

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044854

Entity Name: WELLCARE PRESCRIPTION INSURANCE, INC.**Current Principal Place of Business:**8735 HENDERSON ROAD
TAMPA, FL 33634**Current Mailing Address:**8735 HENDERSON ROAD
TAMPA, FL 33634**FEI Number:** 20-2383134**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	DIRECTOR	Title	DIRECTOR, VP, ASST. SECRETARY
Name	ASHER, ANDREW L .	Name	MEYER, TAMMY L.
Address	8735 HENDERSON ROAD	Address	8735 HENDERSON ROAD
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634
Title	DIRECTOR, VP, COMPTROLLER, ASST. TREASURER	Title	DIRECTOR, VP, SECRETARY
Name	MEYER, MICHAEL T.	Name	HABER, MICHAEL W.
Address	8735 HENDERSON ROAD	Address	8735 HENDERSON ROAD
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634
Title	DIRECTOR, PRESIDENT, CHIEF PHARMACY OFFICER	Title	VP, TREASURER
Name	HUNGIVILLE, LAURA M.	Name	JANKOVIC, GORAN
Address	4110 GEORGE ROAD SUITE 300	Address	8735 HENDERSON ROAD
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634
Title	VP, CFO		
Name	FISHER, RICHARD C.		
Address	8735 HENDERSON ROAD		
City-State-Zip:	TAMPA FL 33634		

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W. HABER**VP, SECRETARY****03/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date