

Per request from Ohio Department of Insurance, to reclass dividend paid from Unassigned Funds to Paid in Surplus.



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2013
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 #321			Independence, OH, US 44131		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	8735 Henderson Road					
	Tampa, FL, US 33634			813-290-6200		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	P.O. Box 31391			Tampa, FL, US 33631-3391		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	8735 Henderson Road					
	Tampa, FL, US 33634			813-290-6200		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	www.wellcare.com					
Statutory Statement Contact	Mike Wasik			813-206-2725		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	michael.wasik@wellcare.com			813-675-2899		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
David Thomas Reynolds #	Region President	Thomas Lacy Tran	CFO and Treasurer
Lisa Gonzalez Iglesias	Secretary	Maurice Sebastian Hebert	Asst Treasurer and CAO

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

David Thomas Reynolds #	Maurice Sebastian Hebert	Lisa Gonzalez Iglesias	Thomas Lacy Tran
Michael Robert Polen #			

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

David Thomas Reynolds Region President	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 [] No [X] _____ _____ _____