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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: shannon.p.kister@centene.com

RECEIVED

04:11 PM 11/01/2023

STATE CORPORATIONS DIVISION

FOREIGN PROFIT/NONPROFIT CORPORATION WELLCARE HEALTH INSURANCE OF CONNECTICUT INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2023 NOV - 1 PM 4:30

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 Health Insurance of Connecticut, 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. Connecticut 3. 83-2126269
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10.2.18 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 8735 Henderson Road, Tampa, FL 33634
(Principal office street address)

7700 Forsyth Blvd., St. Louis, MO 63105
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

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9. 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.

C. T Corporation System
By: Jori Sawan Jori Sawan, Assistant Secretary
(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Craig, Benjamin Mark

Vice Chairman Address: 7700 Forsyth Blvd

Director St. Louis, MO 63105

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Nevens, Judi Ellen

Vice Chairman Address: 7700 Forsyth Blvd

Director St. Louis, MO 63105

President _____

Vice President _____

Secretary Treasurer

Other Asst. Secretary Other _____

Chairman Name: Parnell, Richard St. Patrick

Vice Chairman Address: 7700 Forsyth Blvd

Director St. Louis, MO 63105

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Dinkelman, Tricia Lynn

Vice Chairman Address: 7700 Forsyth Blvd

Director St. Louis, MO 63105

President _____

Vice President _____

Secretary Treasurer

Other VP of Tax Other _____

Chairman Name: Snyder, III James Edward

Vice Chairman Address: 7700 Forsyth Blvd.

Director St. Louis, MO 63105

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Archer, Kendra Louise

Vice Chairman Address: 7700 Forsyth Blvd.

Director St. Louis, MO 63105

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Tricia Dinkelman
Signature of Director or Officer

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.

13. Tricia Dinkelman, Vice President, Tax
(Typed or printed name and capacity of person signing application)

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Tuesday, October 31, 2023 9:27 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name	WELLCARE HEALTH INSURANCE OF CONNECTICUT, INC.
Business ALEI	US-CT.BER:1280078
Formation Date	10/02/2018



Secretary of the State