2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2017
Secretary of State
CC3585410283

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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
Name	ASHER, ANDREW L .
Address	8735 HENDERSON ROAD
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR, VP, CFO, TREASURER, COMPTROLLER
Name	MEYER, MICHAEL T.
Address	8735 HENDERSON ROAD
City-State-Zip:	TAMPA FL 33634

Title	VP, SECRETARY
Name	HABER, MICHAEL W.
Address	8735 HENDERSON ROAD
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR, VP, ASST. SECRETARY
Name	BISESI, PHILLIP P.
Address	8735 HENDERSON ROAD
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR
Name	RADU, MICHAEL P.
Address	4110 GEORGE ROAD SUITE 300
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR, PRESIDENT, CHIEF PHARMACY OFFICER
Name	HUNGIVILLE, LAURA M.
Address	4110 GEORGE ROAD SUITE 300
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 03/01/2017

Electronic Signature of Signing Officer/Director Detail — Date