

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000005004

**Entity Name:** SILVERSCRIPT INSURANCE COMPANY

**Current Principal Place of Business:**

445 GREAT CIRCLE RD.  
NASHVILLE, TN 37228

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC6020826407**

**Current Mailing Address:**

ONE CVS DRIVE  
LEGAL DEPT  
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 PD  
Name MCDONALD, LLOYD  
Address 9501 SHEA BLVD.  
City-State-Zip: SCOTTSDALE AZ 85260

Title D  
Name LUND, HAROLD N  
Address 445 GREAT CIRCLE RD.  
City-State-Zip: NASHVILLE TN 37228

Title D  
Name MARITAN, JAMES G  
Address ONE CVS DR.  
City-State-Zip: WOONSOCKET RI 02895

Title D  
Name LAPINE, JOSEPH C  
Address 221 N. CHARLES LINDBERGH DR.  
City-State-Zip: SALT LAKE CITY UT 84116

Title S  
Name BUCHANAN, MICHELE W  
Address 9501 E SHEA BLVD  
City-State-Zip: SCOTTSDALE AZ 85260

Title T  
Name STRONG, ANTHONY G  
Address 2211 SANDERS RD.  
City-State-Zip: NORTHBROOK IL 60062

*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: MICHELE BUCHANAN**

**SECRETARY**

**04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date