

1.) CORPORATION NAME: WellCare Health Insurance of Arizona, Inc.	DUE DATE: 5/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1073461				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	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>5,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000,000
CLASS	AUTHORIZED				
COMMON	5,000,000				
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.

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: WENDY A MORRIARTY TITLE: State Pres ADDRESS: 949 Kamokila Boulevard Suite 350 CITY/ST/ZIP/CO: Kapolei, HI 96707		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Chrissie Cooper TITLE: Region Pres ADDRESS: 3767 Karicio Lane Suite 1-D CITY/ST/ZIP/CO: Prescott, AZ 86303		

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	5/8/2014
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.