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(Address)

(Address)

(City/State/Zip/Phone #)

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FILING TRANSMITTAL FORM

STATE: FL

To: Florida Secretary of State
Division of Corporations
Po Box 6327
Tallahassee, FL 32314

Date: June 17, 2008

From: April Brady

Job# 104194/AB

Entity Name/s: Coventry Product Services, Inc.

Please file the attached Application for Authority upon receipt, returning a customary file stamped copy to my attention in the enclosed self-addressed, stamped envelope. Or if you wish not to use the provided return envelope, please mail to:

April Brady
Signature Information Solutions LLC
300 Phillips Blvd.
Trenton, NJ 08618

Also enclosed is our check in the amount of \$70.00 to cover the filing fee of the enclosed.

Thank you for your assistance in this matter, and if you have any questions or there are problems with this filing please contact me at 800-792-8888, ext. 5444.

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Coventry Product Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 20-8217339
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 18, 2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817
(Principal office address)
6705 Rockledge Drive, Suite 900, Bethesda, MD 20817
(Current mailing address)

8. Insurance related activities.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 2731 Executive Park Dr., Ste 4
Weston, Florida 33331
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

B. April Brady
(Registered agent's signature)

B. April Brady, Asst. Secy.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Thomas P. McDonough

Address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

Director: Shawn M. Guertin

Address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

B. OFFICERS

President: Maria Fitzpatrick

Address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

Vice President: Shawn M. Guertin (EVP)

Address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

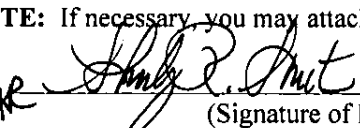
Secretary: Shirley R. Smith

Address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

Treasurer: John J. Stelben

Address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

14. Shirley R. Smith, Secretary
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVENTRY PRODUCT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2008.

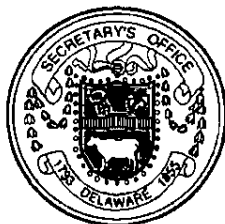
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVENTRY PRODUCT SERVICES, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4287280 8300

080692745



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6659622

DATE: 06-13-08