

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005004

Entity Name: SILVERSCRIPT INSURANCE COMPANY

Current Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET , RI 02895

Current Mailing Address:

ONE CVS DRIVE
WOONSOCKET , RI 02895 US

FEI Number: 20-2833904

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

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

Officer/Director Detail :

Title DIRECTOR
Name SMITH, TRACY L
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title DIRECTOR
Name CHARLES, PETER
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title DIRECTOR, VP
Name PAVLOVICH, MELISSA
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title PRESIDENT, DIRECTOR
Name AMNOTT, GLENN H
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title VP
Name MANNING , STEPHEN
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title VP
Name OESTERLE, MATTHEW
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title VP
Name SMITH, ILONA G.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title SECRETARY
Name LEE, EDWARD C.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

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: OESTERLE MATTHEW

VP

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date