

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000610

Entity Name: ACCENDO INSURANCE COMPANY

Current Principal Place of Business:

221 N CHARLES LINDBERGH DR
SALT LAKE CITY, UT 84116

Current Mailing Address:

ONE CVS DRIVE
LEGAL DEPT
WOONSOCKET, RI 02895

FEI Number: 06-1566092

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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 PD
Name MCDONALD, LLOYD
Address 9501 E SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85260

Title T
Name STRONG, ANTHONY G
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title S
Name BUCHANAN, MICHELE
Address 9501 E SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85260

Title D
Name MEEK, TODD
Address 221 N CHARLES LINDBERGH DR
City-State-Zip: SALT LAKE CITY UT 84116

Title DV
Name LAPINE, JOSEPH
Address 221 N CHARLES LINDBERGH DR
City-State-Zip: SALT LAKE CITY UT 84116

Title D
Name MARITAN, JAMES
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

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: MICHELE BUCHANAN

SECRETARY

04/18/2013

Electronic Signature of Signing Officer/Director Detail

Date