

## **ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2019 OF THE CONDITION AND AFFAIRS OF THE

OF THE CONDITION AND AFFAIRS OF THE WellCare Health Plans of New Jersey, Inc.

			(Name)				
		199 NA	IC Company Code	13020	Employer's ID Nu	ımber	20-8017319
Organized under the Laws o	f	New Jersey	, State o	f Domicile or I	Port of Entry	Ne	w Jersey
Country of Domicile			United S	States			
Licensed as business type:	Life, Accident & Health	r 1	Property/Casualty [ ]	Но	spital, Medical & De	ntal Servi	ce or Indemnity [ ]
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dental Service Corpora		Vision Service Corporate		alth Maintenance O		, , ,
	Other [ ]	ation [ ]	Is HMO, Federally Qua			rgariizatio	11[/]
	Other [ ]		is fillio, i ederally Qua	aiiileu: Tes [	] 140[X]		
Incorporated/Organized	12/08/2	2006	Commenced	Business _	С	01/01/2008	3
Statutory Home Office	550 Bro	ad Street, Suit	e 1200 ,		Newark, NJ	, US 0710	2
	(	Street and Number)			(City or Town, State, C	ountry and Z	ip Code)
Main Administrative Office				enderson Roa	ıd		
Tar	mpa, FL, US 33634		(Stre	et and Number)	813-206-6200		
	wn, State, Country and Zip Code	*)		(Ar	ea Code) (Telephone Nun	nber)	
Mail Address	P.O. Box 3				Tampa, FL, US 330		
Primary Location of Books a	(Street and Number	or P.O. Box)		8735 Hende	city or Town, State, Country	y and Zip Coo	de)
Filliary Location of Books a	na Records			(Street and			
	mpa, FL, US 33634 vn, State, Country and Zip Code		,		813-206-6200	<del></del>	
Internet Web Site Address	wii, State, Country and Zip Code	·)	\A\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Area Co	de) (Telephone Number) (	Extension)	
		Aighagl Magik	***************************************	ilcare.com	912 206 1	7705	
Statutory Statement Contact	IV	(Name)			(Area Code) (Telephone N		ension)
michae	el.wasik@wellcare.com (E-Mail Address)				813-675-2899 (Fax Number)		
Nama		T:41 -	OFFICERS	Mana			T:41 -
Name		Title		Name	As	st Treasi	Title urer, VP and Chief
John Joseph Kirchne	er,	President	Mi	chael Troy Me	eyer,	Accou	nting Officer
Stephanie Ann Willian	ns , CFO a	nd Vice Presid	ent Ta	mmy Lynn Me			ecretary and Vice resident
		ОТ	HER OFFICERS	S			
Michael Warren Habe	er, Secretary	y and Vice Pres		Goran Jankovi	ic,Tr	easurer a	nd Vice President
Andrew Lynn Asher	Mich	<b>DIRECT</b> nael Troy Meye	ORS OR TRUS	TEES n Joseph Kirc	hner		
State of							
County of		ss					
The officers of this reporting ent above, all of the herein describe that this statement, together will liabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition	tity, being duly sworn, each assets were the absolute the related exhibits, schedul affairs of the said reportic cordance with the NAIC Anies or regulations require diffely. Furthermore, the scope copy (except for formatting	depose and say e property of the les and explanating entity as of the property of the property of the property of this attestation differences due	said reporting entity, free a ons therein contained, ann e reporting period stated al structions and Accounting I ting not related to accounti n by the described officers	nd clear from a nexed or referred bove, and of its Practices and Properties and practices and also includes the	ny liens or claims there ad to, is a full and true income and deduction rocedures manual exce d procedures, accordir the related correspondi	eon, excepted statements therefron ept to the end to the being to the being electron	t as herein stated, and t of all the assets and n for the period ended, xtent that: (1) state law est of their information, nic filing with the NAIC,
John Joseph Preside		Asst. Treasur	Michael Troy Meyer er, VP and Chief Accou	nting Officer		anie Ann V and Vice P	
Subscribed and sworn to bday of	efore me this	_		b. If no: 1. Sta 2. Dat	an original filing? te the amendment n e filed nber of pages attach		Yes [ X ] No [ ]

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	33,396					33,396
Group subscribers:						
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			<u> </u>			
			1			
			1			
0299997 Group subscriber subtotal	0	0	<u> </u> 0	0	0	L0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	0	0	0	0	L0
0299999 Total group	316,609	273,923	273,252	2,209,133		
0499999 Premiums due and unpaid from Medicaid entities	935,069	1,189,987	83,741	184,462		2,393,260
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,285,074	1,463,910	356,993	2,393,595	0	5,499,573

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

	• · · · · · · · · · · · · · · · · · · ·												
1	2	3	4	5	6	7							
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted							
O199998 - Aggregate of amounts not individually listed above. O199999 - Pharmaceutical Rebate Receivables O299998 - Aggregate of amounts not individually listed above. O299999 - Claim Overpayment Receivables	4,283,300	1 22 23 23 2	552,787	2 : 2 : 2 2 2 3 7 2		4,836,087							
0199999 - Pharmaceutical Rehate Receivables	4,283,300	0		0	0	4,836,087							
0290908 - Agregate of amounts not individually listed shove	61,070		72,455	1,110,596	1,110,596	192,778							
0200000 - Aggregate of anothers not individually firsted above.	61,070		72,455	1,110,596	1,110,596	192,778							
0233333 - Crafii Overpayillerit Necervaures	01,070	33,233	12,400	1,110,390	1,110,390	192,770							
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700000 Cara- Hallah Cara Parinehla	4 044 070	50.050	005.040	4 440 500	4 440 500	F 000 005							
0799999 Gross Health Care Receivables	4,344,370	59,253	625,242	1,110,596	1,110,596	5,028,865							

## EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	On Amounts Accrued Prior to January 1 of Current Year	2	3 On Amounts Accrued	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	3,410,921	13,453,894		4,836,087	3,410,921	3,111,037
Claim overpayment receivables	(24,270)		477 ,670	825,704	453,400	453,400
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	3,386,651	13,453,894	477,670	5,661,791	3,864,321	3,564,437

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid C					
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	1 50 Bays	01 00 Days	01 30 Buys	01 120 Bays	Over 120 Days	
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0199999 Individually listed claims unpaid		0	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered	3,248,097	3,604,427	807,004	592,189	18,336,892	26,588,609
0499999 Subtotals	3,248,097	3,604,427	807,004	592,189	18,336,892	26,588,609
0599999 Unreported claims and other claim reserves						66,065,88
0699999 Total amounts withheld						92,654,49
0799999 Total claims unpaid 0899999 Accrued medical incentive pool and bonus amounts						1,527,98
Josses Accided inedical incentive pool and bonds amounts						1,327,90

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

		, ,					
1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	-		-				
	Г						
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0199999 Individually listed receivables	ļ	J	ļ	J	J	U	ļ
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	1 0	0	0	0	0	0	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Comprehensive Health Management, Inc	Affiliated Management Company.	3,905,976	3,905,976	
			·	
0199999 Individually listed payables		3,905,976	3,905,976	0
0199999 Individually listed payables				
0399999 Total gross payables		3,905,976	3,905,976	0

### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	15,137,433	2.0	83,834	100.0		15 , 137 , 433
2. Intermediaries		0.0		0.0		
3. All other providers		0.0		0.0		
4. Total capitation payments	15,137,433	2.0	83,834	100.0	0	15,137,433
Other Payments:						
5. Fee-for-service	0	0.0	xxx	XXX		
6. Contractual fee payments	735,680,814	97.7	xxx	XXX	,	735,680,814
7. Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		<u> </u>
Bonus/withhold arrangements - contractual fee payments	.2,025,908	0.3	xxx	XXX		2,025,908
9. Non-contingent salaries		0.0	xxx	XXX		<u> </u>
10. Aggregate cost arrangements	L0 l	0.0	xxx	XXX		<u> </u>
11. All other payments	0 I	0.0	xxx	XXX		<u> </u>
12. Total other payments	737,706,722	98.0	XXX	XXX	0	737,706,722
13. Total (Line 4 plus Line 12)	752,844,155	100 %	XXX	XXX	0	752,844,155

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS	<u>, , , , , , , , , , , , , , , , , , , </u>	VIAIT DIVITIE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			1	1	1
			1	†	İ
			1	†	†
			<u> </u>	<b></b>	t
0000000 T-1-1-			V00/	NAV	NAA/
9999999 Totals			XXX	XXX	XXX

## EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	F New Jersey			DURING THE YEAR		1		NAIC Company Code		13020
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	76,167							6,055	70,112	
2 First Quarter	79,247							7 ,521	71,726	
3 Second Quarter	81,950							8,315	73,635	
4. Third Quarter	84,300							9,252	75,048	
5. Current Year	83,834							9,569	74,265	
6 Current Year Member Months	985,278							101,852	883,426	
Total Member Ambulatory Encounters for Year:										
7. Physician	727 ,700							131,035	596,665	
8. Non-Physician	1,004,447							60,651	943,796	
9. Total	1,732,147	0	0	0	0	0	0	191,686	1,540,461	
10. Hospital Patient Days Incurred	100,710							35,867	64,843	
11. Number of Inpatient Admissions	16,098							3,840	12,258	
12. Health Premiums Written (b)	885,853,941							120 , 392 , 840	765,461,101	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	886,361,298							120,392,840	765,968,458	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	752,844,155							94,424,725	658,419,430	
18. Amount Incurred for Provision of Health Care Services	757,805,343							96,291,666	661,513,677	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_\_0 and number of persons insured under indemnity only products \_\_\_\_\_\_0

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$..............120,392,840



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)	AIC Company Code	
IAIC Group Code 01199 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR 2019					13020	
	1	Compreh (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	Total	maividuai	Group	Supplement	Only	Offiny	T Idii	Wedicare	iviculcalu	Other
	70 407				0	0	0	0.055	70 440	
1. Prior Year					0	0	0	6,055	70,112	
2 First Quarter	79,247	0	0	0	0	0	0	7 ,521	71,726	
3 Second Quarter	81,950	0	0		0	0	0	8,315	73,635	
4. Third Quarter	84,300	0	0	0	0	0	0	9,252	75,048	
5. Current Year	83,834	0	0	0	0	0	0	9,569	74,265	
6 Current Year Member Months	985,278	0	0	0	0	0	0	101,852	883,426	
Total Member Ambulatory Encounters for Year:										
7. Physician		0	0	0	0	0	0	131,035	596,665	
8. Non-Physician	1,004,447	0	0	0	0	0	0	60,651	943,796	
9. Total	1,732,147	0	0	0	0	0	0	191,686	1,540,461	
10. Hospital Patient Days Incurred	100,710	0	0	0	0	0	0	35,867	64,843	
11. Number of Inpatient Admissions	16,098	0	0	0	0	0	0	3,840	12,258	
12. Health Premiums Written (b)		0	0	0	0	0	0	120,392,840	765,461,101	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	886 , 361 , 298	0	0	0	0	0	0	120 , 392 , 840	765,968,458	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	752,844,155	0	0	0	0	0	0	94,424,725	658,419,430	
18. Amount Incurred for Provision of Health Care Services	757,805,343	0	0	0	0	0	0	96,291,666	661,513,677	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ......0 and number of persons insured under indemnity only products .......

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......120,392,840

## **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	_6	_ 7	8	9	10	11	12	13
NAIC					Type Of	Type Of			Reserve Liability Other Than For	Reinsurance	Modified	
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Reinsurance Assumed	Business Assumed	Premiums	Unearned Premiums	Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Coinsurance Reserve	Funds Withheld Under Coinsurance
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9999999	Totals						0	0	0	0	0	0

# SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

	Rei 2	insurance Recover	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current	Year	7
	2	3	4	5	6	7
1						
NAIC			Name			
Company Code	ID Number	Effective Date	of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
ccident and Hea	alth - Non-Affilia	ates - U.S. Non-Aff	iliates	Julisdiction	LUSSES	LUSSES
1835	04 - 1590940	01/01/2016	PARTNERRE AMER INS CO	DE	228,291	
1999999 - Acci	dent and Health	- Non-Affiliates - U	J.S. Non-Affiliates Total Non-Affiliates		228,291 228,291	0
2299999 - ACCI	dent and Health	- Total Accident and	d Health		228,291	0
2399999 - Tota	I U.S. (Sum of 0	399999, 0899999, 14	99999 and 1999999)		228,291	0
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## **SCHEDULE S - PART 3 - SECTION 2**

Poincurance Codes	Accident and Health Insurance Listed by Reinsurin	og Company as of Docombor 31 Current Voar

	2		, tel	_	6	7			per 31, Current Year	Outstanding	Surplus Relief	10	
NAIC	2	3	Name	5	•		8	9 Unearned	10 Reserve Credit	11	12	13 Modified	14
	ID	Effective	of	Domiciliary	Type of Reinsurance	Type of Business			Taken Other than for	11	12	Coinsurance	Funds Withheld
Company Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			s - U.S. Non-Affiliates	Junsulction	Ceded	Ceded	Premiums	(Estimated)	Joneamed Premiums	Current rear	Prior rear	Reserve	Tonder Coinsurance
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	NF.	1 / 122	MC.	33,220						
11835 11835	04 - 1590940	01/01/2016	PARTNERRE AMER INS CO	DEDE		MR	4,082						
0899999	General Account	- Authorized - N	on-Affiliates - U.S. Non-Affiliates		5027		37,302	0	0	0	0	0	0
1099999 -	- General Account	- Authorized - N	on-Affiliates - Total Authorized Non-Affiliates				37,302	0	0	0	0	0	0
1199999 -	- General Account	- Authorized - To	otal General Account Authorized				37,302	0	0	0	0	0	0
3499999 -	- General Account	- Total General	Account Authorized, Unauthorized and Certified				37,302	0	0	0	0	0	0
6999999 -	- Total U.S. (Sum	of 0399999, 08999	999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	6499999)	37,302	0	0	0	0	0	0
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9999999	) Totals						37,302	0	0	0	0	1 0	0 '

Schedule S - Part 4

Schedule S - Part 5

## **SCHEDULE S - PART 6**

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	-	(\$000	Omitted)	3	4	5
		2019	2018	2017	2016	2015
Α. (	OPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII-Medicare	4	3	2	1	0
3.	Title XIX-Medicaid	33	39	37	43	53
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	228	0	166	0	0
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances due.		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
12.	Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
<b>C</b> . (	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND					
	FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	REINSURANCE WITH CERTIFIED REINSURERS DEPOSITS BY AND FUNDS WITHHELD FROM)					
17	Multiple Beneficiary Trust	n	0	0	0	n
18.	Funds deposited by and withheld from (F)				0	0
19.	Letters of credit (L)					
	Trust agreements (T)			0		
21.	Other (O)	0	0	0	0	0

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	200,056,998		200,056,998
2.	Accident and health premiums due and unpaid (Line 15)	6,089,819		6,089,819
3.	Amounts recoverable from reinsurers (Line 16.1)	228,291	(228,291)	0
4.	Net credit for ceded reinsurance	xxx	228,291	228,291
5.	All other admitted assets (Balance)	9,628,165		9,628,165
6.	Total assets (Line 28)	216,003,273	0	216,003,273
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	92,654,491	0	92,654,491
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,527,986		1,527,986
9.	Premiums received in advance (Line 8)	5,374		5,374
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	26,381,569		26,381,569
15.	Total liabilities (Line 24)	120,569,420	0	120 , 569 , 420
16.	Total capital and surplus (Line 33)	95,433,853	XXX	95,433,853
17.	Total liabilities, capital and surplus (Line 34)	216,003,273	0	216,003,273
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	228,291		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	228,291		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	228,291		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

	ļ				usiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						ļ
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California							
6. Colorado	CO						
7. Connecticut							
8. Delaware							
9. District of Columbia	DC						
10. Florida							
11. Georgia	GA						
12. Hawaii							
13. Idaho							
14. Illinois	IL		·	·			·
15. Indiana	JN		·	·			·
16. lowa	JA		ļ	·			
17. Kansas			ļ	-			
18. Kentucky							
19. Louisiana	LA						
20. Maine			<del> </del>	·		····	ļ
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO		<b></b>	<u>L</u>			
27. Montana	TM		II				
28. Nebraska	NE			ļ <b>L</b>			
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon							
39. Pennsylvania	PA						
40. Rhode Island	RI		ļ				
41. South Carolina	SC		ļ				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	X						
45. Utah	T						
46. Vermont	VT		ļ				
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	wı						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0		(		0	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management.	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
													WellCare Health		
01199	WellCare Health Plans Inc	95310	06 - 1405640				WellCare of Connecticut Inc	CT	I A	WellCare of New York, Inc	Ownership	100.0	Plans, Inc	N	0
04400	W 110 11 111 B1	05004	50 0500000				W 110 6 51 11 1	_,		The WellCare Management		400 0	WellCare Health		
01199	WellCare Health Plans Inc	95081	59-2583622	-			WellCare of Florida Inc	FL	I A	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
01199	  WellCare Health Plans Inc	00000	59-3547616				Comprehensive Health Management	FL	N I A	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health	N N	0
01199	l well care nearth Flans IIIc	00000	39-3347010				The WellCare Management Group,			Group, mc	ownersinp	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc.	00000	14 - 1647239				Inc	NY	UDP	WCG Health Management, Inc	Ownership.	100 0	Plans, Inc	N	0
01100	morrouro ricartii i rano ino.	00000	11 10 11 200				1110	1		The WellCare Management	о и пот оттр		WellCare Health	,	
01199	WellCare Health Plans Inc.	95534	14-1676443				WellCare of New York Inc.	NY	IA	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
										The WellCare Management	'		WellCare Health		
01199	WellCare Health Plans Inc	00000	20-3320236				Harmony Behavioral Health Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
													WellCare Health		
01199	WellCare Health Plans Inc	11229	36-4050495				Harmony Health Plan Inc	IL	I A	Harmony Health Systems, Inc	Ownership	100.0	Plans, Inc	N	0
04400	WallCare Haalth Blace Inc	00000	22-3391045				Harmany Haalth Cyatama Inc	l ,,	NII A	The WellCare Management	O	100.0	WellCare Health	N.	0
01199	WellCare Health Plans Inc	00000	22 <b>-</b> 3391045				Harmony Health Systems Inc	IL	NIA	Group, Inc	Ownership	100.0	Plans, Inc WellCare Health	JN	
01199	   WellCare Health Plans Inc	00000	36-4467676					lIL	NIA	Harmony Health Systems, Inc	Ownerchin	100.0	Plans, Inc	N	0
01199	WellCare Health Plans Inc		47 <b>-</b> 0937650		0001279363	NYSE	WellCare Health Plans Inc	FL	UIP	Shareholders	Owner 3111p	0.0	Talls, The	N.	0
01100	morroare nearth rang mo	00000	+1 0001000		0001270000	1110L	I WOTTOUTO TIOUTETT TRAINS THO			Char chorder s			WellCare Health	1	
01199	WellCare Health Plans Inc.	00000	04-3669698				WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	Plans, Inc.	N	0
										The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc	10760	20-2103320				WellCare of Georgia Inc	GA	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	98-0448921				Comprehensive Reinsurance Ltd	CYM	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	WallCare Haalth Blace Inc	10155	20-2383134				WellCare Prescription Insurance	FL	I A	The WellCare Management	O	100.0	WellCare Health	N.	0
01199	WellCare Health Plans Inc	10100	20-2383134				Inc	FL	I A	Group, IncThe WellCare Management	Ownership	100.0	WellCare Health	JN	
01199	   WellCare Health Plans Inc	12749	20-3562146				WellCare of Ohio Inc.	OH.	I A	Group, Inc	Ownership	100.0	Plans. Inc.	N	0
01100	"CTTOATC TICATEIT TAILS THE	121 40	20-0002140				Harmony Behavioral Health IPA			Harmony Behavioral Health,	0 W 11 G 1 3 1 1 1 P	1100.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	20-3262322		l		Inc.	NY	NIA	Inc	Ownership	100.0	Plans, Inc	N	0
							WellCare Pharmacy Benefits	1		The WellCare Management	'		WellCare Health		
01199	WellCare Health Plans Inc	00000	20 - 4869374				Management In	DE	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
	l				1		WellCare Health Insurance of	l	1	The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	83445	86-0269558				Arizona Inc	AZ	A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
01100	WallCare Health Blane Inc	64467	36-6069295				WellCare Health Insurance	IVV	l IA	The WellCare Management	Ownership	100.0	WellCare Health	A.I	
01199	WellCare Health Plans Inc	64467	JU-0U09Z9J				Company of Kentucky Inc WellCare Health Insurance of	KY	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199	 	10884	11-3197523		1		New York Inc.	NY	I A	Group. Inc.	Ownership	100 0	Plans. Inc.	N	٥
01100		10007	11 0101020				WellCare Health Plans of New			The WellCare Management	O #1101 3111 P		WellCare Health	J\	
01199	WellCare Health Plans Inc	13020	20-8017319				Jersey Inc.	NJ	IA	Group. Inc	Ownership	100 0	Plans. Inc	N	0
							]		]	The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	12964	20-8058761				WellCare of Texas Inc	TX	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
							Exactus Pharmacy Solutions,			WellCare Pharmacy Benefits	·		WellCare Health		
01199	WellCare Health Plans Inc	00000	20 - 8420512				Inc	DE	N I A	Management	Ownership	100.0	Plans, Inc	N	0
04400	W 110 11 11 B1	00000	07 0000400		1			l	l	The WellCare Management		400.0	WellCare Health	[	
01199	WellCare Health Plans Inc	00000	27 - 0386122		[		Ohana Health Plans, Inc.	НІ		Group, Inc.	Ownership	100 .0	Plans, Inc	JN	0

									1 10	1		1 10	1	1 4= 1	
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
							WellCare Health Plans of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	27 - 4293249	-			California, Inc.	CA	I A	Group, Inc.	Ownership	100.0	Plans, Inc	. N	0
04400	WallCare Haalth Dlags Inc	14404	45-3617189				WallCare of Kanaga las	KS	l IA	The WellCare Management	O	100.0	WellCare Health Plans. Inc.	N.	
01199	WellCare Health Plans Inc	14404	43-301/109				WellCare of Kansas, Inc WellCare Health Plans of	No	I A	Group, IncThe WellCare Management	Ownership	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc	16533	45-5154364				Tennessee. Inc	TN	I A	Group, Inc	Ownership	100.0	Plans. Inc.	N	0
01100		10000	40-0104004				America's 1st Choice California			The WellCare Management	Owner 3111   P	1100.0	WellCare Health		
01199	WellCare Health Plans Inc.	00000	45-3236788				Holdings, LLC	FL	N I A	Group, Inc.	Ownership.	100.0	Plans, Inc.	N	0
										America's 1st Choice	'		WellCare Health		
01199	WellCare Health Plans Inc	00000	20-5327501				WellCare of California, Inc	CA	I A	California Holdings, LLC	Ownership	100.0	Plans, Inc	N	0
	l	l					WellCare of South Carolina,			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	11775	32-0062883				Inc	SC	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
01199	   WellCare Health Plans Inc.	12913	20-5862801				Missouri Care, Incorporated	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans. Inc.	N	0
01199	Wellcare nearth Flans Inc	12913	20-3002001	-			The WellCare Community			Group, mc	Ownership	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	00000	27 - 4212954				Foundation	DE	NIA	WellCare Health Plans, Inc	Ownership.	100 0	Plans. Inc.	N	0
0	The road of road the road of t	i i								The WellCare Management	0		WellCare Health		
01199	WellCare Health Plans Inc	00000	62-1832645				Windsor Health Group, Inc	TN	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
							WellCare Health Plans of			The WellCare Management	· ·		WellCare Health		
01199	WellCare Health Plans Inc	15510	47 - 0971481				Kentucky, Inc	KY	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
04400	Wallow Harlth Diagram	15951	47 - 5456872				WallOans of Naharaha Isa	NE.		The WellCare Management	Owner and his	400.0	WellCare Health		
01199	WellCare Health Plans Inc	10901	4/-54508/2				WellCare of Nebraska, Inc	NE		Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	JN	
01199	WellCare Health Plans Inc.	00000	81-1631920				WellCare of Pennsylvania. Inc.	PA	I A	Group, Inc.	Ownership.	100.0	Plans. Inc.	N	0
01100	THO THOUSE THO THO THO THO THO	00000	01 1001020				liter round or ronney round, me			The WellCare Management	0 #1101 0111 p		WellCare Health	,	
01199	WellCare Health Plans Inc	16117	81-3299281				WellCare of Oklahoma, Inc	OK	I A	Group. Inc.	Ownership	100.0	Plans, Inc	N	0
		İ					One Care by Care 1st Health			The WellCare Management	· ·		WellCare Health		
01199	WellCare Health Plans Inc	00000	06 - 1742685				Plan of Arizona, Inc	AZ	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	WallCare Haalth Dlags Inc	00000	57 - 1165217				Care 1st Health Plan Arizona,	AZ		The WellCare Management	O	100.0	WellCare Health Plans. Inc.	N.	0
01199	WellCare Health Plans Inc	00000	5/-110521/				IncCare 1st Health Plan	AZ		Group, IncCare 1st Health Plan Arizona,	Ownership	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc.	00000	46 - 2680154				Administrative Services, Inc.	AZ	NIA	Inc.	Ownership.	100.0	Plans, Inc.	N	0
01100	THO THOU THOU THO THO THO	00000	10 2000 10 1				, main motive con rious, mo.			The WellCare Management	0 1110 1 0111 p		WellCare Health		
01199	WellCare Health Plans Inc	16329	81-5442932				WellCare of Mississippi, Inc	MS	IA	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc	00000	82-0664467				WellCare of Virginia, Inc	VA	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
04400	Wallow Harlth Diagram	40000	00 4004400				WallOans of Alabana las			The WellCare Management	Owner and his	400.0	WellCare Health		
01199	WellCare Health Plans Inc	16239	82-1301128	-			WellCare of Alabama, Inc Accountable Care Coalition of	AL		Group, IncCollaborative Health Systems	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199	WellCare Health Plans Inc.	00000	82-1246845				Arizona. LLC	A7	NIA	ILLC	Ownership	51.0	Plans. Inc.	N	n
" " " " " " " " " " " " " " " " " " "							Accountable Care Coalition of			Collaborative Health Systems	5		WellCare Health		
01199	WellCare Health Plans Inc	00000	45-5510251				Central Georgia, LLC	GA	NIA	LLC.	Ownership	51.0	Plans, Inc	N	0
							Accountable Care Coalition of			Collaborative Health Systems,	·		WellCare Health		
01199	WellCare Health Plans Inc	00000	81-2588974				Chesapeake, LLC	MD	NIA	LLC	Ownership	100.0	Plans, Inc	N	0
01100	WollCore Health Dlane Inc	00000	82-1681146				Accountable Care Coalition of	TX	NI A	Collaborative Health Systems	Ownership	E1 0	WellCare Health	, and	
01199	WellCare Health Plans Inc	UUUUU	o∠-10ö114b				Community Health Centers, LLC	X	NIA	LLU	Ownership	151.0	Plans, Inc	N	U

								ı			1		1		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		1 1				Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
	·					,	Accountable Care Coalition of				,	Ü	<u> </u>	<b></b>	
							Community Health Centers II,			Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc	00000	32 <b>-</b> 1669422				LLC	ТХ	NIA	LLC.	Ownership	100.0	Plans, Inc	. N	0
	l	1					Accountable Care Coalition of			Collaborative Health Systems			WellCare Health	l	
01199	WellCare Health Plans Inc	00000 4	15 <b>-</b> 4537668	-			DeKalb, LLC	GA	NIA	LLC	.Ownership	80.0		. N	0
01199	  WellCare Health Plans Inc	000004	15-5481108				Accountable Care Coalition of Georgia, LLC.	GA	NIA	Collaborative Health Systems	Ownership	51.0	WellCare Health Plans, Inc	N N	0
01199	l well care nearth Flans Inc	. 10000014	13-3401100				Accountable Care Coalition of	BA	N I A	Collaborative Health Systems	. ownersirip	0.1ن	WellCare Health		
01199	WellCare Health Plans Inc.	00000	32 - 1623920				Southeast Partners. LLC	GA	NIA	LLC	Ownership	100 0	Plans. Inc.	N	0
01100	morroare ricartii i rane ine.	100000	,2 1020020				Accountable Care Coalition of		1	Collaborative Health Systems	. o milor oiri p		WellCare Health		
01199	WellCare Health Plans Inc	000008	32-1558080				Hawaii. LLC	Н	NIA	LLC.	Ownership	100.0		N	0
		1 1					Accountable Care Coalition of			Collaborative Health Systems	· '		WellCare Health		
01199	WellCare Health Plans Inc	00000 4	5 <b>-</b> 5449147				Maryland Primary Care, LLC	MD	NIA	LLC	.Ownership	51.0	Plans, Inc	. N	0
	l	1					Accountable Care Coalition of			Collaborative Health Systems			WellCare Health	l	
01199	WellCare Health Plans Inc	000004	I5-4119739				Maryland, LLC	MD	NIA	LLC	.Ownership	51.0	Plans, Inc.	. N	0
01100	  WellCare Health Plans Inc.	00000 4	16-2881180				Accountable Care Coalition of	MS	NIA	Collaborative Health Systems	Ownershin	51.0	WellCare Health Plans. Inc.	N.	0
01199	lwerroare nearth Frans Inc	. 00000 4	10-2001100				Mississippi, LLCAccountable Care Coalition of	JW3	N I A	Collaborative Health Systems	Ownership	31.0	WellCare Health		
01199	WellCare Health Plans Inc	000004	15 <b>-</b> 4105836				Mount Kisco. LLC	NY	NIA	III	Ownership	51.0	Plans. Inc	N	0
01100	morroare nearth rans me	100000	10 4100000				Accountable Care Coalition of			Collaborative Health Systems	. o #1101 5111 p		WellCare Health		
01199	WellCare Health Plans Inc.	00000 8	32-1263227				New Jersey, LLC.	NJ.	NIA	LLC.	Ownership.	51.0	Plans, Inc.	N	0
		1 1					Accountable Care Coalition of			Collaborative Health Systems	İ '		WellCare Health		
01199	WellCare Health Plans Inc	000004	15 <b>-</b> 4552802				North Texas, LLC	TX	NIA	LLC	.Ownership	51.0		. N	0
04400		00000	7 0004400				Accountable Care Coalition of	0.1		Collaborative Health Systems,		54.0	WellCare Health		
01199	WellCare Health Plans Inc	000004	17 <b>-</b> 3894436	-			Northeast Georgia, LLC	GA	NIA	Callabarativa Haalab Cuatana	Ownership	51.0		N	0
01199	  WellCare Health Plans Inc	000004	15-4106526				Accountable Care Coalition of Northwest Florida, LLC	FL	lNIA	Collaborative Health Systems	Ownership	51.0	WellCare Health Plans, Inc	N N	0
01199	l metroare nearth Frans inc	. 00000	13-4 100320				Accountable Care Coalition of		N I A	Collaborative Health Systems	. Ownerstrip		WellCare Health		
01199	WellCare Health Plans Inc	000008	32 - 1604548				North West Region, LLC	OR	NIA	III C	Ownership	100.0		l N	0
		1 1					Accountable Care Coalition of		1	Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc	000008	32-1698885				North West Region II, LLC	OR	NIA	LLC	.Ownership	100.0	Plans, Inc	N	0
1	l	[ ]					Accountable Care Coalition of		l	Collaborative Health Systems	l		WellCare Health		
01199	WellCare Health Plans Inc	00000	32 <b>-</b> 0727997	-			Northeast Partners, LLC	PA	NIA	Callabarativa Haalab Coata	Ownership	100.0	Plans, Inc.	. N	0
01199	  WellCare Health Plans Inc	000004	17 <b>-</b> 3913308				Accountable Care Coalition of South Carolina, LLC	SC	N I A	Collaborative Health Systems,	Ownershin	100.0	WellCare Health Plans. Inc	A.I	_
01199	metrodie neditii Pidiis IIIC	4	+ <i>i</i> -38 13300				Accountable Care Coalition of		N I A	Collaborative Health Systems.	.Ownership	100.0	WellCare Health	.	U
01199	   WellCare Health Plans Inc	000004	17 - 3843552				Southeast Texas. Inc	TX	lNIA	LLC	Ownership	100.0		N	0
							Accountable Care Coalition of		]	Collaborative Health Systems	]		WellCare Health		
01199	WellCare Health Plans Inc.	000004	15-4113610				Southeast Wisconsin	WI	NIA	LLC	Ownership	51.0		N	0
		1 1					Accountable Care Coalition of			Collaborative Health Systems	· .		WellCare Health		
01199	WellCare Health Plans Inc	00000 4	15 <b>-</b> 4546234				Syracuse, LLC	NY	NIA	LLC	Ownership	51.0	Plans, Inc	. N	0
04400	W 110 11 111 B1 7		0 4040070				Accountable Care Coalition of	T.,	l	Collaborative Health Systems		54.0	WellCare Health	]	
01199	WellCare Health Plans Inc	000008	32 <b>-</b> 1219279	-			Tennessee, LLC	TN	NIA	Callabarativa Haalth Systems	Ownership	51.0	Plans, Inc	. N	0
01199	  WellCare Health Plans Inc	000004	15-2742298				Accountable Care Coalition of Texas. Inc.	TX	NIA	Collaborative Health Systems	Ownership.	100.0	WellCare Health Plans, Inc	NI	0
01199	WELLOUIS HEALTH FLANS HIC		+J = ∠1 4∠∠ÿO	-			American Progressive Life &	\ <sup>^</sup>	N   A	LLV	. ownersurp	100.0		.	
							Health Insurance Company of New			Universal American Holdings.			WellCare Health		
01199	WellCare Health Plans Inc	80624 1	3-1851754	J			York	NY	IA	LLC.	Ownership	100.0	Plans, Inc	N	0
							1			1			,		

1 2  Group Code Group Name	NAIC Compan Code	ıy ID	5	6	Name of	8		10	11	12 Type of Control	13	14	15	16
Code Group Name	Compan	N ID			0					I Type of Control			1	
Code Group Name	Compan	ny ID			Securities					(Ownership,				
Code Group Name	Compan	ID			Exchange if			Relationship		Board,	If Control is		Is an SCA	
Code Group Name			Federal		Publicly	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management,	Ownership Provide	Ultimate Controlling	Filing Required?	
	Code		RSSD	CIK	Traded (U.S. or International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Attorney-in-Fact,		Entity(ies)/Person(s)		*
		Number	ROOD	OIIC	international)	Of Affiliates	Location	Littly	(Name of Entity/Ferson)	militaerice, Other)	rercentage	WellCare Health	(1/11)	
01199WellCare Health Plans	Inc 00000	52-2134236				APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc.	Ownership	100.0	Plans, Inc.	N	0
										·		WellCare Health		
01199WellCare Health Plans	Inc 00000	54 - 1602622				APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	Plans, Inc.	. N	0
01199WellCare Health Plans	nc	45-4644722				IAPS Parent . Inc	DE	NIA	Universal American Holdings, IIC	Ownership	100.0	WellCare Health Plans. Inc	N	0
01199WellCare Health Plans	5 IIIC	43-4044722				IAPS Parent, Inc	DE	N I A	LLU	Ownership	100.0	WellCare Health		
01199 WellCare Health Plans	Inc. 00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc.,	Ownership.	51.0	Plans. Inc.	N	0
						Collaborative Health Systems of			Collaborative Health Systems,	,		WellCare Health		
01199WellCare Health Plans	Inc 00000	81-3365375				Maryland, Inc	MD	NIA	LLC	Ownership	50.0	Plans, Inc	N	0
						Collaborative Health Systems of			Collaborative Health Systems,			WellCare Health		
01199WellCare Health Plans	Inc 00000	81-3306594				Virginia, IncCollaborative Health Systems.	VA	NIA	LLC	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199WellCare Health Plans	Inc 00000	90-0779287				III C	NY	NIA	Universal American Corp	Ownership	100.0	Plans. Inc.	N	0
Werroure mourth range	7 1110								Collaborative Health Systems,	0 #1101 3111 p	1	WellCare Health		
01199 WellCare Health Plans	Inc00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	LLC	Ownership	100.0	Plans, Inc	N	0
		1							Collaborative Health Systems			WellCare Health		
01199WellCare Health Plans	Inc	45 - 4561546				Essential Care Partners, LLC	ТХ	NIA	LLC	Ownership	51.0	Plans, Inc	. N	0
01199WellCare Health Plans	Inc	62-1694548				Golden Triangle Physician	ТХ	NIA	Heritages Health Systems of Texas Inc.	Ownership	100.0	WellCare Health Plans. Inc	N	0
UT199		02 - 1094546				Heritage Health Systems of	I A	N I A	Texas   Tile	Ownersinp	1100.0	WellCare Health		
01199 WellCare Health Plans	Inc	76-0459857				Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.,	Ownership	100.0	Plans, Inc.	N	0
										i i		WellCare Health		
01199WellCare Health Plans	Inc00000	62-1517194				Heritage Health Systems, Inc	ТХ	NIA	Universal American Corp	Ownership	100.0	Plans, Inc	. N	0
01199WellCare Health Plans	Inc	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.,	Ownerchin	100.0	WellCare Health Plans. Inc	N	0
UT199	5 1116	10-0300130				Theritage Filysiciali Networks	/ /		nerrtage nearth systems, filc	Ownersinp	100.0	WellCare Health		
01199WellCare Health Plans	Inc	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc.,	Ownership	100.0	Plans, Inc	N	0
									,	·		WellCare Health		
01199WellCare Health Plans	Inc00000	76-0500963				HHS Texas Management, LP	GA		Heritage Health Systems, Inc.	Ownership	99 . 1	Plans, Inc	. N	0
01199 WellCare Health Plans	Inc. 00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems,	Ownership.	51.0	WellCare Health Plans, Inc.	N	0
oriss	1116	47 -0020004				Maine Primary Care Holdings,			Collaborative Health Systems	Owner 3111 P		WellCare Health		
01199 WellCare Health Plans	Inc 00000	45-4679969				LLC	ME	NIA	LLC	Ownership	97.0	Plans, Inc.	N	0
						Maryland Collaborative Care,			Collaborative Health Systems	·		WellCare Health		
01199WellCare Health Plans	Inc00000	90 - 0855950				LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc	. N	0
01199WellCare Health Plans	nc00000	81-2704355				Mid-Atlantic Collaborative Care. LLC	MD	NIA	Collaborative Health Systems,	Ownership.	51.0	WellCare Health Plans, Inc.	N	0
Wellcare hearth Flans	· IIIC	01-2704300				Northern Maryland Collaborative	JIIU		Collaborative Health Systems	Ownersinp		WellCare Health		
01199 WellCare Health Plans	Inc	45-5626871				Care, LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc.	N	0
			]						Universal American Financial	'		WellCare Health		
01199WellCare Health Plans	Inc00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Services	Ownership	100.0	Plans, Inc	. N	0
01199 WellCare Health Plans	nc. 00000	58-2633295				Dromior Marketing Crown 110	DE	NI A	Donn Marketing America 110	Ownership	100.0	WellCare Health Plans. Inc.	N I	
01199WellCare Health Plans		50 -2033295				Premier Marketing Group, LLC	Σ	NIA	Penn Marketing America, LLC Universal American Holdings.	Ownership	100.0	WellCare Health		
01199WellCare Health Plans	Inc	13-3491681				Quincy Coverage Corporation	NY	NIA	LLC	Ownership	100.0	Plans, Inc	N	0

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management.	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
04400	WallCare Haalth Dlags has	10768	74-3141949					TX.		Hanitana Haalth Cuatana Laa	O	100.0	WellCare Health	N.	0
01199	WellCare Health Plans Inc	10/08	74-3141949				Serectuare Hearth Plans, Inc	Ιλ	I A	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc WellCare Health	JN	
01199	WellCare Health Plans Inc.	10096	62-1819658				SelectCare of Texas, Inc.	TX	I A	Heritage Health Systems, Inc.	Ownershin	100.0	Plans, Inc.	N	0
01100	morroare nearth rang mo.	10000	02 1010000				locitorion of Toxas, mo.			Universal American Financial	0 W1101 3111 P	1	WellCare Health		
01199	WellCare Health Plans Inc	00000	42-0989096				UAM Agent Services Corp	I A	NIA	Services.	Ownership	100.0	Plans, Inc	N	0
													WellCare Health		
01199	WellCare Health Plans Inc	00000	26-0153605				UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	Plans, Inc	N	0
04400	WallOans Haalth Blace Las	00000	07 4000040				Halaman Amaniana Osaa	DE		The WellCare Management	Owner and his	400.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	27 - 4683816				Universal American Corp Universal American Financial	DE	NIA	Group, IncUniversal American Holdings,	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	   WellCare Health Plans Inc	00000	95-3800329				Services	DE	NIA	LLC	Ownership	100 0	Plans. Inc	N	0
01133	merroare nearth rrans me	00000	33-3000323				Universal American Holdings,				Owner 3111 p	1	WellCare Health		
01199	WellCare Health Plans Inc.	00000	45-1352914				LLC	DE	NIA	Universal American Corp	Ownership	100.0	Plans, Inc.	NN	0
							Virginia Collaborative Care,			Collaborative Health Systems	'		WellCare Health		
01199	WellCare Health Plans Inc	00000	45-5439406				LLC.	VA	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
04400		00000	00 4040500				Worlco Management Services,	10/		W . M		400.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	23-1913528				Inc	NY	NIA	Worlco Management Services Collaborative Health Systems	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199	   WellCare Health Plans Inc	00000	47 - 2346408				AWC of Syracuse, Inc	NY	NIA	LLC	Ownership	100.0	Plans. Inc	N	0
01133	Well care hearth frams inc	00000	47 -2340400				WellCare Health Plans of			The WellCare Management	Owner Sirrp	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	16253	82-3169616				Arizona, Inc.	AZ	I A	Group. Inc.	Ownership	100.0	Plans, Inc.	NN	0
							,			The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc	16344	82-3114517				WellCare of Maine, Inc	ME		Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400		00000	00 0000440				W 110 ( B ( B: 1	50		The WellCare Management		400.0	WellCare Health	١.,	
01199	WellCare Health Plans Inc	00000	66-0888149				WellCare of Puerto Rico, Inc WellCare Associate Assistance	PR	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	   WellCare Health Plans Inc	00000	82-4598040				Fund, Inc	FI	NIA	Group, Inc	Ownership	100 0	Plans. Inc	N	0
01133	Herroare nearth rrans me	00000	02-4000040				WellCare Health Insurance			The WellCare Management	Owner 3111 p	1	WellCare Health		
01199	WellCare Health Plans Inc	16343	82-4247084				Company of America	AR	I A	Group. Inc.	Ownership	100.0	Plans, Inc.	N	0
							WellCare National Health			The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc	16342	82-5127096				Insurance Company	TX		Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
01199	  WellCare Health Plans Inc.	16547	82-5488080				WellCare of North Carolina,	NC NC	l IA	The WellCare Management Group. Inc.	Ownership	100 0	WellCare Health Plans. Inc.	N1	0
01199	INCTIVATE REALTH PTAIRS THE	1004/	UZ -0400U0U	-			Meridian Management Company,	J\\C		The WellCare Management	Ownersinp	100.0	WellCare Health	. N	
01199	WellCare Health Plans Inc	00000	26-4004494				III C	MI	NIA	Group, Inc	Ownership	100 0	Plans, Inc	N	0
01100	liter roure ricar (ii r rane rine									Meridian Management Company,	0 #1101 0111 p		WellCare Health		
01199	WellCare Health Plans Inc	00000	26-4004494				Meridian Network Services, LLC	MI	NIA	LLC	Ownership	100.0	Plans, Inc.	N	0
							WellCare of Michigan Holding			The WellCare Management	<u> </u>		WellCare Health		
01199	WellCare Health Plans Inc	00000	26-4004578	-[			Company	MI	NIA	Group, Inc	Ownership	100.0	Plans, Inc.	N	0
							Maryland Collaborative Care			The WellCare Management			WallCara Haalth		
01199	  WellCare Health Plans Inc	00000	82-1280079				Transformation Organization,	DF	N I A	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans. Inc	N	0
01199	, merioare nearth Frans IIIC	00000	02-1200013				Meridian Health Plan of	µ∟		WellCare of Michigan Holding	OMING 1 2111 h		WellCare Health	.	
01199	WellCare Health Plans Inc.	13189	20-3209671	]			Illinois, Inc.	IL	IA	Company	Ownership	100.0	Plans, Inc	N	0
							Meridian Health Plan of			WellCare of Michigan Holding	, , , , , , , , , , , , , , , , , , , ,		WellCare Health		
01199	WellCare Health Plans Inc	52563	38-3253977				Michigan, Inc	MI	I A	Company	Ownership	100.0	Plans, Inc.	N	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities			Dalatianahin		(Ownership,	If Control is		J 00A	
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)	(Y/N)	*
0000	Group Hame			11002	<u> </u>		0.7 mmatec	200000		The WellCare Management		. orounago	WellCare Health	(1711)	
01199	WellCare Health Plans Inc	16571	83-2069308				WellCare of Washington, Inc	WA	IA	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	27 <b>-</b> 1339224				MeridianRx, LLC	MI	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
04400	Wall Care Harlith Blace Las	00000	00 0400000				Marchine DV IDA IIIO	A IV	NII A	Manialia DV 110	Own a sala i a	400.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	32-0408908				MeridianRX IPA, LLC WellCare Health Insurance of	NY	NIA	MeridianRX, LLC The WellCare Management	.Ownership	100.0	Plans, Inc WellCare Health	N	
01199		16513	83-2126269				Connecticut. Inc.	CT	I A	Group, Inc.	Ownership.	100.0	Plans, Inc	N	0
01100	merroare nearth rrans me	10010	00-2120200				WellCare Health Insurance of	01		The WellCare Management	. Owner 3111p	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	16532	83-2276159				Tennessee, Inc.	TN	I A	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
		1					WellCare Health Plans of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16514	83-2255514				Vermont, Inc	VT	I A	Group. Inc.	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16531	83 - 2797833				WellCare of Arkansas, Inc	AR		Group, Inc.	Ownership	100.0	Plans, Inc	N	0
01199	   WellCare Health Plans Inc.	00000	83-2840051				 	IN	IA	The WellCare Management	Ownership	100.0	WellCare Health Plans, Inc.	N.	
01199	werrcare nearth Frans inc	00000	03-2040031				werrcare or murana, mc	I IN	I A	Group, IncThe WellCare Management	Townership	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc	16515	83-2914327				WellCare of New Hampshire, Inc	NH	IA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
01100	lactical of ricartiff Fano Tho	10010	00 2011021				later to are the maniperinte, the			1 '	0 11101 0111 p		WellCare Health		
01199	WellCare Health Plans Inc	00000	83-3612209				MeridianRx of Indiana, LLC	IN	NIA	MeridianRX, LLC	.Ownership	100.0	Plans, Inc	N	0
							WellCare Health Insurance			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	83-3333918				Company of Louisiana, Inc	LA	A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
01199	  WellCare Health Plans Inc	16516	83-3091673				WellCare Health Insurance   Company of New Hampshire, Inc	NH	IA	The WellCare Management Group, Inc.	Ownership.	100.0	WellCare Health Plans, Inc.	N.	
01199	Wellcale health Flans Inc	10010	03-3091073	-			WellCare Health Insurance	JNП	I A	The WellCare Management	[ whership	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc	16570	83-3166908				Company of Washington, Inc	WA	I A	Group, Inc	Ownership	100 0	Plans. Inc	l N	0
0.100		l i					WellCare Health Insurance			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16568	83-3310218				Company of Wisconsin, Inc	WI	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
		l <u>.</u>					WellCare Health Insurance of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16548	83-3493160				North Carolina, Inc.	NC	I A	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
01199		16569	83-3351254				WellCare Health Plans of Wisconsin. Inc.	WI	I A	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health  Plans. Inc.	N.	0
01133	merioare nearth Flans IIIC	10003	00-0001204	-			WellCare of Missouri Health	л		The WellCare Management	. Owner 2016	100.0	WellCare Health	JN	U
01199	WellCare Health Plans Inc.	16512	83-3525830				Insurance Company, Inc.	MO	I A	Group, Inc	Ownership	100 0	Plans. Inc.	N	0
							Accountable Care Coalition of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	84-2217098				Florida Partners, LLC	FL	NIA	Group. Inc.	Ownership	100.0	Plans, Inc	N	0
	l						Accountable Care Coalition			The WellCare Management	L		WellCare Health		
01199	WellCare Health Plans Inc	00000	84-2574901	.			Direct Contracting, LLC	FL	NIA	Group, Inc.	Ownership	100.0	Plans, Inc.	[N	0
01100		00000	84-3731013				WellCare Health Insurance	NV	IA	The WellCare Management	Ownership	100.0	WellCare Health	A.I	
01199	wellcare Health Plans Inc	00000	04-3/31013	-			Company of Nevada, Inc WellCare Health Insurance of	JNV	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199		00000	84-3739752				the Southwest, Inc	AZ	I A	Group, Inc	Ownership	100 0	Plans, Inc	N	n
0 1 100	Thorroad o floar til Francis filo	00000	0. 0.00.02				WellCare Health Plans of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	84-3547689				Massachusetts, Inc.	MA	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
							WellCare Health Plans of			The WellCare Management	<u>[</u>		WellCare Health		
01199	WellCare Health Plans Inc	00000	84-3907795				Missouri, Inc	MO	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0

Asterisk	Explanation
1.010.10.1	

## **SCHEDULE Y**

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC					Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the	Management	Income/ (Disbursements) Incurred Under		Any Other Material Activity Not in the Ordinary Course of		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000	59-3547616	Comprehensive Health Management, Inc.	Dividondo	001111100110110		7	1,989,891,418	7 tg: 0011101110		240000	1,989,891,418	ranom (Liabinty)
00000		Meridian Management Company LLC.					435,357,872				435,357,872	
00000	20-8420512	Exactus Pharmacy Solutions, Inc.					(31, 123, 933)				(31, 123, 933)	
95081	59-2583622	WellCare of Florida, Inc.	(138, 132, 011)				(530,489,789)				(668,621,800)	
95334	14-1676443	WellCare of New York. Inc.	(100,102,011)				(95,849,839)				(95,849,839)	
95310		WellCare of Connecticut. Inc.			<b>†</b>		(12,736,225)			<b>†</b>	(12,736,225)	
11229	36-4050495	Harmony Health Plan of Illinois, Inc.	(195,000,000)		†		(106,336,512)			†	(301,336,512)	
10760	20-2103320	WellCare of Georgia Inc	(85,000,000)		†		(213,927,387)			†	(298,927,387)	
10155	20-2383134	WellCare of Georgia, Inc	(00,000,000)		†		(213,327,307)		·····	†	(114,849,792)	
12749	20-3562146	WellCare of Ohio. Inc.	(10,000,000)		†		(117,070,132)		·····	†	(10,000,000)	
83445	86-0269558	WellCare Health Insurance of AZ, Inc	(10,000,000)	15,000,000	†		(89,935,833)		·	†	(74,935,833)	
64467	36-6069295	WellCare Health Insurance of IL, Inc.	(140.000.000)				(254,264,820)	(19,530)	·	†	(394,284,350)	(4.762)
10884	11-3197523	WellCare Health Insurance of NY, Inc.	(140,000,000)				(254,264,626)	(13,330)		<b>†</b>	(140,605)	(4,702)
13020	20-8017319	WellCare Health Plans of NJ, Inc.	1	15,000,000			(101,095,378)			†	(86,095,378)	
12964	20-8058761	WellCare of Texas, Inc.	(32,000,000)	10,000,000			(40, 109, 113)	19.530		†	(72,089,583)	4.762
11775	32-0062883	WellCare of South Carolina, Inc	(10,000,000)		†		(40, 109, 113)	10,000		†	(46,885,185)	
16533	45-5154364	WellCare Health Plans of Tennessee, Inc	(10,000,000)	918.171	†		(30,000,100)			†	918 . 171	
00000	20-5327501	WellCare of California Inc.	(12,000,000)	910,171			(37,004,253)			†	(49,004,253)	
12913	20-5862801	Missouri Care, Incorporated.	(8,250,000)				(82,172,995)			<b></b>	(49,004,233)	
15951	47 - 5456872	WellCare of Nebraska, Inc.	(0,230,000)				(36,414,965)			<b>†</b>	(36,414,965)	
00000	57-1165217	Care1st Health Plan Arizona. Inc.			·		(60,312,326)			<b>†</b>	(60,312,326)	
00000	06-1742685	ONECare by Care1st Health Plan AZ, Inc.	(5.000.000)		·		(608,881)			<b>†</b>	(5.608.881)	
80624	13-1851754	American Progressive L&H Ins. Co. of NY	(11,980,373)		·		(49,700,577)			<b>†</b>	(61,680,950)	
10096	62-1819658	SelectCare of Texas, Inc.	(45,000,000)		·		(74,030,923)			†	(119,030,923)	
10768	74-3141949	SelectCare Health Plans, Inc.	(45,000,000)		+		(1,868,732)		·····	†	(1,868,732)	
16239	82-1301128	WellCare of Alabama		1.200.000	<b>†</b>		(1,000,732)		·····	<del> </del>	(1,000,732)	
16253	82-3169616	WellCare Health Plans of Arizona Inc		1,200,000			(23,336)		·····	<b></b>	(1, 606, 441)	
16343	82-4247084	WellCare Health Ins. Co. of America		1.000.000	<b>†</b>		(1,606,441)		·····		(1,606,441)	
16342		WellCare National Health Insurance Co.		2,000,000			(13,101)		·····	<b>†</b>	2,000,000	
16344		Wellcare of Maine	-				(3,055,359)		·····	<u> </u>	(3,055,359)	
52563	38-3253977	Meridian Health Plan of Michigan Inc.	-	75.000.000	<del> </del>		(5,055,359)		·····	†	(482,824,519)	
13189	20-3209671	Meridian Health Plan of Illinois Inc	†	300,000,000			(966,214,441)		·····	†····	(462,624,519)	
00000	83-3333918	WellCare Health Insurance Co. of LA Inc	†	3.00,000,000			(900,214,441)		····	<del> </del>	3 . 124 . 164	
16571	83-2069308	WellCare of Washington Inc	-	3, 124, 104					·····	<del> </del>	3, 124, 104	
16570	83-3166908	WellCare Health Ins. Co. of WA Inc		4,750,000					·····	<b>†</b>	4,750,000	
16531	83-2797833	WellCare of Arkansas Inc.		621.642					·····		4,750,000	
16513	83-2126269	WellCare Health Insurance of CT Inc	ł	1,200,000					····	<del> </del>	1,200,000	
16512		WellCare of MI Health Ins. Co. Inc	ł	3,617,256					····	<del> </del>	3,617,256	
16515	83-2914327	WellCare of New Hampshire Inc	ł	11,205,914					····	<del> </del>	11,205,914	
16516	83-3091673	WellCare Health Insurance Co. of NH Inc	-	3,500,000					····	<del> </del>	3,500,000	
16547	82-5488080	WellCare of North Carolina Inc	-	137 . 118 . 978					·	†····	137 . 118 . 978	
16548		WellCare Health Insurance of NC Inc		4,922,954					·····	<u> </u>	4,922,954	
16532	83-2126269	WellCare Health Insurance of TN Inc	†····-		·····					<del> </del>		
1000Z	00-7170709	įwerivarė neartii ilisurance or in ilic	4	913,339	ļ				L	<b></b>	913,339	

## **SCHEDULE Y**

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)		Income/ (Disbursements) Incurred Under Reinsurance Agreements		Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
16514	83-2255514	WellCare Health Plans of Vermont Inc.		322,827							322,827	
16569	83-3351254	WellCare Health Plans of Wisconsin Inc		1 , 125 ,000							1,125,000	
16568	l83-3310218 l	WellCare Health Insurance Co. of WI Inc.		2 000 000							2.000.000	
00000	84-3739752	WellCare Health Ins. of the SW. Inc.		600,000		İ				<u> </u>	600.000	
00000	27 - 1339224	Meridian Rx LLC.	(50,000,000)	,			1,073,408,658				1,023,408,658	
00000	14-1647239	The WellCare Management Group, Inc.	742,362,384	(588,950,245)							153,412,139	
				(000,000,210)								
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	Control Totals		0	0	0	i l	0		XXX	0	0	(

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

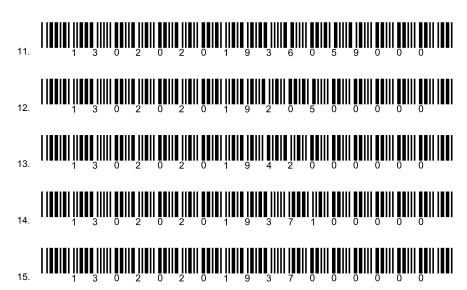
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the

10110	gatory quodition.	
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
owe	llowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response or or your will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your comparer reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	f NO to the specific
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0

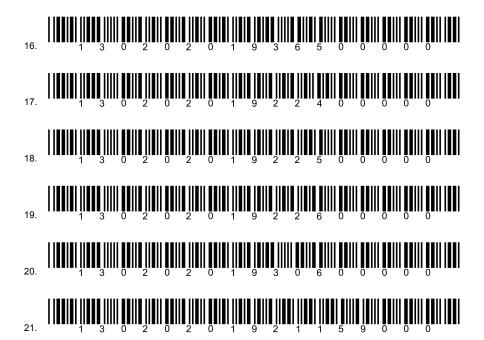
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

#### **Explanation:**

#### Bar code:



#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



## **OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25. \*ASSETS - Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. ASO prepayments.	55,000	55,000	0	0
2505.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	55,000	55,000	0	0

M016 Additional Aggregate Lines for Page 16 Line 25.

*EXNONADMIT	- Exhibit of N	onadmitted Assets

	1	2	3
	Current Year Total	Prior Year Total	Change in Total Nonadmitted Assets
	Nonadmitted Assets	Nonadmitted Assets	(Col. 2 – Col. 1)
2504. Deposits with providers.	1,603,719	792,000	(811,719)
2505.		0	0
2506.		0	0
2597. Summary of remaining write-ins for Line 25 from Page 16	1,603,719	792,000	(811,719)

### **ALPHABETICAL INDEX**

#### ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	F12

### **ALPHABETICAL INDEX**

ANNUAL STATEMENT BLANK (Continued)	
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part E	E24
Schedule DB – Verification	SI14
Schedule DL – Part 1	E25
Schedule DL – Part 2	E26
Schedule E – Part 1 – Cash	E27
Schedule E – Part 2 – Cash Equivalents	E28
Schedule E – Part 2 - Verification Between Years	SI15
Schedule E – Part 3 – Special Deposits	E29
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y- Part 1A - Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

### **ALPHABETICAL INDEX**

#### ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

