

2016 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
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

04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date