

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90179 004 ***150.00

DOCUMENT # P01388

1. Corporation Name

COVENTRY HEALTH AND LIFE INSURANCE COMPANY



Principal Place of Business

501 CORPORATE CENTRE DR
SUITE 400
FRANKLIN TN 37067
US

Mailing Address

501 CORPORATE CENTRE DR SUITE 400
SUITE 250-A
FRANKLIN TN 37067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6705 Rockledge Drive

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Bethesda, MD

Zip

Country

24 20817

25 U.S.A.

2a. Mailing Address

26 6705 Rockledge Drive

Suite, Apt. #, etc.

27 Suite 900

City & State

28 Bethesda, MD

Zip

Country

29 20817

30 U.S.A.

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME JONES, RICHARD H
STREET ADDRESS 940 WEST PORT PLAZA STE 300
CITY-ST-ZIP ST. LOUIS MO

TITLE T ☒ DELETE

NAME MILLER, REX A
STREET ADDRESS 501 CORPORATE CENTRE DRIVE SUITE 400
CITY-ST-ZIP FRANKLIN TN 37067

TITLE SDVP ☐ DELETE

NAME SMITH, SHIRLEY R.
STREET ADDRESS 501 CORPORATE CENTRE DRIVE SUITE 400
CITY-ST-ZIP FRANKLIN TN 37067

TITLE PD ☐ DELETE

NAME WOLF, DALE B
STREET ADDRESS 501 CORPORATE CENTRE DR, SUITE 400
CITY-ST-ZIP FRANKLIN TN 37067

TITLE DVP ☐ DELETE

NAME HODGES, JAN H
STREET ADDRESS 2575 INTERSTATE DR
CITY-ST-ZIP HARRISBURG PA 17110

TITLE DVP ☒ DELETE

NAME MAYER, ROBERT A
STREET ADDRESS 2575 INTERSTATE DR
CITY-ST-ZIP HARRISBURG PA 17110

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Allen F. Wise
1.3 STREET ADDRESS 6705 Rockledge Drive, Suite 900
1.4 CITY-ST-ZIP Bethesda, MD 20817

2.1 TITLE Asst. Treasurer ☐ Change ☒ Addition

2.2 NAME Stuart M. Fishkin
2.3 STREET ADDRESS 6705 Rockledge Drive, Suite 900
2.4 CITY-ST-ZIP Bethesda, MD 20817

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 6705 Rockledge Drive, Suite 900
3.4 CITY-ST-ZIP Bethesda, MD 20817

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 6705 Rockledge Drive, Suite 900
4.4 CITY-ST-ZIP Bethesda, MD 20817

5.1 TITLE Director, VP and Treasurer ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Director, VP ☐ Change ☒ Addition

6.2 NAME Francis S. Solstman, Jr.
6.3 STREET ADDRESS 2575 Interstate Drive
6.4 CITY-ST-ZIP Harrisburg, PA 17110

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart M. Fishkin, Asst. Treasurer 4/9/99

301-581-0600

CR2E034 (11/98)