

1.) CORPORATION NAME:

WellCare Prescription Insurance, Inc.

DUE DATE: **12/31/2011**

SCC ID NO: **F1692294**

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	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8735 HENDERSON ROAD

CITY/ST/ZIP: TAMPA, FL 33634-

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: ALEC CUNNINGHAM
TITLE: P/CEO
ADDRESS: 8735 HENDERSON RD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: MAURICE HEBERT
TITLE: CAO/ASST TREAS
ADDRESS: 8735 HENDERSON ROAD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: THOMAS L. TRAN
TITLE: CFO TREAS
ADDRESS: 8735 HENDERSON ROAD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: LISA IGLESIAS
TITLE: SECRETARY
ADDRESS: 8735 HENDERSON ROAD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: WALTER W COOPER
TITLE: Chief Admin Off
ADDRESS: 8735 HENDERSON ROAD
CITY/ST/ZIP/CO: TAMPA, FL 33634-

OFFICER

DIRECTOR

NAME: LAURA M HUNGIVILLE TITLE: VP and GM ADDRESS: 8735 HENDERSON ROAD CITY/ST/ZIP/CO: TAMPA, FL 33634-	<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 IGLESIAS	LISA IGLESIAS, SECRETARY	12/19/2011
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.