| Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o | | PPOC 0660536 Alison Lundergan Grimes KY Secretary of State Received and Filed 5/21/2019 3:41:17 PM | |
|---|--|---|--|
| Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Statement of Change o Principal Office Addres | Fee receipt: \$10.00 | |

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

COVENTRY HEALTH CARE WORKERS COMPENSATION, INC.

which is organized in the state of Delaware, and for that purpose submits the following statements:

| 1. Address of current principal office | 2. Principal office is hereby changed to: |
|--|--|
| 6720 ROCKLEDGE DRIVE, SUITE 800 BETHESDA, MD 20817 | 6720B Rockledge Drive, Suite 800 Bethesda, MD 20817 |
| 2 | |
| | |
| 3. Signature of officer or chairman of the board | |
| Kelly Lettmann, POA Signature and Title | |
| Type or print name and title | |
| 5/21/2019 3:41 PM | WE FALL WITH |
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