



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
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	8735 Henderson Road (Street and Number)		, Tampa, FL, US 33634 (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
Kenneth Alan Burdick #	President	Andrew Lynn Asher #	CFO and Treasurer
Blair Williams Todt #	Secretary and Senior Vice President	Maurice Sebastian Hebert	Asst Treasurer and Chief Accounting Officer

OTHER OFFICERS

_____**OTHER OFFICERS**_____

DIRECTORS OR TRUSTEES

David Thomas Reynolds Maurice Sebastian Hebert Blair Williams Todt # Andrew Lynn Asher #
Kenneeth Alan Burdick #

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.

Kenneth Alan Burdick
President

Andrew Lynn Asher
CFO and Treasurer

Maurice Sebastian Hebert
Asst Treasurer and Chief Accounting Officer

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 2014 OF THE WellCare of Ohio, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	4,541,005		4,541,005	410,416
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 (\$ 28,801,458 , Schedule E-Part 1), cash equivalents (\$ 0 , Schedule E-Part 2) and short-term investments (\$ 1,831,961 , Schedule DA).....	30,633,419		30,633,419	52,952,363
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).....	35,174,424	.0	35,174,424	53,362,779
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	43,924		43,924	12,730
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,443,481		3,443,481	2,536,407
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.....	423,820		423,820	197,104
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	932,244		932,244	2,194,013
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	2,553,846		2,553,846	1,145,926
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....	137,770		137,770	2,320,501
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	6,514	6,514	0	0
24. Health care (\$ 824,401) and other amounts receivable.....	2,117,259	70,542	2,046,717	1,934,086
25. Aggregate write-ins for other-than-invested assets	25,819	15,887	9,932	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	44,859,101	92,943	44,766,158	63,703,546
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27).....	44,859,101	92,943	44,766,158	63,703,546
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 (prepaid).....	15,887	15,887	0	0
2502. State tax recoverable	9,932		9,932	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).....	25,819	15,887	9,932	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 2,707,347 reinsurance ceded)	3,483,544		3,483,544	15,670,713
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	53,649		53,649	115,972
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
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	3,265,022		3,265,022	2,215,956
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	155,332		155,332	901,703
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	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	1,062,703		1,062,703	1,505
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, \$ 2,707,347 unauthorized reinsurers and \$ 0 certified reinsurers)	2,707,347		2,707,347	1,765,773
20. Reinsurance in unauthorized and certified (\$) companies	747,085		747,085	738,028
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)	80,552	0	80,552	27,603
24. Total liabilities (Lines 1 to 23)	11,555,234	0	11,555,234	21,437,253
25. Aggregate write-ins for special surplus funds	XXX	XXX	889,000	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	23,198,500	37,198,500
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	9,121,924	5,066,293
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	33,210,924	42,266,293
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	44,766,158	63,703,546
DETAILS OF WRITE-INS				
2301. Unclaimed property payable	80,552		80,552	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)	80,552	0	80,552	27,603
2501. 2015 ACA Industry Fee payable	XXX	XXX	889,000	
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	889,000	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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	49,771.....	623,302.....
2. Net premium income (including \$0 non-health premium income).....	XXX.....	45,085,434.....	199,562,062.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....0.....	0.....
4. Fee-for-service (net of \$medical expenses).....	XXX.....	.....0.....	0.....
5. Risk revenue.....	XXX.....	.....0.....	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.....	45,085,434.....	199,562,062.....
Hospital and Medical:			
9. Hospital/medical benefits.....	.....30,173,835.....	.....124,889,610.....	
10. Other professional services.....	.....574,301.....	.....9,510,464.....	
11. Outside referrals.....	.....0.....	.....0.....	0.....
12. Emergency room and out-of-area.....	.....2,646,485.....	.....10,738,474.....	
13. Prescription drugs.....	.....3,347,267.....	.....20,162,545.....	
14. Aggregate write-ins for other hospital and medical.....	.....0.....	.....0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.....0.....	.....0.....	0.....
16. Subtotal (Lines 9 to 15).....	.....0.....	.....36,741,888.....	.....165,301,093.....
Less:			
17. Net reinsurance recoveries.....	.....3,562,428.....	.....5,065,249.....	
18. Total hospital and medical (Lines 16 minus 17).....	.....0.....	.....33,179,460.....	.....160,235,844.....
19. Non-health claims (net).....	.....0.....	.....0.....	0.....
20. Claims adjustment expenses, including \$497,692 cost containment expenses.....	.....0.....	.....1,098,958.....	.....5,294,806.....
21. General administrative expenses.....	.....0.....	.....7,848,488.....	.....23,290,392.....
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....	.....0.....	.....0.....	0.....
23. Total underwriting deductions (Lines 18 through 22).....	.....0.....	.....42,126,906.....	.....188,821,042.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	.....2,958,528.....	.....10,741,020.....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	.....0.....	.....124,410.....	.....216,847.....
26. Net realized capital gains (losses) less capital gains tax of \$0.....	.....0.....	.....0.....	0.....
27. Net investment gains (losses) (Lines 25 plus 26).....	.....0.....	.....124,410.....	.....216,847.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)(amount charged off \$ .....)].....	.....0.....	.....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.....	.....3,082,938.....	.....10,957,867.....
31. Federal and foreign income taxes incurred.....	XXX.....	.....2,079,864.....	.....3,426,982.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	.....1,003,074.....	.....7,530,885.....
DETAILS OF WRITE-INS			
0601.....	XXX.....	.....0.....	0.....
0602.....	XXX.....	.....0.....	0.....
0603.....	XXX.....	.....0.....	0.....
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.....	.....0.....	0.....
0702.....	XXX.....	.....0.....	0.....
0703.....	XXX.....	.....0.....	0.....
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.....	.....0.....	.....0.....	0.....
1402.....	.....0.....	.....0.....	0.....
1403.....	.....0.....	.....0.....	0.....
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.....	.....0.....	.....0.....	0.....
2902.....	.....0.....	.....0.....	0.....
2903.....	.....0.....	.....0.....	0.....
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	42,266,293	54,211,994
34. Net income or (loss) from Line 32	1,003,074	7,530,885
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	(2,182,731)	(1,156,248)
39. Change in nonadmitted assets	6,133,345	2,124,063
40. Change in unauthorized and certified reinsurance	(9,057)	(738,028)
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	(14,000,000)	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders		(20,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	293,627
48. Net change in capital and surplus (Lines 34 to 47)	(9,055,369)	(11,945,701)
49. Capital and surplus end of reporting year (Line 33 plus 48)	33,210,924	42,266,293
DETAILS OF WRITE-INS		
4701. Correction of Error – revised CMS risk corridor calculation related to prior years.....		293,627
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)	0	293,627

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		43,951,645	205,631,564
2. Net investment income		99,202	224,778
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		44,050,847	205,856,342
5. Benefit and loss related payments		44,199,542	163,182,478
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7. Commissions, expenses paid and aggregate write-ins for deductions		9,378,555	34,084,202
8. Dividends paid to policyholders			0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		2,826,235	7,100,301
10. Total (Lines 5 through 9)		56,404,332	204,366,981
11. Net cash from operations (Line 4 minus Line 10)		(12,353,485)	1,489,361
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		4,136,576	412,638
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)		4,136,576	412,638
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)		(4,136,576)	(412,638)
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		(14,000,000)	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	20,000,000
16.6 Other cash provided (applied)		8,171,116	(5,917,595)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(5,828,884)	(25,917,595)
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)		(22,318,945)	(24,840,872)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		52,952,363	77,793,235
19.2 End of year (Line 18 plus Line 19.1)		30,633,419	52,952,363

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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	46,143,018		1,917,899	44,225,119
7. Title XIX - Medicaid.....	860,315			860,315
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	47,003,333	0	1,917,899	45,085,434
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	47,003,333	0	1,917,899	45,085,434

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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	48,082,166						41,335,141	6,747,025		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	3,882,623						926,651	2,955,972		
1.4 Net	44,199,543	0	0	0	0	0	40,408,490	3,791,053	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	6,190,891	0	0	0	0	0	5,081,335	1,109,556	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	2,707,347	0	0	0	0	0	2,707,347	0	0	0
3.4 Net	3,483,544	0	0	0	0	0	2,373,988	1,109,556	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	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)	94,683						94,683			
7. Amounts recoverable from reinsurers December 31, current year	932,244						7,147,870	(6,215,626)		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	17,436,486	0	0	0	0	0	6,713,161	10,723,325	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	1,765,773	0	0	0	0	0	1,765,773	0	0	0
8.4 Net	15,670,713	0	0	0	0	0	4,947,388	10,723,325	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									
11. Amounts recoverable from reinsurers December 31, prior year	2,194,013	0	0	0	0	0	4,381,634	(2,187,621)	0	0
12. Incurred benefits:										
12.1 Direct	36,741,888	0	0	0	0	0	39,608,632	(2,866,744)	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	3,562,428	0	0	0	0	0	4,634,461	(1,072,033)	0	0
12.4 Net	33,179,460	0	0	0	0	0	34,974,171	(1,794,711)	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.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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	1,533,778						574,970	958,808		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	1,533,778	0	0	0	0	0	574,970	958,808	0	0
2. Incurred but Unreported:										
2.1. Direct	4,657,113						4,506,365	150,748		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	4,657,113	0	0	0	0	0	4,506,365	150,748	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	2,707,347						2,707,347			
3.4. Net	(2,707,347)	0	0	0	0	0	(2,707,347)	0	0	0
4. TOTALS:										
4.1. Direct	6,190,891	0	0	0	0	0	5,081,335	1,109,556	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	2,707,347	0	0	0	0	0	2,707,347	0	0	0
4.4. Net	3,483,544	0	0	0	0	0	2,373,988	1,109,556	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the 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	3,967,232	33,580,340	18,467	2,355,521	3,985,699	4,947,389
7. Title XIX - Medicaid.....	7,761,799	57,258	1,109,556		8,871,355	10,723,324
8. Other health					0	.0
9. Health subtotal (Lines 1 to 8).....	11,729,031	33,637,598	1,128,023	2,355,521	12,857,054	15,670,713
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)	11,729,031	33,637,598	1,128,023	2,355,521	12,857,054	15,670,713

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	28,231	28,231	28,231	28,231	28,231
2. 2010.....	18,486	21,086	21,086	21,086	21,086
3. 2011.....	XXX	19,352	22,601	22,601	22,601
4. 2012.....	XXX	XXX	35,760	39,346	39,346
5. 2013.....	XXX	XXX	XXX	43,170	47,137
6. 2014.....	XXX	XXX	XXX	XXX	33,580

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	28,699	28,231	28,231	28,231	28,231
2. 2010.....	22,829	21,117	21,086	21,086	21,086
3. 2011.....	XXX	22,160	22,610	22,601	22,601
4. 2012.....	XXX	XXX	41,319	39,235	39,346
5. 2013.....	XXX	XXX	XXX	48,228	47,155
6. 2014.....	XXX	XXX	XXX	XXX	35,936

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. 2010.....	28,524	21,086	0.0	21,086	73.9				21,086	73.9
2. 2011.....	27,960	22,601	0.0	22,601	80.8				22,601	80.8
3. 2012.....	48,033	39,346	0.0	39,346	81.9				39,346	81.9
4. 2013.....	50,508	47,137	0.0	47,137	93.3	18			47,155	93.4
5. 2014.....	44,225	33,580	1,224	3.6	34,804	78.7	2,356	43	37,203	84.1

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	540,935	540,935	540,935	540,935	540,935
2. 2010.....	156,845	169,595	169,595	169,595	169,595
3. 2011.....	XXX.....	161,007	183,521	183,521	183,521
4. 2012.....	XXX.....	XXX.....	189,033	205,523	205,523
5. 2013.....	XXX.....	XXX.....	XXX.....	102,494	110,256
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	57

Section B – Incurred Health Claims - Title XIX Medicaid

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	541,137	540,935	540,935	540,935	540,935
2. 2010.....	178,167	168,731	169,595	169,595	169,595
3. 2011.....	XXX.....	184,865	182,576	183,521	183,521
4. 2012.....	XXX.....	XXX.....	205,584	205,343	205,523
5. 2013.....	XXX.....	XXX.....	XXX.....	113,397	111,366
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	57

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. 2010.....	210,183	169,595	0.0	0.0	169,595	80.7			169,595	80.7
2. 2011.....	232,077	183,521	0.0	0.0	183,521	79.1			183,521	79.1
3. 2012.....	265,893	205,523	0.0	0.0	205,523	77.3			205,523	77.3
4. 2013.....	149,054	110,256	0.0	0.0	110,256	74.0	1,110	0	111,366	74.7
5. 2014.....	860	57	(63)	(110.5)	(6)	(0.7)	0	10	4	0.5

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	569,166	569,166	569,166	569,166	569,166
2. 2010.....	175,331	190,681	190,681	190,681	190,681
3. 2011.....	XXX	180,359	206,122	206,122	206,122
4. 2012.....	XXX	XXX	224,793	244,869	244,869
5. 2013.....	XXX	XXX	XXX	145,664	157,393
6. 2014.....	XXX	XXX	XXX	XXX	33,637

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	569,836	569,166	569,166	569,166	569,166
2. 2010.....	200,996	189,848	190,681	190,681	190,681
3. 2011.....	XXX	207,025	205,186	206,122	206,122
4. 2012.....	XXX	XXX	246,903	244,578	244,869
5. 2013.....	XXX	XXX	XXX	161,625	158,521
6. 2014.....	XXX	XXX	XXX	XXX	35,993

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. 2010.....	238,707	190,681	.0	0.0	190,681	79.9	.0	0	190,681	.79.9
2. 2011.....	260,037	206,122	.0	0.0	206,122	79.3	.0	0	206,122	.79.3
3. 2012.....	313,926	244,869	.0	0.0	244,869	78.0	.0	0	244,869	.78.0
4. 2013.....	199,562	157,393	.0	0.0	157,393	78.9	1,128	0	158,521	.79.4
5. 2014.....	45,085	33,637	1,161	3.5	34,798	77.2	2,356	53	37,207	82.5

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)	12,320	14,884	108,560		135,764
2. Salaries, wages and other benefits	197,499	238,600	1,741,361		2,177,460
3. Commissions (less \$ ceded plus \$ assumed)	2,689	3,248	173,578		179,515
4. Legal fees and expenses	23,458	28,340	206,702		258,500
5. Certifications and accreditation fees	0	0	0		0
6. Auditing, actuarial and other consulting services	4,576	5,528	40,323		50,427
7. Traveling expenses	4,092	4,944	36,057		45,093
8. Marketing and advertising	848	1,024	73,306		75,178
9. Postage, express and telephone	24,609	29,731	216,845		271,185
10. Printing and office supplies	34,327	41,470	319,715		395,512
11. Occupancy, depreciation and amortization	25,442	30,736	224,665		280,843
12. Equipment	8,008	9,674	70,559		88,241
13. Cost or depreciation of EDP equipment and software	0	0	0		0
14. Outsourced services including EDP, claims, and other services	123,282	148,938	1,264,080		1,536,300
15. Boards, bureaus and association fees	9,896	11,955	91,392		113,243
16. Insurance, except on real estate	4,160	5,025	36,652		45,837
17. Collection and bank service charges	1,648	1,992	14,525		18,165
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	6,330	7,647	(3,343)		10,634
23.2 State premium taxes	0	0	142,818		142,818
23.3 Regulatory authority licenses and fees	0	0	0		0
23.4 Payroll taxes	14,382	17,378	127,018		158,778
23.5 Other (excluding federal income and real estate taxes)	126	152	1,106		1,384
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	2,962,569	0	2,962,569
26. Total expenses incurred (Lines 1 to 25)	497,692	601,266	7,848,488	0	8,947,446
27. Less expenses unpaid December 31, current year		53,649	3,265,022		3,318,671
28. Add expenses unpaid December 31, prior year	0	115,972	2,215,956	0	2,331,928
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)	497,692	663,589	6,799,422	0	7,960,703
DETAILS OF WRITE-INS					
2501. 2014 ACA Industry Fee			2,962,569		2,962,569
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	2,962,569	0	2,962,569

(a) Includes management fees of \$ 5,546,689 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	3,079
1.1 Bonds exempt from U.S. tax	(a) .....	.....
1.2 Other bonds (unaffiliated)	(a) .....	.....
1.3 Bonds of affiliates	(a) .....	.....
2.1 Preferred stocks (unaffiliated)	(b) .....	.....
2.11 Preferred stocks of affiliates	(b) .....	.....
2.2 Common stocks (unaffiliated)	(b) .....	.....
2.21 Common stocks of affiliates	(b) .....	.....
3. Mortgage loans	(c) .....	.....
4. Real estate	(d) .....	.....
5. Contract loans	(e)	121,331
6. Cash, cash equivalents and short-term investments	(e)	130,189
7. Derivative instruments	(f) .....	.....
8. Other invested assets .....	.....	0
9. Aggregate write-ins for investment income .....	.....	0
10. Total gross investment income	99,202	124,410
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)	0
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) .....	.....	124,410
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	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

(a) Includes \$ accrual of discount less \$ 5,986 amortization of premium and less \$ 32,001 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 \$ accrual of discount less \$ 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	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	6,514	6,178,094	6,171,580
24. Health care and other amounts receivable.....	70,542	15,446	(55,096)
25. Aggregate write-ins for other-than-invested assets	15,887	32,748	16,861
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	92,943	6,226,288	6,133,345
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	92,943	6,226,288	6,133,345
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 (prepaid).....	15,887	32,748	16,861
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)	15,887	32,748	16,861

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	4,717	4,339	4,161	4,050	3,801	49,771
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	4,717	4,339	4,161	4,050	3,801	49,771
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,	
	<u>2014</u>	<u>2013</u>
Net Income - Ohio Basis	\$ 1,003,074	\$ 7,530,885
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Net Income - NAIC SAP	<u>\$ 1,003,074</u>	<u>\$ 7,530,885</u>
	Balance at December 31,	
	<u>2014</u>	<u>2013</u>
Statutory Capital and Surplus - Ohio Basis	\$ 33,210,924	\$ 42,266,293
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Statutory Capital and Surplus - NAIC SAP	<u>\$ 33,210,924</u>	<u>\$ 42,266,293</u>

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

We earn premium revenue through our participation in Medicare programs, including the Medicare Part D prescription drug program (Part D plans). We recognize premium revenue in the period in which we are obligated to provide services to our members. The Center for Medicare and Medicaid Services (CMS) provides risk-adjusted payments for Part D Plans based on the demographics and health severity of enrollees. We develop our estimates for risk-adjusted premiums utilizing historical experience, or other data, and predictive models as sufficient member risk score data becomes available over the course of each CMS plan year. Our Part D plan premiums are also subject to risk sharing through the CMS risk corridor provisions. The risk corridor calculation compares our actual experience to the target amount of prescription drug costs, limited to costs under the standard coverage as defined by CMS, less rebates included in our submitted plan year bid. We receive additional premium from CMS if our actual experience is more than 5% above the target amount. We refund premiums to CMS if our actual experience is more than 5% below the target amount. Based on the risk corridor provision and Part D plan activity-to-date, an estimated risk-sharing receivable or payable is recorded on as an adjustment to premium revenue.

Expenses incurred in connection with acquiring new insurance business are charged to operations as incurred. All other costs are charged to operations as incurred.

Beginning in 2014, the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively, the "ACA"), requires the establishment of a minimum medical loss ratio ("MLR") for Medicare plans, requiring them to spend not less than 85% of premiums on medical benefits. The rules implementing the minimum MLR impose financial and other penalties for failing to achieve the minimum MLR, including requirements to refund to CMS shortfalls in amounts spent on medical benefits and termination of a plan's MA contract for prolonged failure to achieve the minimum MLR. MLR is determined by adding a plan's spending for clinical services, prescription drugs and other direct patient benefits, plus its

NOTES TO FINANCIAL STATEMENTS

total spending on quality improvement activities and dividing the total by earned premiums (after subtracting specific identified taxes and other fees). These provisions did not have a material impact to our results of operations in 2014.

We receive certain prospective subsidy payments from CMS for our Part D members as a fixed monthly per member amount, based on the estimated costs of providing prescription drug benefits over the plan year, as reflected in our bids. Catastrophic reinsurance subsidies and the low-income cost sharing subsidies represent cost reimbursements under the Medicare Part D program. We are fully reimbursed by CMS for costs incurred for these contract elements and, accordingly, there is no insurance risk to us. Therefore, amounts received for these subsidies are not considered as premium revenue, and are reported, net of the subsidy benefits paid, as *Amounts receivable related to/Liability for amounts held under uninsured plans* in the statement of assets, liabilities, capital and surplus.

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.
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 2014.

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.

NOTES TO FINANCIAL STATEMENTS

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 prior 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 directly increasing unassigned funds (surplus) in accordance with SSAP No. 3, *Accounting Changes and Correction of Errors*.

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, 2014

Assets

a. Line 5	Cash	\$	-
b. Line 28	Totals		1,515,446

Liabilities, Surplus and Other Funds

c. Line 24	Total Liabilities	10,573,469
d. Line 33	Total Capital and Surplus	-
e. Line 34	Total	\$ 10,573,469

Statement of Revenue and Expenses December 31, 2014

f. Line 2	Premium	\$	860,315
g. Line 22	Increase in aggregate reserves for accident & health (current year less prior year)		-
h. Line 31	Federal and foreign income taxes incurred		237,306
i. Line 26	Net realized capital gains (losses)		-
j. Line 32	Net income	\$	114,447

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities – None
- E. Repurchase Agreements and/or Securities Lending Transactions – None
- F. Real Estate – None
- G. Low Income Housing Tax Credits - None

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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H. Restricted Assets (Including pledged).

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ Decrease (1 minus 2)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	-	-
b. Collateral held under security lending agreements	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	406,118	410,516	(4,398)	406,118	0.9%	0.9%
k. On deposit with other regulatory bodies	-	-	-	-	-	-
l. Pledged as collateral to FHLB	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-
o. Total restricted assets	\$ 406,118	\$ 410,516	\$ (4,398)	\$ 406,118	0.9%	0.9%

I. Working Capital Finance Investments – None.

J. Offsetting and Netting of Assets and Liabilities – None.

K. Structured Notes – None.

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, 2014 and 2013 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:

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

	<u>(1)</u>	<u>2014</u>	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>	<u>2013</u>	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
(a) Gross Deferred Tax Assets		\$ 137,770	\$ -	\$ -	\$ 137,770	\$ 2,320,501	\$ -	\$ -	\$ 2,320,501
(b) Statutory Valuation Allowance Adjustments		-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets		137,770	-	-	137,770	2,320,501	-	-	2,320,501
(d) Deferred Tax Assets Nonadmitted		-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset		137,770	-	-	137,770	2,320,501	-	-	2,320,501
(f) Deferred Tax Liabilities		-	-	-	-	-	-	-	-
(g) Net Admitted Deferred Tax Asset/Liability		<u>\$ 137,770</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 137,770</u>	<u>\$ 2,320,501</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,320,501</u>

(2)

Admission Calculation Components

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 137,770	\$ -	\$ 137,770	\$ 2,320,501	\$ -	\$ 2,320,501
(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	-	-	4,995,337	-	-	6,108,998
(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	<u>\$ 137,770</u>	<u>\$ -</u>	<u>\$ 137,770</u>	<u>\$ 2,320,501</u>	<u>\$ -</u>	<u>\$ 2,320,501</u>

(1)

	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>	<u>Change</u>
(a) Gross Deferred Tax Assets	\$ (2,182,731)	\$ -	\$ (2,182,731)	
(b) Statutory Valuation Allowance Adjustments	-	-	-	
(c) Adjusted Gross Deferred Tax Assets	(2,182,731)	-	(2,182,731)	
(d) Deferred Tax Assets Nonadmitted	-	-	-	
(e) Subtotal Net Admitted Deferred Tax Asset	(2,182,731)	-	(2,182,731)	
(f) Deferred Tax Liabilities	-	-	-	
(g) Net Admitted Deferred Tax Asset/Liability	<u>\$ (2,182,731)</u>	<u>\$ -</u>	<u>\$ (2,182,731)</u>	

(2)

Admission Calculation Components

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ (2,182,731)	\$ -	\$ (2,182,731)
(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	-	-	(1,113,661)
(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	<u>\$ (2,182,731)</u>	<u>\$ -</u>	<u>\$ (2,182,731)</u>

2014

2013

(3)

(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	2451%	673%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 33,413,500	\$ 40,876,028

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NOTES TO FINANCIAL STATEMENTS

	12/31/2014	12/31/2013		
(4)	Ordinary	Capital	Ordinary	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	137,770	-	2,320,501	-
(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	137,770	-	2,320,501	-
(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	<input checked="" type="checkbox"/>	

	Change	
(4)	Ordinary	Capital
Impact of Tax-Planning Strategies		
(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	(2,182,731)	-
(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	(2,182,731)	-
(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	<u>12/31/2014</u>	<u>12/31/2013</u>	<u>Change</u>
(a) Federal	\$ 2,079,864	\$ 3,426,982	\$ (1,347,118)
(b) Foreign	-	-	-
(c) Subtotal	\$ 2,079,864	\$ 3,426,982	\$ (1,347,118)
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ 2,079,864	\$ 3,426,982	\$ (1,347,118)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

(2) Deferred Tax Assets	<u>12/31/2014</u>	<u>12/31/2013</u>	<u>Change</u>
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 51,290	97,396	(46,106)
(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	26,970	2,167,739	(2,140,769)
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other	55,969	51,825	4,144
Subtotal	\$ 137,770	\$ 2,320,501	\$ (2,182,731)
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	\$ 137,770	\$ 2,320,501	\$ (2,182,731)
(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	\$ 137,770	\$ 2,320,501	\$ (2,182,731)
(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	-	-	-
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other	-	-	-
Subtotal	-	-	-
(b) Capital			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other	-	-	-
Subtotal	-	-	-
(c) Deferred tax liabilities	-	-	-
(4) Net deferred tax assets/liabilities	\$ 137,770	\$ 2,320,501	\$ (2,182,731)

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, 2014 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

	<u>2014</u>	% of Pre-tax <u>Income</u>
Provision computed at statutory rate	1,079,029	35.68%
Change in non-admitted assets	2,146,671	70.99%
ACA Insurer Fee	1,036,899	34.29%
Other	(4)	0.00%
Total statutory income tax	4,262,595	140.96%

	<u>2014</u>	% of Pre-tax <u>Income</u>
Federal income taxes incurred	\$ 2,079,864	68.78%
Change in net deferred income taxes	2,182,731	72.18%
Total statutory income tax	\$ 4,262,595	140.96%

E. Net Operating Loss Carryforwards

1. At December 31, 2014, 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:

12/31/2014 (current year)	\$	2,058,947
12/31/2013 (first prior year)		\$3,596,061

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, 2014.

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, 2014. 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

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.

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 2014 and 2013 the Company incurred \$5,546,689 and \$15,637,000 for services under the management agreement with CHMI. At December 31, 2014 and 2013, respectively, amounts due (to)/from CHMI related to the management fees were (\$997,348) and \$4,848,882

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

NOTES TO FINANCIAL STATEMENTS

reimburses CHMI for these expenses processed and paid on the Company's behalf. Amounts due from CHMI related to these transactions were \$4,853 and \$1,309,333 as of December 31, 2014 and 2013, 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. Effective August 1, 2013, the Company is no longer directly charged its rent expense by CHMI. Lease payments made by CHMI to lessors and directly charged to the Company amounted to \$0 and \$171,182 during the years ended December 31, 2014 and 2013, respectively.

Affiliated Reinsurance Agreement

The Company had a reinsurance agreement with an affiliated company, Comprehensive Reinsurance Ltd ("CRL") in 2013 and 2014. The agreement was terminated effective December 31, 2014. See Note 23 for additional information.

Dividends

The Company paid an extraordinary dividend to the Parent Company, WellCare Management Group, Inc., on September 12, 2014 totaling \$14,000,000.

D. Intercompany Balances - At December 31, 2014, the Company reported \$6,514 (non-admitted) receivable from parent, subsidiaries and affiliates and \$1,062,703 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 turn owned by WellCare Health Plans, Inc., an insurance holding company domiciled in the State of Delaware.

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

11. Debt

A. Debt – None

B. Federal Home Loan Bank Agreements – 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., on September 12, 2014 totaling \$14,000,000.

5. *Dividend Capacity and Required Minimum Capital* – The amount available for dividend distribution during 2015 is \$3,321,092, which is 10% of capital and surplus. 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, 2014, the Company's required minimum capital and surplus was \$5,237,544 and the total actual capital and surplus was \$33,210,924.

6. *Restrictions on Unassigned Funds* – None.

7. *Amount of Advances to Surplus, Not Repaid* – None.

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 \$92,943. 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. Liabilities, Contingencies and Assessments

NOTES TO FINANCIAL STATEMENTS

- 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. Joint and Several Liabilities – None.

- F. All Other Contingencies – 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.

15. Leases

Rental expenses for operating leases reported in the Company's operations for the years ended December 31, 2014 and 2013 were \$0 and \$171,182, respectively. Beginning in August 2013, all operating lease payments were made by CHMI. All of the Company's operating leases have been modified and the lessee was changed from the Company to CHMI.

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

- A. Transfers of Receivables Reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales – 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, 2014 and 2013.

The estimated fair value of financial instruments presented in Note 5 were determined by the Company using market information available as of December 31, 2014 and 2013 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

NOTES TO FINANCIAL STATEMENTS

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

21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures and Unusual Items – The Company no longer participates in the Ohio Medicaid market as of July 1, 2013.
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-Transferable Tax Credits – None
- F. Subprime Mortgage Related Risk Exposure – None
- G. Retained Assets – None

22. Events Subsequent

Exit of Ohio Market

In the plan year 2015, the Company will no longer be offering Medicare plans in Ohio.

ACA Industry Fee

The Affordable Care Act imposes an annual fee on health insurers, payable to the U.S. government, calculated on net premiums and third-party administrative agreement fees. The accounting guidance states the liability and expense are recognized on January 1, 2014 and each year thereafter. By September 30, 2014 and each year thereafter the liability must be paid. In accordance with SSAP No. 35R, *Guaranty Fund and Other Assessments*, the Company paid and expensed \$2,962,569 in 2014. The expense is included on Page 4, Line 21, General administrative expenses, of the Statement of Revenues and Expenses.

Beginning January 31, 2014 and each year thereafter, the estimate for the following years fee is accrued monthly and separately segregated within surplus as an aggregate write-in. The estimated 2015 fee of \$889,000, which is subject to change based on the actual outcome of the Company's and the industry's total taxable premiums for 2014, is reported on Line 25 of Page 3, Liabilities, Capital and Surplus, Aggregate write-ins for special surplus funds.

The Company recognized \$3,848,431 of expected reimbursement of the 2014 ACA fee, for the year ending December 31, 2014 premium revenue resulting from our agreement that we reached with our former Medicaid customer in Ohio for the portion of the ACA industry fee attributable to the Medicaid program.

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	\$ 889,000	\$ 2,800,000
B. ACA fee assessment paid	\$ 2,962,569	\$ -
C. Premium written subject to ACA 9010 assessment	\$ 46,860,914	\$ 199,094,000
D. Total Adjusted Capital before surplus adjustment	\$ 33,210,924	
E. Authorized Control Level before surplus adjustment	\$ 1,745,848	
F. Total Adjusted Capital after surplus adjustment	\$ 32,321,924	
G. Authorized Control Level after surplus adjustment	\$ 1,782,297	
H. Would reporting the ACA assessment as of December 31, 2014 have triggered an RBC action level?	No	

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's reinsurance agreement with a non-affiliated company had a retention limit of \$500,000 for Medicare and

NOTES TO FINANCIAL STATEMENTS

\$1,000,000 for Medicaid business for the years ended December 31, 2014 and 2013, respectively. Premiums paid under this non-affiliated reinsurance agreement were \$49,673 and \$268,874 in 2014 and 2013, respectively. Recoveries under this policy were (\$886,874) and (\$68,954) in 2014 and 2013, respectively.

The Company also had a reinsurance agreement with an affiliate, CRL, that has a retention limit of \$50,000 for the years ended December 31, 2014 and 2013, respectively. The agreement was terminated effective December 31, 2014. 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 with CRL were \$1,868,225 and \$2,264,615 for the years ended December 31, 2014 and 2013, respectively. Recoveries under this policy were \$4,449,302 and \$5,134,203 for the same period in 2014 and 2013, respectively.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. B. C. D. – Not applicable.
E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Not applicable.

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 \$2,813,658 during 2014. This is approximately 18% of unpaid claims expenses of \$15,670,713 as of December 31, 2013. 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, 2014 was impacted by approximately \$1,664,798 of net unfavorable development related to prior years. This development is primarily the result of the 2013 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 \$497,692 and \$2,403,538 respectively, for the years ended December 31, 2014 and December 31, 2013.

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, 2014 total \$850,209 of which \$25,806 is aged ninety days or older and is non-admitted.

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

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-2014	411,894				
30-Sep-2014	419,381	432,006	19,499		
30-Jun-2014	381,088	384,066	312,982	69,297	
31-Mar-2014	356,494	359,793	343,282	1,294	1,151
31-Dec-2013	369,715	384,987	369,765	21,157	1,059
30-Sep-2013	389,574	405,326	375,701	15,147	10,191
30-Jun-2013	886,002	896,330	880,229	7,011	2,034
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

29. Participating Policies

None.

30. Premium Deficiency Reserves

NOTES TO FINANCIAL STATEMENTS

None.

31. Anticipated Salvage and Subrogation

None.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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 [] 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 [] No [] N/A []
Ohio.....

1.3 State Regulating?.....

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 []
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 [] No [] N/A []
Yes [] No [] N/A []

3.6 Have all of the recommendations within the latest financial examination report been complied with?.....

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 []
4.12 renewals? Yes [] No []
Yes [] No []

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 []
4.22 renewals? Yes [] No []
Yes [] No []

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

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 []
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 []
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
.....
.....
.....
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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?
Larry Smart (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 [X] No []

14.21 If the response to 14.2 is yes, provide information related to amendment(s)
Minor revisions and clarifications of existing provisions. Adopted by Board of Directors on June 27, 2014.....

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).

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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 \$.....

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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 [] 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 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$.....406,118
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) 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 []

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [] No [] N/A []

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 []

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 []

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 []

28.04 If yes, give full and complete information relating thereto:

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

GENERAL INTERROGATORIES

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
.....
.....
.....
.....

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.....	6,372,966	6,372,693	(273)
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	6,372,966	6,372,693	(273)

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:

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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	\$ 45,085,434	\$ 199,562,062
2.2	Premium Denominator	\$ 45,085,434	\$ 199,562,062
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	\$ 3,483,544	\$ 15,670,713
2.5	Reserve Denominator	\$ 3,483,544	\$ 15,670,713
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	..... 13,000
	8.2 Number of providers at end of reporting year	..... 14,100
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	.....

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

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?

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

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

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.....	
Geauga.....	
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.

\$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [] No [X] N/A []

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded) \$.....

15.2 Total incurred claims \$.....

15.3 Number of covered lives.....

*Ordinary Life Insurance Includes	
Term (whether full underwriting, limited underwriting, jet issue, "short form app")	
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")	
Variable Life (with or without Secondary Guarantee)	
Universal Life (with or without Secondary Guarantee)	
Variable Universal Life (with or without Secondary Guarantee)	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

FIVE - YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	44,766,158	63,703,546	96,025,989	104,396,443	101,003,461
2. Total liabilities (Page 3, Line 24)	11,555,234	21,437,253	41,813,995	43,490,396	47,509,197
3. Statutory surplus	5,237,544	19,304,370	28,265,145	22,773,393	22,608,876
4. Total capital and surplus (Page 3, Line 33)	33,210,924	42,266,293	54,211,994	60,906,047	53,494,264
Income Statement (Page 4)					
5. Total revenues (Line 8)	45,085,434	199,562,062	313,925,301	260,036,893	238,707,104
6. Total medical and hospital expenses (Line 18)	33,179,460	160,235,844	245,897,924	195,207,982	192,860,847
7. Claims adjustment expenses (Line 20)	1,098,958	5,294,806	8,369,416	7,719,681	7,680,313
8. Total administrative expenses (Line 21)	7,848,488	23,290,392	49,623,982	44,994,839	42,550,001
9. Net underwriting gain (loss) (Line 24)	2,958,528	10,741,020	10,033,979	12,114,391	(4,384,057)
10. Net investment gain (loss) (Line 27)	124,410	216,847	243,818	350,375	371,090
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	1,003,074	7,530,885	6,792,038	8,000,903	(1,378,955)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(12,353,485)	1,489,361	3,493,518	(4,090,948)	(5,543,171)
Risk-Based Capital Analysis					
14. Total adjusted capital	33,210,924	42,266,293	54,211,994	60,906,047	53,494,264
15. Authorized control level risk-based capital	1,745,848	6,434,790	9,421,715	7,591,131	7,536,331
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	3,801	4,717	102,150	105,590	103,843
17. Total members months (Column 6, Line 7)	49,771	623,302	1,273,269	1,255,841	1,247,158
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)	73.6	80.3	78.3	75.1	80.8
20. Cost containment expenses	1.1	1.2	1.2	1.1	1.2
21. Other claims adjustment expenses	1.3	1.4	1.5	1.8	2.0
22. Total underwriting deductions (Line 23)	93.4	94.6	96.8	95.3	101.8
23. Total underwriting gain (loss) (Line 24)	6.6	5.4	3.2	4.7	(1.8)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	12,857,054	19,785,752	24,827,304	14,516,572	12,707,502
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	15,670,713	21,174,643	25,832,688	26,334,343	20,841,826
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					
31. All other affiliated					
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

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare of Ohio, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

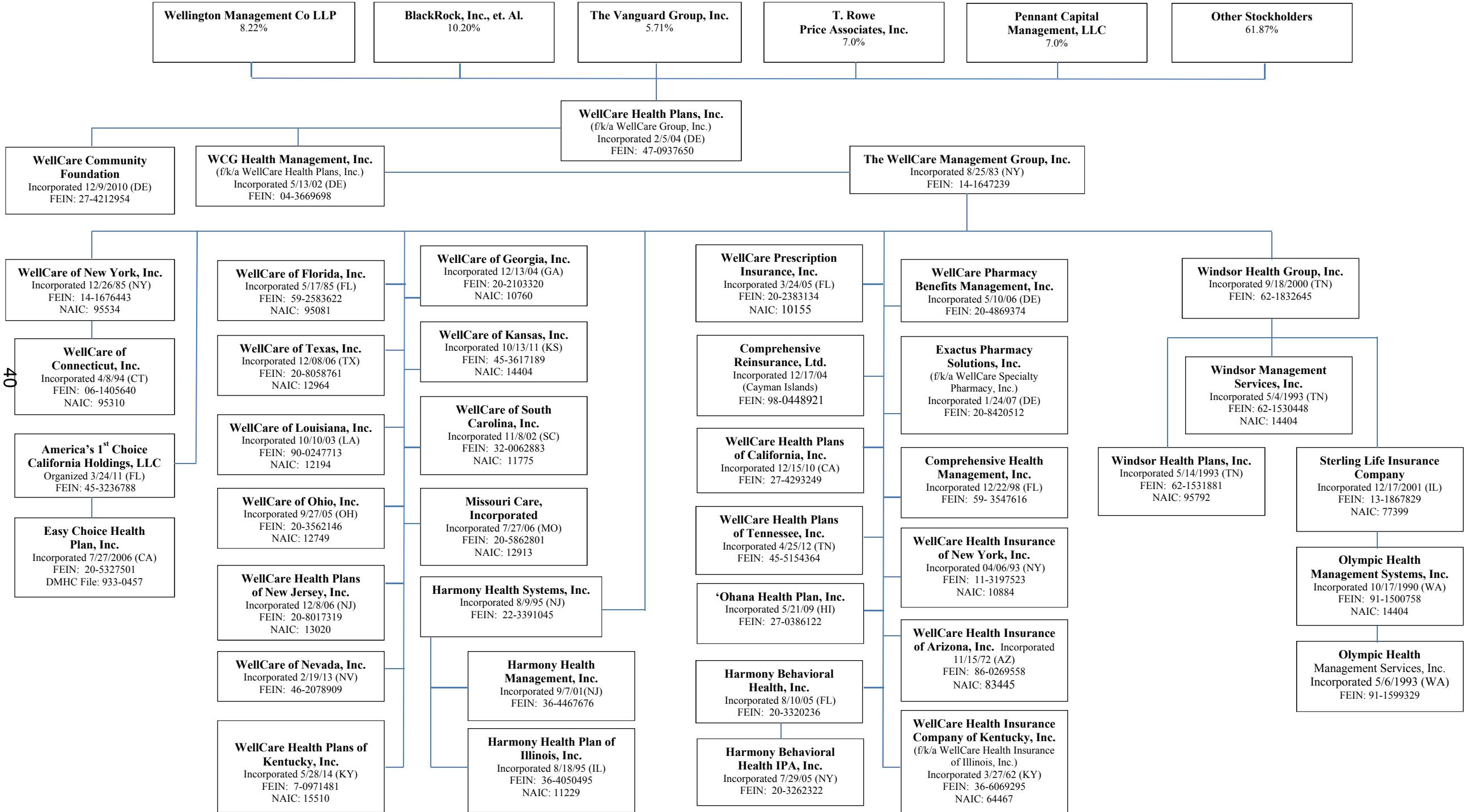
State, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type 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	46,143,018	860,315				47,003,333	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
59. Subtotal		XXX	0	46,143,018	860,315	0	0	47,003,333	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)	(a)	1	0	46,143,018	860,315	0	0	47,003,333	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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	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, 2014



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