

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212516970

1.) CORPORATION NAME:

WellCare Health Insurance of Arizona, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1073461**

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:	CHRISTINA COOPER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES FL & HI DI		
ADDRESS:	8735 HENDERSON RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

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

NAME:	JESSE L THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES. SOUTH DIV		
ADDRESS:	211 PERIMETER CTR PKY NW STE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		

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

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

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

NAME: FRANK J HEYLIGER TITLE: REGION PRESIDEN ADDRESS: 2211 NORFOLK STREET STE 300 CITY/ST/ZIP/CO: HOUSTON, TX 77098	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: WENDY A MORRIARTY 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
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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 G IGLESIAS	LISA G IGLESIAS, SECRETARY	5/7/2012
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.