



QUARTERLY STATEMENT

AS OF MARCH 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

WellCare of Ohio, Inc.

NAIC Group Code	01199 (Current Period)	01199 (Prior Period)	NAIC Company Code	12749	Employer's ID Number	20-3562146
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio	
Country of Domicile			United States			
Licensed as business type:	Life, Accident & Health [<input type="checkbox"/>]	Property/Casualty [<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity [<input type="checkbox"/>]			
	Dental Service Corporation [<input type="checkbox"/>]	Vision Service Corporation [<input type="checkbox"/>]	Health Maintenance Organization [<input checked="" type="checkbox"/>]			
	Other [<input type="checkbox"/>]		Is HMO, Federally Qualified? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
Incorporated/Organized	09/27/2005	Commenced Business		01/01/2007		
Statutory Home Office	6060 Rockside Woods Blvd #300 (Street and Number)			Independence, OH 44131 (City or Town, State and Zip Code)		
Main Administrative Office	8735 Henderson Road (Street and Number)			Tampa, FL 33634 (City or Town, State and Zip Code)	813-290-6200 (Area Code) (Telephone Number)	
Mail Address	P.O. Box 31391 (Street and Number or P.O. Box)			Tampa, FL 33631-3391 (City or Town, State and Zip Code)		
Primary Location of Books and Records	8735 Henderson Road (Street and Number)			Tampa, FL 33634 (City or Town, State and Zip Code)	813-290-6200 (Area Code) (Telephone Number)	
Internet Web Site Address	www.wellcare.com					
Statutory Statement Contact	Maurice Hebert (Name)		813-206-1994 (Area Code) (Telephone Number) (Extension)			
	maurice.hebert@wellcare.com (E-mail Address)		813-283-3664 (FAX Number)			

OFFICERS

Name	Title	Name	Title
Alexander Robb Cunningham	President and CEO	Thomas Lacy Tran	CFO and Treasurer
Lisa Gonzalez Iglesias	Secretary	William Carl Epling	Region President

OTHER OFFICERS

Marc Steven Russo, President, North Division Maurice Sebastian Hebert Asst Treasurer and CAO

DIRECTORS OR TRUSTEES

Alexander Robb Cunningham William Carl Eppling Maurice Sebastian Hebert Lisa Gonzalez Iglesias
Marc Steven Russo Thomas Lacy Tran

State of Florida

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County of Hillsborough.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Alexander Robb Cunningham
President and CEO

Subscribed and sworn to before me this
day of _____, _____

Thomas Lacy Tran
CFO and Treasurer

Maruice Sebastian Hebert
Asst Treasurer and CAO

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances).....			0	0
4.3 Properties held for sale (less \$ encumbrances).....			0	0
5. Cash (\$ 79,120,659), cash equivalents (\$ 8,416,808) and short-term investments (\$ 16,850,925).....	104,388,392		104,388,392	90,224,428
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets.....			0	0
11. Aggregate write-ins for invested assets	0	.0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	104,388,392	.0	104,388,392	90,224,428
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	190,973		190,973	236,795
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	5,292,502		5,292,502	4,349,413
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums.....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	583,000
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	88,380
18.1 Current federal and foreign income tax recoverable and interest thereon	1,107,625		1,107,625	3,709,233
18.2 Net deferred tax asset.....	1,935,092	.672	1,934,420	1,101,299
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	294,869	.294,869	0	0
24. Health care (\$ 212,592) and other amounts receivable	243,323	.17,569	225,754	228,933
25. Aggregate write-ins for other than invested assets	1,294,133	.1,210,756	83,377	481,980
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	114,746,909	1,523,866	113,223,043	101,003,461
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	114,746,909	1,523,866	113,223,043	101,003,461
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	.0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other Non Admitted Assets.....	1,210,756	.1,210,756	0	0
2502. State and Other Tax Recoverable.....	.83,377		.83,377	481,980
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	.0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,294,133	.1,210,756	.83,377	481,980

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	23,561,471		.23,561,471	26,334,344
2. Accrued medical incentive pool and bonus amounts			.0	0
3. Unpaid claims adjustment expenses	695,153		.695,153	755,071
4. Aggregate health policy reserves	339,584		.339,584	271,457
5. Aggregate life policy reserves			.0	0
6. Property/casualty unearned premium reserve			.0	0
7. Aggregate health claim reserves			.0	0
8. Premiums received in advance	18,335,867		.18,335,867	0
9. General expenses due or accrued	5,292,593		.5,292,593	5,574,467
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			.0	0
10.2 Net deferred tax liability			.0	0
11. Ceded reinsurance premiums payable			.0	8,577,494
12. Amounts withheld or retained for the account of others			.0	0
13. Remittances and items not allocated	76,332		.76,332	.58,361
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			.0	0
15. Amounts due to parent, subsidiaries and affiliates	43,803		.43,803	0
16. Derivatives			.0	0
17. Payable for securities			.0	0
18. Payable for securities lending			.0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$.8,011,478 unauthorized reinsurers)	8,011,478		.8,011,478	.5,938,003
20. Reinsurance in unauthorized companies			.0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			.0	0
22. Liability for amounts held under uninsured plans	.78,003		.78,003	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	.0	.0	0
24. Total liabilities (Lines 1 to 23)	56,434,284	.0	.56,434,284	.47,509,197
25. Aggregate write-ins for special surplus funds	XXX	XXX	.0	0
26. Common capital stock	XXX	XXX	.1,500	.1,500
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	.57,198,500	.57,198,500
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	.0	0
31. Unassigned funds (surplus)	XXX	XXX	(411,241)	(3,705,736)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	.56,788,759	.53,494,264
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	113,223,043	101,003,461
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	.0	.0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	.0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	.0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	311,910	307,727	1,247,158
2. Net premium income (including \$ non-health premium income)	XXX	61,887,560	63,400,985	238,707,104
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	61,887,560	63,400,985	238,707,104
Hospital and Medical:				
9. Hospital/medical benefits		38,879,376	41,717,861	164,028,464
10. Other professional services		4,606,394	3,447,394	14,849,100
11. Outside referrals			0	0
12. Emergency room and out-of-area		4,644,783	4,111,666	19,299,286
13. Prescription drugs		755,639	3,301,475	4,792,191
14. Aggregate write-ins for other hospital and medical	.0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0	0
16. Subtotal (Lines 9 to 15) .....	.0	48,886,192	52,578,396	202,969,041
Less:				
17. Net reinsurance recoveries		5,311,782	5,118,770	10,108,194
18. Total hospital and medical (Lines 16 minus 17) .....	.0	43,574,410	47,459,626	192,860,847
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 653,616 cost containment expenses.....		1,683,059	1,988,216	7,680,313
21. General administrative expenses.....		11,729,107	11,967,032	42,550,001
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	.0	56,986,576	61,414,874	243,091,161
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,900,984	1,986,111	(4,384,057)
25. Net investment income earned		100,117	86,798	371,090
26. Net realized capital gains (losses) less capital gains tax of \$.....			0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	100,117	86,798	371,090
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
29. Aggregate write-ins for other income or expenses .....	.0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	5,001,101	2,072,909	(4,012,967)
31. Federal and foreign income taxes incurred	XXX	2,601,608	(680,707)	(2,634,012)
32. Net income (loss) (Lines 30 minus 31)	XXX	2,399,493	2,753,616	(1,378,955)
DETAILS OF WRITE-INS				
0601.....	XXX			
0602.....	XXX			
0603.....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.....	XXX			
0702.....	XXX			
0703.....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	53,494,264	57,232,034	57,232,034
34. Net income or (loss) from Line 32	2,399,493	2,753,616	(1,378,955)
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	833,792	(1,395,530)	(872,195)
39. Change in nonadmitted assets	61,210	(30,950)	(1,486,620)
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	3,294,495	1,327,136	(3,737,770)
49. Capital and surplus end of reporting period (Line 33 plus 48)	56,788,759	58,559,170	53,494,264
DETAILS OF WRITE-INS			
4701.	0	0	0
4702.	0	0	0
4703.	0	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	70,770,971	40,761,925	226,285,563
2. Net investment income.....	145,939	84,221	135,199
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	70,916,910	40,846,146	226,420,762
5. Benefit and loss related payments.....	45,749,003	40,621,814	181,517,457
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	13,188,970	13,362,250	47,929,400
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0	0
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	2,517,076
10. Total (Lines 5 through 9).....	58,937,973	53,984,064	231,963,933
11. Net cash from operations (Line 4 minus Line 10).....	11,978,937	(13,137,918)	(5,543,171)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	0	0	400,000
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	400,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	0	0	0
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	0
14. Net increase (or decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	0	400,000
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	2,185,027	598,908	(5,092,980)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	2,185,027	598,908	(5,092,980)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	14,163,964	(12,539,010)	(10,236,151)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	90,224,428	100,460,579	100,460,579
19.2 End of period (Line 18 plus Line 19.1).....	104,388,392	87,921,569	90,224,428

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
Total Members at end of:										
1. Prior Year	103,843	0	.0	0	0	.0	0	2,766	101,077	.0
2. First Quarter	104,283	0	.0	0	0	.0	0	2,896	101,387	.0
3. Second Quarter	0	0	.0	0	0	.0	0	0	.0	.0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	311,910							8,660	303,250	
Total Member Ambulatory Encounters for Period:										
7. Physician	129,087							.8,847	120,240	
8. Non-Physician	37,373							2,138	35,235	
9. Total	166,460	0	0	0	0	0	0	10,985	155,475	0
10. Hospital Patient Days Incurred	10,427							1,741	8,686	
11. Number of Inpatient Admissions	2,599							276	2,323	
12. Health Premiums Written (a)	68,458,639							.7,717,165	.60,741,474	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	68,458,639							.7,717,165	.60,741,474	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	45,749,002							.5,714,130	.40,034,872	
18. Amount Incurred for Provision of Health Care Services	48,886,191							.5,191,301	.43,694,890	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 7,717,165

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

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)						
0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered	2,427,951					2,427,951
0499999 Subtotals	2,427,951	0	0	0	0	2,427,951
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	21,133,520
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	23,561,471
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	.0
2. Medicare Supplement					0	.0
3. Dental Only					0	.0
4. Vision Only					0	.0
5. Federal Employees Health Benefits Plan					0	.0
6. Title XVIII - Medicare	1,965,011	3,764,398	1,760,826	1,764,471	3,725,837	4,810,682
7. Title XIX - Medicaid	9,492,226	31,125,646	6,940,840	13,095,334	16,433,066	21,523,662
8. Other health					0	.0
9. Health subtotal (Lines 1 to 8).....	11,457,237	34,890,044	8,701,666	14,859,805	20,158,903	26,334,344
10. Health care receivables (a).....					0	.0
11. Other non-health					0	.0
12. Medical incentive pools and bonus amounts					0	.0
13. Totals (Lines 9-10+11+12)	11,457,237	34,890,044	8,701,666	14,859,805	20,158,903	26,334,344

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of WellCare of Ohio, Inc. (the "Company"), domiciled in the state of Ohio, are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under Ohio insurance law. The National Association of Insurance Commissioners Accounting Practices and Procedures manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. These modifications had no affect on statutory surplus.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio is shown below:

	For the period ended March 31,	
	<u>2011</u>	<u>2010</u>
Net Income - Ohio Basis	\$ 2,399,493	\$ 2,753,616
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Net Income - NAIC SAP	\$ 2,399,493	\$ 2,753,616
	Balance at	
	<u>March 31,</u>	<u>December 31,</u>
	<u>2011</u>	<u>2010</u>
Statutory Surplus - Ohio Basis	\$ 56,788,759	\$ 53,494,264
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Statutory Surplus - NAIC SAP	\$ 56,788,759	\$ 53,494,264

B. Uses of Estimates in the Preparation of the Financial Statements.

No significant change.

C. Accounting Policy

No significant change.

2. Accounting Changes and Correction of Errors

No significant change.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

No significant change.

5. Investments

No significant change.

D. Loan-Backed Securities – None.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

No significant change.

NOTES TO FINANCIAL STATEMENTS

8. Derivative Instruments

None.

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties.

No significant change.

11. Debt

None.

12. Retirement Plans, Deferred Compensation, Etc.

No significant change.

13. Capital and Surplus, Shareholder' Dividend Restrictions and Quasi-Reorganizations.

No significant change.

14. Contingencies

A. Contingent Commitments – No significant change.

B. Assessments – No significant change.

C. Gain Contingencies – No significant change.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits
No significant change.

E. All Other Contingencies

Summary:

The Company's ultimate Parent, WellCare Health Plans, Inc. ("WellCare") is a party to a number of legal actions and regulatory investigations as described below. Unless otherwise indicated, these matters do not directly involve the Company and we do not expect them to have an impact on the Company's financial position, however they have been included here to provide complete disclosure of significant legal matters involving the Parent.

Government Investigations

Deferred Prosecution Agreement

In May 2009, the Company's ultimate parent, WellCare, entered into a Deferred Prosecution Agreement (the "DPA") with the United States Attorney's Office for the Middle District of Florida (the "USAO") and the Florida Attorney General's Office, resolving investigations by those offices.

Under the one-count criminal information (the "Information") filed with the United States District Court for the Middle District of Florida (the "Federal Court") by the USAO pursuant to the DPA, WellCare was charged with one count of conspiracy to commit health care fraud against the Florida Medicaid Program in connection with reporting of expenditures under certain community behavioral health contracts, and against the Florida Healthy Kids programs, under certain contracts, in violation of 18 U.S.C. Section 1349. The USAO recommended to the Court that the prosecution be deferred for the duration of the DPA. Within five days of the expiration of the DPA the USAO will seek dismissal with prejudice of the Information, provided that WellCare has complied with the DPA.

In accordance with the DPA, the USAO has filed, with the Federal Court, a statement of facts relating to this matter. As a part of the DPA, WellCare retained an independent monitor (the "Monitor") from August 2009 to February 2011. In addition, WellCare agreed to continue undertaking remedial measures to ensure full compliance with all federal and state health care laws. Among other things, the Monitor reviewed and evaluated WellCare's compliance with the DPA and all applicable federal and state health care laws, regulations and programs. The Monitor has also reviewed, evaluated and, as necessary, made written

NOTES TO FINANCIAL STATEMENTS

recommendations concerning certain policies and procedures.

The DPA does not, nor should it be construed to, operate as a settlement or release of any civil or administrative claims for monetary, injunctive or other relief against WellCare, whether under federal, state or local statutes, regulations or common law. Furthermore, the DPA does not operate, nor should it be construed, as a concession that WellCare is entitled to any limitation of potential federal, state or local civil or administrative liability.

Civil Division of the United States Department of Justice

In October 2008, the Civil Division of the United States Department of Justice (the “Civil Division”) informed WellCare that as part of the pending civil inquiry, it was investigating four *qui tam* complaints filed by relators against WellCare under the whistleblower provisions of the False Claims Act, 31 U.S.C. sections 3729-3733.

On April 26, 2011, WellCare entered into certain settlement agreements, described below, which will resolve the pending inquiries of the Civil Division, the USAO and the United States Attorney’s Office for the District of Connecticut (the “USAO Connecticut”). The settlement agreements are with (a) the United States, acting through the Civil Division and on behalf of the Office of Inspector General of the Department of Health and Human Services (“OIG-HHS”) with additional signatories of the Civil Divisions of the USAO and the USAO Connecticut (the “Federal Settlement Agreement”) and (b) the following states: Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Missouri, New York and Ohio (collectively, the “State Settlement Agreements”). Under the terms of the Federal Settlement Agreement and the State Settlement Agreements, WellCare has agreed, among other things, to pay the Civil Division a total of \$137,500,000 (the “Settlement Amount”), which is to be paid in installments over a period of up to 36 months after the date of the Federal Settlement Agreement (the “Payment Period”) plus interest at the rate of 3.125% per year. The settlement includes an acceleration clause that would require immediate payment of the remaining balance of the Settlement Amount in the event that WellCare is acquired or otherwise experiences a change in control during the Payment Period. In addition, the settlement provides for a contingent payment of an additional \$35,000,000 in the event that WellCare is acquired or otherwise experiences a change in control within three years of the execution of the Federal Settlement Agreement and provided that the change in control transaction exceeds certain minimum transaction value thresholds as specified in the Federal Settlement Agreement.

The Federal Settlement Agreement has not been executed by one of the relators. Under its terms, if any relator fails to timely execute or refuses to execute, the relator will be deemed to have objected to the Federal Settlement Agreement. In the case of such an objection, the Federal Court will conduct a hearing (a “Fairness Hearing”) to determine whether the proposed settlement is fair, adequate and reasonable under all the circumstances. The Federal Settlement Agreement and the State Settlement Agreements will not be effective until the earlier of (a) the execution of the Federal Settlement Agreement by the relators or (b) entry by the Federal Court of a final order determining that the settlement is fair, adequate and reasonable under all the circumstances.

WellCare and the Company can make no assurances that all relators will execute the Federal Settlement Agreement or that the Federal Court will approve the settlement at a Fairness Hearing and the actual outcome of these matters may differ materially from the terms of the settlement.

United States Department of Health and Human Services

On April 26, 2011, WellCare entered into a Corporate Integrity Agreement (the “Corporate Integrity Agreement”) with the OIG-HHS. The Corporate Integrity Agreement has a term of five years and concludes the matters relating to WellCare under review by OIG-HHS.

The Corporate Integrity Agreement formalizes various aspects of WellCare’s ethics and compliance program and contains other requirements designed to help ensure ongoing compliance with federal health care program requirements. The terms of the Corporate Integrity Agreement include certain organizational structure requirements, internal monitoring requirements, compliance training, screening processes for new employees, reporting requirements to OIG-HHS, and the engagement of an independent review organization to review and prepare written reports regarding, among other things, WellCare’s reporting practices and bid submissions to federal health care programs.

Class Action Complaints

NOTES TO FINANCIAL STATEMENTS

Putative class action complaints were filed against WellCare in October 2007 and November 2007. These putative class actions, entitled Eastwood Enterprises, L.L.C. v. Farha, et al. and Hutton v. WellCare Health Plans, Inc. et al., respectively, were filed in Federal Court against WellCare, Todd Farha, WellCare's former chairman and chief executive officer, and Paul Behrens, WellCare's former senior vice president and chief financial officer. Messrs. Farha and Behrens were also officers of various subsidiaries of WellCare, including the Company. The Eastwood Enterprises complaint alleged that the defendants materially misstated the reported financial condition of WellCare by, among other things, purportedly overstating revenue and understating expenses in amounts unspecified in the pleading in violation of the Securities Exchange Act of 1934, as amended. The Hutton complaint alleged that various public statements supposedly issued by the defendants were materially misleading because they failed to disclose that WellCare was purportedly operating its business in a potentially illegal and improper manner in violation of applicable federal guidelines and regulations.

In August 2010, WellCare reached agreement with the Lead Plaintiffs on the material terms of a settlement to resolve these matters. In December 2010, the terms of the settlement were documented in a formal settlement agreement (the "Stipulation Agreement") that was subject to approval by the Federal Court following notice to all class members.

On May 4, 2011, the Federal Court entered an order approving the Stipulation Agreement (the "Approval Order"). As required by the Stipulation Agreement, in March 2011 WellCare paid \$52,500,000 into an escrow account for the benefit of the class. The Stipulation Agreement also provides, among other things, that WellCare will make an additional cash payment to the class of \$35,000,000 by July 31, 2011 (the "July 2011 Payment"). It also requires, among other things, that WellCare issue to the class tradable, unsecured, subordinated notes having an aggregate face value of \$112,500,000 with a fixed coupon of 6% and a maturity date of December 31, 2016.

Other Lawsuits and Claims

Separate and apart from the legal matters described above, the Company from time to time has been involved in actions or disputes that are in the normal course of its business, including, without limitation, provider disputes regarding payment of claims and disputes relating to the performance of contractual obligations with state agencies, some of which may seek monetary damages. The Company currently believes that none of these actions, when finally concluded and determined, will have a material adverse effect on the Company's financial position, results of operations or cash flows.

15. Leases

No significant change.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk.

No significant change.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities.

No significant change.

C. Wash Sales – None.

18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans.

No significant change.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

No significant change.

20. Fair Value Measurement

The Company has no assets measured and reported at fair value at March 31, 2011.

21. Other Items

No significant change.

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

None.

23. Reinsurance.

No significant change.

24. Retrospectively Rated Contracts

No significant change.

25. Change in Incurred Claims and Claim Adjustment Expenses

The estimated cost of claims expense attributable to insured events of the prior year decreased by \$6,175,440 during 2011. This is approximately 23% of unpaid claims expenses of \$26,334,344 as of December 31, 2010. The redundancy reflects the difference between actual medical utilization compared to original assumptions and prior year claims estimates being settled for amounts that are different than originally anticipated.

Statement of Statutory Accounting Principles No. 85 requires that claim adjustment expenses, including legal expenses, be subdivided into cost containment expenses and other claim adjustment expenses. Cost containment expenses are intended to reduce the number of health services provided or the cost of such services. Other claim adjustment expenses are all other costs which do not meet the definition of cost containment expenses. Cost containment expenses were of \$653,616 for the three month period ending March 31, 2011.

26. Intercompany Pooling.

No significant change.

27. Structured Settlements

None.

28. Health Care Receivables.

No significant change.

29. Participating Policies

None.

30. Premium Deficiency Reserves

No significant change.

31. Anticipated Salvage and Subrogation.

No significant change.

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 06/30/2009

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 06/30/2009

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/05/2010

6.4 By what department or departments?

Ohio Department of Insurance.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] NA []

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [] No [X]

16.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address

16.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes [] No [X]

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [X] No []

17.2 If no, list exceptions:

.....

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

GENERAL INTERROGATORIES
PART 2 - HEALTH

1 Operating Percentages

1.1 A&H loss percent.....	71.5 %
1.2 A&H cost containment percent.....	1.1 %
1.3 A&H expense percent excluding cost containment expenses.....	20.6 %
2.1 Do you act as a custodian for health savings accounts?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ _____
2.3 Do you act as an administrator for health savings accounts?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ _____

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only						
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7
1. Alabama	AL							0
2. Alaska	AK							0
3. Arizona	AZ							0
4. Arkansas	AR							0
5. California	CA							0
6. Colorado	CO							0
7. Connecticut	CT							0
8. Delaware	DE							0
9. Dist. Columbia	DC							0
10. Florida	FL							0
11. Georgia	GA							0
12. Hawaii	HI							0
13. Idaho	ID							0
14. Illinois	IL							0
15. Indiana	IN							0
16. Iowa	IA							0
17. Kansas	KS							0
18. Kentucky	KY							0
19. Louisiana	LA							0
20. Maine	ME							0
21. Maryland	MD							0
22. Massachusetts	MA							0
23. Michigan	MI							0
24. Minnesota	MN							0
25. Mississippi	MS							0
26. Missouri	MO							0
27. Montana	MT							0
28. Nebraska	NE							0
29. Nevada	NV							0
30. New Hampshire	NH							0
31. New Jersey	NJ							0
32. New Mexico	NM							0
33. New York	NY							0
34. North Carolina	NC							0
35. North Dakota	ND							0
36. Ohio	OH	L	7,717,165	60,741,474				68,458,639
37. Oklahoma	OK							0
38. Oregon	OR							0
39. Pennsylvania	PA							0
40. Rhode Island	RI							0
41. South Carolina	SC							0
42. South Dakota	SD							0
43. Tennessee	TN							0
44. Texas	TX							0
45. Utah	UT							0
46. Vermont	VT							0
47. Virginia	VA							0
48. Washington	WA							0
49. West Virginia	WV							0
50. Wisconsin	WI							0
51. Wyoming	WY							0
52. American Samoa	AS							0
53. Guam	GU							0
54. Puerto Rico	PR							0
55. U.S. Virgin Islands	VI							0
56. Northern Mariana Islands	MP							0
57. Canada	CN							0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0
59. Subtotal		XXX	0	7,717,165	60,741,474	0	0	68,458,639
60. Reporting entity contributions for Employee Benefit Plans		XXX						0
61. Total (Direct Business)	(a)	1	0	7,717,165	60,741,474	0	0	68,458,639
DETAILS OF WRITE-INS								
5801.		XXX						
5802.		XXX						
5803.		XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page.		XXX	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX	0	0	0	0	0	0

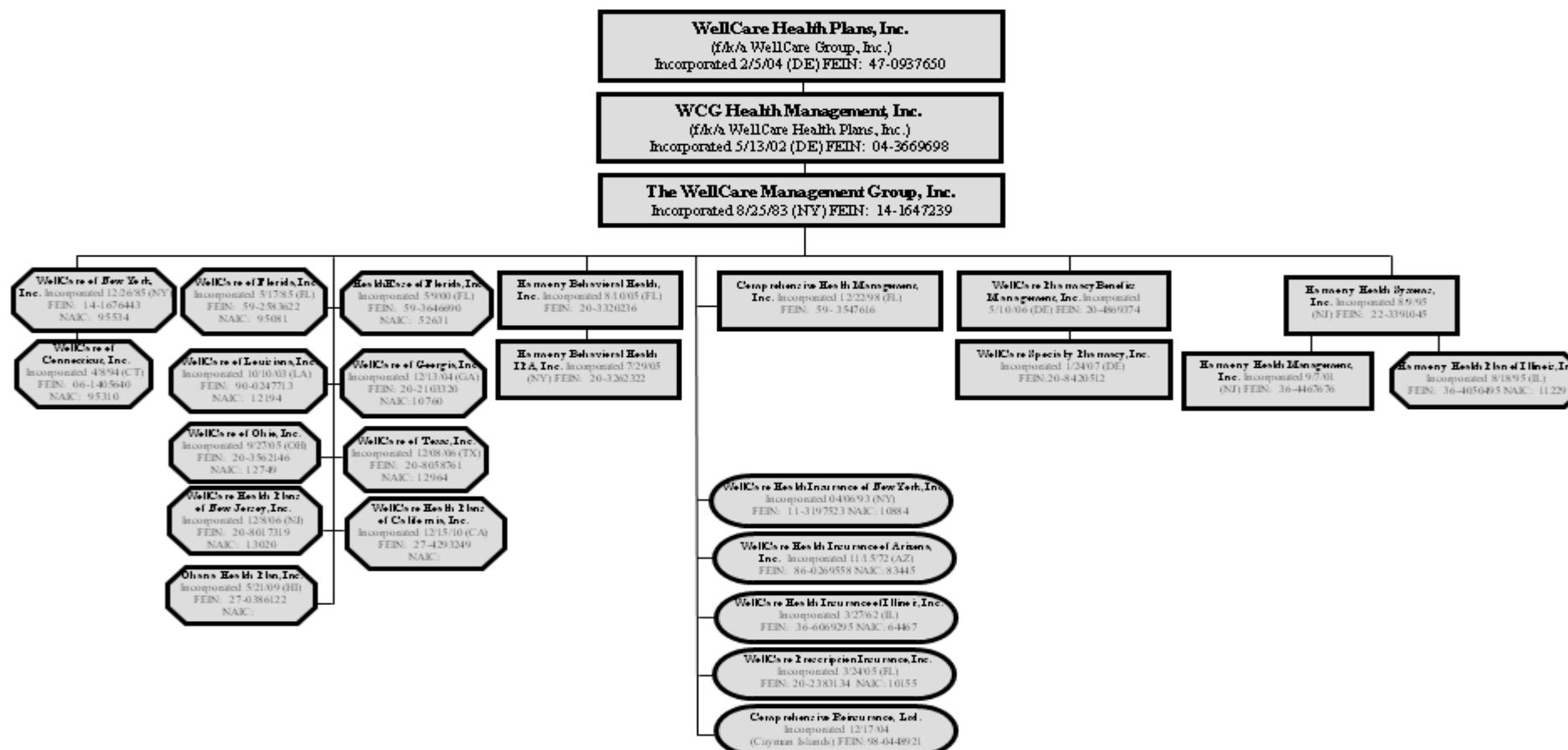
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



The WellCare Group of Companies
(as of March 31, 2011)



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** 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 interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1. Business not written.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other than temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other than temporary impairment recognized.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....	0	0
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other than temporary impairment recognized.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	0	400,000
2. Cost of bonds and stocks acquired.....	0	0
3. Accrual of discount.....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration for bonds and stocks disposed of.....	0	400,000
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	36,317,361	35,329,263	46,309,521	(69,370)	25,267,733	0	0	36,317,361
2. Class 2 (a).....	0				0	0	0	0
3. Class 3 (a).....	0				0	0	0	0
4. Class 4 (a).....	0				0	0	0	0
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds.....	36,317,361	35,329,263	46,309,521	(69,370)	25,267,733	0	0	36,317,361
PREFERRED STOCK								
8. Class 1.....	0				0	0	0	0
9. Class 2.....	0				0	0	0	0
10. Class 3.....	0				0	0	0	0
11. Class 4.....	0				0	0	0	0
12. Class 5.....	0				0	0	0	0
13. Class 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock.....	36,317,361	35,329,263	46,309,521	(69,370)	25,267,733	0	0	36,317,361

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	16,850,925	XXX	16,852,766	9,271	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	15,268,117	0
2. Cost of short-term investments acquired	23,024,554	15,269,321
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	21,441,109	0
7. Deduct amortization of premium.....	.637	1,204
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other than temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	16,850,925	15,268,117
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	16,850,925	15,268,117

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	21,049,244	0
2. Cost of cash equivalents acquired	12,304,709	21,049,244
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals	24,868,412	0
7. Deduct amortization of premium	68,733	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	8,416,808	21,049,244
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	8,416,808	21,049,244

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

Schedule D - Part 3
NONE

Schedule D - Part 4
NONE

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part D
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
JP Morgan-4409.....Ohio.....		0.000	0	0	(188,413)	(277,816)	(177,455)	XXX
JP Morgan-3564.....Ohio.....		0.000	0	0	54,215,151	54,116,771	79,298,114	XXX
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	0	0	54,026,738	53,838,955	79,120,659	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	54,026,738	53,838,955	79,120,659	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	0	0	54,026,738	53,838,955	79,120,659	XXX

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations							
CT SER C..		.03/10/2011..	5.000	.05/01/2011..	75,291	1,563	.0
WI ST-SER D..		.03/17/2011..	5.400	.05/01/2011..	301,247	6,750	.0
WI ST-SER A..		.02/11/2011..	4.000	.05/01/2011..	300,930	5,000	.0
1199999 - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations					677,469	13,313	0
1799999 - Subtotals - U.S. States, Territories and Possessions (Direct and Guaranteed)					677,469	13,313	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations							
CARTERET CNTY REF..		.02/14/2011..	5.000	.05/01/2011..	80,315	1,667	.0
CHEROKEE CNTY..		.01/14/2011..	3.000	.04/01/2011..	100,000	1,500	.0
CLAWSON SD-REF..		.03/24/2011..	3.500	.05/01/2011..	250,643	3,646	.0
CONNENQUOT CSD REF..		.03/17/2011..	4.000	.06/01/2011..	150,917	2,000	.0
FL BOE-REF-D-CAP OUTL..		.03/25/2011..	5.000	.06/01/2011..	201,540	3,333	.0
GENESEE CNTY REF-A..		.02/11/2011..	4.000	.05/01/2011..	100,300	1,667	.0
HOWELL PUB SCHS-BLDG..		.02/28/2011..	5.500	.05/01/2011..	100,439	2,292	.0
MINNEAPOLIS-REF-B-CON..		.03/02/2011..	5.000	.04/01/2011..	290,000	7,250	.0
NYC-PREREF-J..		.02/28/2011..	3.750	.05/15/2011..	100,426	1,417	.0
ONONDAGA CNTY-A..		.02/10/2011..	3.500	.04/01/2011..	100,000	1,750	.0
PORT HURON SD REF..		.03/03/2011..	4.000	.05/01/2011..	200,603	3,333	.0
ST JOHNS PUB SCHS-REF..		.02/09/2011..	3.250	.05/01/2011..	100,246	1,354	.0
SAN FRANCISCO REF-R1..		.04/05/2011..	4.250	.06/15/2011..	201,518	2,597	.0
SUMMIT-REF-GEN..		.03/02/2011..	5.000	.04/01/2011..	175,000	4,375	.0
TULSA ISD #9 BLDG..		.01/06/2011..	2.500	.04/01/2011..	125,000	1,563	.0
YPSILANTI SD..		.03/24/2011..	4.000	.05/01/2011..	160,476	2,667	.0
1899999 - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations					2,437,423	42,410	0
2499999 - Subtotals - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)					2,437,423	42,410	0
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Issuer Obligations							
AZ ST COPS-A..		.03/08/2011..	5.500	.05/01/2011..	426,807	9,740	.0
BERNALILLO RCPT -B..		.01/13/2011..	5.000	.04/01/2011..	100,000	2,500	.0
CA DEPT WTR-A..		.02/16/2011..	5.250	.05/01/2011..	230,958	5,031	.0
LOUISVILLE ETC SWR..		.03/09/2011..	3.000	.05/15/2011..	190,620	2,153	.0
LOWER CO RIV AUTH-REF..		.02/25/2011..	3.000	.05/15/2011..	225,742	2,550	.0
MIAMI-DADE EDL REF-B..		.03/08/2011..	5.000	.04/01/2011..	100,000	2,500	.0
MIAMI-DADE EDL REF-B..		.03/10/2011..	5.000	.04/01/2011..	150,000	3,750	.0
NY TRANS-A-FUTURE TAX..		.02/07/2011..	5.000	.05/01/2011..	50,197	1,042	.0
NY DORM UNIV EDL -A..		.02/23/2011..	5.875	.05/15/2011..	251,715	5,549	.0
NY ST ENVIR-L..		.02/23/2011..	5.000	.05/15/2011..	100,581	1,889	.0
NY ST ENVIR-L..		.03/07/2011..	5.000	.05/15/2011..	201,133	3,778	.0
NY ST TWY-REF-C..		.02/04/2011..	5.250	.04/01/2011..	50,000	1,313	.0
NY ST TWY-REF-C..		.02/08/2011..	5.250	.04/01/2011..	100,000	2,625	.0
NY TWY BRDG STR FD-A..		.03/10/2011..	5.500	.04/01/2011..	75,000	2,063	.0
NY TWY SER B..		.02/04/2011..	5.250	.04/01/2011..	150,000	3,938	.0
NY ST TWY-A..		.03/10/2011..	4.100	.04/01/2011..	300,000	6,150	.0
NY TWY-SER A..		.01/25/2011..	4.000	.04/01/2011..	225,000	4,500	.0
NY TWY-SER B..		.03/07/2011..	3.000	.04/01/2011..	100,000	1,500	.0
NY ST TWY..		.03/10/2011..	2.500	.04/01/2011..	260,000	3,250	.0
NY TWY-A-LOC HWY/BRDG..		.01/14/2011..	3.750	.04/01/2011..	150,000	2,813	.0
NY TWY AUTH SVC HWY..		.03/07/2011..	3.000	.04/01/2011..	300,000	4,500	.0
OH BLDG ADULT FD-B..		.03/03/2011..	5.000	.04/01/2011..	150,000	3,750	.0
OR ADMIN COPS REF-B..		.02/04/2011..	5.250	.05/01/2011..	150,621	3,281	.0
OR ADMIN COPS REF-B..		.03/08/2011..	5.250	.05/01/2011..	.85,343	1,859	.0
PALM BCH WTR/SWR REF..		.02/15/2011..	5.000	.04/01/2011..	275,000	6,875	.0
PA HGR ED TEMPLE UNIV..		.03/02/2011..	5.000	.04/01/2011..	150,000	3,750	.0
PITT CNTY COPS FACS-B..		.03/29/2011..	3.500	.04/01/2011..	100,000	1,750	.0
PLATTE RVR AUTH-GG..		.03/23/2011..	5.000	.06/01/2011..	100,773	1,667	.0
REGL TRANN SER A..		.03/31/2011..	5.000	.06/01/2011..	100,758	1,667	.0
UNIVERSITY OF CALIF-E..		.03/10/2011..	5.000	.05/15/2011..	251,417	4,722	.0
UNIV IL REV-S-A-AUX FA..		.02/09/2011..	3.250	.04/01/2011..	100,000	1,625	.0
UNIV LOUISVL REV-S-0..		.03/04/2011..	3.375	.05/01/2011..	100,252	1,406	.0
2599999 - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Issuer Obligations					5,301,916	105,484	0

STATEMENT AS OF MARCH 31, 2011 OF THE WellCare of Ohio, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

E12.1