

1.) CORPORATION NAME:

**COVENTRY HEALTH AND LIFE INSURANCE COMPANY**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F0508863**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6705 ROCKLEDGE DRIVE SUITE 900

CITY/ST/ZIP: BETHESDA, MD 20817

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHAEL DEAN BAHR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6705 ROCKLEDGE DR STE 900		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	SHIRLEY SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	6705 ROCKLEDGE DRIVE SUITE 900		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	JONATHAN WEINBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	6705 ROCKLEDGE DR STE. 900		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	JOHN J RUHLMANN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CORP CONT/TREAS		
ADDRESS:	6705 ROCKLEDGE DR STE.900		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	THOMAS C ZIELINSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6705 ROCKLEDGE DR STE 900		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	TIMOTHY E. NOLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6705 ROCKLEDGE DR. STE 900		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL G MURPHY DIRECTOR 6705 ROCKLEDGE DR. STE 900 BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELINDA L TUOZZO DIRECTOR 6705 ROCKLEDGE DR. STE 900 BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROMAN T KULICH DIRECTOR 6705 ROCKLEDGE DR. STE 900 BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL MURPHY CEO 6705 ROCKLEDGE DR. STE 900 BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SHIRLEY SMITH	SHIRLEY SMITH, VP/S	5/30/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			