

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212547381

1.) CORPORATION NAME:

**WellCare Prescription Insurance, Inc.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1692294**

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAN PAQUIN		
TITLE:	P/NTL HLTH PLNS		
ADDRESS:	8735 HENDERSON RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33634		

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

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

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WALTER W COOPER		
TITLE:	CHIEF ADMIN OFF		
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	12/7/2012
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.		