

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000610

**Entity Name:** ACCENDO INSURANCE COMPANY

**Current Principal Place of Business:**

2250 MIDDLE ROAD  
SUITE 204  
BELTENDORF , IA 52722

**Current Mailing Address:**

1 CVS DRIVE  
LEGAL DEPT  
WOONSOCKET, RI 02895 US

**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            PRESIDENT, DIRECTOR  
Name            MEEK, TODD D  
Address        9501 E SHEA BLVD  
City-State-Zip: SCOTTSDALE AZ 85260

Title            TREASURER  
Name            ZABLOCKI, DANIEL L  
Address        1 CVS DRIVE  
                  LEGAL DEPT  
City-State-Zip: WOONSOCKET RI 02895

Title            DIRECTOR  
Name            SMITH, TRACY L  
Address        1 CVS DRIVE  
                  LEGAL DEPT  
City-State-Zip: WOONSOCKET RI 02895

Title            MGRM  
Name            PART D HOLDING COMPANY, LLC  
Address        1 CVS DRIVE  
                  LEGAL DEPT  
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:** TRACY L SMITH

**DIRECTOR**

**04/24/2020**

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

\_\_\_\_\_  
Date