

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
307 N. MICHIGAN AVE.
CHICAGO, IL 60601

Mailing Address
307 N. MICHIGAN AVE.
CHICAGO, IL 60601



2. Principal Place of Business - No P.O. Box
200 W. Adams Str.
Suite, Apt., etc.
Ste. 800
City & State
Chicago IL
Zip
60606 Country
US

3. Mailing Address
8135 Henderson Rd.
Suite, Apt., etc.
Ren. 2
City & State
Tampa FL
Zip
33634 Country
US

02232007 Chg-P CR2E034 (12/06)

4. FEI Number
36-6069295 Applied For
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

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ZUCARO, ALDO C 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MUELLER, KARL W. 307 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCVS LEROY, SPENCER III 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BOONE, CHARLES S 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAVAGLIO, FRED M. 307 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILAZZO, LEONARD S 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See addition on attachment	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See changes on attachment	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-07 813 290 6353

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

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

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

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

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

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

By: _____


Thaddeus Bereday, Secretary