0300000547 Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000267022 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0380

Account Name : WELLCARE HEALTH PLANS, INC.

Account Number : I20050000188 Phose

: (813)290-6226

Fax Numbér

: (813)290-6210

COR AMND/RESTATE/CORRECT OR O/D RESIGN

HOME OWNERS LIFE INSURANCE COMPANY

<u> </u>	
Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

C. Coulliste

Electronic Filing Menu

Corporate Filing Menu

Help

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

(((H06000267022 3)))

SECTION I (1-3 must be completed)

F0300005474	
(Document number of co	orporation (if known)
Home Owners Life Insurance Company	
(Name of corporation as it appears on the	e records of the Department of State)
2. Illinois	310/31/2003
(Incorporated under laws of)	(Date authorized to do business in Florida)
	· ·
SECTIO (4-7 complete only the	
If the amendment changes the name of the corporation, we its jurisdiction of incorporation? September 27, 2006	then was the change effected under the laws of
WellCare Health Insurance of Illinois, Inc.	,,
(Name of corporation after the amendment, adding suffix appropriate abbreviation, if not contained in new name of	"corporation," "company," or "incorporated," or of the corporation)
n/a	
(If new name is unavailable in Florida, enter alternate corp business in Florida)	
5. If the amendment changes the period of duration, indicate	
n/a (New duri	Y OF FEE. FI
(New during the amendment changes the jurisdiction of incorporation).	2 4 to - 1
(((H06000267022 3))) n/a (New juris	7
(Signature of a director, president or other officer - if in the hof a receiver or other court appointed fiduciary, by that fiduciary,	ands ciary)
Thaddeus Bereday	Secretary
(Typed or printed name of person signing)	(Title of person signing)

(((H06000267022 3)))



STATE OF ILLINOIS DEPARTMENT OF PINANCIAL AND PROFESSIONAL REGULATION Division of Insurance

230 WEST WASHINGTON STREET SPHINGFIELD, ILLINGIS 62787-0001 I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of and forming a part of the records of the Illinois Department of Financial and Professional Regulation, Division of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: OCT 0 4 2008 michael T. mcRai

Printed on Recycled Paper

11,446-0135 (3/05)

(((H06000267022 3)))

(((H06000267022 3)))

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF HOME OWNERS LIFE INSURANCE COMPANY

The undersigned, a duly authorized officer of Home Owners Life Insurance Company (the "Corporation"), for the purpose of amending and restating its Articles of Incorporation and pursuant to the provisions of Section 29 of the Illinois Insurance Code hereby executes the following Amended and Restated Articles of Incorporation:

ARTICLE I: The name of the Corporation shall be WellCare Health Insurance of Illinois, Inc.

ARTICLE II: The principal office of the Corporation shall be in the City of Chicago, County of Cook and the State of Illinois, and it shall have the power to conduct its business wherever authorized by law. Its Board of Directors shall have power to establish other offices in this State and elsewhere in the United States and in any part of the world.

ARTICLE III: The duration of the corporation shall be perpetual.

ARTICLE IV: The kinds of insurance to be transacted by this corporation shall be those specified in Class 1(a) and (b) of Section 4 of the Illinois Insurance Code.

ARTICLE V: The corporate powers of the Corporation shall be exercised by a Board of Directors composed of not less than three (3) nor more than eight (8) natural persons who are at least eighteen (18) years of age and at least three (3) of whom are residents and citizens of the State of Illinois. The actual number of Directors of the Corporation may be fixed from time to time, within the minimum and maximum range, by the Directors or shareholders without further amendment to the Bylaws. The Directors of the corporation shall be elected annually at an Annual Meeting or Special Meeting of the shareholders. The Directors shall take office immediately upon election and shall hold such office until the next Annual Meeting following their election and until their successors are elected and have qualified. Directors shall be chosen and elected by a plurality.

ARTICLE VI: The amount of the authorized capital of the Corporation is Three Million Dollars (\$3,000,000); the capitalization of the Corporation is represented by Three Million (3,000,000) shares of common stock having a par value of One Dollar (\$1.00) per share. The number of shares issued and outstanding stands at Two Million Five Hundred Thousand (2,500,000) shares.

(((H06000267022 3)))

(((H06000267022 34))

IN WITNESS WHEREOF, the undersigned, has caused these Amended and Restated Articles of Incorporation to be executed by its President, and its corporate seal to be hereto affixed, attested by its Secretary, this Aday of September, 2006.

HOME OWNERS LIFE INSURANCE COMPANY

Rev. Shirt

Todd S. Farha, President

By: Thaddeus Bereday, Secretary

Approved 9/2

State of Illinois/IDFPR Division of Insurance

DARCTOR OF INSURANCE

(((H06000267022 3)))