



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 000274865

2. Name of Corporation Coventry Health Care Workers Compensation, Inc.

3. Street Address Principal Business Office:

No. and Street: 440 E. SWEDESFORD RD

City or Town: WAYNE

State: PA

Zip: 19087

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524126

6. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDES COST AND CARE MANAGEMENT SOLUTIONS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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TREASURER	NORMAN BROWN	440 E. SWEDESFORD RD WAYNE, PA 19087 USA
SECRETARY	STEPHANIE KROON	440 E. SWEDESFORD RD WAYNE, PA 19087 USA
CFO	CHRISTOPHER ATKINSON	440 E. SWEDESFORD RD WAYNE, PA 19087 USA
VICE PRESIDENT	ALEX SUN	440 E. SWEDESFORD RD WAYNE, PA 19087 USA
DIRECTOR/PRESIDENT/CEO	ARTHUR LYNCH	440 E. SWEDESFORD RD WAYNE, PA 19087 USA
DIRECTOR	PETER C. MADEJA	440 E. SWEDESFORD RD WAYNE, PA 19087 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 29 Day of March, 2023 at 12:31:33 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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