



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2012**  
 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, State, Country and Zip Code)

Main Administrative Office 8735 Henderson Road  
(Street and Number)  
Tampa, FL, 33634 813-290-6200  
(City, State, Country 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, State, Country and Zip Code)

Primary Location of Books and Records 8735 Henderson Road  
(Street and Number)  
Tampa, FL, 33634 , 813-290-6200  
(City, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

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
<u>Daniel Roland Paquin #</u>	<u>President, Nat'l Health Plans</u>	<u>Thomas Lacy Tran</u>	<u>CFO and Treasurer</u>
<u>Lisa Gonzalez Iglesias</u>	<u>Secretary</u>	<u>David Thomas Reynolds #</u>	<u>Region President</u>

**OTHER OFFICERS**

<u>Maurice Sebastian Hebert</u>	<u>Asst Treasurer and CAO</u>
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**DIRECTORS OR TRUSTEES**

<u>Daniel Roland Paquin #</u>	<u>Maurice Sebastian Hebert</u>	<u>Lisa Gonzalez Iglesias</u>	<u>Thomas Lacy Tran</u>
<u>David Thomas Reynolds #</u>			

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.

Daniel Roland Paquin  
President, Nat'l Health Plans

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? Yes [ X ] No [ ]  
 b. If no:  
 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_













**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 .....	<b>NONE</b>					
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 2012 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 2012				NAIC Company Code		12749
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	105,590							3,378	102,212	
2. First Quarter .....	104,678							4,223	100,455	
3. Second Quarter .....	106,815							4,734	102,081	
4. Third Quarter .....	111,185							5,206	105,979	
5. Current Year	102,150							5,526	96,624	
6. Current Year Member Months	1,273,269							57,446	1,215,823	
Total Member Ambulatory Encounters for Year:										
7. Physician .....	482,819							61,577	421,242	
8. Non-Physician .....	161,568							15,900	145,668	
9. Total	644,387	0	0	0	0	0	0	77,477	566,910	0
10. Hospital Patient Days Incurred	54,694							16,811	37,883	
11. Number of Inpatient Admissions	10,959							2,328	8,631	
12. Health Premiums Written (b) .....	341,285,601							52,576,232	288,709,369	
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	341,285,601							52,576,232	288,709,369	
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	255,052,507							41,607,354	213,445,153	
18. Amount Incurred for Provision of Health Care Services	281,766,433							49,120,490	232,645,943	

(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 \$ 52,576,232

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ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						NAIC Company Code	12749
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	105,590	0	0	0	0	0	0	3,378	102,212	0	
2. First Quarter .....	104,678	0	0	0	0	0	0	4,223	100,455	0	
3. Second Quarter .....	106,815	0	0	0	0	0	0	4,734	102,081	0	
4. Third Quarter .....	111,185	0	0	0	0	0	0	5,206	105,979	0	
5. Current Year	102,150	0	0	0	0	0	0	5,526	96,624	0	
6. Current Year Member Months	1,273,269	0	0	0	0	0	0	57,446	1,215,823	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	482,819	0	0	0	0	0	0	61,577	421,242	0	
8. Non-Physician .....	161,568	0	0	0	0	0	0	15,900	145,668	0	
9. Total	644,387	0	0	0	0	0	0	77,477	566,910	0	
10. Hospital Patient Days Incurred	54,694	0	0	0	0	0	0	16,811	37,883	0	
11. Number of Inpatient Admissions	10,959	0	0	0	0	0	0	2,328	8,631	0	
12. Health Premiums Written (b) .....	341,285,601	0	0	0	0	0	0	52,576,232	288,709,369	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 .....	341,285,601	0	0	0	0	0	0	52,576,232	288,709,369	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 .....	255,052,507	0	0	0	0	0	0	41,607,354	213,445,153	0	
18. Amount Incurred for Provision of Health Care Services	281,766,433	0	0	0	0	0	0	49,120,490	232,645,943	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 \$ 52,576,232

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

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
<p style="font-size: 48px; opacity: 0.5;">NONE</p>											
0999999 Total (Sum of 0399999 and 0699999)						0	0	0	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2012 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	01/01/2012	Westport Insurance Corporation	KS	SSL/1/A	214,126	0	0	0	0	0	0
0499999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						214,126	0	0	0	0	0	0
0699999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates						214,126	0	0	0	0	0	0
0799999 - General Account - Authorized - Total General Account Authorized						214,126	0	0	0	0	0	0
General Account - Unauthorized - Affiliates - Non-U.S. Affiliates												
00000	AA-3770323	01/01/2012	Comprehensive Reinsurance Ltd.	KY	SSL/1/A	27,146,174	0	0	0	0	0	0
0999999 - General Account - Unauthorized - Affiliates - Non-U.S. Affiliates						27,146,174	0	0	0	0	0	0
1099999 - General Account - Unauthorized - Affiliates - Total Unauthorized Affiliates						27,146,174	0	0	0	0	0	0
1499999 - General Account - Unauthorized - Total General Account Unauthorized						27,146,174	0	0	0	0	0	0
2299999 - General Account - Total General Account Authorized, Unauthorized and Certified						27,360,300	0	0	0	0	0	0
4599999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						214,126	0	0	0	0	0	0
4699999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)						27,146,174	0	0	0	0	0	0
4799999 Total (Sum of 2299999 and 4499999)						27,360,300	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2012 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																
00000	AA-3770323	01/01/2012	Comprehensive Reinsurance Ltd.	0	2,090,819	0	2,090,819	0				0	0	0	0	0
0999999 - General Account - Accident and Health - Affiliates - Non-U.S. Affiliates				0	2,090,819	0	2,090,819	0	XXX	XXX	XXX	0	0	0	0	0
1099999 - General Account - Accident and Health - Affiliates - Total Affiliates				0	2,090,819	0	2,090,819	0	XXX	XXX	XXX	0	0	0	0	0
1499999 - General Account - Accident and Health - Total Accident and Health				0	2,090,819	0	2,090,819	0	XXX	XXX	XXX	0	0	0	0	0
1599999 - General Account - Total General Account				0	2,090,819	0	2,090,819	0	XXX	XXX	XXX	0	0	0	0	0
2499999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999)				0	2,090,819	0	2,090,819	0	XXX	XXX	XXX	0	0	0	0	0
2599999 Total (Sum of 1599999 and 2299999)				0	2,090,819	0	2,090,819	0	XXX	XXX	XXX	0	0	0	0	0

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(a)

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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE WellCare of Ohio, Inc.

**SCHEDULE S - PART 5**

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Line Number	1 Federal ID Number	2 NAIC Company Code	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable from Reinsurer (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral	15 Dollar Amount of Collateral Required (Col. 14 Times Col.8)	Collateral															
																16 Multiple Beneficiary Trust	17 Letters of Credit	18 Letter of Credit Issuing or Confirming Bank(a)			21 Trust Agreements	22 Funds Deposited by and Withheld From Reinsurers	23 Other	24 Total Collateral Provided (Col. 16 + 17 + 21 + 22 + 23)							
																		18 American Bankers Association (ABA) Routing Number	19 Letter of Credit Code	20 Letter of Credit Issuing or Confirming Bank Name											
<b>NONE</b>																															
2599999	Total (Sum of 1599999 and 2299999)							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**SCHEDULE S - PART 5 (Continued)**

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Line Number	25 Percent of Collateral Provided for Net Amount Recoverable from Reinsurer (Col. 24 / Col. 14)	26 Percent Credit Allowed on Net Amount Recoverable from Reinsurer (Col. 25 / Col. 8, not to exceed 100%)	27 Amount of Credit Allowed for Net Amount Recoverable from Reinsurer (Col. 14 x Col. 26)	28 Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 27)
<b>NONE</b>				
2599999	Total (Sum of 1599999 and 2299999)		0	0

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(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name

**Schedule S - Part 6**

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

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	4,544	3,163	25	23	4
3. Title XIX-Medicaid.....	22,817	23,388	23,504	18,560	9,648
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	4,203	502	583	5,310	5,130
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	8,765	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	XXX	XXX	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	XXX	XXX	XXX	XXX
19. Letters of credit (L).....	0	XXX	XXX	XXX	XXX
20. Trust agreements (T).....	0	XXX	XXX	XXX	XXX
21. Other (O).....	0	XXX	XXX	XXX	XXX

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	77,793,235		77,793,235
2. Accident and health premiums due and unpaid (Line 15).....	8,968,846		8,968,846
3. Amounts recoverable from reinsurers (Line 16.1).....	4,203,334		4,203,334
4. Net credit for ceded reinsurance.....	XXX	12,968,583	12,968,583
5. All other admitted assets (Balance).....	5,060,574		5,060,574
6. Total assets (Line 28)	96,025,989	12,968,583	108,994,572
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	21,174,643	8,765,249	29,939,892
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, first inset amount plus second inset amount).....	8,765,249		8,765,249
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	11,874,103		11,874,103
15. Total liabilities (Line 24).....	41,813,995	8,765,249	50,579,244
16. Total capital and surplus (Line 33).....	54,211,994	XXX	54,211,994
17. Total liabilities, capital and surplus (Line 34)	96,025,989	8,765,249	104,791,238
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	8,765,249		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	4,203,334		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	12,968,583		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	12,968,583		

ANNUAL STATEMENT FOR THE YEAR 2012 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	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					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. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE WellCare of Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
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.	0
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.	0
01199	WellCare Health Plans Inc.	00000	59-3547616				Comprehensive Health Management Inc.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	14-1647239				The WellCare Management Group, Inc.	NY	UDP	WCG Health Management, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
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.	0
01199	WellCare Health Plans Inc.	00000	20-3320236				Harmony Behavioral Health Inc.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
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.	0
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.	0
01199	WellCare Health Plans Inc.	00000	22-3391045				Harmony Health Systems Inc.	IL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	36-4467676				Harmony Health Management Inc.	IL	NIA	Harmony Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	47-0937650			NYSE	WellCare Health Plans Inc.	FL	UIP	Shareholders.			WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	04-3669698				WCG Health Management Inc.	FL	UIP	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
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.	0
01199	WellCare Health Plans Inc.	00000	98-0448921				Comprehensive Reinsurance Ltd.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
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.	0
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.	0
01199	WellCare Health Plans Inc.	00000	20-3262322				Harmony Behavioral Health IPA Inc.	NY	NIA	Harmony Behavioral Health, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-4869374				WellCare Pharmacy Benefits Management In.	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
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.	0
01199	WellCare Health Plans Inc.	64467	36-6069295				WellCare Health Insurance of Illinois In.	IL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	12956	11-3197523				WellCare Health Insurance of New York In.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
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.	0
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.	0
01199	WellCare Health Plans Inc.	00000	20-8420512				Exactus Pharmacy Solutions, Inc.	DE	NIA	WellCare Pharmacy Benefits Management	Ownership	100.0	WellCare Health Plans, Inc.	0





# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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? .....SEE EXPLANATION.....
- 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? .....SEE EXPLANATION.....

**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? .....SEE EXPLANATION.....

**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:**

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

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

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

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

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

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

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

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

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

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

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

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

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