



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM

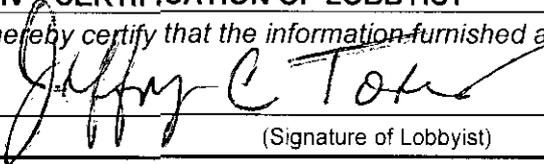
STATE OF HAWAII
STATE ETHICS COMMISSION

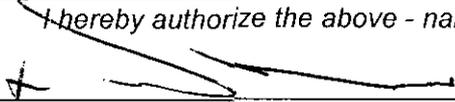
(Type or Print Clearly)

| | | | |
|---|---------|------------|-----------------------------|
| PART I LOBBYIST | | | |
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Torres | Jeffrey | | 808-675-7428 |
| MAILING ADDRESS (Street) | | | FAX |
| 94-450 Mokuola St Ste 106 | | | EMAIL |
| | | | Jeffrey.Torres@wellcare.com |
| (City) | (State) | (Zip Code) | |
| Waipahu | Hawaii | 96797 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| N/A | | | |
| MAILING ADDRESS (Street) | | | FAX |
| | | | EMAIL |
| (City) | (State) | (Zip Code) | |

| | | |
|--|---------|----------------------------|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
| WellCare Health Insurance of Arizona, Inc. dba 'Ohana Health Plan | | 813-206-2984 |
| MAILING ADDRESS (Street) | | FAX |
| Plaza at Mill Town 94-450 Mokuola Street #106 | | EMAIL |
| | | lindsey.parks@wellcare.com |
| (City) | (State) | (Zip Code) |
| Waipahu | Hawaii | 96797 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Lindsey Parks | | 813-206-2983 |
| MAILING ADDRESS (Street) | | FAX 813-490-3977 |
| 8735 Henderson Road, REN 1 3rd Floor Government Affairs | | EMAIL |
| | | lindsey.parks@wellcare.com |
| (City) | (State) | (Zip Code) |
| Tampa | Florida | 33634 |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

| PART IV CERTIFICATION OF LOBBYIST | |
|--|----------|
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. | |
|  | 10-22-12 |
| (Signature of Lobbyist) | (Date) |

| PART V AUTHORIZATION TO LOBBY | | |
|--|--|------------|
| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED | |
| Wendy Morriarty | State President | |
| NAME OF ORGANIZATION (if applicable) | TELEPHONE | |
| WellCare Health Insurance of Arizona, Inc. dba 'Ohana Health Plan | 808-221-0327 | |
| MAILING ADDRESS (Street) | FAX (813) 865-6580 | |
| Plaza at Mill Town 94-450 Mokuola Street # 106 | EMAIL | |
| | Wendy.Morriarty@wellicare.com | |
| (City) | (State) | (Zip Code) |
| Waipahu | Hawaii | 96797 |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. | | |
|  | X | 10/24/12 |
| (Signature of Authorizing Officer or Person Represented) | | (Date) |