

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90091 035 \*\*\*150.00

05/02/02 AT

**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

4. FEI Number **75-1296086**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_ (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, 2002 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	VP/S <b>SMITH, SHIRLEY R.</b> <b>6705 ROCKLEDGE DR STE 900 BETHESDA MD 20817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HODGES, JAN H</b> <b>2575 INTERSTATE DR HARRISBURG PA 17110</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <b>MCDONOUGH, THOMAS P</b> <b>6705 ROCKLEDGE DRIVE, SUITE 900 BETHESDA MD 20817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>LANE, DAVINA C</b> <b>111 CORPORATE OFFICE DRIVE EARTH CITY MO 63045</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CHEATHAM, TEDDY M</b> <b>141 SUMMERS SQUARE CHARLESTON WV 25326-1711</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T <b>GUERTIN, SHAWN M</b> <b>6705 ROCKLEDGE DRIVE, SUITE 900 BETHESDA MD 20817</b>	<input type="checkbox"/> Delete

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
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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

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

4/17/02  
 Date

301-581-0600  
 Daytime Phone #

CR2E034 (9/01)

358166  
# P01388

**Attachment**  
**Coventry Health and Life Insurance Company**  
**FEIN: 75-1296086**  
**Florida-2002 Uniform Business Report**  
**Officers and Directors**

**Officers:**

**Address:**

Shawn M. Guertin President	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817
Dale B. Wolf VP & Treasurer	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
Shirley R. Smith VP & Secretary	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 <sup>st</sup> 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

Attachment # 101388

**Coventry Health and Life Insurance Company**  
**FEIN: 75-1296086**

Jennifer A. Adkins  
VP

9881 Mayland Drive  
Richmond, VA 23233

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

Joan Hess  
Intermediate Actuary

6705 Rockledge Drive, Suite 900  
Bethesda, MD 20817

Michael Teachout  
VP

Regency 6 Suite 200, 4600 Westown Parkway  
West Des Moines, IA 50266-1099

**Directors:**

**Address:**

Allen F. Wise

6705 Rockledge Drive, Suite 900  
Bethesda, MD 20817

Dale B. Wolf

6705 Rockledge Drive, Suite 900  
Bethesda, MD 20817

Thomas P. McDonough

6705 Rockledge Drive, Suite 900  
Bethesda, MD 20817

Shawn M. Guertin

6705 Rockledge Drive, Suite 900  
Bethesda, MD 20817