



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
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				Tampa, FL, US 33634			
	(Street and Number)				(City or Town, State, Country and Zip Code)			
Main Administrative Office	8735 Henderson Road							
	Tampa, FL, US 33634				813-290-6200			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	P.O. Box 31391				Tampa, FL, US 33631-3391			
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	8735 Henderson Road							
	Tampa, FL, US 33634				813-290-6200			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.wellcare.com							
Statutory Statement Contact	Mike Wasik				813-206-2725			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	michael.wasik@wellcare.com				813-675-2899			
	(E-Mail Address)				(Fax Number)			

OFFICERS

Name	Title	Name	Title
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

David Thomas Reynolds	Region President		
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DIRECTORS OR TRUSTEES

David Thomas Reynolds	Maurice Sebastian Hebert	Blair Williams Todt	Andrew Lynn Asher
Kenneth 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 [X] No []
		b. If no:
		1. State the amendment number
		2. Date filed
		3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	4,434,413		4,434,413	4,541,005
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 (\$5,296,114 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$77,845 , Schedule DA).....	5,373,959		5,373,959	30,633,419
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.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)	9,808,372	.0	9,808,372	35,174,424
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued	36,453		36,453	43,924
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,038,415		3,038,415	3,443,481
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 (\$) and contracts subject to redetermination (\$)	342,561		342,561	423,820
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	230,613		230,613	932,244
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	2,673,426		2,673,426	2,553,846
18.1 Current federal and foreign income tax recoverable and interest thereon	1,068,829		1,068,829	.0
18.2 Net deferred tax asset.....	21,089		21,089	137,770
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	7,343	7,343	.0	.0
24. Health care (\$0) and other amounts receivable.....	39,695	39,695	.0	2,046,717
25. Aggregate write-ins for other-than-invested assets	115,147	.0	115,147	9,932
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	17,381,943	47,038	17,334,905	44,766,158
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	17,381,943	47,038	17,334,905	44,766,158
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. State tax recoverable.....	115,147		115,147	9,932
2502.			.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)	115,147	0	115,147	9,932

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	99,597		99,597	3,483,544
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	616		616	53,649
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	26,839		26,839	3,265,022
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....			0	155,332
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	3,369,982		3,369,982	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	255		255	1,062,703
16. Derivatives.....		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	2,707,347
20. Reinsurance in unauthorized and certified (\$) companies.....			0	747,085
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)	78,481	0	78,481	80,552
24. Total liabilities (Lines 1 to 23).....	3,575,770	0	3,575,770	11,555,234
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	889,000
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	3,198,500	23,198,500
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	10,559,135	9,121,924
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	13,759,135	33,210,924
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	17,334,905	44,766,158
DETAILS OF WRITE-INS				
2301. Unclaimed property payable.....	78,481		78,481	80,552
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)	78,481	0	78,481	80,552
2501. ACA Industry Fee (following year).....	XXX	XXX	0	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	0	889,000
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	0	49,771
2. Net premium income (including \$0 non-health premium income).....	XXX	130,202	45,085,434
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	130,202	45,085,434
Hospital and Medical:			
9. Hospital/medical benefits		(1,449,794)	30,173,835
10. Other professional services		34,194	574,301
11. Outside referrals			0
12. Emergency room and out-of-area		8,588	2,646,485
13. Prescription drugs		(1,633)	3,347,267
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	(1,408,645)	36,741,888
Less:			
17. Net reinsurance recoveries		(2,124,424)	3,562,428
18. Total hospital and medical (Lines 16 minus 17)	0	715,779	33,179,460
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$0 cost containment expenses.....		(53,033)	1,098,958
21. General administrative expenses.....		(63,818)	7,848,488
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	598,928	42,126,906
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(468,726)	2,958,528
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		116,867	124,410
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	116,867	124,410
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(351,859)	3,082,938
31. Federal and foreign income taxes incurred	XXX	(223,761)	2,079,864
32. Net income (loss) (Lines 30 minus 31)	XXX	(128,098)	1,003,074
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	33,210,924	42,266,293
34. Net income or (loss) from Line 32	(128,098)	1,003,074
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	(116,681)	(2,182,731)
39. Change in nonadmitted assets	45,905	6,133,345
40. Change in unauthorized and certified reinsurance	747,085	(9,057)
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	(20,000,000)	(14,000,000)
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(19,451,789)	(9,055,369)
49. Capital and surplus end of reporting year (Line 33 plus 48)	13,759,135	33,210,924
DETAILS OF WRITE-INS		
4701.		0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

Cash from Operations	1	2
	Current Year	Prior Year
1. Premiums collected net of reinsurance	3,986,508	43,951,645
2. Net investment income	230,931	99,202
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	4,217,439	44,050,847
5. Benefit and loss related payments	2,542,848	44,199,542
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	3,399,160	9,378,555
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	1,000,400	2,826,235
10. Total (Lines 5 through 9)	6,942,408	56,404,332
11. Net cash from operations (Line 4 minus Line 10)	(2,724,969)	(12,353,485)
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	0	4,136,576
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)	0	4,136,576
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)	0	(4,136,576)
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	(20,000,000)	(14,000,000)
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(2,534,491)	8,171,116
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(22,534,491)	(5,828,884)
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)	(25,259,460)	(22,318,945)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	30,633,419	52,952,363
19.2 End of year (Line 18 plus Line 19.1)	5,373,959	30,633,419

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WellCare of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	130,202	.0	.0	.0	.0	.0	(78,089)	208,291	.0	.0
2. Change in unearned premium reserves and reserve for rate credit	.0									
3. Fee-for-service (net of \$ medical expenses)	.0									XXX
4. Risk revenue.....	.0									XXX
5. Aggregate write-ins for other health care related revenues.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6).....	130,202	.0	.0	.0	.0	.0	(78,089)	208,291	.0	.0
8. Hospital/medical benefits	(1,449,794)						(981,194)	(468,600)		XXX
9. Other professional services	34,194						33,602	592		XXX
10. Outside referrals	.0									XXX
11. Emergency room and out-of-area	8,588						2,580	6,008		XXX
12. Prescription drugs	(1,633)						167	(1,800)		XXX
13. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	.0									XXX
15. Subtotal (Lines 8 to 14)	(1,408,645)	.0	.0	.0	.0	.0	(944,845)	(463,800)	.0	XXX
16. Net reinsurance recoveries	(2,124,424)						(2,124,424)			XXX
17. Total hospital and medical (Lines 15 minus 16)	715,779	.0	.0	.0	.0	.0	1,179,579	(463,800)	.0	XXX
18. Non-health claims (net)	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ cost containment expenses.....	(53,033)						(42,636)	(10,397)		
20. General administrative expenses	(63,818)						19,199	(83,017)		
21. Increase in reserves for accident and health contracts	.0									XXX
22. Increase in reserves for life contracts.....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	598,928	.0	.0	.0	.0	.0	1,156,142	(557,214)	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(468,726)	0	0	0	0	0	(1,234,231)	765,505	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	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	(77,639)		450	(78,089)
7. Title XIX - Medicaid.....	207,449		(842)	208,291
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	129,810	0	(392)	130,202
10. Life				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	129,810	0	(392)	130,202

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	3,827,400						3,181,643	645,757		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	1,284,554						7,500,180	(6,215,626)		
1.4 Net	2,542,846	0	0	0	0	0	(4,318,537)	6,861,383	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	99,597	0	0	0	0	0	99,597	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	99,597	0	0	0	0	0	99,597	0	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).....	(855,249)						(855,250)	1		
7. Amounts recoverable from reinsurers December 31, current year	230,613						230,613			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	6,190,891	0	0	0	0	0	5,081,335	1,109,556	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	2,707,347	0	0	0	0	0	2,707,347	0	0	0
8.4 Net	3,483,544	0	0	0	0	0	2,373,988	1,109,556	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	932,244	0	0	0	0	0	7,147,870	(6,215,626)	0	0
12. Incurred benefits:										
12.1 Direct	(1,408,645)	0	0	0	0	0	(944,845)	(463,800)	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	(2,124,424)	0	0	0	0	0	(2,124,424)	0	0	0
12.4 Net	715,779	0	0	0	0	0	1,179,579	(463,800)	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	22,991						22,991			
1.2. Reinsurance assumed	.0									
1.3. Reinsurance ceded	.0									
1.4. Net	22,991	.0	.0	.0	.0	.0	22,991	.0	.0	.0
2. Incurred but Unreported:										
2.1. Direct	76,606						76,606			
2.2. Reinsurance assumed	.0									
2.3. Reinsurance ceded	.0									
2.4. Net	76,606	.0	.0	.0	.0	.0	76,606	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	.0									
3.2. Reinsurance assumed	.0									
3.3. Reinsurance ceded	.0									
3.4. Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1. Direct	99,597	.0	.0	.0	.0	.0	99,597	.0	.0	.0
4.2. Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net	99,597	.0	.0	.0	.0	.0	99,597	.0	.0	.0

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	3,493,664		99,597		3,593,261	2,373,988
7. Title XIX - Medicaid.....	645,757				645,757	1,109,556
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	4,139,421	0	99,597	0	4,239,018	3,483,544
10. Healthcare receivables (a).....	39,695				39,695	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	4,099,726	0	99,597	0	4,199,323	3,483,544

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	49,317	49,317	49,317	49,317	49,317
2. 2011.....	19,352	22,601	22,601	22,601	22,601
3. 2012.....	XXX	35,760	39,346	39,346	39,346
4. 2013.....	XXX	XXX	43,170	47,137	47,137
5. 2014.....	XXX	XXX	XXX	33,580	37,034
6. 2015.....	XXX	XXX	XXX	XXX	0

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	49,348	49,317	49,317	49,317	49,317
2. 2011.....	22,160	22,610	22,601	22,601	22,601
3. 2012.....	XXX	41,319	39,235	39,346	39,346
4. 2013.....	XXX	XXX	48,228	47,155	47,137
5. 2014.....	XXX	XXX	XXX	35,936	37,134
6. 2015.....	XXX	XXX	XXX	XXX	0

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. 2011.....	27,960	22,601		0.0	22,601	80.8			22,601	80.8
2. 2012.....	48,033	39,346		0.0	39,346	81.9			39,346	81.9
3. 2013.....	50,508	47,137		0.0	47,137	93.3			47,137	93.3
4. 2014.....	44,225	37,034		0.0	37,034	83.7	100		37,134	84.0
5. 2015.....	(78)	0		0.0	0	0.0	0	1	1	(1.3)

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	710,530	710,530	710,530	710,530	710,530
2. 2011.....	161,007	183,521	183,521	183,521	183,521
3. 2012.....	XXX	189,033	205,523	205,523	205,523
4. 2013.....	XXX	XXX	102,494	110,256	110,256
5. 2014.....	XXX	XXX	XXX	57	703
6. 2015.....	XXX	XXX	XXX	XXX	0

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	709,666	710,530	710,530	710,530	710,530
2. 2011.....	184,865	182,576	183,521	183,521	183,521
3. 2012.....	XXX	205,584	205,343	205,523	205,523
4. 2013.....	XXX	XXX	113,397	111,366	110,256
5. 2014.....	XXX	XXX	XXX	57	703
6. 2015.....	XXX	XXX	XXX	XXX	0

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. 2011.....	232,077	183,521		0.0	183,521	79.1			183,521	79.1
2. 2012.....	265,893	205,523		0.0	205,523	77.3			205,523	77.3
3. 2013.....	149,054	110,256		0.0	110,256	74.0			110,256	74.0
4. 2014.....	860	703		0.0	703	81.7			703	81.7
5. 2015.....	208	0		0.0	0	0.0			0	0.0

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	759,847	759,847	759,847	759,847	759,847
2. 2011.....	180,359	206,122	206,122	206,122	206,122
3. 2012.....	XXX	224,793	244,869	244,869	244,869
4. 2013.....	XXX	XXX	145,664	157,393	157,393
5. 2014.....	XXX	XXX	XXX	33,637	37,737
6. 2015.....	XXX	XXX	XXX	XXX	0

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	759,014	759,847	759,847	759,847	759,847
2. 2011.....	207,025	205,186	206,122	206,122	206,122
3. 2012.....	XXX	246,903	244,578	244,869	244,869
4. 2013.....	XXX	XXX	161,625	158,521	157,393
5. 2014.....	XXX	XXX	XXX	35,993	37,837
6. 2015.....	XXX	XXX	XXX	XXX	0

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. 2011.....	260,037	206,122	0	0.0	206,122	79.3	0	0	206,122	79.3
2. 2012.....	313,926	244,869	0	0.0	244,869	78.0	0	0	244,869	78.0
3. 2013.....	199,562	157,393	0	0.0	157,393	78.9	0	0	157,393	78.9
4. 2014.....	45,085	37,737	0	0.0	37,737	83.7	100	0	37,837	83.9
5. 2015.....	130	0	0	0.0	0	0.0	0	1	1	0.8

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	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	NONE							
10. Reserve for future contingent benefits	.0								
11. Aggregate write-ins for other claim reserves	.0								
12. Totals (gross)	.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.

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)		(1,353)	0		(1,353)
2. Salaries, wages and other benefits		(21,423)	0		(21,423)
3. Commissions (less \$ceded plus \$assumed)			0		0
4. Legal fees and expenses		(1,990)	0		(1,990)
5. Certifications and accreditation fees		0	0		0
6. Auditing, actuarial and other consulting services		(261)	0		(261)
7. Traveling expenses		(422)	0		(422)
8. Marketing and advertising		(100)	(560)		(660)
9. Postage, express and telephone		(2,599)	0		(2,599)
10. Printing and office supplies		(3,121)	0		(3,121)
11. Occupancy, depreciation and amortization		(3,032)	0		(3,032)
12. Equipment		(137)	0		(137)
13. Cost or depreciation of EDP equipment and software		(2,443)	0		(2,443)
14. Outsourced services including EDP, claims, and other services		(12,678)	10,063		(2,615)
15. Boards, bureaus and association fees		(1,729)	420		(1,309)
16. Insurance, except on real estate		(359)	0		(359)
17. Collection and bank service charges		(196)	0		(196)
18. Group service and administration fees		0	0		0
19. Reimbursements by uninsured plans		0	0		0
20. Reimbursements from fiscal intermediaries		0	0		0
21. Real estate expenses		0	0		0
22. Real estate taxes		0	0		0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes		74	(13,465)		(13,391)
23.2 State premium taxes		0	(60,276)		(60,276)
23.3 Regulatory authority licenses and fees		0	0		0
23.4 Payroll taxes		(1,264)	0		(1,264)
23.5 Other (excluding federal income and real estate taxes)		0	0		0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	0	(53,033)	(63,818)	0	(a) .....(116,851)
27. Less expenses unpaid December 31, current year		616	26,839		27,455
28. Add expenses unpaid December 31, prior year	0	53,649	3,265,022	0	3,318,671
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)	0	0	3,174,365	0	3,174,365
DETAILS OF WRITE-INS					
2501.					0
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

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

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....2,675	2,672
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....46,423	46,423
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated)	0	.....
2.21	Common stocks of affiliates	0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....181,833	67,772
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	230,931	116,867
11.	Investment expenses		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		116,867
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$accrual of discount less \$106,592 amortization of premium and less \$0 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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0	0	0
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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 and contracts subject to redetermination	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	7,343	6,514	(829)
24. Health care and other amounts receivable.....	39,695	70,542	30,847
25. Aggregate write-ins for other-than-invested assets	0	15,887	15,887
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	47,038	92,943	45,905
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	47,038	92,943	45,905
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Other non-admitted assets (prepaids).....		15,887	15,887
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)	0	15,887	15,887

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.....	3,801	.0	.0	.0	.0	.0
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	3,801	0	0	0	0	0
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 and Going Concern

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, results of operations, and cash flows 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 (loss) 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>2015</u>	<u>2014</u>
Net Income (Loss) - Ohio Basis	\$ (128,098)	\$ 1,003,074
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Net Income (Loss) - NAIC SAP	<u>\$ (128,098)</u>	<u>\$ 1,003,074</u>
	Balance at December 31,	
	<u>2015</u>	<u>2014</u>
Statutory Capital and Surplus - Ohio Basis	\$ 13,759,135	\$ 33,210,924
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Statutory Capital and Surplus - NAIC SAP	<u>\$ 13,759,135</u>	<u>\$ 33,210,924</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

Net Premium Income

The Company earns net premium income through participation in Medicare programs, including the Medicare Part D prescription drug program (“Part D plans”). Medicare contracts with the Center for Medicare and Medicaid Services (“CMS”) renew annually. Medicare establish fixed, monthly premium rates per member, which are generally determined at the beginning of each new contract renewal period; however, premiums may be adjusted by throughout the terms of the contracts in certain cases. Premium rate changes are recognized in the period the change becomes effective, when the effect of the change in the rate is reasonably estimable, and collection is assured.

Risk-Adjusted Premiums and Risk Corridor Provisions

CMS provides risk-adjusted payments for Part D Plans based on the demographics and health severity of enrollees. The Company develops their 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. The Company’s Part D plan premiums are also subject to risk sharing through the CMS risk corridor provisions. The risk corridor calculation compares the Company’s 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 the Company’s submitted plan year bid. The Company receives additional premium from CMS if their actual experience is more than 5% above the target amount. The Company refunds premiums to CMS if their 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 net premium income.

Medicare Minimum Loss Ratio

Beginning in 2014, the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation

NOTES TO FINANCIAL STATEMENTS

Act of 2010 (collectively, the "ACA"), requires the establishment of a minimum medical loss ratio ("MLR") for Medicare Advantage plans and Part D 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 total spending on quality improvement activities and dividing the total by earned premiums (after subtracting specific identified taxes and other fees). No refund was due or payable to CMS for this provision in 2015 or 2014.

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. *Investment in Subsidiaries, Controlled and Affiliated Companies* - None.
8. *Investments in Joint Ventures, Partnerships and Limited Liability Companies* - None.
9. *Derivatives* - None.

10. *Premium Deficiency* - the Company's contracts are evaluated to determine if it is probable that a loss will be incurred. A premium deficiency reserve ("PDR") is established when it is probable that expected claims payments or incurred costs, claims adjustment expenses, and administration expenses will exceed future premiums and reinsurance recoveries for the remainder of a contract period. For purposes of determining a PDR, investment income is excluded and contracts are grouped in a manner consistent with the method of marketing, servicing and measuring the profitability of such contracts. A PDR is recorded as an aggregate health policy reserves and as an increase in reserves for life and accident and health contracts. Once established, a PDR is reduced over the contract period as an offset to actual losses. The PDR estimates are re-evaluated each reporting period and, if estimated future losses differ from those in the current PDR estimate, the liability is adjusted through increase in reserves for life and accident and health contracts, as necessary. The Company had no PDR liability recorded within its liabilities as of December 31, 2015 and 2014.

11. *Unpaid Losses and Loss Adjustment Expenses* - The Company recognizes the cost of medical benefits in the period in which services are provided, including an estimate of the cost of medical benefits incurred but not reported ("IBNR"). Medical benefits incurred and claims adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members.

The Company also records direct medical expenses for estimated referral claims related to health care providers under contract with the Company 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, the Company may be required to honor these obligations for legal or business reasons. Based on the current assessment of providers under contract with the Company, such losses have not been and are not expected to be significant. The Company records direct medical expense for 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.

Claims unpaid represents amounts for claims fully adjudicated but not yet paid and estimates for IBNR. The Company's estimate of IBNR is the most significant estimate included in the financial statements. The Company determines the best estimate of the base liability for IBNR utilizing consistent standard actuarial methodologies based upon key assumptions which vary by business segment. The assumptions include current payment experience, trend factors, and completion factors. Trend factors in 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, benefit 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, the Company makes 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. This additional liability is referred to as the provision for moderately adverse conditions. The estimate of the provision for moderately adverse conditions captures the potential adverse development from factors such as:

- entry into new geographical markets;
- provision of services to new populations such as the aged, blind and disabled;
- variations in utilization of benefits and increasing medical costs, including higher drug 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 or enterovirus.

NOTES TO FINANCIAL STATEMENTS

The Company considers the base actuarial model liability and the provision for moderately adverse conditions as part of the overall assessment of the IBNR estimate to properly reflect the complexity of its business, the number of states in which it operates, and the need to account for different health care benefit packages among those states. The Company evaluates estimates of medical benefits payable as it obtains more complete claims information and medical expense trend data over time. The Company records differences between actual experience and estimates used to establish the liability, which is referred to as favorable and unfavorable prior period developments, as increases or decreases to medical benefits expense in the period the Company identifies 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.

D. Going Concern – None.

2. Accounting Changes and Correction of Errors

None.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

The Company did not renew its contract to offer Medicare Advantage (MA) plans in 2015 or beyond, and effective January 1, 2015, the Company is no longer underwriting new MA premiums.

The amounts related to discontinued operations balances is as follows:

Balance Sheet December 31, 2015

Assets

a. Line 5	Cash	\$	-
b. Line 28	Totals		11,117,056

Liabilities, Surplus and Other Funds

c. Line 24	Total Liabilities		101,759
d. Line 33	Total Capital and Surplus		11,015,297
e. Line 34	Total	\$	11,117,056

Statement of Revenue and Expenses December 31, 2015

f. Line 2	Premium	\$	(78,089)
g. Line 22	Increase in aggregate reserves for accident & health (current year less prior year)		-
h. Line 31	Federal and foreign income taxes incurred		(829,472)
i. Line 26	Net realized capital gains (losses)		-
j. Line 32	Net income	\$	(474,850)

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
- H. Restricted Assets (Including pledged).

NOTES TO FINANCIAL STATEMENTS

	(1)	(2)	(3)	(4)	(5)	(6)
					Percentage	Percentage
	Total Gross	Total Gross	Increase/	Total Current	Gross	Admitted
	Restricted from	Restricted from	Decrease	Year Admitted	Restricted to	Restricted to
Restricted Asset Category	Current Year	Prior Year	(1 minus 2)	Restricted	Total Assets	Total Admitted 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	401,793	406,118	(4,325)	401,793	2.3%	2.3%
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	-	-	-	-	0.0%	0.0%
o. Total restricted assets	\$ 401,793	\$ 406,118	\$ (4,325)	\$ 401,793	2.3%	2.3%

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, 2015 and 2014 there was no non-admitted accrued interest income.

8. Derivative Instruments
None.

9. Income Taxes

A. Deferred Tax Assets

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

NOTES TO FINANCIAL STATEMENTS

(1)	2015			2014		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 21,089	\$ -	\$ 21,089	\$ 137,770	\$ -	\$ 137,770
(b) Statutory Valuation Allowance Adjustments	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets	21,089	-	21,089	137,770	-	137,770
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset	21,089	-	21,089	137,770	-	137,770
(f) Deferred Tax Liabilities	-	-	-	-	-	-
(g) Net Admitted Deferred Tax Asset/Liability	\$ 21,089	\$ -	\$ 21,089	\$ 137,770	\$ -	\$ 137,770
(2)						
Admission Calculation Components						
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 21,089	\$ -	\$ 21,089	\$ 137,770	\$ -	\$ 137,770
(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	-	-	2,105,307	-	-	4,995,337
(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	\$ 21,089	\$ -	\$ 21,089	\$ 137,770	\$ -	\$ 137,770

(1)	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ (116,681)	\$ -	\$ (116,681)
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets	(116,681)	-	(116,681)
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset	(116,681)	-	(116,681)
(f) Deferred Tax Liabilities	-	-	-
(g) Net Admitted Deferred Tax Asset/Liability	\$ (116,681)	\$ -	\$ (116,681)
(2)			
Admission Calculation Components			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ (116,681)	\$ -	\$ (116,681)
(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	-	-	(2,890,030)
(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	\$ (116,681)	\$ -	\$ (116,681)

(3)	2015	2014
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	2459%	2451%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 14,040,270	\$ 33,413,500

NOTES TO FINANCIAL STATEMENTS

(4) Impact of Tax-Planning Strategies	12/31/2015		12/31/2014	
	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	21,089	-	137,770	-
(2) Percentage of Adjusted Gross DT As By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%	0%	0%
(3) Net Admitted Asjusted Gross DT As Amount From Note 9A1e	21,089	-	137,770	-
(4) Percentage of Net Admitted Adjusted Gross DT As By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes		No	X

(4) Impact of T ax-Planning Strategies	Change	
	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	(116,681)	-
(2) Percentage of Adjusted Gross DT As By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%
(3) Net Admitted Asjusted Gross DT As Amount From Note 9A1e	(116,681)	-
(4) Percentage of Net Admitted Adjusted Gross DT As By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%

B. Unrecognized Deferred Tax Liabilities – None.

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

(1) Current Income Tax	12/31/2015	12/31/2014	Change
(a) Federal	\$ (223,761)	\$ 2,079,864	\$ (2,303,625)
(b) Foreign	-		
(c) Subtotal	\$ (223,761)	\$ 2,079,864	\$ (2,303,625)
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ (223,761)	\$ 2,079,864	\$ (2,303,625)

NOTES TO FINANCIAL STATEMENTS

(2) Deferred Tax Assets	12/31/2015	12/31/2014	Change
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 1,059	51,290	(50,231)
(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	16,463	26,970	(10,507)
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other	26	55,969	(55,943)
Subtotal	\$ 21,089	\$ 137,770	\$ (116,681)
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	\$ 21,089	\$ 137,770	\$ (116,681)
(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	\$ 21,089	\$ 137,770	\$ (116,681)
(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	\$ 21,089	\$ 137,770	\$ (116,681)

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, 2015 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>2015</u>	<u>% of Pre-tax Income</u>
Provision computed at statutory rate	(123,150)	33.71%
Change in non-admitted assets	16,067	-4.40%
Other	3	0.00%
Total statutory income tax	<u>(107,080)</u>	<u>29.31%</u>

	<u>2015</u>	<u>% of Pre-tax Income</u>
Federal income taxes incurred	\$ (223,761)	61.25%
Change in net deferred income taxes	116,681	-31.94%
Total statutory income tax	<u>\$ (107,080)</u>	<u>29.31%</u>

E. Net Operating Loss Carryforwards

1. At December 31, 2015, 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:
- | | |
|-------------------------------|-------------|
| 12/31/2015 (current year) | \$ 0 |
| 12/31/2014 (first prior year) | \$2,064,262 |

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, 2015.

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, 2015. 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 Other 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, future 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 effect on the Company's financial condition, results of operations and cash flows in past, current and future periods reported.

During 2014 the Company incurred \$5,546,689 for services under the management agreement with CHMI. No management fees were paid in 2015. At December 31, 2014, amounts due to CHMI related to the management fees were \$997,348.

In addition to the management services agreement, CHMI also processes and pays: salary related expenses related to the Company's sales and marketing personnel, trade payables and other direct expenses incurred by the Company. The Company reimburses CHMI for these expenses processed and paid on the Company's behalf. Amounts due from CHMI related to these

NOTES TO FINANCIAL STATEMENTS

transactions were \$4,627 and \$4,853 as of December 31, 2015 and 2014, respectively, and were 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.

Amounts due to/from Affiliates resulting from intercompany arrangements are non-interest bearing and are generally settled within 30 days.

Affiliated Reinsurance Agreement

The Company had a reinsurance agreement with an affiliated company, Comprehensive Reinsurance Ltd, in 2014. The agreement was terminated effective December 31, 2014.

Dividends

The Company paid extraordinary cash dividends to the Parent Company, WellCare Management Group, Inc. ("WCMG"), of \$20,000,000 on August 21, 2015 and \$14,000,000 on September 12, 2014.

D. Intercompany Balances - At December 31, 2015, the Company reported \$7,343 (non-admitted) receivable from parent, subsidiaries and affiliates and \$255 payable to parent, subsidiaries and affiliates.

E. Guarantees on Undertakings for the Benefit of an Affiliate – The Company has a Parental Guaranty dated October 14, 2005 by WellCare Health Plans, Inc. delivered to the Ohio Department of Insurance that guarantees that the Company will (i) maintain the capital and surplus at \$1,700,000 or Company Action Level Risk Based Capital as defined in Ohio Revised Code 1753.31 (C), whichever is greater, or such additional surplus as the Superintendent of Insurance requires; and (ii) maintain capital and surplus as funds and investments which are admitted assets under Ohio investment laws.

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

G. Control/Ownership - All outstanding shares of the Company are owned by the Parent Company, The WellCare Management Group, Inc. which is owned by WCG Health Management, Inc. which is in turned owned by WellCare Health Plans, Inc., an insurance holding company domiciled in the State of Delaware.

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, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

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 extraordinary cash dividends to WCMG of \$20,000,000 on August 21, 2015 and \$14,000,000 on September 12, 2014.

5. *Dividend Capacity and Required Minimum Capital* – The amount available for dividend distribution during 2016 is \$1,375,913, 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, 2015, the Company's required minimum capital and surplus was \$2,258,304 and the total actual capital and surplus was \$13,759,136.

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* – Changes in balances of special surplus funds from prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2016.

10. *Unrealized Gains and Losses* – None.

11. *Surplus Notes* – None.

12. *Quasi-Reorganizations* – None.

13. *Effective Date of Quasi-Reorganization* – N/A

NOTES TO FINANCIAL STATEMENTS

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments – None.
- B. Assessments – None.
- C. Gain Contingencies – None.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits
- 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 affect on the Company’s financial position.

15. Leases

None.

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

A. ASO Plans – None

B. ASC Plans – None

C. Medicare of Similarly Structured Cost Based Reimbursement Contract

- 1. None
- 2. As of December 31, 2015 and 2014, the Company has recorded receivables of \$2,673,427 and \$2,553,846, respectively from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 100% of the Company’s amounts receivable from uninsured accident and health plans.
- 3. None
- 4. 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:

The Company’s financial statements include 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, 2015 and 2014.

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

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

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

NOTES TO FINANCIAL STATEMENTS

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 their 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: Not applicable.

- C. None.
- D. None.

21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures and Unusual Items – None
- 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

ACA Annual Fee

The Company inadvertently segregated in surplus an estimated ACA fee of \$889,000 at December 31, 2014. Since the Company no longer offers health insurance in 2015, there was no fee due in 2015 and the \$889,000 was moved back to unassigned funds.

There were no events occurring subsequent to December 31, 2015 requiring disclosure. Subsequent events have been considered through February 22, 2016 for the Statutory statement issued on February 22, 2016.

23. Reinsurance

- A. Ceded Reinsurance Report

Section 1 – General interrogatories

- 1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company?

Yes () No (X) If yes, give full details.
- 2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X) If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- 1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X) If yes, give full details.
 - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.
 - b. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0
- 2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

NOTES TO FINANCIAL STATEMENTS

Yes () No (X) If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A
2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments? N/A

- B. Uncollectible Reinsurance – None.
- C. Commutation of Ceded Reinsurance – None.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None.

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 increased by \$715,779 during 2015. This is approximately 21% of unpaid claims expenses of \$3,483,544 as of December 31, 2014. 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, 2015 was affected by approximately \$995,468 of net favorable development related to prior years.

26. Intercompany Pooling Arrangements

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. There were no pharmacy rebates receivable at December 31, 2015.

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-2015	-	-	-	-	-
30-Sep-2015	-	-	-	-	-
30-Jun-2015	-	-	-	-	-
31-Mar-2015	-	-	-	-	-
31-Dec-2014	411,894	405,264	396,379	20,804	
30-Sep-2014	419,381	432,006	332,003	94,555	2,339
30-Jun-2014	381,088	384,066	312,982	69,740	128
31-Mar-2014	356,494	359,793	343,282	1,294	9,496
31-Dec-2013	369,715	384,987	369,765	13,529	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

- B. Risk sharing receivables billed, received and accrued for three years – None.

29. Participating Policies

NOTES TO FINANCIAL STATEMENTS

None.

30. Premium Deficiency Reserves

The following table summarizes the Company’s premium deficiency reserves as of December 31, 2015:

1. Liability carried for premium deficiency reserves	\$0
2. Date of most recent evaluation of this liability	December 31, 2015
3. Was anticipated investment income utilized in the calculation?	No

31. Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ 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 ☐
- 1.3

State Regulating?

Ohio.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:

.....
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2011
- 3.2

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

.....12/31/2011
- 3.3

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

.....05/03/2013
- 3.4

By what department or departments? Ohio Department of Insurance.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 3.6

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

Yes ☒ No ☐ N/A ☐
- 4.1

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

Yes ☐ No ☒
- 4.12 renewals?

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 ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

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

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

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 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
.....	
.....	
.....	
.....	
.....	

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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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 18A 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?
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.

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

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

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

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

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

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0
- 20.12 To stockholders not officers \$.....0
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....0
- 20.22 To stockholders not officers \$.....0
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?
- Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

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

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

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 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

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

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

401,793

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 [X]

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

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

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

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] 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
Oppenheimer & Co.	New York, NY

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

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.....	4,512,258	4,510,115	(2,143)
30.2 Preferred Stocks.....	0		0
30.3 Totals	4,512,258	4,510,115	(2,143)

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 Investment Analysis Office* been followed?

Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$0
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 34.1 Amount of payments for legal expenses, if any? \$0
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

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

\$0

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

\$

1.31 Reason for excluding

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

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$0

1.62 Total incurred claims

\$0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$0

1.65 Total incurred claims

\$0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$0

1.72 Total incurred claims

\$0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$0

1.75 Total incurred claims

\$0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$130,202	\$	45,085,434
2.2	Premium Denominator	\$130,202	\$	45,085,434
2.3	Premium Ratio (2.1/2.2)	1.000		1.000
2.4	Reserve Numerator	\$99,597	\$	3,483,544
2.5	Reserve Denominator	\$99,597	\$	3,483,544
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:

Company had no membership or operatins in 2015.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$

5.32 Medical Only

\$2,000,000

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

.....19,500

8.2 Number of providers at end of reporting year

.....0

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$.....

10.22 Amount actually paid for year bonuses\$.....

10.23 Maximum amount payable withholds\$.....

10.24 Amount actually paid for year withholds\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [X] No []

11.14 A Mixed Model (combination of above) ?

Yes [] No [X]

Yes [X] No []

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Ohio.....

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

\$.....2,258,304

11.4 If yes, show the amount required.

Yes [] No [X]

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..... |
| Geuga..... |
| Huron..... |
| Lake..... |
| Lorain..... |
| Lucas..... |
| Mahoning..... |
| Medina..... |
| Stark..... |
| Summit..... |
| Trumbull..... |
| Warren..... |
- 13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

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

\$.....

13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

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

\$.....

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 | 2 | 3 | 4 | Assets Supporting Reserve Credit | | |
|--------------|-------------------|--------------------------|----------------|----------------------------------|------------------|-------|
| | | | | 5 | 6 | 7 |
| Company Name | NAIC Company Code | Domiciliary Jurisdiction | Reserve Credit | Letters of Credit | Trust Agreements | 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) |
- 28.1

FIVE - YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	17,334,905	44,766,158	63,703,546	96,025,989	104,396,443
2. Total liabilities (Page 3, Line 24)	3,575,770	11,555,234	21,437,253	41,813,995	43,490,396
3. Statutory minimum capital and surplus requirement	2,258,304	5,237,544	19,304,370	28,265,145	22,773,393
4. Total capital and surplus (Page 3, Line 33)	13,759,135	33,210,924	42,266,293	54,211,994	60,906,047
Income Statement (Page 4)					
5. Total revenues (Line 8)	130,202	45,085,434	199,562,062	313,925,301	260,036,893
6. Total medical and hospital expenses (Line 18)	715,779	33,179,460	160,235,844	245,897,924	195,207,982
7. Claims adjustment expenses (Line 20)	(53,033)	1,098,958	5,294,806	8,369,416	7,719,681
8. Total administrative expenses (Line 21)	(63,818)	7,848,488	23,290,392	49,623,982	44,994,839
9. Net underwriting gain (loss) (Line 24)	(468,726)	2,958,528	10,741,020	10,033,979	12,114,391
10. Net investment gain (loss) (Line 27)	116,867	124,410	216,847	243,818	350,375
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(128,098)	1,003,074	7,530,885	6,792,038	8,000,903
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(2,724,969)	(12,353,485)	1,489,361	3,493,518	(4,090,948)
Risk-Based Capital Analysis					
14. Total adjusted capital.....	13,759,135	33,210,924	42,266,293	54,211,994	60,906,047
15. Authorized control level risk-based capital	752,768	1,745,848	6,434,790	9,421,715	7,591,131
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	0	3,801	4,717	102,150	105,590
17. Total members months (Column 6, Line 7)	0	49,771	623,302	1,273,269	1,255,841
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)	549.7	73.6	80.3	78.3	75.1
20. Cost containment expenses	0.0	1.1	1.2	1.2	1.1
21. Other claims adjustment expenses	(40.7)	1.3	1.4	1.5	1.8
22. Total underwriting deductions (Line 23)	460.0	93.4	94.6	96.8	95.3
23. Total underwriting gain (loss) (Line 24)	(360.0)	6.6	5.4	3.2	4.7
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	4,199,323	12,857,054	19,785,752	24,827,304	14,516,572
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	3,483,544	15,670,713	21,174,643	25,832,688	26,334,343
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

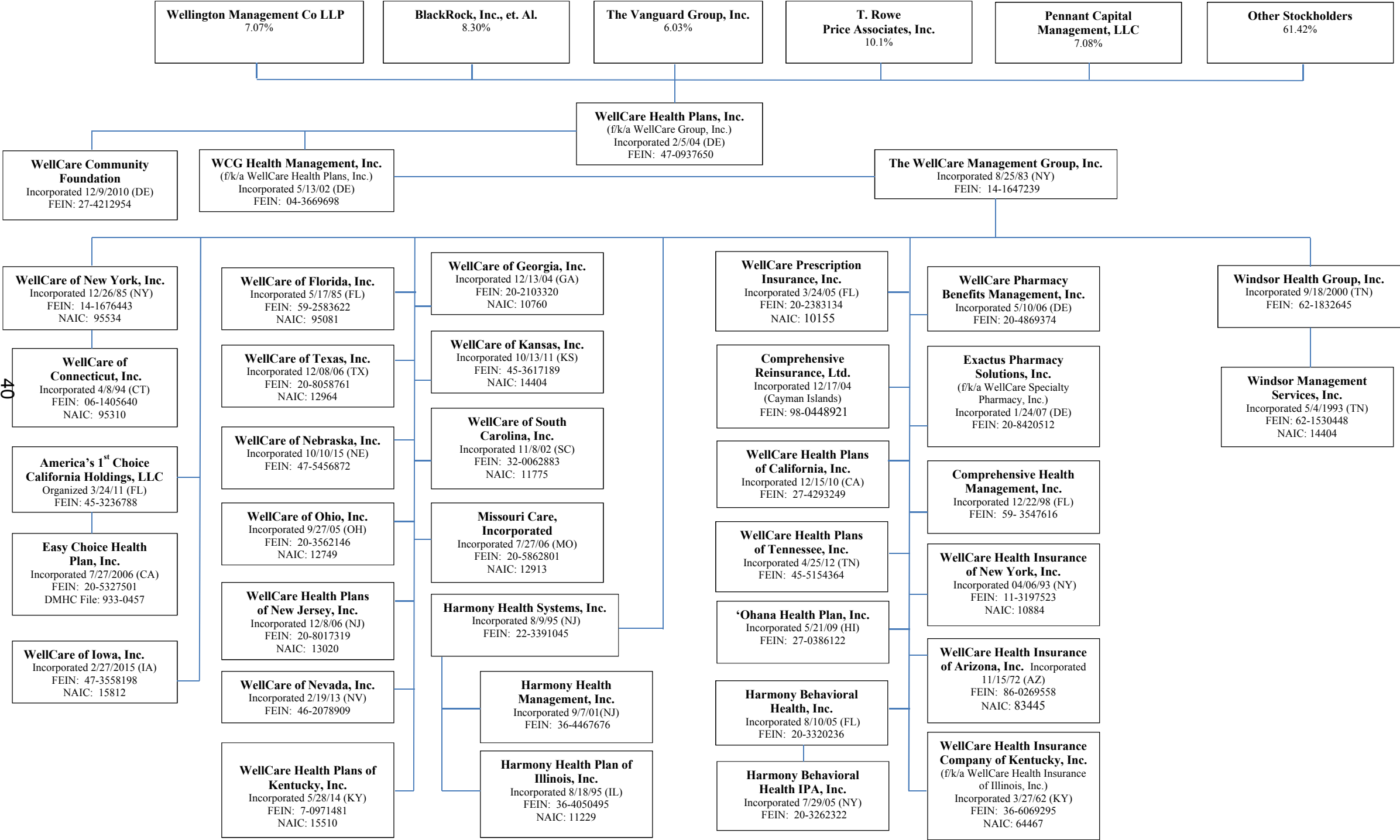
			1	Direct Business Only							
			2	3	4	5	6	7	8	9	
State, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Consideration s	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N							0	0
2.	Alaska	AK	N							0	0
3.	Arizona	AZ	N							0	0
4.	Arkansas	AR	N							0	0
5.	California	CA	N							0	0
6.	Colorado	CO	N							0	0
7.	Connecticut	CT	N							0	0
8.	Delaware	DE	N							0	0
9.	District of Columbia	DC	N							0	0
10.	Florida	FL	N							0	0
11.	Georgia	GA	N							0	0
12.	Hawaii	HI	N							0	0
13.	Idaho	ID	N							0	0
14.	Illinois	IL	N							0	0
15.	Indiana	IN	N							0	0
16.	Iowa	IA	N							0	0
17.	Kansas	KS	N							0	0
18.	Kentucky	KY	N							0	0
19.	Louisiana	LA	N							0	0
20.	Maine	ME	N							0	0
21.	Maryland	MD	N							0	0
22.	Massachusetts	MA	N							0	0
23.	Michigan	MI	N							0	0
24.	Minnesota	MN	N							0	0
25.	Mississippi	MS	N							0	0
26.	Missouri	MO	N							0	0
27.	Montana	MT	N							0	0
28.	Nebraska	NE	N							0	0
29.	Nevada	NV	N							0	0
30.	New Hampshire	NH	N							0	0
31.	New Jersey	NJ	N							0	0
32.	New Mexico	NM	N							0	0
33.	New York	NY	N							0	0
34.	North Carolina	NC	N							0	0
35.	North Dakota	ND	N							0	0
36.	Ohio.....	OH	L		(77,639)	207,449				129,810	0
37.	Oklahoma	OK	N							0	0
38.	Oregon	OR	N							0	0
39.	Pennsylvania	PA	N							0	0
40.	Rhode Island	RI	N							0	0
41.	South Carolina	SC	N							0	0
42.	South Dakota	SD	N							0	0
43.	Tennessee	TN	N							0	0
44.	Texas	TX	N							0	0
45.	Utah	UT	N							0	0
46.	Vermont	VT	N							0	0
47.	Virginia	VA	N							0	0
48.	Washington	WA	N							0	0
49.	West Virginia	WV	N							0	0
50.	Wisconsin	WI	N							0	0
51.	Wyoming	WY	N							0	0
52.	American Samoa	AS	N							0	0
53.	Guam	GU	N							0	0
54.	Puerto Rico	PR	N							0	0
55.	U.S. Virgin Islands	VI	N							0	0
56.	Northern Mariana Islands	MP	N							0	0
57.	Canada	CAN	N							0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal.....		XXX	0	(77,639)	207,449	0	0	0	129,810	0
60.	Reporting entity contributions for Employee Benefit Plans.....		XXX							0	
61.	Total (Direct Business)	(a)	1	0	(77,639)	207,449	0	0	0	129,810	0
DETAILS OF WRITE-INS											
58001.			XXX								
58002.			XXX								
58003.			XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page.....		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	

(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, 2015



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