

1.) CORPORATION NAME:

**WellCare Health Insurance of Illinois, Inc.**

DUE DATE: **8/31/2011**

SCC ID NO: **F0436651**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 W ADAMS ST

CITY/ST/ZIP: CHICAGO, IL 60606-

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: ALEC CUNNINGHAM  
TITLE: P/CEO  
ADDRESS: 8735 HENDERSON ROAD  
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: MAURICE S HERBERT  
TITLE: CAO/ASST T  
ADDRESS: 8735 HENDERSON RD  
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: TOM TRAN  
TITLE: CFO/T  
ADDRESS: 8735 HENDERSON ROAD  
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: SANJOY MUSUNURI  
TITLE: Region Presiden  
ADDRESS: 200 W. ADAMS STREET  
STE 800  
CITY/ST/ZIP/CO: CHICAGO, IL 60606-4402

OFFICER

DIRECTOR

NAME: LISA IGLESIAS  
TITLE: SECRETARY  
ADDRESS: 8735 HENDERSON ROAD  
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: WALT COOPER TITLE: Chf Admin Offic ADDRESS: 8735 HENDERSON ROAD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL MINOR TITLE: ST PRES KY ADDRESS: 8735 HENDERSON ROAD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JESSE THOMAS TITLE: PRES, SOUTH DIV ADDRESS: 8735 HENDERSON ROAD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: EDWIN BROOKS TITLE: DIRECTOR ADDRESS: 77 WEST WACKER DRIVE STE 4100 CITY/ST/ZIP/CO: CHICAGO, IL 60601-1818	<input type="checkbox"/> OFFICER <input checked="" 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.		
<u>/s/ LISA IGLESIAS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>LISA IGLESIAS, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/3/2011</u> 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.		