

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2017
Secretary of State
CC5480365783

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 MEEK, TODD D
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 AZZOLINA, DAVID
Address 9501 E SHEA BLVD.
City-State-Zip: SCOTTSDALE AZ 85260

Title DIRECTOR
Name MEYER, MARY KRISTINA
Address 9501 E SHEA BLVD.
City-State-Zip: SCOTTSDALE AZ 85260

Title D
Name LUND, HAROLD NEIL
Address 9501 E SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85260

Title DIRECTOR
Name MOORE, MARSHA C
Address 9501 E SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85260

Title VP
Name MOFFETT, ALBERT FRANKLIN
Address 9501 E SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85260

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 W BUCHANAN

SECRETARY

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date