

1.) CORPORATION NAME:

WellCare Health Insurance of Illinois, Inc.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F0436651**

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:	MICHAEL MINOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Region Pres		
ADDRESS:	8735 HENDERSON ROAD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

NAME:	JESSE THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES, SOUTH DIV		
ADDRESS:	8735 HENDERSON ROAD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

NAME:	LISA IGLESIAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8735 HENDERSON ROAD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

NAME:	MAURICE S HERBERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CAO/ASST T		
ADDRESS:	8735 HENDERSON RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

NAME:	TOM TRAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO/T		
ADDRESS:	8735 HENDERSON ROAD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

NAME:	WALT COOPER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHF ADMIN OFFIC		
ADDRESS:	8735 HENDERSON ROAD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

NAME:	EDWIN BROOKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 WEST WACKER DRIVE		
CITY/ST/ZIP/CO:	STE 4100 CHICAGO, IL 60601-1818		

NAME:	ALEC CUNNINGHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Pres/CEO		
ADDRESS:	8735 HENDERSON ROAD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

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>	<u>LISA IGLESIAS, SECRETARY</u>	<u>8/3/2012</u>
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.