



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 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:** 2009

**1. Corporate ID No.** 000274865

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

**3. Street Address Principal Business Office:**

No. and Street: 6705 ROCKLEDGE DRIVE  
SUITE 900

City or Town: BETHESDA State: MD Zip: 20817 Country: USA

**4. Business Phone No.**

301-581-0600

**5. State of Incorporation**

State: DE

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

THIRD PARTY ADMINISTRATION OF INSURANCE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES E MCGARRY	5080 SPECTRUM DRIVE SUITE 400 ADDISON, TX 75001 USA
TREASURER	MICHAEL S GUERTIN	6705 ROCKLEDGE DRIVE BETHESDA, MD 20817 USA
SECRETARY	SHIRLEY R SMITH	6705 ROCKLEDGE DRIVE BETHESDA, MD 20817 USA
CEO	JAMES E MCGARRY	5080 SPECTRUM DRIVE SUITE 400 ADDISON, TX 75001 USA
VICE PRESIDENT	ANDREW L ASHER	6705 ROCKLEDGE DRIVE BETHESDA, MD 20817 USA
ASSISTANT SECRETARY	JONATHAN D WEINBERG	6705 ROCKLEDGE DRIVE, STE 900 BETHESDA, MD 20817 USA
DIRECTOR	SHAWN M GUERTIN	6705 ROCKLEDGE DRIVE BETHESDA, MD 20817 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		\$0.01	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 11 Day of February, 2009 at 12:45:58 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 JONATHAN D WEINBERG  
Signature of Authorized Representative of the Corporation

ASST SECRETARY  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

