

1.) CORPORATION NAME:

WellCare Health Insurance of Arizona, Inc.

DUE DATE: **5/31/2011**

SCC ID NO: **F1073461**

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	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O CT CORPORATION SYSTEM
2394 E CAMELBACK RD

CITY/ST/ZIP: PHOENIX, AZ 85016-

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:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
CHRISTINA COOPER	PRES FL & HI DI	8735 HENDERSON RD	TAMPA, FL 33634-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
THOMAS L TRAN	T/CFO	8735 HENDERSON ROAD	TAMPA, FL 33634-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ALEC R CUNNINGHAM	P/CEO	8735 HENDERSON RD	TAMPA, FL 33634-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FRANK J HEYLIGER	Region Presiden	2211 NORFOLK STREET STE 300	HOUSTON, TX 77098-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JESSE L THOMAS	Pres. South Div	211 PERIMETER CTR PKY NW STE 800	ATLANTA, GA 30346-	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME: LISA G IGLESIAS TITLE: SECRETARY ADDRESS: 8735 HENDERSON RD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ERHARDT H PREITAUER TITLE: Region Presiden ADDRESS: 94-450 MOKUOLA STREET STE. 106 CITY/ST/ZIP/CO: WAIPAHU, HI 96797-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MAURICE S HEBERT TITLE: ASST TREASURER ADDRESS: 8735 HENDERSON ROAD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="" 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 G IGLESIAS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>LISA G IGLESIAS, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>5/12/2011</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.		