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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

WELLCARE INSURANCE AGENCY, INC.

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. WellCare Insurance Agency, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois

(State or country under the law of which it is incorporated)

3. 20-4596300

(FEI number, if applicable)

4. March 27, 2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 W. Adams, Suite 800, Chicago, Illinois 60606

(Principal office address)

200 W. Adams, Suite 800, Chicago, Illinois 60606

(Current mailing address)

8. Insurance agency

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: John A. Barlett II

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORSChairman: See attached rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: See attached rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

Thaddeus Bereday, Sr. VP and Secretary
(Typed or printed name and capacity of person signing application)

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OFFICERS/DIRECTORS RIDER**WellCare Insurance Agency, Inc.**

Title	Name	Business Address
Director	Todd S. Farha	8735 Henderson Road, Ren. 2 Tampa, Florida 33634
Director	Paul L. Behrens	8735 Henderson Road, Ren. 2 Tampa, Florida 33634
Director	Thaddeus Bereday	8735 Henderson Road, Ren. 2 Tampa, Florida 33634
Director	Dave Smith	8735 Henderson Road, Ren. 2 Tampa, Florida 33634
President and Chief Executive Officer	Todd S. Farha	8735 Henderson Road, Ren. 2 Tampa, Florida 33634
Chief Financial Officer, Sr. VP and Treasurer	Paul L. Behrens	8735 Henderson Road, Ren. 2 Tampa, Florida 33634
Vice President, Assistant Treasurer and Assistant Secretary	Dave Smith	8735 Henderson Road, Ren. 2 Tampa, Florida 33634
Vice President	Kenneth R. Mannie	200 W. Adams, Suite 800 Chicago, Illinois 60606
Sr. VP and Secretary	Thaddeus Bereday	8735 Henderson Road, Ren. 2 Tampa, Florida 33634

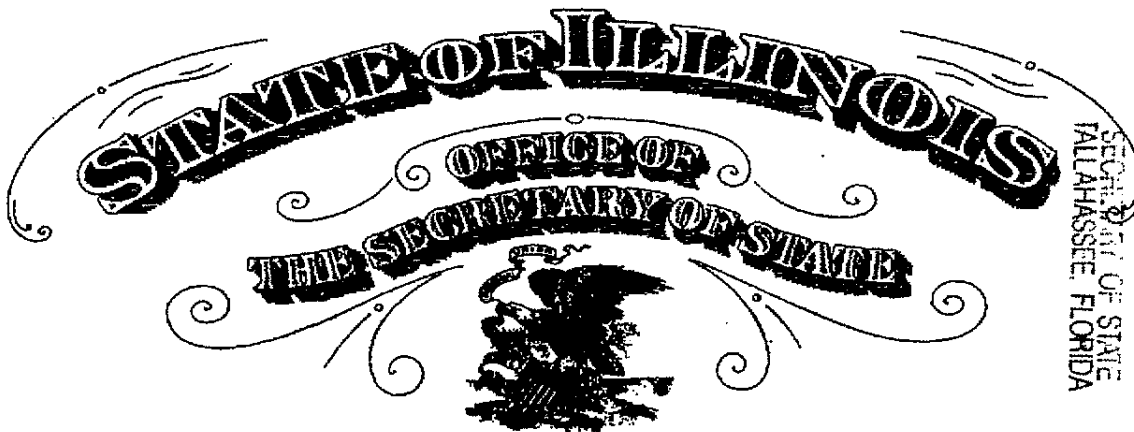
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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

WELLCARE INSURANCE AGENCY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MARCH 27, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

10TH
day of APRIL A.D. 2006

Jesse White

SECRETARY OF STATE

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