

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90176 001 ***450.00



DOCUMENT # F03000005474
 1. Entity Name
WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Principal Place of Business Mailing Address
 307 N. MICHIGAN AVE. 307 N. MICHIGAN AVE.
 CHICAGO, IL 60601 CHICAGO, IL 60601

2. Principal Place of Business - No P.O. Box 2. Mailing Address
200 W. Adams Str. 8135 Henderson Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 800 Ren. 2

City & State City & State
Chicago IL Tampa FL
 Zip County Zip County
60606 US 33634 US

02232007 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
36-6069295 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUCARO, ALDO C		NAME	See addition on attachment	
STREET ADDRESS	307 N. MICHIGAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	VCFO	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, KARL W.		NAME	See changes on attachment	
STREET ADDRESS	307 NORTH MICHIGAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	GCVS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEROY, SPENCER III		NAME		
STREET ADDRESS	307 N. MICHIGAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, CHARLES S		NAME		
STREET ADDRESS	307 N. MICHIGAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGLIO, FRED M.		NAME		
STREET ADDRESS	307 NORTH MICHIGAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAZZO, LEONARD S		NAME		
STREET ADDRESS	307 N. MICHIGAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3-1-07 813 290 6353**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66004168

Exhibit A
to the 2007 Annual Report of
WellCare Health Insurance of Illinois, Inc.
Document no. F03000005474

Additions

D
Brooks, Ed
191 N. Wacker Drive
Suite 3700
Chicago, IL 60606-1698

D
Gallagher, Tina
23 Public Square
Suite 400
Belleville, IL 62220

D/VP/T
Behrens, Paul L.
8735 Henderson Road, Ren. 2
Tampa, FL 33634

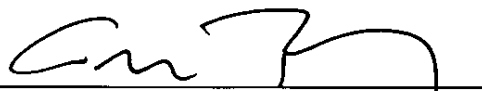
D
Kudla, Keith
200 W. Adams Street
Suite 800
Chicago, IL 60606

D/VP/S
Bereday, Thaddeus
8735 Henderson Road, Ren. 2
Tampa, FL 33634

D/VP
Smith, Dave
8735 Henderson Road, Ren. 2
Tampa, FL 33634

D/P
Farha, Todd S.
8735 Henderson Road, Ren. 2
Tampa, FL 33634

By:


Thaddeus Bereday, Secretary