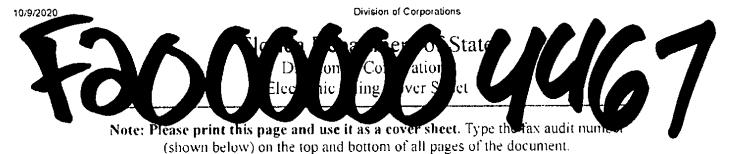
To.



(((H20000352648 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

FORE	GN	PROF	TT/N	ON	PRO	FIT	COR	POR	A
	Wel	llCare	Pres	cript	tion	lnsui	rance,	Inc.	

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50-

Electronic Filing Menu Corporate Filing Menu

Help

1

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	iption Insurance, Inc.				
	orporation; must include "INCORPORATED," "Corp." "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"			
		•			
(If name unavaila	ble in Florida, enter alternate corporate name ado	oted for the purpose of transacting bu	siness in Florida)		
Arizona	3	3. 20-2383134			
,	y under the law of which it is incorporated) da, redomesticated from Florida to Arizona, 11, 2020 5.	(FEI number, if applicable)			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	ed as a domestic Florida corporation until its redoi		natically		
converted to a fo	reign Florida insurance company under Florida in (Date first transacted business in Florida in Flor		-		
	(SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability)			
432 N. 44th Stree	t, Suite 100, Phoenix, AZ 85008				
<u>. </u>	(Principal office s	treet address)			
7700 Forsyth Blv	d, St. Louis, MO 63105				
	(Current mailing a	Idress, if different)			
		754	- 7		
Name and street	<u>a address</u> of Florida registered agent: (P.O. B	ox NOT acceptable)			
	CT Corporation System		gg		
Name:					
Name:	1200 South Pine Island Road	-			
	Plantation	— 33324	T T		
ffice Address:	Plantation (City)	Florida	88		
Tice Address: Registered age	Plantation (City) ent's acceptance:	Florida (Zip code)	89 E		
lice Address: Registered againing been nam	Plantation (City)	Florida	©		

10. 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.

A. DIRECTORS				
□Chairman	Name: Laura Hungiville	□Chaîrman	Name: Merrill Hausenfluck	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	WellCare Prescription Insurance, Inc.	■ Director □ President □ Vice President		
≡ President	432 N. 44th Street, Suite 100		432 N. 44th Street, Suite 100	
D Vice President	Phoenix, AZ 85008		Phoenix, AZ 85008	
☐Secretary	Treasurer	□ Secretary	Threasurer	
□Other	Other	Other CFO	Other	
⊐ Chairman	Karuna Rao Name:	(Chairman	Name:	
Ti Vice Chairman	Address:		Address:	
Director	WellCare Prescription Insurance, Inc.	Director	WellCare Prescription Insurance, Inc.	
□President	432 N. 44th Street, Suite 100	□President	432 N. 44th Street, Suite 100 Phoenix, AZ 85008	
□Vice President	Phoenix AZ 85008			
☐ Secretary	☐Treasurer	□Secretary	□ Treasurer	
■Other	eretary Other	Other		
□Chairman	Justin Stubstad	∐Chairman	Tricia Dinkelman	
	Address:	□ Vice Chairman	Address:	
■ Director	WellCare Prescription Insurance, Inc.	☐ Director	St. Louis, MO 63105	
	432 N. 44th Street, Suite 100	UPresident		
☐ President ☐ Vice President	Phoenix, AZ 85008	□ Vice President		
□Secretary	Ti Treasurer	☐ Secretary	TTreasurer	
□Other		Other VP. Tax	□Other	
individuals may be	Use an attachment to report more than six (6). The a cadded to the index when filing your Florida Depart	iment of State Annual R	ed for reporting purposes only. Non-indexed eport form.	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

Tricia Dinkelman, Vice President, Tax

20100907155702

16144554862 From: James Tanks III



STATE OF ARIZONA





Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

1, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

WELLCARE PRESCRIPTION INSURANCE, INC.

ACC file number: 23129164

was incorporated under the laws of the State of Arizona on 09/11/2020;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have bereame seeing band, affixed the official seal of the Arizona: Corporation Commission, and issued this Certificate on this date: 10/09/2020

Matthew Neubert, Executive Director



