2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2019
Secretary of State
6982020634CC

DOCUMENT# F07000002276

Entity Name: COVENTRY HEALTH CARE WORKERS COMPENSATION, INC.

Current Principal Place of Business:

6720B ROCKLEDGE DRIVE, SUITE 800
BETHESDA, MD 20817

Current Mailing Address:

151 FARMINGTON AVENUE, RW61
HARTFORD, CT 06156 US

FEI Number: 20-8376354

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, PRESIDENT	Title	VICE PRESIDENT AND TREASURER
Name	LYNCH, ARTHUR J.	Name	MARONEY, JOHN PATRICK
Address	6720B ROCKLEDGE DRIVE, SUITE 800	Address	6720B ROCKLEDGE DRIVE, SUITE 800
City-State-Zip:	BETHESDA MD 20817	City-State-Zip:	BETHESDA MD 20817
Title	VICE PRESIDENT AND SECRETARY	Title	VP
Name	LEE, EDWARD CHUNG-I	Name	CARRARA, LISA M
Address	6720B ROCKLEDGE DRIVE, SUITE 800	Address	6720B ROCKLEDGE DRIVE, SUITE 800
City-State-Zip:	BETHESDA MD 20817	City-State-Zip:	BETHESDA MD 20817
Title	VP		
Name	PAVLOVICH,, MELISSA BUSH		
Address	6720B ROCKLEDGE DRIVE, SUITE 800		
City-State-Zip:	BETHESDA MD 20817		

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: EDWARD CHUNG-I LEE SECRETARY 03/22/2019

Electronic Signature of Signing Officer/Director Detail — Date