

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000006235

Entity Name: WELLCARE HEALTH INSURANCE OF CONNECTICUT, INC.

Current Principal Place of Business:

8735 HENDERSON ROAD
TAMPA, FL 33634

Current Mailing Address:

7700 FORSYTH BLVD.
ST. LOUIS, MO 63105 US

FEI Number: 83-2126269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 PRESIDENT, DIRECTOR
Name CRAIG, BENJAMIN M
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title ASST. SECRETARY, DIRECTOR
Name NEVEUX, JUDI E
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title D
Name PARNELL, RICHARD S
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title VP, TAX
Name DINKELMAN, TRICIA L
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title TREASURER
Name SNYDER, JAMES
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title VP, SECRETARY
Name ARCHER, KENDRA L
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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date