

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005474

FILED
Mar 24, 2008
Secretary of State

Entity Name: WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Current Principal Place of Business:

200 W. ADAMS ST
STE 800
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

8735 HENDERSON RD
REN. 2
TAMPA, FL 33634

New Mailing Address:

8735 HENDERSON RD
TAMPA, FL 33634

FEI Number: 36-6069295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROOKS, ED
Address: 191 N. WACKER DRIVE, SUITE 3700
City-St-Zip: CHICAGO, IL 606061698

Title: DVPT () Delete
Name: BEHRENS, PAUL L
Address: 8735 HENDERSON ROAD, REN 2
City-St-Zip: TAMPA, FL 33634

Title: DVPS () Delete
Name: BEREDAY, THADDEUS
Address: 8735 HENDERSON ROAD, REN 2
City-St-Zip: TAMPA, FL 33634

Title: DP (X) Delete
Name: FARHA, TODD S
Address: 8735 HENDERSON ROAD, REN 2
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: GALLAGHER, TINA
Address: 23 PUBLIC SQUARE, SUITE 400
City-St-Zip: BELLEVILLE, IL 62220

Title: D () Delete
Name: KUDLA, KEITH
Address: 200 W. ADAMS STREET
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROOKS, ED
Address: 77 WEST WACKER DRIVE, STE 4100
City-St-Zip: CHICAGO, IL 60601

Title: DPT (X) Change () Addition
Name: SCHIESSER, HEATH
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: DS (X) Change () Addition
Name: MULROE, KAREN
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN MULROE

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03/24/2008

Electronic Signature of Signing Officer or Director

Date