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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2013

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 #321 (Street and Number), Independence, OH, US 44131 (City or Town, State, Country and Zip Code)

Main Administrative Office 8735 Henderson Road (Street and Number)
Tampa, FL, US 33634 (City or Town, State, Country 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, US 33631-3391 (City or Town, State, Country and Zip Code)

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

Internet Web Site Address www.wellcare.com

Statutory Statement Contact Mike Wasik (Name), 813-206-2725 (Area Code) (Telephone Number) (Extension)
michael.wasik@wellcare.com (E-Mail Address) 813-675-2899 (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

DIRECTORS OR TRUSTEES

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

State of Florida
County of Hillsborough
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.

David Thomas Reynolds	Thomas Lacy Tran	Maurice Sebastian Hebert
Region President	CFO and Treasurer	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

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	410,416		410,416	0
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $ .... encumbrances)			0	0
4.2 Properties held for the production of income (less $ .... encumbrances)			0	0
4.3 Properties held for sale (less $ .... encumbrances)			0	0
5. Cash ($ 32,951,988 , Schedule E-Part 1), cash equivalents ($ 5,000,000 , Schedule E-Part 2) and short-term investments ($ 15,000,375 , Schedule DA)	52,952,363		52,952,363	77,793,235
6. Contract loans (including $ .... premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	53,362,779	0	53,362,779	77,793,235
13. Title plants less $ .... charged off (for Title insurers only)			0	0
14. Investment income due and accrued	12,730		12,730	18,439
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,536,407		2,536,407	8,968,846
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ .... earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums	197,104		197,104	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,194,013		2,194,013	4,203,334
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	1,145,926		1,145,926	287,693
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	2,320,501		2,320,501	3,476,749
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets ($ ....)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	6,178,094	6,178,094	0	0
24. Health care ($ 729,718) and other amounts receivable	1,949,532	15,446	1,934,086	1,277,693
25. Aggregate write-ins for other than invested assets	32,748	32,748	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	69,929,834	6,226,288	63,703,546	96,025,989
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	69,929,834	6,226,288	63,703,546	96,025,989
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other Non-Admitted Assets (Prepaids)	32,748	32,748	0	0
2502.			0	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	32,748	32,748	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
1. Claims unpaid (less $ 1,765,773 reinsurance ceded)	15,670,713		15,670,713	21,174,643
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	115,972		115,972	429,421
4. Aggregate health policy reserves, including the liability of $ for medical loss ratio rebate per the Public Health Service Act			0	165,834
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	2,215,956		2,215,956	6,563,654
10.1 Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses))	901,703		901,703	4,575,023
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	132,476
14. Borrowed money (including $ current) and interest thereon $ (including $ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	1,505		1,505	7,695
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ 0 authorized reinsurers, $ 1,765,773 unauthorized reinsurers and $ certified reinsurers)	1,765,773		1,765,773	8,765,249
20. Reinsurance in unauthorized and certified ($ 0) companies	738,028		738,028	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including $ current)	27,603	0	27,603	0
24. Total liabilities (Lines 1 to 23)	21,437,253	0	21,437,253	41,813,995
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,500	1,500
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	57,198,500	57,198,500
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(14,933,707)	(2,988,006)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 $)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 $)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	42,266,293	54,211,994
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	63,703,546	96,025,989
DETAILS OF WRITE-INS				
2301. Unclaimed Property Payable	27,603		27,603	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	27,603	0	27,603	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member Months	XXX	623,302	1,273,269
2. Net premium income (including $ 0 non-health premium income)	XXX	199,562,062	313,925,301
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of $ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	199,562,062	313,925,301
Hospital and Medical:			
9. Hospital/medical benefits		124,889,610	206,853,707
10. Other professional services		9,510,464	17,617,920
11. Outside referrals			0
12. Emergency room and out-of-area		10,738,474	19,910,738
13. Prescription drugs		20,162,545	37,384,068
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0
16. Subtotal (Lines 9 to 15)	0	165,301,093	281,766,433
Less:			
17. Net reinsurance recoveries		5,065,249	35,868,509
18. Total hospital and medical (Lines 16 minus 17)	0	160,235,844	245,897,924
19. Non-health claims (net)			0
20. Claims adjustment expenses, including $ 2,403,538 cost containment expenses		5,294,806	8,369,416
21. General administrative expenses		23,290,392	49,623,982
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	188,821,042	303,891,322
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	10,741,020	10,033,979
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		216,847	243,818
26. Net realized capital gains (losses) less capital gains tax of $			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	216,847	243,818
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	10,957,867	10,277,797
31. Federal and foreign income taxes incurred	XXX	3,426,982	3,485,759
32. Net income (loss) (Lines 30 minus 31)	XXX	7,530,885	6,792,038
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	54,211,994	60,906,047
34.	Net income or (loss) from Line 32	7,530,885	6,792,038
35.	Change in valuation basis of aggregate policy and claim reserves		0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax	(1,156,248)	1,706,112
39.	Change in nonadmitted assets	2,124,063	(5,192,203)
40.	Change in unauthorized and certified reinsurance	(738,028)	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders	(20,000,000)	(10,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	293,627	0
48.	Net change in capital and surplus (Lines 34 to 47)	(11,945,701)	(6,694,053)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	42,266,293	54,211,994
DETAILS OF WRITE-INS			
4701.	Correction of Error - Revised CMS Risk Corridor Calculation Related to Prior Years	293,627	0
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	293,627	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	205,631,564	316,739,361
2. Net investment income	224,778	247,483
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	205,856,342	316,986,844
5. Benefit and loss related payments	163,182,478	255,052,507
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	34,084,202	57,388,027
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of $ .... tax on capital gains (losses)	7,100,301	1,052,792
10. Total (Lines 5 through 9)	204,366,981	313,493,326
11. Net cash from operations (Line 4 minus Line 10)	1,489,361	3,493,518
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	412,638	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	412,638	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(412,638)	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	20,000,000	10,000,000
16.6 Other cash provided (applied)	(5,917,595)	(4,927,174)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(25,917,595)	(14,927,174)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(24,840,872)	(11,433,656)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	77,793,235	89,226,891
19.2 End of year (Line 18 plus Line 19.1)	52,952,363	77,793,235

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE WellCare of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	199,562,062	0	0	0	0	0	50,508,267	149,053,795	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $ .... medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	199,562,062	0	0	0	0	0	50,508,267	149,053,795	0	0
8. Hospital/medical benefits	124,889,610						42,171,967	82,717,643		XXX
9. Other professional services	9,510,464						1,323,674	8,186,790		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	10,738,474						2,051,007	8,687,467		XXX
12. Prescription drugs	20,162,545						4,970,145	15,192,400		XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	165,301,093	0	0	0	0	0	50,516,793	114,784,300	0	XXX
16. Net reinsurance recoveries	5,065,249						4,381,674	683,575		XXX
17. Total hospital and medical (Lines 15 minus 16)	160,235,844	0	0	0	0	0	46,135,119	114,100,725	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 2,403,538 cost containment expenses	5,294,806						1,393,782	3,901,024		
20. General administrative expenses	23,290,392						2,899,232	20,391,160		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	188,821,042	0	0	0	0	0	50,428,133	138,392,909	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	10,741,020	0	0	0	0	0	80,134	10,660,886	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	52,867,893		2,359,626	50,508,267
7. Title XIX - Medicaid	149,227,659		173,864	149,053,795
8. Other health				0
9. Health subtotal (Lines 1 through 8)	202,095,552	0	2,533,490	199,562,062
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	202,095,552	0	2,533,490	199,562,062

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	177,256,524						51,396,472	125,860,052		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	14,074,046						2,424,622	11,649,424		
1.4 Net	163,182,478	0	0	0	0	0	48,971,850	114,210,628	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	17,436,486	0	0	0	0	0	6,713,161	10,723,325	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	1,765,773	0	0	0	0	0	1,765,773	0	0	0
3.4 Net	15,670,713	0	0	0	0	0	4,947,388	10,723,325	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	(547,975)						127,032	(675,007)		
7. Amounts recoverable from reinsurers December 31, current year	2,194,013						4,381,634	(2,187,621)		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	29,939,892	0	0	0	0	0	7,465,808	22,474,084	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	8,765,249	0	0	0	0	0	1,897,366	6,867,883	0	0
8.4 Net	21,174,643	0	0	0	0	0	5,568,442	15,606,201	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	4,203,334	0	0	0	0	0	2,292,989	1,910,345	0	0
12. Incurred benefits:										
12.1 Direct	165,301,093	0	0	0	0	0	50,516,793	114,784,300	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	5,065,249	0	0	0	0	0	4,381,674	683,575	0	0
12.4 Net	160,235,844	0	0	0	0	0	46,135,119	114,100,725	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes $ .... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	9,863,558						455,445	9,408,113		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	9,863,558	0	0	0	0	0	455,445	9,408,113	0	0
2. Incurred but Unreported:										
2.1. Direct	7,572,928						6,257,716	1,315,212		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	7,572,928	0	0	0	0	0	6,257,716	1,315,212	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	1,765,773						1,765,773			
3.4. Net	(1,765,773)	0	0	0	0	0	(1,765,773)	0	0	0
4. TOTALS:										
4.1. Direct	17,436,486	0	0	0	0	0	6,713,161	10,723,325	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	1,765,773	0	0	0	0	0	1,765,773	0	0	0
4.4. Net	15,670,713	0	0	0	0	0	4,947,388	10,723,325	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	3,586,363	43,169,808	(110,590)	5,057,979	3,475,773	5,568,441
7. Title XIX - Medicaid	16,489,533	102,494,070	(179,554)	10,902,878	16,309,979	15,606,202
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	20,075,896	145,663,878	(290,144)	15,960,857	19,785,752	21,174,643
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	20,075,896	145,663,878	(290,144)	15,960,857	19,785,752	21,174,643

(a) Excludes $ .... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid 1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	8,488	8,488	8,488	8,488	8,488
2. 2009	16,944	19,743	19,743	19,743	19,743
3. 2010	XXX	18,486	21,086	21,086	21,086
4. 2011	XXX	XXX	19,352	22,601	22,601
5. 2012	XXX	XXX	XXX	35,760	39,346
6. 2013	XXX	XXX	XXX	XXX	43,170

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year 1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	8,547	8,488	8,488	8,488	8,488
2. 2009	20,686	20,211	19,743	19,743	19,743
3. 2010	XXX	22,829	21,117	21,086	21,086
4. 2011	XXX	XXX	22,160	22,610	22,601
5. 2012	XXX	XXX	XXX	41,319	39,235
6. 2013	XXX	XXX	XXX	XXX	48,228

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009	25,010	19,743		0.0	19,743	78.9			19,743	78.9
2. 2010	28,524	21,086		0.0	21,086	73.9			21,086	73.9
3. 2011	27,960	22,601		0.0	22,601	80.8			22,601	80.8
4. 2012	48,033	39,346		0.0	39,346	81.9	(111)		39,235	81.7
5. 2013	50,508	43,170	1,615	3.7	44,785	88.7	5,058	81	49,924	98.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

	Cumulative Net Amounts Paid				
Year in Which Losses Were Incurred	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	364,568	364,568	364,568	364,568	364,568
2. 2009	167,129	176,367	176,367	176,367	176,367
3. 2010	XXX	156,845	169,595	169,595	169,595
4. 2011	XXX	XXX	161,007	183,521	183,521
5. 2012	XXX	XXX	XXX	189,033	205,523
6. 2013	XXX	XXX	XXX	XXX	102,494

Section B – Incurred Health Claims - Title XIX Medicaid

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
Year in Which Losses Were Incurred	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	366,461	364,568	364,568	364,568	364,568
2. 2009	182,277	176,569	176,367	176,367	176,367
3. 2010	XXX	178,167	168,731	169,595	169,595
4. 2011	XXX	XXX	184,865	182,576	183,521
5. 2012	XXX	XXX	XXX	205,584	205,343
6. 2013	XXX	XXX	XXX	XXX	113,397

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009	227,865	176,367		0.0	176,367	77.4			176,367	77.4
2. 2010	210,183	169,595		0.0	169,595	80.7			169,595	80.7
3. 2011	232,077	183,521		0.0	183,521	79.1			183,521	79.1
4. 2012	265,893	205,523		0.0	205,523	77.3	(180)		205,343	77.2
5. 2013	149,054	102,494	3,993	3.9	106,487	71.4	10,903	35	117,425	78.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid 1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	373,056	373,056	373,056	373,056	373,056
2. 2009	184,073	196,110	196,110	196,110	196,110
3. 2010	XXX	175,331	190,681	190,681	190,681
4. 2011	XXX	XXX	180,359	206,122	206,122
5. 2012	XXX	XXX	XXX	224,793	244,869
6. 2013	XXX	XXX	XXX	XXX	145,664

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year 1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	375,008	373,056	373,056	373,056	373,056
2. 2009	202,963	196,780	196,110	196,110	196,110
3. 2010	XXX	200,996	189,848	190,681	190,681
4. 2011	XXX	XXX	207,025	205,186	206,122
5. 2012	XXX	XXX	XXX	246,903	244,578
6. 2013	XXX	XXX	XXX	XXX	161,625

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009	252,875	196,110	0	0.0	196,110	77.6	0	0	196,110	77.6
2. 2010	238,707	190,681	0	0.0	190,681	79.9	0	0	190,681	79.9
3. 2011	260,037	206,122	0	0.0	206,122	79.3	0	0	206,122	79.3
4. 2012	313,926	244,869	0	0.0	244,869	78.0	(291)	0	244,578	77.9
5. 2013	199,562	145,664	5,608	3.8	151,272	75.8	15,961	116	167,349	83.9

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ .... for investment income)	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

NONE

(a) Includes $ .... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ .... for occupancy of own building)	45,340	54,540	360,362		460,242
2. Salaries, wages and other benefits	972,753	1,170,146	4,272,183		6,415,082
3. Commissions (less $ .... ceded plus $ .... assumed)	37	45	321,464		321,546
4. Legal fees and expenses	206,805	248,770	862,891		1,318,466
5. Certifications and accreditation fees	0	0	0		0
6. Auditing, actuarial and other consulting services	17,280	20,787	78,821		116,888
7. Traveling expenses	18,827	22,648	85,813		127,288
8. Marketing and advertising	3,929	4,726	25,348		34,003
9. Postage, express and telephone	109,127	131,271	466,727		707,125
10. Printing and office supplies	91,144	109,639	391,966		592,749
11. Occupancy, depreciation and amortization	123,420	148,464	522,902		794,786
12. Equipment	108,063	129,991	453,007		691,061
13. Cost or depreciation of EDP equipment and software	0	0	0		0
14. Outsourced services including EDP, claims, and other services	575,781	692,619	3,440,856		4,709,256
15. Boards, bureaus and association fees	34,284	41,240	(359,853)		(284,329)
16. Insurance, except on real estate	19,414	23,354	110,598		153,366
17. Collection and bank service charges	5,501	6,618	86,724		98,843
18. Group service and administration fees	0	0	0		0
19. Reimbursements by uninsured plans	0	0	0		0
20. Reimbursements from fiscal intermediaries	0	0	0		0
21. Real estate expenses	0	0	0		0
22. Real estate taxes	0	0	0		0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	6,397	7,695	277,572		291,664
23.2 State premium taxes	0	0	11,595,175		11,595,175
23.3 Regulatory authority licenses and fees	0	0	0		0
23.4 Payroll taxes	64,641	77,759	294,520		436,920
23.5 Other (excluding federal income and real estate taxes)	795	956	3,316		5,067
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	2,403,538	2,891,268	23,290,392	0	(a) 28,585,198
27. Less expenses unpaid December 31, current year		115,972	2,215,956		2,331,928
28. Add expenses unpaid December 31, prior year	0	429,421	6,563,655	0	6,993,076
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,403,538	3,204,717	27,638,091	0	33,246,346
DETAILS OF WRITE-INS					
2501.					0
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of $ 15,637,000 to affiliates and $ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 800	1,415
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a) 0	
2.1	Preferred stocks (unaffiliated)	(b) 0	
2.11	Preferred stocks of affiliates	(b) 0	
2.2	Common stocks (unaffiliated)	0	
2.21	Common stocks of affiliates	0	
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 223,978	215,432
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	224,778	216,847
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		216,847
	DETAILS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $ 0 accrual of discount less $ 2,222 amortization of premium and less $ 478 paid for accrued interest on purchases.
(b) Includes $ accrual of discount less $ amortization of premium and less $ 0 paid for accrued dividends on purchases.
(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ paid for accrued interest on purchases.
(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.
(e) Includes $ 0 accrual of discount less $ 560 amortization of premium and less $ paid for accrued interest on purchases.
(f) Includes $ accrual of discount less $ amortization of premium.
(g) Includes $ investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ interest on surplus notes and $ interest on capital notes.
(i) Includes $ depreciation on real estate and $ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0	0	0
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	6,178,094	8,259,059	2,080,965
24. Health care and other amounts receivable	15,446	91,292	75,846
25. Aggregate write-ins for other-than-invested assets	32,748	0	(32,748)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	6,226,288	8,350,351	2,124,063
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	6,226,288	8,350,351	2,124,063
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Other Non-Admitted Assets (Prepaids)	32,748	0	(32,748)
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	32,748	0	(32,748)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of 1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1. Health Maintenance Organizations	102,150	100,092	94,953	4,904	4,717	623,302
2. Provider Service Organizations	0					
3. Preferred Provider Organizations	0					
4. Point of Service	0					
5. Indemnity Only	0					
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	102,150	100,092	94,953	4,904	4,717	623,302
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of WellCare of Ohio, Inc. (the "Company"), domiciled in the state of Ohio, are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under Ohio insurance law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. These modifications had no affect on statutory surplus.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio is shown below:

	For the year ended December 31,	
	2013	2012
Net Income - Ohio Basis	$ 7,530,885	$ 6,792,038
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Net Income - NAIC SAP	$ 7,530,885	$ 6,792,038

	Balance at December 31,	
	2013	2012
Statutory Capital and Surplus - Ohio Basis	$ 42,266,293	$ 54,211,994
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Statutory Capital and Surplus - NAIC SAP	$ 42,266,293	$ 54,211,994

B. Uses of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in accordance with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The primary use of estimates are related to the Company's reserve for claims unpaid. Actual results could differ significantly from those estimates.

C. Accounting Policy

Premiums from subscribers are recognized in the month that the members are entitled to health care services.
Premiums paid by subscribers in advance are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Expenses incurred in connection with acquiring new insurance business are charged to operations as incurred. All other costs are charged to operations as incurred.

Amounts received from state agencies related to enhanced payments to primary care physicians pursuant to the Affordable Care Act are accounted for as premium since the Company's arrangement with the state is based on a capitation risk methodology. Enhanced payments made to primary care physicians are accounted for as medical claims.

1. *Short Term Investments* - are stated at amortized cost.
2. *Bonds* - Bonds not backed by other loans are stated at amortized cost using a straight line method of amortization (accretion) of discounts or premiums.
3. *Common Stocks* – None.
4. *Preferred Stocks* – None.
5. *Mortgage Loans* – None.
6. *Loan Backed Securities* – None.
7. *Investments in Subsidiaries, Controlled and Affiliated Companies* – None.
8. *Investments in Joint Ventures, Partnerships and Limited Liability Companies* – None.

NOTES TO FINANCIAL STATEMENTS

9. *Derivatives* – None.

10. *Premium Deficiency* - It is the Company's policy to evaluate all contracts and recognize losses on contracts when estimated future healthcare costs and maintenance costs under a group of existing contracts will exceed anticipated future premiums, investment income and stop-loss insurance recoveries. Such liabilities are based upon assumptions and estimates, and these methods for establishing a liability, if any, are continually reviewed by management. Adjustments are recorded in the period such liabilities are determined to exist. The Company recorded no premium deficiency reserves in 2013.

11. *Unpaid Losses and Loss Adjustment Expenses* – We recognize the cost of medical benefits in the period in which services are provided, including an estimate of the cost of hospital and medical benefits incurred but not reported ("IBNR"). Unpaid losses and loss adjustment expenses include direct medical expenses and certain medically-related administrative costs. Hospital and medical expenses include amounts paid or payable to hospitals, physicians and providers of ancillary services, such as laboratories and pharmacies. The Company contracts with these providers on a fee-for-service or capitated basis. Capitation costs represent contractual monthly fees paid to participating providers on a per-member-per-month basis, regardless of the medical services provided to members. We also record direct medical expenses for estimated referral claims related to health care providers under contract with us who are financially troubled or insolvent and who may not be able to honor their obligations for the costs of medical services provided by others. In these instances, we may be required to honor these obligations for legal or business reasons. Based on our current assessment of providers under contract with us, such losses have not been and are not expected to be significant. We record direct medical expense for our estimates of provider settlements due to clarification of contract terms, out-of-network reimbursement, claims payment differences and amounts due to contracted providers under risk-sharing arrangements as a reduction of direct medical expenses.

Unpaid losses include amounts for claims fully adjudicated but not yet paid and estimates for IBNR. Our estimate of IBNR is the most significant estimate included in our financial statements. We determine our best estimate of the base liability for IBNR utilizing consistent standard actuarial methodologies based upon key assumptions which vary by product. Our assumptions include current payment experience, trend factors, and completion factors. Trend factors used in our standard actuarial methodologies include contractual requirements, historic utilization trends, the interval between the date services are rendered and the date claims are paid, denied claims activity, disputed claims activity, benefits changes, expected health care cost inflation, seasonality patterns, maturity of lines of business, changes in membership and other factors.

After determining an estimate of the base liability for IBNR, we make an additional estimate, also using standard actuarial techniques, to account for adverse conditions that may cause actual claims to be higher than the estimated base reserve. We refer to this additional liability as the provision for moderately adverse conditions. Our estimate of the provision for moderately adverse conditions captures the potential adverse development from factors such as:
• our entry into new geographical markets;
• our provision of services to new populations such as the aged, blind and disabled;
• variations in utilization of benefits and increasing medical costs;
• changes in provider reimbursement arrangements;
• variations in claims processing speed and patterns, claims payment and the severity of claims; and
• health epidemics or outbreaks of disease such as the flu.

We consider the base actuarial model liability and the provision for moderately adverse conditions as part of our overall assessment of our IBNR estimate to properly reflect the complexity of our business and the need to account for different health care benefit packages among those states. We evaluate our estimates of unpaid losses and loss adjustment expenses as we obtain more complete claims information and medical expense trend data over time. Volatility in members' needs for medical services, provider claims submissions and our payment processes result in identifiable patterns emerging several months after the causes of deviations from our assumed trends occur. Changes in our estimates of unpaid losses and loss adjustment expenses cannot typically be explained by any single factor, but are the result of a number of interrelated variables, all of which influence the resulting medical cost trend. We record differences between actual experience and estimates used to establish the liability, which we refer to as favorable and unfavorable prior period developments, as increases or decreases to unpaid losses and loss adjustment expense in the period we identify the differences.

12. *Capitalization Policy* – N/A

13. *Pharmacy Rebates* - Pharmacy rebates are recorded on an accrual basis and are estimated based on invoices that have been prepared using actual prescriptions filled, historical utilization and contract terms and records such amounts as a reduction of total hospital and medical cost.

2. Accounting Changes and Correction of Errors
During the current year's financial statement preparation, an error was discovered in the calculation historically used to determine the Medicare Part D risk corridor liability, which resulted in overstatement of the Company's liability to CMS for years 2008-2012. In December 2013, the Company recorded an adjustment to correct the error and revise the calculation of the Medicare Part D risk corridor liability related to these prior years. The correction amounted to $293,627, net of tax, and was reported as an adjustment

NOTES TO FINANCIAL STATEMENTS

directly increasing unassigned funds (surplus) in accordance with SSAP No. 3, *Accounting Changes and Correction of Errors*. In the prior year ending December 31, 2012, the following lines on the Statement of Revenue and Expenses were understated: net premium income (Line 2) by $167,884, federal income taxes (Line 31) by $85,159 and net income (Line 32) by $158,152 while prescription drugs (Line 13) was overstated by $75,426; on Assets amounts receivable for uninsured plans (Line 17) were overstated by $75,426; and on Liabilities, Capital and Surplus aggregate health policy reserves (Line 4) were overstated by $167,884 and the following lines were understated: current federal income taxes payable (Line 10.1) by $85,159 and unassigned funds (Line 31) by $158,152.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

The Company's Medicaid contract in Ohio expired on June 30, 2012. The Company was not awarded a Medicaid contract in Ohio for the 2013 fiscal year; however, the state contracted with us to provide services to Ohio Medicaid beneficiaries through July 1, 2013.

The amounts related to discontinued operations and the effect on specific Ohio Medicaid balances in the Company's Statement of Revenue and Expenses is as follows:

Balance Sheet December 31, 2013

Assets				
a.	Line 5	Cash	$	-
b.	Line 28	Totals		243,912
Liabilities, Surplus and Other Funds				
c.	Line 24	Total Liabilities		14,991,530
d.	Line 33	Total Capital and Surplus		-
e.	Line 34	Total	$	14,991,530

Statement of Revenue and Expenses December 31, 2013

f.	Line 2	Premium	$	149,053,794
g.	Line 22	Increase in aggregate reserves for accident & health (current year less prior year)		-
h.	Line 31	Federal and foreign income taxes incurred		3,384,756
i.	Line 26	Net realized capital gains (losses)		-
j.	Line 32	Net income	$	7,438,093

5. Investments

As of December 31, 2013 the Company does not possess or reflect any mortgage loans, debt restructuring, reverse mortgages or loan-backed securities.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due is considered non-admitted.

B. At December 31, 2013 and 2012 there was no non-admitted accrued interest income.

8. Derivative Instruments

None.

9. Income Taxes

A. Deferred Tax Assets

The components of the net deferred tax asset at December 31 are as follows:

NOTES TO FINANCIAL STATEMENTS

	(1)	2013 Ordinary	2013 Capital	2013 Total	2012 Ordinary	2012 Capital	2012 Total
(a)	Gross Deferred Tax Assets	$ 2,320,501	$ -	$2,320,501	$3,484,807	$ -	$3,484,807
(b)	Statutory Valuation Allowance Adjustments	-	-	-	-	-	-
(c)	Adjusted Gross Deferred Tax Assets	2,320,501	-	2,320,501	3,484,807	-	3,484,807
(d)	Deferred Tax Assets Nonadmitted	-	-		-	-	-
(e)	Subtotal Net Admitted Deferred Tax Asset	2,320,501	-	2,320,501	3,484,807	-	3,484,807
(f)	Deferred Tax Liabilities	-	-	-	8,058	-	8,058
(g)	Net Admitted Deferred Tax Asset/Liability	$ 2,320,501	$ -	$2,320,501	$3,476,749	$ -	$3,476,749
	(2)						
	Admission Calculation Components						
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	$ 2,320,501	$ -	$2,320,501	$3,484,807	$ -	$3,484,807
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	-	-	-	-	-	-
	1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	-	-	-	-	-	-
	2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	-	-	6,108,998	-	-	7,655,853
(c)	Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	-	-	-	-	-	-
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No 101	$ 2,320,501	$ -	$2,320,501	$3,484,807	$ -	$3,484,807

	(1)	Change Ordinary	Change Capital	Change Total
(a)	Gross Deferred Tax Assets	$(1,164,306)	$ -	$ (1,164,306)
(b)	Statutory Valuation Allowance Adjustments	-	-	-
(c)	Adjusted Gross Deferred Tax Assets	(1,164,306)	-	(1,164,306)
(d)	Deferred Tax Assets Nonadmitted	-	-	-
(e)	Subtotal Net Admitted Deferred Tax Asset	(1,164,306)	-	(1,164,306)
(f)	Deferred Tax Liabilities	(8,058)	-	(8,058)
(g)	Net Admitted Deferred Tax Asset/Liability	$(1,156,248)	$ -	$ (1,156,248)
	(2)			
	Admission Calculation Components			
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	$(1,164,306)	$ -	$ (1,164,306)
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	-	-	-
	1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	-	-	-
	2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	-	-	(1,546,855)
(c)	Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	-	-	-
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No 101	$(1,164,306)	$ -	$ (1,164,306)

(3)	2013	2012
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	673%	551%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	$ 40,876,028	$ 51,624,809

NOTES TO FINANCIAL STATEMENTS

(4) Impact of Tax-Planning Strategies	12/31/2013 Ordinary	12/31/2013 Capital	12/31/2012 Ordinary	12/31/2012 Capital
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage				
(1) Adjusted Gross DTA Amount From Note 9A1c	2,320,501	-	3,484,807	-
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%	0%	0%
(3) Net Admitted Asjusted Gross DTAs Amount From Note 9A1e	2,320,501	-	3,484,807	-
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%	0%	0%

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes No X

(4) Impact of Tax-Planning Strategies	Change Ordinary	Change Capital
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage		
(1) Adjusted Gross DTA Amount From Note 9A1c	(1,164,306)	-
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%
(3) Net Admitted Asjusted Gross DTAs Amount From Note 9A1e	(1,164,306)	-
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%

B. Unrecognized Deferred Tax Liabilities – None.

C. Current income taxes incurred consist of the following major components:

(1) Current Income Tax	12/31/2013	12/31/2012	Change
(a) Federal	$ 3,426,982	$ 3,485,759	$ (58,777)
(b) Foreign	-		
(c) Subtotal	$ 3,426,982	$ 3,485,759	$ (58,777)
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	$ 3,426,982	$ 3,485,759	$ (58,777)

NOTES TO FINANCIAL STATEMENTS

(2) Deferred Tax Assets	12/31/2013	12/31/2012	Change
(a) Ordinary			
(1) Discounting of unpaid losses	$ 97,396	434,855	(337,459)
(2) Unearned premium reserve	-	-	-
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	3,541	3,541	-
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	2,167,739	2,922,623	(754,884)
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other	51,825	123,788	(71,963)
Subtotal	$ 2,320,501	$ 3,484,807	$ (1,164,306)
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	$ 2,320,501	$ 3,484,807	$ (1,164,306)
(e) Capital			
(1) Investments	$ -	-	$ -
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other	-	-	-
Subtotal	$ -	$ -	$ -
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets	-	-	-
(i) Admitted deferred tax assets	$ 2,320,501	$ 3,484,807	$ (1,164,306)

(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	-	-	-
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Pollicyholder reserves	-	-	-
(5) Other	-	8,058	(8,058)
Subtotal	-	8,058	(8,058)
(b) Capital			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other	-	-	-
Subtotal	-	-	-
(c) Deferred tax liabilities	-	8,058	(8,058)
(4) Net deferred tax assets/liabilities	$ 2,320,501	$ 3,476,749	$ (1,156,248)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate - The Company's provision for federal income taxes incurred for the year ended December 31, 2013 differs from the amount obtained by applying the federal statutory rate of 35% to net loss before federal income taxes. The significant items causing this difference are as follows:

NOTES TO FINANCIAL STATEMENTS

	2013	% of Pre-tax Income
Provision computed at statutory rate	3,835,253	34.22%
Change in non-admitted assets	743,422	6.63%
Other	4,555	0.04%
Total statutory income tax	4,583,230	40.89%

		2013	% of Pre-tax Income
Federal income taxes incurred	$	3,426,982	30.57%
Change in net deferred income taxes		1,156,248	10.32%
Total statutory income tax	$	4,583,230	40.89%

E. Net Operating Loss Carryforwards

1. At December 31, 2013, the Company had no federal operating loss carryforwards.

2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

12/31/2013 (current year)	$3,417,036
12/31/2012 (first prior year)	$3,492,845

3. The aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code was zero as of December 31, 2013.

F. Consolidated Federal Income Tax Return

1. The Company and its affiliated entities (as listed on Schedule Y, Part 1) are included in the consolidated federal income tax return of WellCare Health Plans, Inc. ("WellCare").

2. Federal Income Tax Allocation - The Company is included in the consolidated federal income tax return of WellCare and its includable subsidiaries. Estimated tax payments are made quarterly, at which time intercompany tax settlements are made. In the subsequent year, additional settlements are made on the unextended due date of the return and at the time that the return is filed. The method of allocation among affiliates of the Company is subject to a written agreement approved by the Board of Directors and based upon separate tax return calculation with current credit for net losses to the extent the losses provide a benefit in the consolidated tax return.

G. The Company has no federal or foreign income tax loss contingencies as of December 31, 2013. The Company is not expecting any increase in its income tax loss contingency within the next 12 months.

10. Information Concerning Parent, Subsidiaries, Affiliates and Related Parties

A.B. and C. Relationship/Transactions and Amounts

Credit Agreement
WellCare and certain of its subsidiaries, not including the Company, entered into a credit agreement (the "Credit Agreement") in November 2013 which provides for a senior unsecured revolving loan facility (the “Revolving Credit Facility”) of up to $300,000,000. The Revolving Credit Facility provides for up to $75,000,000 for letters of credit. The Credit Agreement also provides that WellCare may, at their option, increase the aggregate amount of the Revolving Credit Facility and/or obtain incremental term loans in an amount up to $75,000,000 without the consent of any lenders not participating in such increase, subject to certain customary conditions and lenders committing to provide the increase in funding. The commitments under the Revolving Credit Facility expire on November 14, 2018 and any amounts outstanding under the facility will be payable in full at that time. Unutilized commitments under the Credit Agreement are subject to a fee of 0.25% to 0.375% depending upon WellCare’s ratio of total debt to cash flow.

As of December 31, 2013, WellCare has not drawn upon the revolving credit facility and they remain in compliance with all covenants.

Additionally, in November 2013, WellCare terminated its senior secured credit facility dated August 1, 2011, as amended to date, (the "2011 Credit Agreement") in connection with their entry into the Credit Agreement described above. All amounts outstanding under the 2011 Credit Agreement as of November 14, 2013, which amounted to $336,500,000, were paid in full upon termination of the agreement.

Affiliated Management Agreement
The Company has an affiliated management agreement with Comprehensive Health Management Inc., ("CHMI") to provide certain management, administrative services, claims processing services, utilization review, payroll services and the majority of the administrative functions of the Company, excluding certain sales and marketing functions and other professional consulting expenses. Additionally, CHMI is responsible for maintaining the claims related data processing equipment and software.

NOTES TO FINANCIAL STATEMENTS

The management agreement provides for charges of 10.25% of gross premium revenue earned. Pursuant to the management agreement, an adjustment of the fees payable shall be made annually to reflect actual costs. Management believes this established rate to be an approximation of current market rates; however, adjustments to this rate may be necessary pursuant to the agreement and as changes in regulations, scopes of services and market dynamics occur. It is unknown at this time if any changes in the management fee rates would have a material impact on the Company's financial condition, results of operations and cash flows in past, current and future periods reported.

During 2013 and 2012 the Company incurred $15,637,000 and $26,693,116 for services under the management agreement with CHMI. At December 31, 2013 and 2012, respectively, amounts due (to)/from CHMI related to the management fees were $4,848,882 and ($98,006).

In addition to the management services agreement, CHMI also processes and pays: salary related expenses related to the Company's sales and marketing personnel, trade payables and other direct expenses incurred by the Company. The Company reimburses CHMI for these expenses processed and paid on the Company's behalf. Amounts due from CHMI related to these transactions were $1,309,333 and $8,347,595 as of December 31, 2013 and 2012, respectively, and are combined with the liability due to CHMI related to the management fee agreement. Any balances resulting in a net amount due from CHMI are non-admitted in accordance with statutory accounting principles. Amounts due (to)/from CHMI are normally settled within 30 days.

CHMI is responsible for payments to the lessors for office space occupied by the Company. Lease payments made by CHMI to lessors amounted to $171,182 and $334,824 during the years ended December 31, 2013 and 2012, respectively.

Dividend Paid to Parent
The Company paid an extraordinary dividend to the Parent Company, WellCare Management Group, Inc., totaling $20,000,000 on December 18, 2013.

Affiliated Reinsurance Agreement
The Company has entered into an affiliated reinsurance agreement with an affiliated company, Comprehensive Reinsurance Ltd ("Comp Re"). See Note 23 for additional information.

D. Intercompany Balances - At December 31, 2013, the Company reported $6,178,094 (non-admitted) receivable from parent, subsidiaries and affiliates and $1,505 payable to parent, subsidiaries and affiliates. (See Pages 21 and 22).

E. Guarantees on Undertakings for the Benefit of an Affiliate – None.

F. Management/Cost Sharing Agreements - See Note 10A, B, and C above.

G. Control/Ownership - All outstanding shares of the Company are owned by the Parent Company, The WellCare Management Group, Inc. which is owned by WCG Health Management, Inc. which is in turned owned by WellCare Health Plans, Inc., an insurance holding company domiciled in the State of Delaware. The capital stock of the Company is pledged as collateral to secure a Credit Agreement obligation held by WellCare (see Note 10A).

H. I. J. K. and L. Controlled Entities/Investments in SCA/Foreign Insurance Subsidiary/Downstream Noninsurance Holding Company – None.

11. Debt
None.

12. Retirement Plans, Deferred Compensation, Etc.
None.

13. Capital and Surplus, Shareholder' Dividend Restrictions and Quasi-Reorganizations

1. *Number of Shares* - The Company has 1,500 shares of $1 par value common stock issued and outstanding.
2. *Preferred Stock Issues* – None.
3. *Dividend Restrictions* - Without prior approval of its domiciliary commissioner or department of insurance, dividends to shareholders must be paid from earned surplus amounts and are limited to the greater of ten percent of the companies surplus or the net income for the 12 month period ending as of the prior year as set forth in the laws of the Company's state of incorporation, Ohio.
4. *Dividend Paid* - Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholder. The Company paid an extraordinary dividend to the Parent Company, WellCare Management Group, Inc., totaling $20,000,000 on December 18, 2013.
5. *Dividend Capacity and Required Minimum Capital* – No ordinary dividend capacity is available for distribution during 2014 since the Company has a negative balance in Unassigned Funds. Ohio Statutes require that each Ohio HMO maintain a minimum surplus equal to the greater of the Company Action Level Risk Based Capital ("RBC") Calculation at 300% or $1,700,000. At December 31, 2013, the Company's required minimum capital and surplus was $19,304,370 and the total actual capital and surplus was $42,266,293.
6. *Restrictions on Unassigned Funds* – None.
7. *Amount of Advances to Surplus, Not Repaid* – None.

NOTES TO FINANCIAL STATEMENTS

8. *Stock Held of Affiliated Entities* – None.
9. *Changes in Balances of Any Special Surplus Funds* – None.
10. *Unrealized Gains and Losses* - The portion of unassigned funds (surplus) reduced by non-admitted assets was $6,226,288. There are no cumulative unrealized gains or losses included in unassigned funds (surplus).
11. *Surplus Notes* – None.
12. *Quasi-Reorganizations* – None.
13. *Effective Date of Quasi-Reorganization* – N/A

14. Contingencies

A. Contingent Commitments – None.
B. Assessments – None.
C. Gain Contingencies – None.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits

Medical Expense/Liability Estimates
The Company's profitability depends in large part on accurately predicting and effectively managing medical expenses. The liability for claims unpaid is impacted by various factors, including changes in healthcare utilization practices, medical cost inflation and new medical technologies, which could adversely affect the Company's ability to accurately predict and effectively control healthcare costs. Costs in excess of those anticipated could have a material adverse effect on the Company's results of operations.

New Business Regulations
The Company is subject to substantial federal and state government regulations, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business.

E. All Other Contingencies

Summary:

The Company's ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an impact on the Company's financial position.

Corporate Integrity Agreement

In April 2011, WellCare entered into a Corporate Integrity Agreement (the "Corporate Integrity Agreement") with Office of Inspector General of the Department of Health and Human Services ("OIG-HHS"). The Corporate Integrity Agreement has a term of five years and concludes the previously disclosed matters relating to WellCare under review by OIG-HHS. The Corporate Integrity Agreement requires various ethics and compliance programs designed to help ensure WellCare's ongoing compliance with federal health care program requirements. The terms of the Corporate Integrity Agreement include certain organizational structure requirements, internal monitoring requirements, compliance training, screening processes for new employees, reporting requirements to OIG-HHS, and the engagement of an independent review organization to review and prepare written reports regarding, among other things, WellCare's reporting practices and bid submissions to federal health care programs.

Other Lawsuits and Claims

Based on the nature of our business, we are subject to regulatory reviews or other investigations by state insurance and health care regulatory authorities and other state and federal regulatory authorities. These authorities regularly scrutinize the business practices of health insurance and benefits companies and their reviews focus on numerous facets of our business, including claims payment practices, provider contracting, competitive practices, commission payments, privacy issues and utilization management practices, among others. Some of these reviews have historically resulted in fines imposed on us and some have required changes to our business practices. We continue to be subject to such reviews, which may result in additional fines and/or sanctions being imposed or additional changes in our business practices.

Separate and apart from the legal matters described above, we are also involved in other legal actions in the normal course of our business, including, without limitation, wage and hour claims and provider disputes regarding payment of claims. Some of these actions seek monetary damages, including claims for liquidated or punitive damages, which are not covered by insurance. We review relevant information with respect to litigation matters and we update our estimates of reasonably possible losses and related disclosures. We accrue an estimate for contingent liabilities, including attorney's fees related to these matters, if a loss is deemed probable and is estimable. Currently, we do not expect that the resolution of any currently pending actions, either individually or in the aggregate, will differ materially from our current estimates or have a material adverse effect on our results of operations, financial position, and cash flows. However, the outcome of any legal actions cannot be predicted, and therefore, actual results may differ from those estimates.

15. Leases
At December 31, 2013, the Company is the named lessee on certain non-cancelable operating leases. Rental expenses paid by CHMI for operating leases used in the Company's operations for the years ended December 31, 2013 and 2012 were $171,182 and $334,824.

Future minimum lease payments under noncancelable operating leases with initial lease terms in excess of one year at December 31, 2013 were:

NOTES TO FINANCIAL STATEMENTS

Year Ending December 31,	Operating Leases
2014	$248,480
2015	-0-
2016	-0-
2017	-0-
2018 and after	-0-

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
None.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
None.

18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans
None.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
None.

20. Fair Value Measurement

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition - None

B. Assets Measured on a Fair Value on a Nonrecurring Basis:

Our Statutory-Basis Statements of Admitted Assets, Liabilities, and Capital and Surplus includes certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items. The Company has no assets or liabilities measured or reported at fair value as of December 31, 2013 and 2012.

The estimated fair value of financial instruments presented in Note 5 were determined by the Company using market information available as of December 31, 2013 and 2012 and appropriate valuation methodologies. The estimates presented are not necessarily indicative of the amounts the Company could realize in a market exchange. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 —Quoted (unadjusted) prices for identical assets or liabilities in active markets: Investments included in Level 1 consist of money market funds, cash, U.S. government securities and the variable rate bond fund. The carrying amounts of money market funds and cash approximate fair value because of the short-term nature of these instruments. Fair values of the other investments included in Level 1 are based on unadjusted quoted market prices for identical securities in active markets.

Level 2 — Inputs other than quoted prices in active markets: Investments in Level 2 consist of certain certificates of deposit, corporate debt, commercial paper, asset-backed and other municipal securities for which fair market valuations are based on quoted prices for identical securities in markets that are not active, quoted prices for similar securities in active markets, broker or dealer quotations, or alternative pricing sources or for which all significant inputs are observable, either directly or indirectly, including interest rates and yield curves observable at commonly quoted intervals, volatilities, prepayment speeds, loss severities, credit risks, and default rates.

In addition to using market data, the Company makes assumptions when valuing assets and liabilities, including assumptions about risks inherent in the inputs to the valuation technique. When there is not an observable market price for an identical or similar asset or liability, management uses an income approach reflecting our best assumptions regarding expected cash flows, discounted using a commensurate risk-adjusted discount rate.

Level 3 — Unobservable inputs that cannot be corroborated by observable market data

Our bonds measured at amounts which approximate Fair Value on a Nonrecurring Basis were as follows:

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significat Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Bonds	410,416	-	-	410,416
Cash, Cash Equivalent & Short Term Investments	52,952,363	-	-	52,952,363
Total	$ 53,362,779	$ -	$ -	$ 53,362,779

NOTES TO FINANCIAL STATEMENTS

There have been no movements between levels during the years ended December 31, 2013 or 2012.

21. Other Items

Due to a change in presentation for 2013, Unclaimed Property Payable is reported as a write in on Page 3, Line 2301. The amount of Unclaimed Property Payable at 12/31/12 was $20,379 and was included on Page 3, Line 9 (General Expenses Due or Accrued).

22. Events Subsequent

Beginning January 1, 2014, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2014. As of December 31, 2013, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2014 and its impact to the risk-based capital ("RBC") ratio to be as follows:

A.	ACA fee assessment payable	$	2,800,000
B.	Assessment expected to impact RBC		-21.0%

Our estimates are subject to change based on the ultimate determination of total 2013 industry premiums, and the final fee amount will not be known until August 2014.

23. Reinsurance

The Company enters into reinsurance agreements with affiliated and non-affiliated companies to limit the net loss arising from large risks and to maintain its exposure to loss within its capital resources. Reinsurance premium expense incurred by the Company is accounted for as a reduction of net premium revenue earned. Reinsurance recoveries are offset against medical expense in the period of such recoveries. The Company remains liable to its policyholders to the extent that its reinsurers do not meet their obligations.

The Company has a reinsurance agreement with an affiliate, Comprehensive Reinsurance, Ltd. ("CompRe"), that has a retention limit of $100,000 for the year ended December 31, 2013. Under statutory accounting principles, this contract is considered to be with an unauthorized reinsurer and the Company has not taken any reserve credits for claims reported or unreported and not yet paid in its statement of revenues and expenses. Reinsurance recoveries reported represent only claims paid in excess of the retention limit during the period. Premiums paid under the affiliated reinsurance agreement were $2,264,615 and $27,146,174 for the years ended December 31, 2013 and 2012, respectively. Recoveries under this policy were $5,134,203 and $34,257,944 in 2013 and 2012, respectively.

The Company's reinsurance agreement with a non-affiliated company had a retention limit of $500,000 for Medicare and $1,000,000 for Medicaid business for the years ended December 31, 2013 and 2012, respectively. Premiums paid under this non-affiliated reinsurance agreement were $268,874 and $214,125 in 2013 and 2012, respectively. Recoveries under this policy were ($68,954) and $1,610,565 in 2013 and 2012, respectively.

24. Retrospectively Rated Contracts

None.

25. Change in Incurred Claims and Claim Adjustment Expenses

The estimated cost of claims expense attributable to insured events of the prior year decreased by $1,388,891 during 2013. This is approximately 7% of unpaid claims expenses of $21,174,643 as of December 31, 2012. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending December 31, 2013 was impacted by approximately $608,313 of net favorable development related to prior years. This development is primarily the result of the 2012 medical cost trend emerging less favorably than expected in the Company's Medicaid plan due to lower than projected utilization.

Statement of Statutory Accounting Principles (SSAP) No. 85 – *Claim Adjustment Expenses* requires that claim adjustment expenses, including legal expenses, be subdivided into cost containment expenses and other claim adjustment expenses. Cost containment expenses are intended to reduce the number of health services provided or the cost of such services. Other claim adjustment expenses are all other costs which do not meet the definition of cost containment expenses. Cost containment expenses were of $2,403,538 and $3,688,469 respectively, for the years ended December 31, 2013 and December 31, 2012.

26. Intercompany Pooling

None.

27. Structured Settlements

None.

28. Healthcare Receivables

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2013 total $745,164 of which $15,446 is aged ninety days or older and is non-admitted.

The following is a two summary of pharmacy rebates by quarter:

NOTES TO FINANCIAL STATEMENTS

Quarter Ending	Estimated Rebates	Rebates Invoiced	Collected Within 90 days of Invoicing	Collected Within 91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
31-Dec-2013	369,715				
30-Sep-2013	389,574	405,326	45,323		
30-Jun-2013	886,002	896,330	880,229	252	
31-Mar-2013	877,327	867,508	605,886	254,241	7,458
31-Dec-2012	751,311	782,042	546,579	229,878	
30-Sep-2012	660,952	692,193	690,574	3,010	
30-Jun-2012	600,825	605,431	364,481	195,461	922
31-Mar-2012	497,603	539,857	412,374	98,528	24,275
31-Dec-2011	354,100	369,415	293,343	76,174	285
30-Sep-2011	134,975	133,156	129,773	1,765	240
30-Jun-2011	123,732	124,303	111,866	9,833	
31-Mar-2011	98,623	101,839	70,828	30,163	450

29. Participating Policies
None.

30. Premium Deficiency Reserves
None.

31. Anticipated Salvage and Subrogation
None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State Regulating? Ohio

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2011

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/03/2013

3.4 By what department or departments? Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9\. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, 201 E. Kennedy Blvd, Suite 1200, Tampa FL 33634

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11\. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Don Zhang (Employee), WellCare Health Plans, Inc, 8735 Henderson Road, Tampa FL 33634

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value $

12.2 If yes, provide explanation

13\. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers $ 0
- 20.12 To stockholders not officers $ 0
- 20.13 Trustees, supreme or grand (Fraternal only) $ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers $ 0
- 20.22 To stockholders not officers $ 0
- 20.23 Trustees, supreme or grand (Fraternal only) $ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others $
- 21.22 Borrowed from others $
- 21.23 Leased from others $
- 21.24 Other $

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $
- 22.22 Amount paid as expenses $
- 22.23 Other amounts paid $

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $
- 24.103 Total payable for securities lending reported on the liability page $

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	$
25.22	Subject to reverse repurchase agreements	$
25.23	Subject to dollar repurchase agreements	$
25.24	Subject to reverse dollar repurchase agreements	$
25.25	Pledged as collateral	$
25.26	Placed under option agreements	$
25.27	Letter stock or securities restricted as to sale	$
25.28	On deposit with state or other regulatory body	$ 410,516
25.29	Other	$

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. $

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ ] No [X]

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]
28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

GENERAL INTERROGATORIES

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	15,410,791	15,411,907	1,116
30.2 Preferred Stocks	0		0
30.3 Totals	15,410,791	15,411,907	1,116

30.4 Describe the sources or methods utilized in determining the fair values:

Fair market values are obtained from a third party pricing source.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Fair market values are obtained from a third party pricing source.

32.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$

34.1 Amount of payments for legal expenses, if any? $ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U. S. business only. $ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. $

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 199,562,062	$ 313,925,301
2.2	Premium Denominator	$ 199,562,062	$ 313,925,301
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	$ 15,670,713	$ 21,340,477
2.5	Reserve Denominator	$ 15,670,713	$ 21,340,477
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $

5.32 Medical Only $ 100,000

5.33 Medicare Supplement $

5.34 Dental and Vision $

5.35 Other Limited Benefit Plan $

5.36 Other $

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

The Company is required by the Department of Insurance to have a restricted bank account funded for the specific event of insolvency. Additionally, all provider contracts include provisions for continuity of care to its subscribers.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 18,600

8.2 Number of providers at end of reporting year 13,000

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses $

10.22 Amount actually paid for year bonuses $

10.23 Maximum amount payable withholds $

10.24 Amount actually paid for year withholds $

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [ ] No [X]

11.14 A Mixed Model (combination of above) ? Yes [ ] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such net worth. Ohio

11.4 If yes, show the amount required. $19,304,370

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation.

Minimum Net Worth = Greater of 300% Risk Based Capital ("RBC") Calculation or $1,700,000.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Ashtabula
Butler
Clermont
Cuyahoga
Erie
Franklin
Geuga
Huron
Lake
Lorain
Lucas
Mahoning
Medina
Stark
Summit
Trumbull
Warren

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. $

FIVE - YEAR HISTORICAL DATA

	1 2013	2 2012	3 2011	4 2010	5 2009
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	63,703,546	96,025,989	104,396,443	101,003,461	115,921,789
2. Total liabilities (Page 3, Line 24)	21,437,253	41,813,995	43,490,396	47,509,197	58,689,755
3. Statutory surplus	19,304,370	28,265,145	22,773,393	22,608,876	21,990,003
4. Total capital and surplus (Page 3, Line 33)	42,266,293	54,211,994	60,906,047	53,494,264	57,232,034
Income Statement (Page 4)					
5. Total revenues (Line 8)	199,562,062	313,925,301	260,036,893	238,707,104	252,875,389
6. Total medical and hospital expenses (Line 18)	160,235,844	245,897,924	195,207,982	192,860,847	185,167,182
7. Claims adjustment expenses (Line 20)	5,294,806	8,369,416	7,719,681	7,680,313	7,182,596
8. Total administrative expenses (Line 21)	23,290,392	49,623,982	44,994,839	42,550,001	41,307,874
9. Net underwriting gain (loss) (Line 24)	10,741,020	10,033,979	12,114,391	(4,384,057)	19,217,737
10. Net investment gain (loss) (Line 27)	216,847	243,818	350,375	371,090	180,415
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	7,530,885	6,792,038	8,000,903	(1,378,955)	11,530,069
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	1,489,361	3,493,518	(4,090,948)	(5,543,171)	8,653,147
Risk-Based Capital Analysis					
14. Total adjusted capital	42,266,293	54,211,994	60,906,047	53,494,264	57,232,034
15. Authorized control level risk-based capital	6,434,790	9,421,715	7,591,131	7,536,331	7,330,001
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	4,717	102,150	105,590	103,843	102,249
17. Total members months (Column 6, Line 7)	623,302	1,273,269	1,255,841	1,247,158	1,204,284
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	80.3	78.3	75.1	80.8	73.2
20. Cost containment expenses	1.2	1.2	1.1	1.2	1.1
21. Other claims adjustment expenses	1.4	1.5	1.8	2.0	1.7
22. Total underwriting deductions (Line 23)	94.6	96.8	95.3	101.8	92.4
23. Total underwriting gain (loss) (Line 24)	5.4	3.2	4.7	(1.8)	7.6
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	19,785,752	24,827,304	14,516,572	12,707,502	23,686,907
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	21,174,643	25,832,688	26,334,343	20,841,826	39,140,762
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above		0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL								0	0
2. Alaska	AK								0	0
3. Arizona	AZ								0	0
4. Arkansas	AR								0	0
5. California	CA								0	0
6. Colorado	CO								0	0
7. Connecticut	CT								0	0
8. Delaware	DE								0	0
9. District of Columbia	DC								0	0
10. Florida	FL								0	0
11. Georgia	GA								0	0
12. Hawaii	HI								0	0
13. Idaho	ID								0	0
14. Illinois	IL								0	0
15. Indiana	IN								0	0
16. Iowa	IA								0	0
17. Kansas	KS								0	0
18. Kentucky	KY								0	0
19. Louisiana	LA								0	0
20. Maine	ME								0	0
21. Maryland	MD								0	0
22. Massachusetts	MA								0	0
23. Michigan	MI								0	0
24. Minnesota	MN								0	0
25. Mississippi	MS								0	0
26. Missouri	MO								0	0
27. Montana	MT								0	0
28. Nebraska	NE								0	0
29. Nevada	NV								0	0
30. New Hampshire	NH								0	0
31. New Jersey	NJ								0	0
32. New Mexico	NM								0	0
33. New York	NY								0	0
34. North Carolina	NC								0	0
35. North Dakota	ND								0	0
36. Ohio	OH	L		52,867,893	149,227,659				202,095,552	0
37. Oklahoma	OK								0	0
38. Oregon	OR								0	0
39. Pennsylvania	PA								0	0
40. Rhode Island	RI								0	0
41. South Carolina	SC								0	0
42. South Dakota	SD								0	0
43. Tennessee	TN								0	0
44. Texas	TX								0	0
45. Utah	UT								0	0
46. Vermont	VT								0	0
47. Virginia	VA								0	0
48. Washington	WA								0	0
49. West Virginia	WV								0	0
50. Wisconsin	WI								0	0
51. Wyoming	WY								0	0
52. American Samoa	AS								0	0
53. Guam	GU								0	0
54. Puerto Rico	PR								0	0
55. U.S. Virgin Islands	VI								0	0
56. Northern Mariana Islands	MP								0	0
57. Canada	CAN								0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	0	52,867,893	149,227,659	0	0	0	202,095,552	0
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	
61. Total (Direct Business)		(a) 1	0	52,867,893	149,227,659	0	0	0	202,095,552	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc. No allocation.

(a) Insert the number of L responses except for Canada and other Alien.

The WellCare Group of Companies

(as of December 31, 2013)

- **WellCare Health Plans, Inc.** (f/k/a WellCare Group, Inc.) Incorporated 2/5/04 (DE) FEIN: 47-0937650
  - **WCG Health Management, Inc.** (f/k/a WellCare Health Plans, Inc.) Incorporated 5/13/02 (DE) FEIN: 04-3669698
    - **The WellCare Management Group, Inc.** Incorporated 8/25/83 (NY) FEIN: 14-1647239
      - **WellCare of New York, Inc.** Incorporated 12/26/85 (NY) FEIN: 14-1676443 NAIC: 95534
        - **WellCare of Connecticut, Inc.** Incorporated 4/8/94 (CT) FEIN: 06-1405640 NAIC: 95310
      - **WellCare of Florida, Inc.** Incorporated 5/17/85 (FL) FEIN: 59-2583622 NAIC: 95081
      - **WellCare of Georgia, Inc.** Incorporated 12/13/04 (GA) FEIN: 20-2103320 NAIC:10760
      - **WellCare of Louisiana, Inc.** Incorporated 10/10/03 (LA) FEIN: 90-0247713 NAIC: 12194
      - **WellCare of Texas, Inc.** Incorporated 12/08/06 (TX) FEIN: 20-8058761 NAIC: 12964
      - **WellCare of Ohio, Inc.** Incorporated 9/27/05 (OH) FEIN: 20-3562146 NAIC: 12749
      - **WellCare Health Plans of California, Inc.** Incorporated 12/15/10 (CA) FEIN: 27-4293249 NAIC:
      - **WellCare Health Plans of New Jersey, Inc.** Incorporated 12/8/06 (NJ) FEIN: 20-8017319 NAIC: 13020
      - **WellCare of Kansas, Inc.** Incorporated 10/13/11 (KS) FEIN: 45-3617189 NAIC: 14404
      - **'Ohana Health Plan, Inc.** Incorporated 5/21/09 (HI) FEIN: 27-0386122 NAIC:
      - **WellCare of South Carolina, Inc.** Incorporated 11/8/02 (SC) FEIN: 32-0062883 NAIC: 11775
      - **WellCare Health Plans of Tennessee, Inc.** Incorporated 4/25/12 (TN) FEIN: 45-5154364
      - **WellCare of Nevada, Inc.** Incorporated 2/19/13 (NV) FEIN: 46-2078909
      - **Missouri Care, Incorporated** Incorporated 7/27/06 (MO) FEIN: 20-5862801
      - **Harmony Behavioral Health, Inc.** Incorporated 8/10/05 (FL) FEIN: 20-3320236
        - **Harmony Behavioral Health IPA, Inc.** Incorporated 7/29/05 (NY) FEIN: 20-3262322
      - **Comprehensive Health Management, Inc.** Incorporated 12/22/98 (FL) FEIN: 59- 3547616
      - **WellCare Health Insurance of New York, Inc.** Incorporated 04/06/93 (NY) FEIN: 11-3197523 NAIC: 10884
      - **WellCare Health Insurance of Arizona, Inc.** Incorporated 11/15/72 (AZ) FEIN: 86-0269558 NAIC: 83445
      - **WellCare Health Insurance Company of Kentucky, Inc.** (f/k/a WellCare Health Insurance of Illinois, Inc.) Incorporated 3/27/62 (KY) FEIN: 36-6069295 NAIC: 64467
      - **WellCare Prescription Insurance, Inc.** Incorporated 3/24/05 (FL) FEIN: 20-2383134 NAIC: 10155
      - **Comprehensive Reinsurance, Ltd.** Incorporated 12/17/04 (Cayman Islands) FEIN: 98-0448921
      - **America's 1st Choice California Holdings, LLC** Organized 3/24/11 (FL) FEIN: 45-3236788
        - **Easy Choice Health Plan, Inc.** Incorporated 7/27/2006 (CA) FEIN: 20-5327501 DMHC File: 933-0457
      - **WellCare Pharmacy Benefits Management, Inc.** Incorporated 5/10/06 (DE) FEIN: 20-4869374
        - **Exactus Pharmacy Solutions, Inc.** (f/k/a WellCare Specialty Pharmacy, Inc.) Incorporated 1/24/07 (DE) FEIN:20-8420512
      - **Harmony Health Systems, Inc.** Incorporated 8/9/95 (NJ) FEIN: 22-3391045
        - **Harmony Health Management, Inc.** Incorporated 9/7/01 (NJ) FEIN: 36-4467676
        - **Harmony Health Plan of Illinois, Inc.** Incorporated 8/18/95 (IL) FEIN: 36-4050495 NAIC: 11229

Shapes/colors distinguish among HMOs, LLCs, regulated insurance companies and corporations.

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)