

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

WellCare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street)

8735 Henderson Road REN 2

(Check if address is changed)

Suite 270

Tampa

FL

33634

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

paccorrespondence@wellcare.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

01 / 31 / 2008

3. FEC IDENTIFICATION NUMBER

C C00390575

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

William White

Signature of Treasurer

Electronically Filed by William White

Date

02 / 01 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

WellCare Health Plans, Inc. _____

Mailing Address **8735 Henderson Road REN 2**
Suite 270
Tampa **FL** **33634** -
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

WellCare Health Plans, Inc. PAC (WellCare PAC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Brian Ollech**

Mailing Address **8735 Henderson Road**
REN 2 Suite 270
Tampa FL 33634

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Custodian Telephone number 813 290 6200

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **William White**

Mailing Address **8735 Henderson Road**
REN 2 Suite 270
Tampa FL 33634

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer Telephone number 813 290 6200

Full Name of Designated Agent **Marc Ryan**

Mailing Address **8735 Henderson Road**
REN 2 Suite 270
Tampa FL 33634

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Assistant Treasurer Telephone number 813 290 6200

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank

Mailing Address

100 S. Ashley

Tampa

FL

33602

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲