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To:

Division of Corporations

Fax Number : (850)61.7-6380

From:

: WELLCARE HEALTH PLANS, INC. Account Name

Account Number : I20050000188 : (813)290-6226 Phone

Fax Number : (813)290-6210

DISSOLUTION OR WITHDRAWAL

ELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

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APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWA AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN F	
To	LUKIDA 1368
WellCare Health Insurance of Illinois, Inc.	8 7
(Name of Corporation)	—C
F0300005474	8 PH
(Document Number of Corporation (if known)	هـ عـ (اي ري
Milinois Illinois	3: 24 STATE
(Incorporated Under Laws of)	
This corporation revokes the authority of its registered agent in Florida to accept service on its appoints the Department of State as its agent for service of process based on a cause of action arisin time it was authorized to transact business or conduct affairs in Florida. The following is a current mailing address for the corporation:	behalf and g during the
Attn: Legal Services PO Box 31386 (Mailing Address)	<u> </u>
Tampa FL 33631 (City/State/Zip)	
(City) diator Lip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing a	idress.

FILING FEE \$35

Secretary

(Title of person signing)

(((H080002692983)))

Karen Mulroe

(Typed or printed name of person signing)