

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000488

**Entity Name:** COVENTRY HEALTH AND LIFE INSURANCE COMPANY**Current Principal Place of Business:**1285 FERN RIDGE PARKWAY  
SUITE 200  
ST. LOUIS, MO 63141**Current Mailing Address:**509 PROGRESS DRIVE, SUITE 117  
LINTHICUM HEIGHTS, MD 21090 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                            |
| Name            | AVOTINS, MICHAEL THOMAS              |
| Address         | 1285 FERN RIDGE PARKWAY<br>SUITE 200 |
| City-State-Zip: | ST. LOUIS MO 63141                   |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | DIRECTOR                         |
| Name            | SMITH, TRACY LOUISE              |
| Address         | 15400 CALHOUN DRIVE<br>SUITE 300 |
| City-State-Zip: | ROCKVILLE MD 20855               |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | DIRECTOR                         |
| Name            | TINKER, CATHLEEN S.              |
| Address         | 15400 CALHOUN DRIVE<br>SUITE 300 |
| City-State-Zip: | ROCKVILLE MD 20855               |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | DIRECTOR                         |
| Name            | HEALY, ROBERT SEAN               |
| Address         | 15400 CALHOUN DRIVE<br>SUITE 300 |
| City-State-Zip: | ROCKVILLE MD 20855               |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | VICE PRESIDENT AND TREASURER     |
| Name            | SMITH, TRACY LOUISE              |
| Address         | 15400 CALHOUN DRIVE<br>SUITE 300 |
| City-State-Zip: | ROCKVILLE MD 20855               |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | DIRECTOR                         |
| Name            | ANDERS, JOHN DAVID               |
| Address         | 15400 CALHOUN DRIVE<br>SUITE 300 |
| City-State-Zip: | ROCKVILLE MD 20855               |

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

|                 |                                  |
|-----------------|----------------------------------|
| Title           | DIRECTOR                         |
| Name            | BOSTIAN, , JAMES MICHAEL         |
| Address         | 15400 CALHOUN DRIVE<br>SUITE 300 |
| 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:** EDWARD CHUNG-I LEE**SECRETARY****04/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BOYMAN, JAMES B  
Address 15400 CALHOUN DRIVE  
SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

Title VP  
Name BUCCI, MICHAEL JOSEPH  
Address 15400 CALHOUN DRIVE  
SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

Title DIRECTOR  
Name FILLER, RICHARD STEVEN  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title ASST. TREASURER  
Name HEALY, ROBERT SEAN  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title ASST. TREASURER  
Name STEPONAITIS, DIANE E.  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title ASST. SECRETARY  
Name CIANCI, WENDYANN M  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title ASSISTANT CONTROLLER  
Name KELLER, PETER  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR  
Name FLETCHER, AMY CHRISTINE  
Address 15400 CALHOUN DRIVE  
SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

Title DIRECTOR  
Name AVOTINS, MICHAEL THOMAS  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR  
Name LANDECK, SARAH ALINE  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title ASST. TREASURER  
Name PARR, MARC A.  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title ASST. SECRETARY  
Name BEAULIEU, SHEELAGH M.  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title ASST. SECRETARY  
Name COLE, JOSHUA C.  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141

Title VP  
Name CAMPBELL, CHRISTOPHER ROBERT  
Address 1285 FERN RIDGE PARKWAY  
SUITE 200  
City-State-Zip: ST. LOUIS MO 63141