

1.) CORPORATION NAME: WellCare Prescription Insurance, Inc.	DUE DATE: 12/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1692294				
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>25,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000,000
CLASS	AUTHORIZED				
COMMON	25,000,000				
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: 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
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NAME: THOMAS L. TRAN TITLE: PRESIDENT&CFO ADDRESS: 8735 HENDERSON ROAD CITY/ST/ZIP/CO: TAMPA, FL 33634	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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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
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NAME: MIKE POLEN TITLE: DIRECTOR ADDRESS: 8735 HENDERSON ROAD CITY/ST/ZIP/CO: TAMPA, FL 33634	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: BLAIR W TODT TITLE: DIRECTOR ADDRESS: 8735 HENDERSON ROAD CITY/ST/ZIP/CO: TAMPA, FL 33634	<input type="checkbox"/>	OFFICER	<input checked="" 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	12/9/2013
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.