

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002276

Entity Name: COVENTRY HEALTH CARE WORKERS COMPENSATION, INC.**FILED**
Mar 06, 2023
Secretary of State
0100587728CC**Current Principal Place of Business:**440 E SWEDESFORD RD
SUITE 1000
WAYNE, PA 19087**Current Mailing Address:**440 E SWEDESFORD RD
SUITE 1000
WAYNE, PA 19087 US**FEI Number: NOT APPLICABLE****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 TREASURER
Name BROWN, NORMAN
Address 440 E SWEDESFORD RD
 SUITE 1000
City-State-Zip: WAYNE PA 19087

Title DIRECTOR, PRESIDENT, CEO
Name LYNCH, ARTHUR J.
Address 440 E SWEDESFORD RD
 SUITE 1000
City-State-Zip: WAYNE PA 19087

Title SECRETARY
Name KROON, STEPHANIE
Address 440 E. SWEDESFORD RD
 SUITE 1000
City-State-Zip: WAYNE PA 19087

Title VP
Name DICKSON, LAURIE
Address 440 E. SWEDESFORD RD
 SUITE 1000
City-State-Zip: WAYNE PA 19087

Title VP
Name HARRIS, JILL
Address 440 E. SWEDESFORD RD
 SUITE 1000
City-State-Zip: WAYNE PA 19087

Title SVP, SALES & ACCOUNT
 MANAGEMENT
Name VIELMA, ELVIS
Address 440 E. SWEDESFORD RD
 SUITE 1000
City-State-Zip: WAYNE PA 19087

Title VP, DIRECTOR
Name MADEJA, PETER C
Address 440 E. SWEDESFORD
 SUITE 1000
City-State-Zip: WAYNE PA 19087

Title VP
Name SUN, ALEX
Address 440 E. SWEDESFORD RD
 SUITE 1000
City-State-Zip: WAYNE PA 19087

Continues on page 2

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: KROON STEPHANIE**SECRETARY****03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CFO, ASST. TREASURER
Name	ATKINSON, JON CHRISTOPHER
Address	440 E SWEDESFORD RD SUITE 1000
City-State-Zip:	WAYNE PA 19087