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July 6, 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 in the bank designation.

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.)
\\alb-fs1\SACCOE\19186v01\YHY01_.DOC\7/6/04

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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) ▼ ☐ (Check if address is changed)

4800 North Dale Mabry Highway
Suite 270
Tampa FL 33614

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

813-290-6210

2. DATE 06 16 2003

3. FEC IDENTIFICATION NUMBER ▶ C 0039057

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)

FE3AN042.PDF

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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number

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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number

Full Name of Designated Agent

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number

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 ▲

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.

Date of Receipt

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☐ No Postmark

Shipping Date

☑ Overnight Delivery Service (Specify): UPS 7/6/04

Date of Receipt

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt or Postmarked

☐ Other (Specify):

JAP
PREPARER

7/8/04
DATE PREPARED