

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213538549
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1.) CORPORATION NAME: <b>WellCare Health Insurance of Illinois, Inc.</b>	DUE DATE: <b>8/31/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>	SCC ID NO: <b>F0436651</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>3,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	3,000,000
CLASS	AUTHORIZED				
COMMON	3,000,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>IL</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13551 Triton Park Blvd  
Suite 1800

CITY/ST/ZIP: Louisville, KY 40223

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: DANIEL PAQUIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
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: 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: 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			

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/ LISA IGLESIAS	LISA IGLESIAS, SECRETARY	8/19/2013
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.