

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90218 004 ***150.00

DOCUMENT # P01388

1. Entity Name

COVENTRY HEALTH AND LIFE INSURANCE COMPANY

Principal Place of Business

6705 ROCKLEDGE DR
STE 900
BETHESDA MD 20817
US

Mailing Address

6705 ROCKLEDGE DR
STE 900
BETHESDA MD 20817
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-1296086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP SMITH, SHIRLEY R. 6705 ROCKLEDGE DR STE 900 BETHESDA MD 20817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLF, DALE B 6705 ROCKLEDGE DR STE 900 BETHESDA MD 20817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT HODGES, JAN H 2575 INTERSTATE DR HARRISBURG PA 17110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SOISTMAN, FRANCIS S JR 2575 INTERSTATE DR HARRISBURG PA 17110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED SCHEDULE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED SCHEDULE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01

(301) 581-0600

CR2E034 (10/00)

Attachment
PD1388
C0063486

Coventry Health and Life Insurance Company

FEIN: 75-1296086

**Florida-2001 Uniform Business Report
Additional Officers and Directors**

Officers:

Address:

Jan H. Hodges VP	2575 Interstate Drive Harrisburg, PA 17110
Shirley R. Smith VP & Secretary	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817
Thomas P. McDonough Executive VP	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817
Davina C. Lane VP	111 Corporate Office Drive Earth City, MO 63045
Teddy M. Cheatham VP	141 Summers Square Charleston, WV 25326-1711
Shawn M. Guertin VP & Treasurer	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817
John J. Stelben Assist. Treasurer	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817
John J. Ruhlmann Corporate Controller	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817
Ronald M. Chaffin VP	2751 Centerville Road, Suite 400 Wilmington, DE 19808
Thomas A. Davis VP	1100 Circle 75 Parkway, Suite 1400 Atlanta, GA 30339
Janet M. Stallmeyer VP	1001 East 101 st Terrace Kansas City, MO 64131
Keith G. Benoit VP	2424 Edenborn Ave., Suite 350 Metairie, LA 70001
Richard E. Cochran VP	13305 Birch St., Suite 100 Omaha, NE 68164
Deanna H. Gray Assist. Secretary	Regency 6 Suite 200, 4600 Westown Parkway West Des Moines, IA 50266-1099
Daniel Bixler, M.D. Assist. Secretary	13305 Birch St., Suite 100 Omaha, NE 68164
Keith Passwater Appointed Actuary	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817

Attachment Doc # PD1388
C00003486

Jennifer A. Adkins
VP

9881 Mayland Drive
Richmond, VA 23233

Coventry Health and Life Insurance Company
FEIN: 75-1296086
Florida-2001 Uniform Business Report
Additional Officers and Directors

Tracy H. Baker
VP

6330 Quadrangle Drive, Suite 500
Chapel Hill, NC 27514

Peter Chauncey
Assist. Secretary

6330 Quadrangle Drive, Suite 500
Chapel Hill, NC 27514

Directors:

Address:

Allen F. Wise

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

Thomas P. McDonough

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

Jan H. Hodges

2575 Interstate Drive
Harrisburg, PA 17110