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State of Rhode Island and Providence Plantations
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: 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: 2015

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.

5. State of Incorporation

State: DE

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

Parent company of workers comp companies for Coventry legacy companies

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
PRESIDENT	ARTHUR J. LYNCH	6705 ROCKLEDGE DRIVE, SUITE 900 BETHESDA, MD 20817 USA
TREASURER	ELAINE ROSE COFRANCESCO	151 FARMINGTON AVENUE, RE6A HARTFORD, CT 06156 USA
SECRETARY	EDWARD CHUNG-I LEE	151 FARMINGTON AVENUE, RW4A HARTFORD, CT 06156 USA
DIRECTOR	STEVEN E. DOYLE	6705 ROCKLEDGE DRIVE,SUITE 900 BETHESDA, MD 20817 USA

0-8394-0

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
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 12 Day of February, 2015 at 12:17:23 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 COLLIN MENKHUS
Signature of Authorized Representative of the Corporation

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