



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2011
OF THE CONDITION AND AFFAIRS OF THE

WellCare of Ohio, Inc.

NAIC Group Code	01199	01199	NAIC Company Code	12749	Employer's ID Number	20-3562146
	(Current Period)	(Prior Period)				
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 []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []	
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]	
	Other []				Is HMO, Federally Qualified? Yes [] No [X]	
Incorporated/Organized	09/27/2005		Commenced Business		01/01/2007	
Statutory Home Office	6060 Rockside Woods Blvd #300			Independence, OH 44131		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	8735 Henderson Road		Tampa, FL 33634		813-290-6200	
	(Street and Number)		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	P.O. Box 31391		Tampa, FL 33631-3391			
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)			
Primary Location of Books and Records	8735 Henderson Road		Tampa, FL 33634		813-290-6200	
	(Street and Number)		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.wellcare.com					
Statutory Statement Contact	Trent Thornton		813-206-3534			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	trent.thornton@wellcare.com		813-675-2899			
	(E-mail Address)		(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
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DIRECTORS OR TRUSTEES

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

State ofFlorida.....
County ofHillsborough..... ss

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	Thomas Lacy Tran CFO and Treasurer	Maurice Sebastian Hebert Asst Treasurer and CAO
a. Is this an original filing? Yes [] No [X]		
b. If no:		
1. State the amendment number 1		
2. Date filed		
3. Number of pages attached		

Subscribed and sworn to before me this
day of ,
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STATEMENT AS OF SEPTEMBER 30, 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	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	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	103,982	.0	.0	.0	.0	.0	.0	2,913	101,069	.0
4. Third Quarter	107,571							3,034	104,537	
5. Current Year	0									
6 Current Year Member Months	938,831							26,404	912,427	
Total Member Ambulatory Encounters for Period:										
7. Physician	366,981							26,791	340,190	
8. Non-Physician	110,445							6,597	103,848	
9. Total	477,426	0	0	0	0	0	0	33,388	444,038	0
10. Hospital Patient Days Incurred	35,188							6,172	29,016	
11. Number of Inpatient Admissions	7,690							894	6,796	
12. Health Premiums Written (a).....	203,082,414							22,923,071	180,159,343	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written0									
15. Health Premiums Earned	203,082,414							22,923,071	180,159,343	
16. Property/Casualty Premiums Earned0									
17. Amount Paid for Provision of Health Care Services	140,787,063							16,506,642	124,280,421	
18. Amount Incurred for Provision of Health Care Services	150,920,695							16,411,274	134,509,421	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 22,923,071