Greenberg Traurig

2004 SEP 30 P 12:43

September 28, 2004

VIA OVERNIGHT (2-DAY) DELIVERY

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: WellCare Health Plans, Inc. Good Government Fund

Dear Sir or Madam:

I am writing on behalf of WellCare Health Plans, Inc. ("WellCare"). In accordance with the requirements of the Federal Election Commission, we are enclosing a completed *amended* Statement of Organization (FEC Form 1) for WellCare's federal PAC -- WellCare Health Plans, Inc. Good Government Fund, which reflects a change of address for the aforementioned PAC.

If you have any questions, please contact me.

Very truly yours,

Elizabeth C. Sacco

Elizabeth C. Sacco

ECS/mdw
Enclosure
cc: Michael Haber, Esq. (w/enc.)

24038524141

2004 SEP 30 P 12:43

Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

WellCare Health Plans, Inc. Good Government Fund

ADDRESS (number and street) 8735 Henderson Road

☒ (Check if address is changed) Ren 2

Tampa FL 33634

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

813-290-6210

2. DATE 09 22 2004

3. FEC IDENTIFICATION NUMBER ▶ C0039057

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer David K. Smith

Signature of Treasurer [signature] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

24038524142

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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☐ No Postmark	
☑ Overnight Delivery Service (Specify):	Shipping Date 9-28-04
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☐ Other (Specify):	Date of Receipt or Postmarked

PREPARER

9-30-04
DATE PREPARED

(5/2004)