



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 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 [ ]	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, State and Zip Code)				
Main Administrative Office		8735 Henderson Road (Street and Number)					
		Tampa, FL 33634 (City, 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, State and Zip Code)				
Primary Location of Books and Records		8735 Henderson Road (Street and Number)					
		Tampa, FL 33634 (City, State and Zip Code)	813-290-6200 (Area Code) (Telephone Number) (Extension)				
Internet Web Site Address		www.wellcare.com					
Statutory Statement Contact		Trent Thornton (Name)	813-206-3534 (Area Code) (Telephone Number) (Extension)				
		trent.thornton@wellcare.com (E-Mail Address)	813-675-2899 (Fax Number)				

## OFFICERS

**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 .....

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
Subscribed and sworn to before me this day of _____, _____	a. Is this an original filing? _____ b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____	Yes [ X ] No [ ]

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

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

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

**EXHIBIT 4 – 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	4,016,371					4,016,371
0499999 Subtotals	4,016,371	0	0	0	0	4,016,371
0599999 Unreported claims and other claim reserves						21,816,317
0699999 Total amounts withheld						
0799999 Total claims unpaid						25,832,688
0899999 Accrued medical incentive pool and bonus amounts						0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Comprehensive Health Management, Inc.	2,724,796				2,724,796		
0199999 Individually listed receivables	2,724,796	0	0	0	2,724,796	0	0
0299999 Receivables not individually listed	4,915				4,915		
0399999 Total gross amounts receivable	2,729,711	0	0	0	2,729,711	0	0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

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

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

## **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 .....	21,576,166	11.0	1,255,841	1,189.4		21,576,166
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	21,576,166	11.0	1,255,841	1,189.4	0	21,576,166
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	174,307,088	89.0	XXX	XXX		174,307,088
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	174,307,088	89.0	XXX	XXX	0	174,307,088
13. Total (Line 4 plus Line 12) .....	195,883,254	100 %	XXX	XXX	0	195,883,254

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

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

## EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

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

REPORT FOR: 1. CORPORATION

WellCare of Ohio, Inc.

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2011								NAIC Company Code	12749
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		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							2,766		101,077	
2. First Quarter .....		104,283							2,896		101,387	
3. Second Quarter .....		103,982							2,913		101,069	
4. Third Quarter .....		107,571							3,034		104,537	
5. Current Year .....		105,590							3,378		102,212	
6. Current Year Member Months .....		1,255,841							36,117		1,219,724	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		480,941							36,153		444,788	
8. Non-Physician .....		145,076							8,926		136,150	
9. Total .....		626,017	0	0	0	0	0	0	45,079		580,938	0
10. Hospital Patient Days Incurred .....		48,328							8,897		39,431	
11. Number of Inpatient Admissions .....		10,284							1,251		9,033	
12. Health Premiums Written (b) .....		286,588,380							31,123,582		255,464,798	
13. Life Premiums Direct .....		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		286,588,380							31,123,582		255,464,798	
16. Property/Casualty Premiums Earned .....		0										
17. Amount Paid for Provision of Health Care Services .....		195,883,253							22,022,403		173,860,850	
18. Amount Incurred for Provision of Health Care Services .....		218,363,340							22,507,227		195,856,113	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 31,123,582



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

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

REPORT FOR: 1. CORPORATION

WellCare of Ohio, Inc.

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated	DURING THE YEAR 2011								NAIC Company Code	12749
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	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	0	0	0	0	0	0	3,034	104,537	0	
5. Current Year .....		105,590	0	0	0	0	0	0	3,378	102,212	0	
6. Current Year Member Months .....		1,255,841	0	0	0	0	0	0	36,117	1,219,724	0	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		480,941	0	0	0	0	0	0	36,153	444,788	0	
8. Non-Physician .....		145,076	0	0	0	0	0	0	8,926	136,150	0	
9. Total .....		626,017	0	0	0	0	0	0	45,079	580,938	0	
10. Hospital Patient Days Incurred .....		48,328	0	0	0	0	0	0	8,897	39,431	0	
11. Number of Inpatient Admissions .....		10,284	0	0	0	0	0	0	1,251	9,033	0	
12. Health Premiums Written (b) .....		286,588,380	0	0	0	0	0	0	31,123,582	255,464,798	0	
13. Life Premiums Direct .....		0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....		0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....		286,588,380	0	0	0	0	0	0	31,123,582	255,464,798	0	
16. Property/Casualty Premiums Earned .....		0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....		195,883,253	0	0	0	0	0	0	22,022,403	173,860,850	0	
18. Amount Incurred for Provision of Health Care Services .....		218,363,340	0	0	0	0	0	0	22,507,227	195,856,113	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 31,123,582

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

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

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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

## **SCHEDULE S - PART 2**

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.**

**SCHEDULE S - PART 3 - SECTION 2**

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
39845.....48-0921045.....01/01/2011....Westport Insurance Corporation.....KS.....				SSL/I/A.....		158,385.....						
0499999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						158,385.....		0	0	0	0	0
0699999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates						158,385.....		0	0	0	0	0
0799999 - General Account - Authorized - Total General Account Authorized						158,385.....		0	0	0	0	0
General Account - Unauthorized - Affiliates - Non-U.S. Affiliates												
.....AA-3770323.....01/01/2011....Comprehensive Reinsurance Ltd.....KY.....				SSL/I/A.....		26,393,103.....						
0999999 - General Account - Unauthorized - Affiliates - Non-U.S. Affiliates						26,393,103.....		0	0	0	0	0
1099999 - General Account - Unauthorized - Affiliates - Total Unauthorized Affiliates						26,393,103.....		0	0	0	0	0
1499999 - General Account - Unauthorized - Total General Account Unauthorized						26,393,103.....		0	0	0	0	0
1599999 - General Account - Total General Account Authorized and Unauthorized						26,551,488.....		0	0	0	0	0
3199999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						158,385.....		0	0	0	0	0
3299999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						26,393,103.....		0	0	0	0	0
3399999 Total (Sum of 1599999 and 3099999)												
						26,551,488.....		0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

## **SCHEDULE S - PART 4**

## Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols 9+13+14+15+16 But Not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
General Account - Accident and Health - Affiliates - Non-U.S. Affiliates																
AA-3770323	01/01/2011		Comprehensive Reinsurance Ltd.		0	0	0					0	0	0	0	0

୧୮

(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name
		.....	.....
		.....	.....
		.....	.....
		.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.**

**Schedule S - Part 5**

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

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	3,163	25	23	4	0
3. Title XIX-Medicaid.....	23,388	23,504	18,560	9,648	9,412
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	502	583	5,310	5,130	7,859
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.**

**SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	89,226,891		89,226,891
2. Accident and health premiums due and unpaid (Line 15).....	12,024,038		12,024,038
3. Amounts recoverable from reinsurers (Line 16.1).....	501,950		501,950
4. Net credit for ceded reinsurance.....	XXX	501,950	501,950
5. All other admitted assets (Balance).....	2,643,564		2,643,564
6. Total assets (Line 28)	104,396,443	501,950	104,898,393
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	25,832,688	0	25,832,688
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	17,657,708		17,657,708
13. Total liabilities (Line 24).....	43,490,396	0	43,490,396
14. Total capital and surplus (Line 33).....	60,906,047	XXX	60,906,047
15. Total liabilities, capital and surplus (Line 34)	104,396,443	0	104,396,443
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance .....	0		
19. Reinsurance recoverable on paid losses .....	501,950		
20. Other ceded reinsurance recoverables .....	0		
21. Total ceded reinsurance recoverables .....	501,950		
22. Premiums receivable .....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
24. Unauthorized reinsurance .....	0		
25. Other ceded reinsurance payables/offsets .....	0		
26. Total ceded reinsurance payables/offsets .....	0		
27. Total net credit for ceded reinsurance	501,950		

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.**

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	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 .....					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. District of 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 .....	JN .....					0
16. Iowa .....	JA .....					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 .....					0
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 .....					0
59. Totals .....		0	0	0	0	0

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.**

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/ Person(s)	15 *
01199.....	WellCare Health Plans Inc.....	95310.....	14-1647239.....				WellCare of Connecticut Inc.....	CT.....	IA.....	WellCare of New York, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	95081.....	59-2583622.....				WellCare of Florida Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	52631.....	59-3646690.....				HealthEase of Florida Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		59-3547616.....				Comprehensive Health Management Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		14-1647239.....				The WellCare Management Group, Inc.....	NY.....	UDP.....	WCG Health Management, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	95534.....	14-1676443.....				WellCare of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		20-3320236.....				Harmony Behavioral Health Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	11229.....	36-4050495.....				Harmony Health Plan of Illinois Inc.....	IL.....	IA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	12194.....	90-0247713.....				WellCare of Louisiana Inc.....	LA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		22-3391045.....				Harmony Health Systems Inc.....	IL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		36-4467676.....				Harmony Health Management Inc.....	IL.....	NIA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		47-0937650.....		0001279363	NYSE.....	WellCare Health Plans Inc.....	FL.....	UIP.....	Shareholders.....			WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		04-3669698.....				WCG Health Management Inc.....	FL.....	UIP.....	WellCare Health Plans, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	10760.....	20-2103320.....				WellCare of Georgia Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		98-0448921.....				Comprehensive Reinsurance Ltd.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	10155.....	20-2383134.....				WellCare Prescription Insurance Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	12749.....	20-3562146.....				WellCare of Ohio Inc.....	OH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		20-3262322.....				Harmony Behavioral Health IPA Inc.....	NY.....	NIA.....	Harmony Behavioral Health, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		20-4869374.....				WellCare Pharmacy Benefits Management Inc.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	83445.....	86-0269558.....				WellCare Health Insurance of Arizona Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	64467.....	36-6069295.....				WellCare Health Insurance of Illinois Inc.....	IL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	12956.....	11-3197523.....				WellCare Health Insurance of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	13020.....	20-8017319.....				WellCare Health Plans of New Jersey Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....	12964.....	20-8058761.....				WellCare of Texas Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	
01199.....	WellCare Health Plans Inc.....		20-8420512.....				WellCare Specialty Pharmacy Inc.....	DE.....	NIA.....	WellCare Pharmacy Benefits Management.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

୩୭

Asterisk	Explanation
----------	-------------

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

## SCHEDULE Y

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

# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.

## 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 interrogatory questions.

### 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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....WAIVED.....
--	------------------

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.

### MARCH FILING

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?	.....NO.....
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....YES.....
15. 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?	.....NO.....
16. 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?	.....NO.....
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18. 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?	.....NO.....
19. 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?	.....NO.....
20. 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?	.....NO.....

### APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
25. 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?	.....NO.....

### AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....NO.....
--	--------------

#### **Explanation:**

11. Business not written.
12. Business not written.
13. Business not written.
15. Business not written.
16. Business not written.
17. Business not written.
18. No waiver required.
19. No waiver required.
20. No waiver required.
21. Business not written.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 22. Business not written.
- 23. Business not written.
- 24. Company writes only Medicare and Medicaid business.
- 25. Company writes only Medicare and Medicaid business.
- 26. Not required.

**Bar code:**

10.   
1 2 7 4 9 2 0 1 1 2 2 0 0 0 0 0

11.   
1 2 7 4 9 2 0 1 1 3 6 0 5 9 0 0 0 0

12.   
1 2 7 4 9 2 0 1 1 2 0 5 0 0 0 0 0

13.   
1 2 7 4 9 2 0 1 1 2 0 7 0 0 0 0 0

15.   
1 2 7 4 9 2 0 1 1 3 7 1 0 0 0 0 0

16.   
1 2 7 4 9 2 0 1 1 3 7 0 0 0 0 0 0

17.   
1 2 7 4 9 2 0 1 1 3 6 5 0 0 0 0 0

18.   
1 2 7 4 9 2 0 1 1 2 2 4 0 0 0 0 0

19.   
1 2 7 4 9 2 0 1 1 2 2 5 0 0 0 0 0

20.   
1 2 7 4 9 2 0 1 1 2 2 6 0 0 0 0 0

21.   
1 2 7 4 9 2 0 1 1 3 0 6 0 0 0 0 0

22.   
1 2 7 4 9 2 0 1 1 2 1 1 5 9 0 0 0 0

23.   
1 2 7 4 9 2 0 1 1 2 1 3 0 0 0 0 0

24.   
1 2 7 4 9 2 0 1 1 2 1 6 5 9 0 0 0 0

25.   
1 2 7 4 9 2 0 1 1 2 1 7 0 0 0 0 0

26.   
1 2 7 4 9 2 0 1 1 2 2 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

---

## 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 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
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)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	42
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

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

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	E12
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	E22
Schedule DB – Verification	SI14
Schedule DL – Part 1	E23
Schedule DL – Part 2	E24
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y – Part 1A – Detail of Insurance Holding Company System	39
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	40
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	41
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

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE WellCare of Ohio, Inc.**