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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 [] | 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 (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 | Trent Thornton (Name) trent.thornton@wellcare.com (E-mail Address) | 813-206-3534 (Area Code) (Telephone Number) (Extension) 813-675-2899 (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 Epling | Maurice Sebastian Hebert | Lisa Gonzalez Iglesias |
| Marc Steven Russo | Thomas Lacy Tran | | |

State of Florida

ss

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 | 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 _____
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 | | | | | | | |
| 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 Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 203,082,414 | | | | | | | 22,923,071 | 180,159,343 | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 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