2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2013
Secretary of State
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Entity Name: COVENTRY HEALTH CARE WORKERS COMPENSATION, INC.

Current Principal Place of Business:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

Current Mailing Address:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

FEI Number: 20-8376354

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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	SEC	Title	AT
Name	SMITH, SHIRLEY R	Name	TUOZZO, MELINDA L
Address	6705 ROCKLEDGE DRIVE, STE 900	Address	6705 ROCKLEDGE DRIVE, STE 900
City-State-Zip:	BETHESDA MD 20817	City-State-Zip:	BETHESDA MD 20817
Title	P/D	Title	AS
Name	YOUNG, DAVID	Name	WEINBERG, JONATHAN D
Address	6705 ROCKLEDGE DRIVE, STE 900	Address	6705 ROCKLEDGE DRIVE, STE 900
City-State-Zip:	BETHESDA MD 20817	City-State-Zip:	BETHESDA MD 20817
Title	VP	Title	T
Name	GELB, ROBERT L	Name	RUHLMANN, JOHN J
Address	6705 ROCKLEDGE DRIVE, STE 900	Address	6705 ROCKLEDGE DRIVE, STE 900
City-State-Zip:	BETHESDA MD 20817	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: SHIRLEY R SMITH SECRETARY 04/03/2013

Electronic Signature of Signing Officer/Director Detail — Date