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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01388 (8)
1. Corporation Name
COVENTRY HEALTH AND LIFE INSURANCE COMPANY



Principal Place of Business
200 BAILEY
FT. WORTH TX 76107

Mailing Address
PO BOX 9053
FT. WORTH TX 76147-2053
US

3. Date Incorporated or Qualified
03/28/1984

3a. Date of Last Report
03/01/1996

2. Principal Place of Business
21 53 Century Blvd,

2a. Mailing Address
26 53 Century Blvd,

Suite, Apt. #, etc.
22 Suite 250-A

Suite, Apt. #, etc.
27 Suite 250-A

City & State
23 Nashville, TN

City & State
28 Nashville, TN

Zip
24 37214

Country
25 USA

Zip
29 37214

Country
30 USA

4. FEI Number
75-1296086

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Director
NAME	JONES, RICHARD H	1.2 NAME	Richard H. Jones
STREET ADDRESS	200 BAILEY	1.3 STREET ADDRESS	940 West Port Plaza, Suite 300
CITY-ST-ZIP	FORT WORTH TX 76107	1.4 CITY-ST-ZIP	St. Louis, MO 63146
TITLE	D	2.1 TITLE	Director
NAME	KUGELMAN, LAWRENCE N.	2.2 NAME	Allen F. Wise
STREET ADDRESS	200 BAILY	2.3 STREET ADDRESS	53 Century Blvd., Suite 250-A
CITY-ST-ZIP	FT WORTH TX	2.4 CITY-ST-ZIP	Nashville, TN 37214
TITLE	S	3.1 TITLE	President & Director
NAME	SMITH, SHIRLEY R.	3.2 NAME	Dale B. Wolf
STREET ADDRESS	200 BAILEY	3.3 STREET ADDRESS	53 Century Blvd., Suite 250-A
CITY-ST-ZIP	FORT WORTH TX	3.4 CITY-ST-ZIP	Nashville, TN 37214
TITLE	TD	4.1 TITLE	Treasurer, VP & Director
NAME	MAYS, ROBERT C.	4.2 NAME	Jan H. Hodges
STREET ADDRESS	200 BAILEY	4.3 STREET ADDRESS	53 Century Blvd., Suite 250-A
CITY-ST-ZIP	FT. WORTH TX	4.4 CITY-ST-ZIP	Nashville, TN 37214
TITLE		5.1 TITLE	Secretary & Director & VP
NAME		5.2 NAME	Shirley R. Smith
STREET ADDRESS		5.3 STREET ADDRESS	53 Century Blvd., Suite 250-A
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Nashville, TN 37214
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Shirley R. Smith* SHIRLEY R. Smith, Sec. 2/4/97 615/391-2454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)