2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005004

Entity Name: SILVERSCRIPT INSURANCE COMPANY

Current Principal Place of Business:

445 GREAT CIRCLE RD.
NASHVILLE, TN 37228

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		Title	D
Name	MEEK, TODD		Name	LUND, HAROLD N
Address	9501 SHEA BLVD.		Address	445 GREAT CIRCLE RD.
City-State-Zip:	SCOTTSDALE AZ 85260		City-State-Zip:	NASHVILLE TN 37228
Title	D		Title	D
Name	MEYER, MARY KRISTINA		Name	AZZOLINA, DAVID
Address	9501 E SHEA BLVD.		Address	9501 E SHEA BLVD.
City-State-Zip:	SCOTTSDALE AZ 85260		City-State-Zip:	SCOTTSDALE AZ 85260
Title	S		Title	T
Name	BUCHANAN, MICHELE W		Name	ZABLOCKI, DANIEL L
Address	9501 E SHEA BLVD		Address	ONE CVS DRIVE
City-State-Zip:	SCOTTSDALE AZ 85260		City-State-Zip:	WOONSOCKET RI 02895-
Title	DIRECTOR			
Name	MOORE, MARSHA C.			
Address	9501 E SHEA BLVD.			
City-State-Zip:	SCOTTSDALE AZ 85260			

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 W. BUCHANAN   SECRETARY   04/23/2019

Electronic Signature of Signing Officer/Director Detail   Date