

**2016 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**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date