-Zip: ST. LOUIS MO 63141

Title VP, SECRETARY
Name LEE, EDWARD CHUNG-I
Address 550 MARYVILLE CENTRE DRIVE
SUITE 300
City-State-Zip: ST. LOUIS MO 63141

Title PRESIDENT, DIRECTOR
Name FIELDS, DAVID WILSON
Address 550 MARYVILLE CENTRE DRIVE
SUITE 300
City-State-Zip: ST. LOUIS MO 63141

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