

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005004

FILED
Apr 29, 2010
Secretary of State

Entity Name: SILVERSCRIPT INSURANCE COMPANY

Current Principal Place of Business:

445 GREAT CIRCLE RD.
NASHVILLE, TN 37228

New Principal Place of Business:

Current Mailing Address:

445 GREAT CIRCLE RD.
NASHVILLE, TN 37228

New Mailing Address:

ONE CVS DRIVE
LEGAL DEPT
WOONSOCKET, RI 02895

FEI Number: 20-2833904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: MCDONALD, LLOYD
Address: 9501 SHEA BLVD.
City-St-Zip: SCOTTSDALE, AZ 85260

Title: VD
Name: WEEKS, MARK
Address: 445 GREAT CIRCLE RD.
City-St-Zip: NASHVILLE, TN 37228

Title: D
Name: MARITAN, JAMES G
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895

Title: D
Name: LAPINE, JOSEPH C
Address: 221 N. CHARLES LINDBERGH DR.
City-St-Zip: SALT LAKE CITY, UT 84116

Title: V
Name: ROOKER, TODD R
Address: 8501 E. SHEA BLVD.
City-St-Zip: SCOTTSDALE, AZ 85280

Title: ST
Name: KRAUSE, CHARLES D
Address: 2211 SANDERS RD.
City-St-Zip: NORTHBROOK, IL 60062

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

AS

04/29/2010

Electronic Signature of Signing Officer or Director

Date