



**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)			813-290-6200 (Area Code) (Telephone Number)		
	Tampa, FL, US 33634 (City or Town, State, Country and Zip Code)					
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)			813-290-6200 (Area Code) (Telephone Number) (Extension)		
	Tampa, FL, US 33634 (City or Town, State, Country and Zip Code)					
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

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## OTHER OFFICERS

## **DIRECTORS OR TRUSTEES**

State of .....Florida.....  
County of .....Hillsborough.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

David Thomas Reynolds  
Region President

Thomas Lacy Tran  
CFO and Treasurer

Maurice Sebastian Hebert  
Asst Treasurer and CAO

Subscribed and sworn to before me this  
day of \_\_\_\_\_,

a. Is this an original filing? Yes [  ] No [  ]  
b. If no:  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

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

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

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....						
Group subscribers:						
0299997 Group subscriber subtotal .....	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed .....						
0299999 Total group .....	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities .....	190,107	80,696	201,064	1,821,170	0	2,293,037
0499999 Premiums due and unpaid from Medicaid entities .....				243,370	0	243,370
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	190,107	80,696	201,064	2,064,540	0	2,536,407

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

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

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

**EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	1,356,170	1,793,387	.0	745,164	1,356,170	1,368,985
2. Claim overpayment receivables .....					0	
3. Loans and advances to providers .....					0	
4. Capitation arrangement receivables .....					0	
5. Risk sharing receivables .....					0	
6. Other health care receivables .....					0	
7. Totals (Lines 1 through 6)	1,356,170	1,793,387	0	745,164	1,356,170	1,368,985

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

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

## EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	.0	0	.0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						.0
0399999 Aggregate accounts not individually listed-covered	327,078	98,557	57,199	46,068	9,334,656	9,863,558
0499999 Subtotals	327,078	98,557	57,199	46,068	9,334,656	9,863,558
0599999 Unreported claims and other claim reserves						7,572,928
0699999 Total amounts withheld						
0799999 Total claims unpaid						17,436,486
0899999 Accrued medical incentive pool and bonus amounts						0

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

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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Comprehensive Health Management, Inc.	6,158,215				6,158,215		
0199999 Individually listed receivables	6,158,215	0	0	0	6,158,215	0	0
0299999 Receivables not individually listed	19,879				19,879		
0399999 Total gross amounts receivable	6,178,094	0	0	0	6,178,094	0	0

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

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

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

## **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	13,235,660	7.5	623,302	13,213.9		13,235,660
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	13,235,660	7.5	623,302	13,213.9	0	13,235,660
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	164,020,865	92.5	XXX	XXX		164,020,865
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	164,020,865	92.5	XXX	XXX	0	164,020,865
13. Total (Line 4 plus Line 12)	177,256,525	100 %	XXX	XXX	0	177,256,525

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

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

## EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



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

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

REPORT FOR: 1. CORPORATION

WellCare of Ohio, Inc.

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

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2013								NAIC Company Code	12749
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		102,150							5,526		96,624	
2. First Quarter .....		100,092							5,330		94,762	
3. Second Quarter .....		94,953							5,077		89,876	
4. Third Quarter .....		4,904							4,904		0	
5. Current Year .....		4,717							4,717		0	
6. Current Year Member Months		623,302							61,091		562,211	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		266,610							70,084		196,526	
8. Non-Physician .....		88,248							18,491		69,757	
9. Total .....		354,858	0	0	0	0	0	0	88,575		266,283	0
10. Hospital Patient Days Incurred		35,106							18,201		16,905	
11. Number of Inpatient Admissions		5,942							2,267		3,675	
12. Health Premiums Written (b)		202,095,552							52,867,893		149,227,659	
13. Life Premiums Direct.....		0										
14. Property/Casualty Premiums Written.....		0										
15. Health Premiums Earned.....		202,095,552							52,867,893		149,227,659	
16. Property/Casualty Premiums Earned.....		0										
17. Amount Paid for Provision of Health Care Services .....		177,256,525							51,396,473		125,860,052	
18. Amount Incurred for Provision of Health Care Services		165,301,093							50,516,793		114,784,300	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 52,867,893



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

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

REPORT FOR: 1. CORPORATION

WellCare of Ohio, Inc.

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

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2013					NAIC Company Code	12749
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		102,150	0	0	0	0	0	0	5,526	96,624	0
2. First Quarter .....		100,092	0	0	0	0	0	0	5,330	94,762	0
3. Second Quarter .....		94,953	0	0	0	0	0	0	5,077	89,876	0
4. Third Quarter .....		4,904	0	0	0	0	0	0	4,904	0	0
5. Current Year .....		4,717	0	0	0	0	0	0	4,717	0	0
6. Current Year Member Months .....		623,302	0	0	0	0	0	0	61,091	562,211	0
Total Member Ambulatory Encounters for Year:											
7. Physician .....		266,610	0	0	0	0	0	0	70,084	196,526	0
8. Non-Physician .....		88,248	0	0	0	0	0	0	18,491	69,757	0
9. Total .....		354,858	0	0	0	0	0	0	88,575	266,283	0
10. Hospital Patient Days Incurred .....		35,106	0	0	0	0	0	0	18,201	16,905	0
11. Number of Inpatient Admissions .....		5,942	0	0	0	0	0	0	2,267	3,675	0
12. Health Premiums Written (b) .....		202,095,552	0	0	0	0	0	0	52,867,893	149,227,659	0
13. Life Premiums Direct .....		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....		202,095,552	0	0	0	0	0	0	52,867,893	149,227,659	0
16. Property/Casualty Premiums Earned .....		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....		177,256,525	0	0	0	0	0	0	51,396,473	125,860,052	0
18. Amount Incurred for Provision of Health Care Services .....		165,301,093	0	0	0	0	0	0	50,516,793	114,784,300	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 52,867,893

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

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

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

**None**

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

**SCHEDULE S - PART 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - Non-U.S. - Captive						
00000	AA-3770323	11/01/2006	Comprehensive Reinsurance Ltd.	CYM	738,028	1,765,773
1599999 - Accident and Health - Affiliates - Non-U.S. - Captive					738,028	1,765,773
1799999 - Accident and Health - Affiliates - Non-U.S. - Total					738,028	1,765,773
1899999 - Accident and Health - Affiliates - Total Affiliates					738,028	1,765,773
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
39845	48-0921045	01/01/2013	Westport Insurance Corporation	KS	1,455,985	
1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,455,985	0
2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates					1,455,985	0
2299999 - Accident and Health - Total Accident and Health					2,194,013	1,765,773
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,455,985	0
2499999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					738,028	1,765,773
99999999	Tots—Life, Annuity and Accident and Health (Sum of 1199999 and 2299999)				2,194,013	1,765,773

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

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
39845.....48-0921045.....01/01/2013....Westport Insurance Corporation.....KS.....				SSL/I/A.....		268,874.....						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						268,874.....		0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates						268,874.....		0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized						268,874.....		0	0	0	0	0
General Account - Unauthorized - Affiliates - Non-U.S. - Captive												
00000.....AA-3770323.....11/01/2006....Comprehensive Reinsurance Ltd.....CYM.....				SSL/I/A.....		2,264,615.....						
1599999 - General Account - Unauthorized - Affiliates - Non-U.S. - Captive						2,264,615.....		0	0	0	0	0
1799999 - General Account - Unauthorized - Affiliates - Non-U.S. - Total						2,264,615.....		0	0	0	0	0
1899999 - General Account - Unauthorized - Affiliates - Total Unauthorized Affiliates						2,264,615.....		0	0	0	0	0
2299999 - General Account - Unauthorized - Total General Account Unauthorized						2,264,615.....		0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified						2,533,489.....		0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						268,874.....		0	0	0	0	0
7099999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						2,264,615.....		0	0	0	0	0
9999999 Totals						2,533,489.....		0	0	0	0	0

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

## **SCHEDULE S - PART 4**

### **Reinsurance Ceded To Unauthorized Companies**

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

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

## **SCHEDULE S - PART 5**

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

**NON E**

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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

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

**Schedule S - Part 6**

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

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	2,360	4,544	3,163	25	23
3. Title XIX-Medicaid.....	174	22,817	23,388	23,504	18,560
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	2,194	4,203	502	583	5,310
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	1,766	8,765	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	XXX	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	XXX	XXX	XXX
19. Letters of credit (L)	0	0	XXX	XXX	XXX
20. Trust agreements (T)	0	0	XXX	XXX	XXX
21. Other (O)	0	0	XXX	XXX	XXX

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

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	53,362,779		53,362,779
2. Accident and health premiums due and unpaid (Line 15).....	2,733,511		2,733,511
3. Amounts recoverable from reinsurers (Line 16.1).....	2,194,013		2,194,013
4. Net credit for ceded reinsurance.....	XXX	3,221,758	3,221,758
5. All other admitted assets (Balance).....	5,413,243		5,413,243
6. Total assets (Line 28) .....	63,703,546	3,221,758	66,925,304
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	15,670,713	1,765,773	17,436,486
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	1,765,773		1,765,773
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	738,028		738,028
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	3,262,739		3,262,739
15. Total liabilities (Line 24).....	21,437,253	1,765,773	23,203,026
16. Total capital and surplus (Line 33).....	42,266,293	XXX	42,266,293
17. Total liabilities, capital and surplus (Line 34) .....	63,703,546	1,765,773	65,469,319
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	1,765,773		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	2,194,013		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	3,959,786		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	738,028		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	738,028		
31. Total net credit for ceded reinsurance .....	3,221,758		

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

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama .....	AL .....					0
2. Alaska .....	AK .....					0
3. Arizona .....	AZ .....					0
4. Arkansas .....	AR .....					0
5. California .....	CA .....					0
6. Colorado .....	CO .....					0
7. Connecticut .....	CT .....					0
8. Delaware .....	DE .....					0
9. District of Columbia .....	DC .....					0
10. Florida .....	FL .....					0
11. Georgia .....	GA .....					0
12. Hawaii .....	HI .....					0
13. Idaho .....	ID .....					0
14. Illinois .....	IL .....					0
15. Indiana .....	JN .....					0
16. Iowa .....	JA .....					0
17. Kansas .....	KS .....					0
18. Kentucky .....	KY .....					0
19. Louisiana .....	LA .....					0
20. Maine .....	ME .....					0
21. Maryland .....	MD .....					0
22. Massachusetts .....	MA .....					0
23. Michigan .....	MI .....					0
24. Minnesota .....	MN .....					0
25. Mississippi .....	MS .....					0
26. Missouri .....	MO .....					0
27. Montana .....	MT .....					0
28. Nebraska .....	NE .....					0
29. Nevada .....	NV .....					0
30. New Hampshire .....	NH .....					0
31. New Jersey .....	NJ .....					0
32. New Mexico .....	NM .....					0
33. New York .....	NY .....					0
34. North Carolina .....	NC .....					0
35. North Dakota .....	ND .....					0
36. Ohio .....	OH .....					0
37. Oklahoma .....	OK .....					0
38. Oregon .....	OR .....					0
39. Pennsylvania .....	PA .....					0
40. Rhode Island .....	RI .....					0
41. South Carolina .....	SC .....					0
42. South Dakota .....	SD .....					0
43. Tennessee .....	TN .....					0
44. Texas .....	TX .....					0
45. Utah .....	UT .....					0
46. Vermont .....	VT .....					0
47. Virginia .....	VA .....					0
48. Washington .....	WA .....					0
49. West Virginia .....	WV .....					0
50. Wisconsin .....	WI .....					0
51. Wyoming .....	WY .....					0
52. American Samoa .....	AS .....					0
53. Guam .....	GU .....					0
54. Puerto Rico .....	PR .....					0
55. US Virgin Islands .....	VI .....					0
56. Northern Mariana Islands .....	MP .....					0
57. Canada .....	CAN .....					0
58. Aggregate Other Alien .....	OT .....					0
59. Totals .....		0	0	0	0	0

**NONE**

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

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/ Person(s)	15 *
01199.....	WellCare Health Plans Inc.....	95310.....	14-1647239.....				WellCare of Connecticut Inc.....	CT.....	IA.....	WellCare of New York, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	95081.....	59-2583622.....				WellCare of Florida Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	59-3547616.....				Comprehensive Health Management Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	14-1647239.....				The WellCare Management Group, Inc.....	NY.....	UDP.....	WCG Health Management, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	95534.....	14-1676443.....				WellCare of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3320236.....				Harmony Behavioral Health Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	11229.....	36-4050495.....				Harmony Health Plan of Illinois Inc.....	IL.....	IA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12194.....	90-0247713.....				WellCare of Louisiana Inc.....	LA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	22-3391045.....				Harmony Health Systems Inc.....	IL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	36-4467676.....				Harmony Health Management Inc.....	IL.....	NIA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	47-0937650.....			NYSE.....	WellCare Health Plans Inc.....	FL.....	UIP.....	Shareholders.....	.....	0.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	04-3669698.....				WCG Health Management Inc.....	FL.....	UIP.....	WellCare Health Plans, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	10760.....	20-2103320.....				WellCare of Georgia Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	98-0448921.....				Comprehensive Reinsurance Ltd.....	CYM.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	10155.....	20-2383134.....				WellCare Prescription Insurance Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12749.....	20-3562146.....				WellCare of Ohio Inc.....	OH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3262322.....				Harmony Behavioral Health IPA Inc.....	NY.....	NIA.....	Harmony Behavioral Health, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-4869374.....				WellCare Pharmacy Benefits Management Inc.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	83445.....	86-0269558.....				WellCare Health Insurance of Arizona Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	64467.....	36-6069295.....				WellCare Health Insurance Company of Kentucky Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12956.....	11-3197523.....				WellCare Health Insurance of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	13020.....	20-8017319.....				WellCare Health Plans of New Jersey Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12964.....	20-8058761.....				WellCare of Texas Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-8420512.....				Exactus Pharmacy Solutions, Inc.....	DE.....	NIA.....	WellCare Pharmacy Benefits Management.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0

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

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

## Asterisk

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## Explanation

41

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

**SCHEDULE Y**

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95081	59-2583622	WellCare of Florida Inc.....	(40,000,000)				(220,774,716)	(50,693,584)			(311,468,300)	4,813,774
95334	14-1676443	WellCare of New York Inc.....	(25,000,000)				(94,465,363)	(59,857,542)			(179,322,905)	(2,958,263)
95310	06-1405640	WellCare of Connecticut Inc.....					(4,700,410)	(6,293,137)			(10,993,547)	(85,961)
11229	36-4050495	Harmony Health Plans of Illinois Inc.....	(10,000,000)				(40,468,120)	(13,098,518)			(63,566,638)	(262,273)
12194	90-0247713	WellCare of Louisiana Inc.....					(11,936,135)	(4,000,827)			(15,936,962)	20,956
10760	20-2103320	WellCare of Georgia Inc.....					(177,628,268)				(177,628,268)	
10155	20-2383134	WellCare Prescription Insurance Inc.....	(40,000,000)				(79,341,017)				(119,341,017)	
12749	20-3562146	WellCare of Ohio Inc.....	(20,000,000)				(19,630,281)	(2,264,615)			(41,894,896)	738,028
00000	59-3547616	Comprehensive Health Management Inc.....					762,846,035				762,846,035	
00000	98-0448921	Comprehensive Reinsurance Ltd.....					(16,351,971)	.161,605,492			.145,253,521	(2,299,467)
83445	86-0269558	WellCare Health Insurance of Arizona Inc.....	(12,000,000)				(38,775,947)	(3,271,285)			(54,047,232)	165,218
64467	36-6069295	WellCare Health Ins Co of Kentucky Inc.....		20,000,000			(123,349,243)	.733,968			(102,615,275)	9,308
10884	11-3197523	WellCare Health Ins of New York Inc.....					(7,465)				(7,465)	
00000	20-8420512	Exactus Pharmacy Solutions Inc. (110).....					(16,539,419)				(16,539,419)	
12964	20-8058761	WellCare of Texas Inc.....		7,000,000			(27,249,638)	(21,503,781)			(41,753,419)	(200,150)
13020	20-8017319	WellCare Health Plans of New Jersey Inc.....		.2,500,000			(2,024,286)	(1,356,171)			(880,457)	58,830
00000	14-1647239	The WellCare Management Group Inc.....	147,000,000	(55,000,000)							92,000,000	
14404	45-3617189	WellCare of Kansas Inc.....			11,500,000			.274				.274
00000	20-5327501	Easy Choice Health Plan, Inc.....						.3,603,479				15,103,479
11775	32-0062883	WellCare of South Carolina, Inc.....						(5,968,644)				(5,968,644)
12913	20-5862801	Missouri Care, Incorporated.....		14,000,000				(9,787,812)				4,212,188
00000	47-0937650	WellCare Health Plans, Inc.....						122,548,947				122,548,947
9999999 Control Totals			0	0	0	0	0	0	0	XXX	0	0

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

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### MARCH FILING

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....

### APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....

### JUNE FILING

8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....

### AUGUST FILING

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

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

### MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....

### APRIL FILING

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

### AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....SEE EXPLANATION.....
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#### Explanation:

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

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**Bar code:**

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

12.   
1 2 7 4 9 2 0 1 3 2 0 5 0 0 0 0 0

13.   
1 2 7 4 9 2 0 1 3 2 0 7 0 0 0 0 0

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

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

17.   
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18.   
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21.   
1 2 7 4 9 2 0 1 3 3 0 6 0 0 0 0 0

22.   
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23.   
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24.   
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25.   
1 2 7 4 9 2 0 1 3 2 1 7 0 0 0 0 0

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