



## QUARTERLY STATEMENT

**AS OF MARCH 31, 2016**  
OF THE CONDITION AND AFFAIRS OF THE

## WellCare of Ohio, Inc.

|                                       |   |                          |  |                          |   |            |                                     |
|---------------------------------------|---|--------------------------|--|--------------------------|---|------------|-------------------------------------|
| NAIC Group Code                       | 01199<br>(Current Period)                         | 01199<br>(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                           | <input type="checkbox"/> | Property/Casualty  | <input type="checkbox"/> | Hospital, Medical & Dental Service or Indemnity |            | <input type="checkbox"/>            |
|                                       | Dental Service Corporation                        | <input type="checkbox"/> | Vision Service Corporation   | <input type="checkbox"/> | Health Maintenance Organization                 |            | <input checked="" type="checkbox"/> |
|                                       | Other   | <input type="checkbox"/> |  |                          | Is HMO Federally Qualified? Yes                 |            | <input type="checkbox"/>            |
|                                       |   |                          |  |                          | No  |            | <input checked="" type="checkbox"/> |
| Incorporated/Organized                | 09/27/2005  |                          | Commenced Business   | 01/01/2007               |   |            |                                     |
| Statutory Home Office                 | 8735 Henderson Road<br>(Street and Number)        |                          | Tampa, FL, US 33634<br>(City or Town, State, Country and Zip Code) |                          |   |            |                                     |
| Main Administrative Office            | 8735 Henderson Road<br>(Street and Number)        |                          | Tampa, FL, US 33634  |                          | 813-290-6200                                    |            |                                     |
| Mail Address                          | P.O. Box 31391<br>(Street and Number or P.O. Box) |                          | Tampa, FL, US 33631-3391   |                          | 813-290-6200                                    |            |                                     |
| Primary Location of Books and Records | 8735 Henderson Road<br>(Street and Number)        |                          | Tampa, FL, US 33634<br>(City or Town, State, Country and Zip Code) |                          | 813-290-6200                                    |            |                                     |
| Internet Web Site Address             | www.wellcare.com                                  |                          |  |                          |   |            |                                     |
| Statutory Statement Contact           | Mike Wasik<br>(Name)                              |                          | 813-206-2725<br>(Area Code) (Telephone Number) (Extension)         |                          |   |            |                                     |
|                                       | michael.wasik@wellcare.com<br>(Email Address)     |                          | 813-675-2899<br>(Fax Number)                                       |                          |   |            |                                     |

## OFFICERS

| OFFICERS                | Name      | Title   | Name                  | Title   |
|-------------------------|-----------|---|-----------------------|---|
| David Thomas Reynolds # | President | Secretary and Vice President<br>(Effective 4-18-16) | Michael Troy Meyer #  | CFO, Treasurer, VP and Corp Cont<br>(Eff 4-18-16) |
| Michael Warren Haber #  |           |   | Phillip Paul Bisesi # | Asst Secretary and VP (Effective 4-18-16)         |

## **OTHER OFFICERS**

Kenneth Alan Burdick, President (Resigned 4-18-16)  
Maurice Sebastian Hebert, Asst Treasurer and CAO (Resigned 4-18-16) Andrew Lynn Asher, Blair Williams Todt, CFO and Treasurer (Resigned 4-18-16)  
Secretary and Sr VP (Resigned 4-18-16)

## **DIRECTORS OR TRUSTEES**

David Thomas Reynolds Michael Troy Meyer # Blair Williams Todd Andrew Lynn Asher  
Michael Warren Haber #

State of \_\_\_\_\_

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

David Thomas Reynolds  
President

Michael Troy Meyer  
CFO, Treasurer, Vice President and Corporate  
Controller

Michael Warren Haber  
Secretary and Vice President

a. Is this an original filing? Yes  No

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

State of Florida  
County of Hillsborough  
Subscribed and Sworn to before me this  
20 day of April 2016

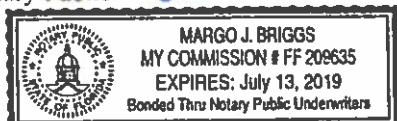
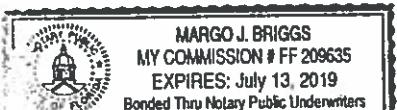
State of Florida  
County of Hillsborough  
Subscribed and Sworn to before me this  
21 day of April 2016

State of Florida  
County of Hillsborough  
Subscribed and Sworn to before me this  
22 day of April 2016

Notary Public

Notary Public

Notary Public



**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**ASSETS**

|   | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  | 2,409,746              |                         | 2,409,746                                 | 4,434,413   |
| 2. Stocks:  |                        |                         |   |   |
| 2.1 Preferred stocks .....  |                        |                         | 0   | 0   |
| 2.2 Common stocks .....   |                        |                         | 0   | 0   |
| 3. Mortgage loans on real estate:   |                        |                         |   |   |
| 3.1 First liens .....   |                        |                         | 0   | 0   |
| 3.2 Other than first liens .....  |                        |                         | 0   | 0   |
| 4. Real estate:   |                        |                         |   |   |
| 4.1 Properties occupied by the company (less<br>\$ ..... encumbrances) .....  |                        |                         | 0   | 0   |
| 4.2 Properties held for the production of income<br>(less \$ ..... encumbrances) .....  |                        |                         | 0   | 0   |
| 4.3 Properties held for sale (less<br>\$ ..... encumbrances) .....  |                        |                         | 0   | 0   |
| 5. Cash (\$ ..... 7,598,854 ),<br>cash equivalents (\$ ..... 0 )<br>and short-term investments (\$ ..... 114,095 ) .....                                    |                        | 7,712,949               | 7,712,949                                 | 5,373,959   |
| 6. Contract loans (including \$ ..... premium notes) .....  |                        |                         | 0   | 0   |
| 7. Derivatives .....  | 0                      |                         | 0   | 0   |
| 8. Other invested assets .....  | 0                      |                         | 0   | 0   |
| 9. Receivables for securities .....   |                        |                         | 0   | 0   |
| 10. Securities lending reinvested collateral assets .....   |                        |                         | 0   | 0   |
| 11. Aggregate write-ins for invested assets .....   | 0                      | 0                       | 0   | 0   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 10,122,695             | 0                       | 10,122,695                                | 9,808,372   |
| 13. Title plants less \$ ..... charged off (for Title insurers<br>only) .....   |                        |                         | 0   | 0   |
| 14. Investment income due and accrued .....   | 36,644                 |                         | 36,644                                    | 36,453  |
| 15. Premiums and considerations:  |                        |                         |   |   |
| 15.1 Uncollected premiums and agents' balances in the course of<br>collection .....   | 3,058,201              |                         | 3,058,201                                 | 3,038,415   |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ ..... earned<br>but unbilled premiums) ..... |                        |                         | 0   | 0   |
| 15.3 Accrued retrospective premiums (\$ ..... ) and<br>contracts subject to redetermination (\$ ..... ) .....   | 342,561                |                         | 342,561                                   | 342,561   |
| 16. Reinsurance:  |                        |                         |   |   |
| 16.1 Amounts recoverable from reinsurers .....  |                        |                         | 0   | 230,613   |
| 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 .....  | 2,674,925              |                         | 2,674,925                                 | 2,673,426   |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....  | 993,185                |                         | 993,185                                   | 1,068,829   |
| 18.2 Net deferred tax asset .....   | 94,681                 |                         | 94,681                                    | 21,089  |
| 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<br>(\$ ..... ) .....   |                        |                         | 0   | 0   |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |                        |                         | 0   | 0   |
| 23. Receivables from parent, subsidiaries and affiliates .....  | 217,632                | 217,632                 | 0   | 0   |
| 24. Health care (\$ ..... 0 ) and other amounts receivable .....  | 39,695                 | 39,695                  | 0   | 0   |
| 25. Aggregate write-ins for other-than-invested assets .....  | 115,217                | 0                       | 115,217                                   | 115,147   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25) .....                                     | 17,695,436             | 257,327                 | 17,438,109                                | 17,334,905  |
| 27. From Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts .....  |                        |                         | 0   | 0   |
| 28. Total (Lines 26 and 27) .....   | 17,695,436             | 257,327                 | 17,438,109                                | 17,334,905  |
| <b>DETAILS OF WRITE-INS</b>   |                        |                         |   |   |
| 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 .....   | 115,217                |                         | 115,217                                   | 115,147   |
| 2502. .....   |                        |                         | 0   | 0   |
| 2503. .....   |                        |                         | 0   | 0   |
| 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) .....  | 115,217                | 0                       | 115,217                                   | 115,147   |

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

|   | Current Period |                |             | Prior Year |
|---|----------------|----------------|-------------|------------|
|   | 1<br>Covered   | 2<br>Uncovered | 3<br>Total  | 4<br>Total |
| 1. Claims unpaid (less \$ ..... reinsurance ceded)  | 102,173        |                | 102,173     | 99,597     |
| 2. Accrued medical incentive pool and bonus amounts   |                |                | 0           | 0          |
| 3. Unpaid claims adjustment expenses  | .645           |                | 645         | .616       |
| 4. Aggregate health policy reserves including the liability of<br>\$ ..... for medical loss ratio rebate per the Public Health<br>Service Act             |                |                | 0           | 0          |
| 5. Aggregate life policy reserves   |                |                | 0           | 0          |
| 6. Property/casualty unearned premium reserve   |                |                | 0           | 0          |
| 7. Aggregate health claim reserves  |                |                | 0           | 0          |
| 8. Premiums received in advance   |                |                | 0           | 0          |
| 9. General expenses due or accrued  | .26,819        |                | 26,819      | .26,839    |
| 10.1 Current federal and foreign income tax payable and interest thereon (including<br>\$ ..... on realized gains (losses))                               |                |                | 0           | 0          |
| 10.2 Net deferred tax liability   |                |                | 0           | 0          |
| 11. Ceded reinsurance premiums payable  |                |                | 0           | 3,369,982  |
| 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<br>interest thereon \$ ..... (including<br>\$ ..... current)  |                |                | 0           | 0          |
| 15. Amounts due to parent, subsidiaries and affiliates  | 3,572,843      |                | 3,572,843   | .255       |
| 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 \$ .....<br>authorized reinsurers, \$ ..... unauthorized reinsurers<br>and \$ ..... certified reinsurers) |                |                | 0           | 0          |
| 20. Reinsurance in unauthorized and certified (\$ ..... )<br>companies  |                |                | 0           | 0          |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates   |                |                | 0           | 0          |
| 22. Liability for amounts held under uninsured plans  |                |                | 0           | 0          |
| 23. Aggregate write-ins for other liabilities (including \$ .....<br>current)   | .81,186        | .0             | .81,186     | .78,481    |
| 24. Total liabilities (Lines 1 to 23)   | 3,783,666      | .0             | 3,783,666   | 3,575,770  |
| 25. Aggregate write-ins for special surplus funds   | XXX            | XXX            | 0           | 0          |
| 26. Common capital stock  | XXX            | XXX            | 1,500       | 1,500      |
| 27. Preferred capital stock   | XXX            | XXX            |             | 0          |
| 28. Gross paid in and contributed surplus   | XXX            | XXX            | 3,198,500   | 3,198,500  |
| 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            | .10,454,443 | 10,559,135 |
| 32. Less treasury stock, at cost:   |                |                |             |            |
| 32.1 ..... shares common (value included in Line 26<br>\$ ..... )   | XXX            | XXX            |             | 0          |
| 32.2 ..... shares preferred (value included in Line 27<br>\$ ..... )  | XXX            | XXX            |             | 0          |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)  | XXX            | XXX            | .13,654,443 | 13,759,135 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)  | XXX            | XXX            | 17,438,109  | 17,334,905 |
| <b>DETAILS OF WRITE-INS</b>   |                |                |             |            |
| 2301. Unclaimed property payable  | .81,186        |                | .81,186     | .78,481    |
| 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)  | 81,186         | 0              | 81,186      | 78,481     |
| 2501.   | XXX            | XXX            |             |            |
| 2502.   | XXX            | XXX            |             |            |
| 2503.   | XXX            | XXX            |             |            |
| 2598. Summary of remaining write-ins for Line 25 from overflow page   | XXX            | XXX            | 0           | 0          |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)  | XXX            | XXX            | 0           | 0          |
| 3001.   | XXX            | XXX            |             |            |
| 3002.   | XXX            | XXX            |             |            |
| 3003.   | XXX            | XXX            |             |            |
| 3098. Summary of remaining write-ins for Line 30 from overflow page   | XXX            | XXX            | 0           | 0          |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)  | XXX            | XXX            | 0           | 0          |

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

|   | Current Year To Date |            | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|------------|--------------------|------------------------------|
|   | 1<br>Uncovered       | 2<br>Total | 3<br>Total         | 4<br>Total                   |
| 1. Member Months.....   | XXX                  | 0          | 0                  | 0                            |
| 2. Net premium income (including \$ non-health premium income)  | XXX                  | 19,799     | -(124,637)         | 130,202                      |
| 3. Change in unearned premium reserves and reserve for rate credits .....   | XXX                  |            | 0                  | 0                            |
| 4. Fee-for-service (net of \$ medical expenses) .....   | XXX                  |            | 0                  | 0                            |
| 5. Risk revenue .....   | XXX                  |            | 0                  | 0                            |
| 6. Aggregate write-ins for other health care related revenues .....   | XXX                  | 0          | 0                  | 0                            |
| 7. Aggregate write-ins for other non-health revenues .....  | XXX                  | 0          | 0                  | 0                            |
| 8. Total revenues (Lines 2 to 7) .....  | XXX                  | 19,799     | -(124,637)         | 130,202                      |
| <b>Hospital and Medical:</b>  |                      |            |                    |                              |
| 9. Hospital/medical benefits .....  |                      | (19,757)   | (1,050,660)        | (1,449,794)                  |
| 10. Other professional services .....   |                      |            | 27,708             | 34,194                       |
| 11. Outside referrals .....   |                      |            | 0                  | 0                            |
| 12. Emergency room and out-of-area .....  |                      | 1,574      | 12,048             | 8,588                        |
| 13. Prescription drugs .....  |                      | 4,375      | (41,601)           | (1,633)                      |
| 14. Aggregate write-ins for other hospital and medical .....  | 0                    | 0          | 0                  | 0                            |
| 15. Incentive pool, withhold adjustments and bonus amounts .....  |                      |            | 0                  | 0                            |
| 16. Subtotal (Lines 9 to 15) .....  | 0                    | (13,808)   | (1,052,505)        | (1,408,645)                  |
| <b>Less:</b>  |                      |            |                    |                              |
| 17. Net reinsurance recoveries .....  |                      | (9)        | (717,777)          | (2,124,424)                  |
| 18. Total hospital and medical (Lines 16 minus 17) .....  | 0                    | (13,799)   | (334,728)          | 715,779                      |
| 19. Non-health claims (net) .....   |                      |            | 0                  | 0                            |
| 20. Claims adjustment expenses, including \$ 0 cost containment expenses .....  |                      | 29         | (43,846)           | (53,033)                     |
| 21. General administrative expenses .....   |                      | 1,430      | 9,876              | (63,818)                     |
| 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                    | (12,340)   | (368,698)          | 598,928                      |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) .....  | XXX                  | 32,139     | 244,061            | (468,726)                    |
| 25. Net investment income earned .....  |                      | 17,101     | 39,965             | 116,867                      |
| 26. Net realized capital gains (losses) less capital gains tax of \$ .....  |                      |            | 0                  | 0                            |
| 27. Net investment gains (losses) (Lines 25 plus 26) .....  | 0                    | 17,101     | 39,965             | 116,867                      |
| 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                  | 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                  | 49,240     | 284,026            | (351,859)                    |
| 31. Federal and foreign income taxes incurred .....   | XXX                  | 17,235     | 41,723             | (223,761)                    |
| 32. Net income (loss) (Lines 30 minus 31) .....   | XXX                  | 32,005     | 242,303            | (128,098)                    |
| <b>DETAILS OF WRITE-INS</b>   |                      |            |                    |                              |
| 0601. ....  | XXX                  |            |                    |                              |
| 0602. ....  | XXX                  |            |                    |                              |
| 0603. ....  | XXX                  |            |                    |                              |
| 0698. Summary of remaining write-ins for Line 6 from overflow page .....  | XXX                  | 0          | 0                  | 0                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....   | XXX                  | 0          | 0                  | 0                            |
| 0701. ....  | XXX                  |            |                    |                              |
| 0702. ....  | XXX                  |            |                    |                              |
| 0703. ....  | XXX                  |            |                    |                              |
| 0798. Summary of remaining write-ins for Line 7 from overflow page .....  | XXX                  | 0          | 0                  | 0                            |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....   | XXX                  | 0          | 0                  | 0                            |
| 1401. ....  |                      |            |                    |                              |
| 1402. ....  |                      |            |                    |                              |
| 1403. ....  |                      |            |                    |                              |
| 1498. Summary of remaining write-ins for Line 14 from overflow page .....   | 0                    | 0          | 0                  | 0                            |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....  | 0                    | 0          | 0                  | 0                            |
| 2901. ....  |                      |            |                    |                              |
| 2902. ....  |                      |            |                    |                              |
| 2903. ....  |                      |            |                    |                              |
| 2998. Summary of remaining write-ins for Line 29 from overflow page .....   | 0                    | 0          | 0                  | 0                            |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....  | 0                    | 0          | 0                  | 0                            |

STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

|  | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year<br>Ended<br>December 31 |
|--|------------------------------|----------------------------|---|
| <b>CAPITAL &amp; SURPLUS ACCOUNT</b>   |                              |                            |   |
| 33. Capital and surplus prior reporting year                                     | 13,759,135                   | 33,210,924                 | 33,210,924                              |
| 34. Net income or (loss) from Line 32  | 32,005                       | 242,303                    | (128,098)                               |
| 35. Change in valuation basis of aggregate policy and claim reserves             | 0                            | 0                          | 0                                       |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | 0                            | 0                          | 0                                       |
| 37. Change in net unrealized foreign exchange capital gain or (loss)             | 0                            | 0                          | 0                                       |
| 38. Change in net deferred income tax  | 73,592                       | (32,258)                   | (116,681)                               |
| 39. Change in nonadmitted assets   | (210,289)                    | (72,655)                   | 45,905                                  |
| 40. Change in unauthorized and certified reinsurance                             | 0                            | 747,085                    | 747,085                                 |
| 41. Change in treasury stock   | 0                            | 0                          | 0                                       |
| 42. Change in surplus notes  | 0                            | 0                          | 0                                       |
| 43. Cumulative effect of changes in accounting principles                        | 0                            | 0                          | 0                                       |
| 44. Capital Changes:   |                              |                            |   |
| 44.1 Paid in   | 0                            | 0                          | 0                                       |
| 44.2 Transferred from surplus (Stock Dividend)                                   | 0                            | 0                          | 0                                       |
| 44.3 Transferred to surplus  | 0                            | 0                          | 0                                       |
| 45. Surplus adjustments:   |                              |                            |   |
| 45.1 Paid in   | 0                            | 0                          | (20,000,000)                            |
| 45.2 Transferred to capital (Stock Dividend)                                     | 0                            | 0                          | 0                                       |
| 45.3 Transferred from capital  | 0                            | 0                          | 0                                       |
| 46. Dividends to stockholders  | 0                            | 0                          | 0                                       |
| 47. Aggregate write-ins for gains or (losses) in surplus                         | 0                            | 0                          | 0                                       |
| 48. Net change in capital and surplus (Lines 34 to 47)                           | (104,692)                    | 884,475                    | (19,451,789)                            |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)                | 13,654,443                   | 34,095,399                 | 13,759,135                              |
| <b>DETAILS OF WRITE-INS</b>  |                              |                            |   |
| 4701.  | 0                            | 0                          | 0                                       |
| 4702.  |                              |                            |   |
| 4703.  |                              |                            |   |
| 4798. Summary of remaining write-ins for Line 47 from overflow page              | 0                            | 0                          | 0                                       |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)                 | 0                            | 0                          | 0                                       |

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**CASH FLOW**

|   | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| <b>Cash from Operations</b>   |                              |                            |                                      |
| 1. Premiums collected net of reinsurance.....   | (3,369,969)                  | 834,938                    | 3,986,508                            |
| 2. Net investment income.....   | 41,577                       | 68,998                     | 230,931                              |
| 3. Miscellaneous income.....  | 0                            | 0                          | 0                                    |
| 4. Total (Lines 1 to 3).....  | (3,328,392)                  | 903,936                    | 4,217,439                            |
| 5. Benefit and loss related payments.....   | (246,988)                    | 2,439,266                  | 2,542,848                            |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                             | 3,017                        | 0                          | 0                                    |
| 7. Commissions, expenses paid and aggregate write-ins for deductions.....   | 0                            | (2,555,479)                | 3,399,160                            |
| 8. Dividends paid to policyholders.....   | 0                            | 0                          | 0                                    |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....                       | (58,408)                     | 219,058                    | 1,000,400                            |
| 10. Total (Lines 5 through 9).....  | (302,379)                    | 102,845                    | 6,942,408                            |
| 11. Net cash from operations (Line 4 minus Line 10).....  | (3,026,013)                  | 801,091                    | (2,724,969)                          |
| <b>Cash from Investments</b>  |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:  |                              |                            |                                      |
| 12.1 Bonds.....   | 2,000,000                    | 0                          | 0                                    |
| 12.2 Stocks.....  | 0                            | 0                          | 0                                    |
| 12.3 Mortgage loans.....  | 0                            | 0                          | 0                                    |
| 12.4 Real estate.....   | 0                            | 0                          | 0                                    |
| 12.5 Other invested assets.....   | 0                            | 0                          | 0                                    |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....                                    | 0                            | 0                          | 0                                    |
| 12.7 Miscellaneous proceeds.....  | 0                            | 0                          | 0                                    |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7).....  | 2,000,000                    | 0                          | 0                                    |
| 13. Cost of investments acquired (long-term only):  |                              |                            |                                      |
| 13.1 Bonds.....   | 0                            | 0                          | 0                                    |
| 13.2 Stocks.....  | 0                            | 0                          | 0                                    |
| 13.3 Mortgage loans.....  | 0                            | 0                          | 0                                    |
| 13.4 Real estate.....   | 0                            | 0                          | 0                                    |
| 13.5 Other invested assets.....   | 0                            | 0                          | 0                                    |
| 13.6 Miscellaneous applications.....  | 0                            | 0                          | 0                                    |
| 13.7 Total investments acquired (Lines 13.1 to 13.6).....   | 0                            | 0                          | 0                                    |
| 14. Net increase (or decrease) in contract loans and premium notes.....   | 0                            | 0                          | 0                                    |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....  | 2,000,000                    | 0                          | 0                                    |
| <b>Cash from Financing and Miscellaneous Sources</b>  |                              |                            |                                      |
| 16. Cash provided (applied):  |                              |                            |                                      |
| 16.1 Surplus notes, capital notes.....  | 0                            | 0                          | 0                                    |
| 16.2 Capital and paid in surplus, less treasury stock.....  | 0                            | 0                          | (20,000,000)                         |
| 16.3 Borrowed funds.....  | 0                            | 0                          | 0                                    |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities.....  | 0                            | 0                          | 0                                    |
| 16.5 Dividends to stockholders.....   | 0                            | 0                          | 0                                    |
| 16.6 Other cash provided (applied).....   | 3,365,003                    | (2,220,665)                | (2,534,491)                          |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 3,365,003                    | (2,220,665)                | (22,534,491)                         |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>  |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....                | 2,338,990                    | (1,419,574)                | (25,259,460)                         |
| 19. Cash, cash equivalents and short-term investments:  |                              |                            |                                      |
| 19.1 Beginning of year.....   | 5,373,959                    | 30,633,419                 | 30,633,419                           |
| 19.2 End of period (Line 18 plus Line 19.1).....  | 7,712,949                    | 29,213,845                 | 5,373,959                            |

STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

|   | 1        | Comprehensive<br>(Hospital & Medical) |       | 4 | 5 | 6  | 7 | 8       | 9  | 10       |
|---|----------|---------------------------------------|-------|---|---|----|---|---------|----|----------|
|   |          | 2                                     | 3     |   |   |    |   |         |    |          |
|   | Total    | Individual                            | Group |   |   |    |   |         |    |          |
| Total Members at end of:  |          |                                       |       |   |   |    |   |         |    |          |
| 1. Prior Year .....   | 0        | 0                                     | .0    | 0 | 0 | .0 | 0 | 0       | .0 | .0       |
| 2. First Quarter .....  | 0        | 0                                     | .0    | 0 | 0 | .0 | 0 | 0       | .0 | .0       |
| 3. Second Quarter .....   | 0        | 0                                     | .0    | 0 | 0 | .0 | 0 | 0       | .0 | .0       |
| 4. Third Quarter .....  | 0        |                                       |       |   |   |    |   |         |    |          |
| 5. Current Year .....   | 0        |                                       |       |   |   |    |   |         |    |          |
| 6. Current Year Member Months                                   | 0        |                                       |       |   |   |    |   |         |    |          |
| Total Member Ambulatory Encounters for Period:                  |          |                                       |       |   |   |    |   |         |    |          |
| 7. Physician .....  | 0        |                                       |       |   |   |    |   |         |    |          |
| 8. Non-Physician .....  | 0        |                                       |       |   |   |    |   |         |    |          |
| 9. Total .....  | 0        | 0                                     | 0     | 0 | 0 | 0  | 0 | 0       | 0  | 0        |
| 10. Hospital Patient Days Incurred                              | 0        |                                       |       |   |   |    |   |         |    |          |
| 11. Number of Inpatient Admissions                              | 0        |                                       |       |   |   |    |   |         |    |          |
| 12. Health Premiums Written (a) .....                           | 19,799   |                                       |       |   |   |    |   | 19,799  |    |          |
| 13. Life Premiums Direct .....                                  | 0        |                                       |       |   |   |    |   |         |    |          |
| 14. Property/Casualty Premiums Written .....                    | 0        |                                       |       |   |   |    |   |         |    |          |
| 15. Health Premiums Earned .....                                | 19,799   |                                       |       |   |   |    |   | 19,799  |    |          |
| 16. Property/Casualty Premiums Earned .....                     | 0        |                                       |       |   |   |    |   |         |    |          |
| 17. Amount Paid for Provision of Health Care Services .....     | (16,384) |                                       |       |   |   |    |   | (2,989) |    | (13,395) |
| 18. Amount Incurred for Provision of Health Care Services ..... | (13,808) |                                       |       |   |   |    |   | (413)   |    | (13,395) |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 19,799

## STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

## Aging Analysis of Unpaid Claims

| 1<br>Account  | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims unpaid (Reported)  |                  |                   |                   |                    |                    |            |
| 0199999 Individually listed claims unpaid.....                    | 0                | .0                | 0                 | .0                 | 0                  | .0         |
| 0299999 Aggregate accounts not individually listed-uncovered..... |                  |                   |                   |                    |                    | .0         |
| 0399999 Aggregate accounts not individually listed-covered        |                  |                   |                   |                    | 25,566             | 25,566     |
| 0499999 Subtotals   | 0                | 0                 | 0                 | 0                  | 25,566             | 25,566     |
| 0599999 Unreported claims and other claim reserves                | XXX              | XXX               | XXX               | XXX                | XXX                | 76,607     |
| 0699999 Total amounts withheld                                    | XXX              | XXX               | XXX               | XXX                | XXX                |            |
| 0799999 Total claims unpaid                                       | XXX              | XXX               | XXX               | XXX                | XXX                | 102,173    |
| 0899999 Accrued medical incentive pool and bonus amounts          | XXX              | XXX               | XXX               | XXX                | XXX                |            |

## STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

| Line of Business                                    | Claims<br>Paid Year to Date   |   | Liability<br>End of Current Quarter                  |   | 5       | 6<br>Estimated Claim<br>Reserve and Claim<br>Liability<br>Dec. 31 of<br>Prior Year |
|---|---|---|--|---|---------|--|
|   | 1<br>On<br>Claims Incurred Prior<br>to January 1 of<br>Current Year | 2<br>On<br>Claims Incurred<br>During the Year | 3<br>On<br>Claims Unpaid<br>Dec. 31<br>of Prior Year | 4<br>On<br>Claims Incurred<br>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 .....                     | (2,980)   |   | 102,173  |   | 99,193  | 99,597   |
| 7. Title XIX - Medicaid .....                       | 26,300  |   |  |   | 26,300  | .0   |
| 8. Other health .....                               |   |   |  |   | 0       | .0   |
| 9. Health subtotal (Lines 1 to 8).....              | 23,320  | 0   | 102,173  | 0   | 125,493 | 99,597   |
| 10. Health care 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)                       | (16,375)  | 0   | 102,173  | 0   | 85,798  | 99,597   |

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

## 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 and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio is shown below:

|  | For the three month period ended March 31, |                          |
|--|--|--------------------------|
|  | <u>2016</u>                                | <u>2015</u>              |
| Net Income - Ohio Basis                    | \$ 32,005                                  | \$ 242,303               |
| State Prescribed Practices - None          | -  | -                        |
| State Permitted Practices - None           | -  | -                        |
| Net Income - NAIC SAP                      | <u>\$ 32,005</u>                           | <u>\$ 242,303</u>        |
|  |  |                          |
|  | Balance at                                 |                          |
|  | <u>March 31, 2016</u>                      | <u>December 31, 2015</u> |
| Statutory Capital and Surplus - Ohio Basis | \$ 13,654,443                              | \$ 13,759,135            |
| State Prescribed Practices - None          | -  | -                        |
| State Permitted Practices - None           | -  | -                        |
| Statutory Capital and Surplus - NAIC SAP   | <u>\$ 13,654,443</u>                       | <u>\$ 13,759,135</u>     |

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

No significant change.

#### C. Accounting Policy

No significant change.

#### D. Going Concern – None.

### 2. Accounting Changes and Correction of Errors

None.

### 3. Business Combinations and Goodwill

None.

### 4. Discontinued Operations

None.

### 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) – No significant change.
- I. Working Capital Finance Investments – None.
- J. Offsetting and Netting of Assets and Liabilities – None.
- K. Structured Notes – None.

## NOTES TO FINANCIAL STATEMENTS

### 6. Joint Ventures, Partnerships and Limited Liability Companies

None.

### 7. Investment Income

No significant change.

### 8. Derivative Instruments

None.

### 9. Income Taxes

No significant change.

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

No significant change.

### 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

No significant change.

### 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 or Similarly Structured Cost Based Reimbursement Contract

- 1. None
- 2. No significant change.
- 3. None
- 4. None

### 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

### 20. Fair Value Measurement

The Company had no assets disclosed at fair value at March 31, 2016.

## NOTES TO FINANCIAL STATEMENTS

### 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

There were no events occurring subsequent to March 31, 2016 requiring disclosure. Subsequent events have been considered through May 11, 2016 for the Statutory statement issued on May 11, 2016.

### 23. Reinsurance

No significant change.

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

### 25. Change in Incurred Claims and Claim Adjustment Expenses

The estimated cost of claims expense attributable to insured events of the prior year decreased by \$13,799 during 2016. This is approximately 14% of unpaid claims expenses of \$99,597 as of December 31, 2015. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending March 31, 2016 was affected by approximately \$14,627 of net favorable development related to prior years.

### 26. Intercompany Pooling Arrangements

None.

### 27. Structured Settlements

None.

### 28. Healthcare Receivables

No significant change.

### 29. Participating Policies

None.

### 30. Premium Deficiency Reserves

None.

### 31. Anticipated Salvage and Subrogation

None.

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

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

2.2 If yes, date of change: .....

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

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....

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

4.2 If yes, provide the name of 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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.

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

6.2 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

6.3 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

6.4 By what department or departments?  
Ohio Department of Insurance.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] No [ ] NA [ ]

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

7.2 If yes, give full information:  
.....

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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<br>Affiliate Name | 2<br>Location<br>(City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|--------------------------------|----------|----------|-----------|----------|
|                     |                                |          |          |           |          |

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.****GENERAL INTERROGATORIES**

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

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

**FINANCIAL**

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

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

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....  Yes [ ]  No [X]

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

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....  Yes [ ]  No [X]

14.2 If yes, please complete the following:

|   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 14.21 Bonds .....   | \$ .....   | \$ .....  |
| 14.22 Preferred Stock .....   | \$ .....   | \$ .....  |
| 14.23 Common Stock .....  | \$ .....   | \$ .....  |
| 14.24 Short-Term Investments .....  | \$ .....   | \$ .....  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....   | \$ .....  |
| 14.26 All Other .....   | \$ .....   | \$ .....  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates<br>(Subtotal Lines 14.21 to 14.26)..... | \$ .....0  | \$ .....0   |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26<br>above .....                      | \$ .....   | \$ .....  |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....  Yes [ ]  No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  Yes [ ]  No [ ]

If no, attach a description with this statement.

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**GENERAL INTERROGATORIES**

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....  
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....  
 16.3 Total payable for securities lending reported on the liability page \$.....

17. 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 [ ]

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

| 1<br>Name of Custodian(s) | 2<br>Custodian Address |
|---------------------------|------------------------|
| Oppenheimer & Co.....     | New York, NY.....      |

17.2 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<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
|              |                  |                              |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
|                    |                    |                     |             |

17.5 Identify all investment advisors, broker/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<br>Central Registration Depository | 2<br>Name(s) | 3<br>Address |
|--------------------------------------|--------------|--------------|
|                                      |              |              |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes [X] No [ ]  
 18.2 If no, list exceptions:  
 .....

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH**

1. Operating Percentages:

|  |   |
|--|---|
| 1.1 A&H loss percent.....  | (69.7) %  |
| 1.2 A&H cost containment percent.....  | 0.0 %   |
| 1.3 A&H expense percent excluding cost containment expenses.....                               | 0.0 %   |
| 2.1 Do you act as a custodian for health savings accounts?.....                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....    | \$ _____  |
| 2.3 Do you act as an administrator for health savings accounts?.....                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... | \$ _____  |

STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

**NON**

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

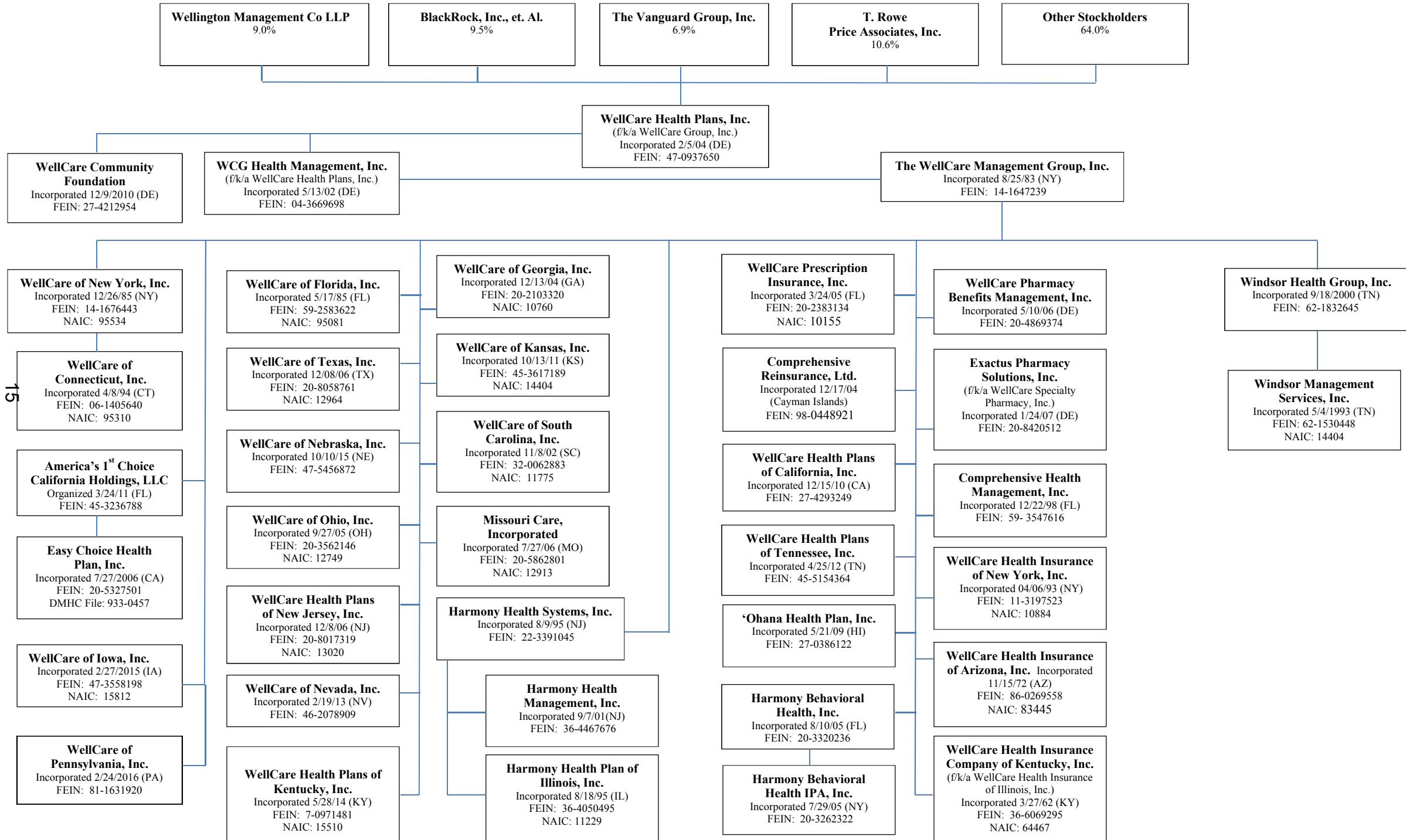
Current Year to Date - Allocated by States and Territories

| States, Etc.  | 1<br>Active Status   | Direct Business Only            |                           |                         |   |   |                                  |                                |                             |
|---|--|---------------------------------|---------------------------|-------------------------|---|---|----------------------------------|--------------------------------|-----------------------------|
|   |  | 2<br>Accident & Health Premiums | 3<br>Medicare Title XVIII | 4<br>Medicaid Title XIX | 5<br>Federal Employees Health Benefits Program Premiums | 6<br>Life & Annuity Premiums & Other Considerations | 7<br>Property/ Casualty Premiums | 8<br>Total Columns 2 Through 7 | 9<br>Deposit-Type Contracts |
| 1. Alabama .....  | AL   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 2. Alaska .....   | AK   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 3. Arizona .....  | AZ   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 4. Arkansas .....   | AR   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 5. California .....   | CA   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 6. Colorado .....   | CO   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 7. Connecticut .....  | CT   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 8. Delaware .....   | DE   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 9. Dist. Columbia .....   | DC   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 10. Florida .....   | FL   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 11. Georgia .....   | GA   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 12. Hawaii .....  | HI   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 13. Idaho .....   | ID   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 14. Illinois .....  | IL   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 15. Indiana .....   | IN   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 16. Iowa .....  | IA   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 17. Kansas .....  | KS   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 18. Kentucky .....  | KY   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 19. Louisiana .....   | LA   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 20. Maine .....   | ME   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 21. Maryland .....  | MD   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 22. Massachusetts .....   | MA   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 23. Michigan .....  | MI   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 24. Minnesota .....   | MN   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 25. Mississippi .....   | MS   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 26. Missouri .....  | MO   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 27. Montana .....   | MT   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 28. Nebraska .....  | NE   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 29. Nevada .....  | NV   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 30. New Hampshire .....   | NH   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 31. New Jersey .....  | NJ   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 32. New Mexico .....  | NM   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 33. New York .....  | NY   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 34. North Carolina .....  | NC   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 35. North Dakota .....  | ND   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 36. Ohio .....  | OH   | L.                              |                           | 19,799                  |   |   |                                  | 19,799                         |                             |
| 37. Oklahoma .....  | OK   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 38. Oregon .....  | OR   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 39. Pennsylvania .....  | PA   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 40. Rhode Island .....  | RI   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 41. South Carolina .....  | SC   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 42. South Dakota .....  | SD   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 43. Tennessee .....   | TN   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 44. Texas .....   | TX   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 45. Utah .....  | UT   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 46. Vermont .....   | VT   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 47. Virginia .....  | VA   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 48. Washington .....  | WA   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 49. West Virginia .....   | WV   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 50. Wisconsin .....   | WI   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 51. Wyoming .....   | WY   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 52. American Samoa .....  | AS   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 53. Guam .....  | GU   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 54. Puerto Rico .....   | PR   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 55. U.S. Virgin Islands .....                                       | VI   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 56. Northern Mariana Islands .....                                  | MP   | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 57. Canada .....  | CAN  | N.                              |                           |                         |   |   |                                  | 0                              |                             |
| 58. Aggregate other alien .....                                     | OT   | XXX                             | 0                         | 0                       | 0   | 0   | 0                                | 0                              | 0                           |
| 59. Subtotal .....  |  | XXX                             | 0                         | 19,799                  | 0   | 0   | 0                                | 19,799                         | 0                           |
| 60. Reporting entity contributions for Employee Benefit Plans ..... |  | XXX                             |                           |                         |   |   |                                  | 0                              |                             |
| 61. Total (Direct Business)   | (a)  | 1                               | 0                         | 19,799                  | 0   | 0   | 0                                | 19,799                         | 0                           |
| <b>DETAILS OF WRITE-INS</b>   |  |                                 |                           |                         |   |   |                                  |                                |                             |
| 58001   |  | XXX                             |                           |                         |   |   |                                  |                                |                             |
| 58002   |  | XXX                             |                           |                         |   |   |                                  |                                |                             |
| 58003   |  | XXX                             |                           |                         |   |   |                                  |                                |                             |
| 58998   | Summary of remaining write-ins for Line 58 from overflow page. | XXX                             | 0                         | 0                       | 0   | 0   | 0                                | 0                              | 0                           |
| 58999   | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)  | XXX                             | 0                         | 0                       | 0   | 0   | 0                                | 0                              | 0                           |

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

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

## The WellCare Group of Companies as of March 31, 2016



## STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

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

| 1<br>Group Code | 2<br>Group Name                | 3<br>NAIC Company Code | 4<br>ID Number  | 5<br>Federal RSSD | 6<br>CIK   | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates         | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|-----------------|--------------------------------|------------------------|-----------------|-------------------|------------|---|--|---------------------------|--|--|--|--|---|---------|
| 01199.....      | WellCare Health Plans Inc..... | 95310.....             | 14-1647239..... |                   |            |   | WellCare of Connecticut Inc.....                       | CT.....                   | IA.....                                | WellCare of New York, Inc.....                       | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 95081.....             | 59-2583622..... |                   |            |   | WellCare of Florida Inc.....                           | FL.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 59-3547616..... |                   |            |   | Comprehensive Health Management Inc.....               | FL.....                   | NIA.....                               | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 14-1647239..... |                   |            |   | The WellCare Management Group, Inc.....                | NY.....                   | UDP.....                               | WCG Health Management, Inc.....                      | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 95534.....             | 14-1676443..... |                   |            |   | WellCare of New York Inc.....                          | NY.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 20-3320236..... |                   |            |   | Harmony Behavioral Health Inc.....                     | FL.....                   | NIA.....                               | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 11229.....             | 36-4050495..... |                   |            |   | Harmony Health Plan of Illinois Inc.....               | IL.....                   | IA.....                                | Harmony Health Systems, Inc.....                     | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 22-3391045..... |                   |            |   | Harmony Health Systems Inc.....                        | IL.....                   | NIA.....                               | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 36-4467676..... |                   |            |   | Harmony Health Management Inc.....                     | IL.....                   | NIA.....                               | Harmony Health Systems, Inc.....                     | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 47-0937650..... |                   | 0001279363 | NYSE.....   | WellCare Health Plans Inc.....                         | FL.....                   | UIP.....                               | Shareholders.....                                    |  | 0.0  |   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 04-3669698..... |                   |            |   | WCG Health Management Inc.....                         | FL.....                   | UIP.....                               | WellCare Health Plans, Inc.....                      | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 10760.....             | 20-2103320..... |                   |            |   | WellCare of Georgia Inc.....                           | GA.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 98-0448921..... |                   |            |   | Comprehensive Reinsurance Ltd.....                     | CYM.....                  | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 10155.....             | 20-2383134..... |                   |            |   | WellCare Prescription Insurance Inc.....               | FL.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 12749.....             | 20-3562146..... |                   |            |   | WellCare of Ohio Inc.....                              | OH.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 20-3262322..... |                   |            |   | Harmony Behavioral Health IPA Inc.....                 | NY.....                   | NIA.....                               | Harmony Behavioral Health, Inc.....                  | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 20-4869374..... |                   |            |   | WellCare Pharmacy Benefits Management Inc.....         | DE.....                   | NIA.....                               | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 83445.....             | 86-0269558..... |                   |            |   | WellCare Health Insurance of Arizona Inc.....          | AZ.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 64467.....             | 36-6069295..... |                   |            |   | WellCare Health Insurance Company of Kentucky Inc..... | KY.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 12956.....             | 11-3197523..... |                   |            |   | WellCare Health Insurance of New York Inc.....         | NY.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 13020.....             | 20-8017319..... |                   |            |   | WellCare Health Plans of New Jersey Inc.....           | NJ.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 12964.....             | 20-8058761..... |                   |            |   | WellCare of Texas Inc.....                             | TX.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 20-8420512..... |                   |            |   | Exactus Pharmacy Solutions, Inc.....                   | DE.....                   | NIA.....                               | WellCare Pharmacy Benefits Management.....           | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 27-0386122..... |                   |            |   | Ohana Health Plans, Inc.....                           | HI.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |

## STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

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

| 1<br>Group Code | 2<br>Group Name                | 3<br>NAIC Company Code | 4<br>ID Number  | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates     | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|-----------------|--------------------------------|------------------------|-----------------|-------------------|----------|---|--|---------------------------|--|--|--|--|---|---------|
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 27-4293249..... |                   |          |   | WellCare Health Plans of California, Inc.....      | CA.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 14404.....             | 45-3617189..... |                   |          |   | WellCare of Kansas, Inc.....                       | KS.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 45-5154364..... |                   |          |   | WellCare Health Plans of Tennessee, Inc.....       | TN.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 45-3236788..... |                   |          |   | America's 1st Choice California Holdings, LLC..... | FL.....                   | NIA.....                               | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 20-5327501..... |                   |          |   | Easy Choice Health Plan, Inc.....                  | CA.....                   | IA.....                                | America's 1st Choice California Holdings, LLC.....   | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 11775.....             | 32-0062883..... |                   |          |   | WellCare of South Carolina, Inc.....               | SC.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 46-2078909..... |                   |          |   | WellCare of Nevada, Inc.....                       | NV.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 12913.....             | 20-5862801..... |                   |          |   | Missouri Care, Incorporated.....                   | MO.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 27-4212954..... |                   |          |   | The WellCare Community Foundation.....             | DE.....                   | NIA.....                               | WellCare Health Plans, Inc.....                      | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 62-1832645..... |                   |          |   | Windsor Health Group, Inc.....                     | TN.....                   | NIA.....                               | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 62-1530448..... |                   |          |   | Windsor Management Services, Inc.....              | TN.....                   | NIA.....                               | Windsor Health Group, Inc.....                       | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 15510.....             | 47-0971481..... |                   |          |   | WellCare Health Plans of Kentucky, Inc.....        | KY.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 15812.....             | 47-3558198..... |                   |          |   | WellCare of Iowa, Inc.....                         | IA.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 47-5456872..... |                   |          |   | WellCare of Nebraska, Inc.....                     | NE.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 100.0  | WellCare Health Plans, Inc.....                   | 0       |
| 01199.....      | WellCare Health Plans Inc..... | 00000.....             | 81-1631920..... |                   |          |   | WellCare of Pennsylvania, Inc.....                 | PA.....                   | IA.....                                | The WellCare Management Group, Inc.....              | Ownership.....   | 0.0  | WellCare Health Plans, Inc.....                   | 0       |
|                 |                                |                        |                 |                   |          |   |  |                           |  |  |  |  |   |         |
|                 |                                |                        |                 |                   |          |   |  |                           |  |  |  |  |   |         |
|                 |                                |                        |                 |                   |          |   |  |                           |  |  |  |  |   |         |

| Asterisk | Explanation |
|----------|-------------|
|          |             |

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

**Explanation:**

1.

**Bar Code:**

1.



**OVERFLOW PAGE FOR WRITE-INS**

---

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**SCHEDULE A – VERIFICATION**

| Real Estate  |  | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|--|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year                           |  | 0                 | 0                                    |
| 2. Cost of acquired:   |  |                   |                                      |
| 2.1 Actual cost at time of acquisition   |  | 0                 | 0                                    |
| 2.2 Additional investment made after acquisition                                     |  | 0                 | 0                                    |
| 3. Current year change in encumbrances   |  | 0                 | 0                                    |
| 4. Total gain (loss) on disposals  |  | 0                 | 0                                    |
| 5. Deduct amounts received on disposals  |  | 0                 | 0                                    |
| 6. Total foreign exchange change in book/adjusted carrying value                     |  | 0                 | 0                                    |
| 7. Deduct current year's other-than-temporary impairment recognized                  |  | 0                 | 0                                    |
| 8. Deduct current year's depreciation  |  | 0                 | 0                                    |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) |  | 0                 | 0                                    |
| 10. Deduct total nonadmitted amounts   |  | 0                 | 0                                    |
| 11. Statement value at end of current period (Line 9 minus Line 10)                  |  | 0                 | 0                                    |

**SCHEDULE B – VERIFICATION**

| Mortgage Loans  |  | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|---|--|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year                             |  | 0                 | 0                                    |
| 2. Cost of acquired:  |  |                   |                                      |
| 2.1 Actual cost at time of acquisition  |  | 0                 | 0                                    |
| 2.2 Additional investment made after acquisition  |  | 0                 | 0                                    |
| 3. Capitalized deferred interest and other  |  | 0                 | 0                                    |
| 4. Accrual of discount  |  | 0                 | 0                                    |
| 5. Unrealized valuation increase (decrease)   |  | 0                 | 0                                    |
| 6. Total gain (loss) on disposals   |  | 0                 | 0                                    |
| 7. Deduct amounts received on disposals   |  | 0                 | 0                                    |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees                                  |  | 0                 | 0                                    |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest                       |  | 0                 | 0                                    |
| 10. Deduct current year's other-than-temporary impairment recognized  |  | 0                 | 0                                    |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) |  | 0                 | 0                                    |
| 12. Total valuation allowance   |  | 0                 | 0                                    |
| 13. Subtotal (Line 11 plus Line 12)   |  | 0                 | 0                                    |
| 14. Deduct total nonadmitted amounts  |  | 0                 | 0                                    |
| 15. Statement value at end of current period (Line 13 minus Line 14)  |  | 0                 | 0                                    |

**SCHEDULE BA – VERIFICATION**

| Other Long-Term Invested Assets  |  | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|--|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year                             |  | 0                 | 0                                    |
| 2. Cost of acquired:   |  |                   |                                      |
| 2.1 Actual cost at time of acquisition   |  | 0                 | 0                                    |
| 2.2 Additional investment made after acquisition                                       |  | 0                 | 0                                    |
| 3. Capitalized deferred interest and other   |  | 0                 | 0                                    |
| 4. Accrual of discount   |  | 0                 | 0                                    |
| 5. Unrealized valuation increase (decrease)  |  | 0                 | 0                                    |
| 6. Total gain (loss) on disposals  |  | 0                 | 0                                    |
| 7. Deduct amounts received on disposals  |  | 0                 | 0                                    |
| 8. Deduct amortization of premium and depreciation                                     |  | 0                 | 0                                    |
| 9. Total foreign exchange change in book/adjusted carrying value                       |  | 0                 | 0                                    |
| 10. Deduct current year's other-than-temporary impairment recognized                   |  | 0                 | 0                                    |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) |  | 0                 | 0                                    |
| 12. Deduct total nonadmitted amounts   |  | 0                 | 0                                    |
| 13. Statement value at end of current period (Line 11 minus Line 12)                   |  | 0                 | 0                                    |

**SCHEDULE D – VERIFICATION**

| Bonds and Stocks  |  | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|---|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year      |  | 4,434,413         | 4,541,005                            |
| 2. Cost of bonds and stocks acquired  |  | 0                 | 0                                    |
| 3. Accrual of discount  |  | 0                 | 0                                    |
| 4. Unrealized valuation increase (decrease)   |  | 0                 | 0                                    |
| 5. Total gain (loss) on disposals   |  | 0                 | 0                                    |
| 6. Deduct consideration for bonds and stocks disposed of                            |  | 2,000,000         | 0                                    |
| 7. Deduct amortization of premium   |  | 24,667            | 106,592                              |
| 8. Total foreign exchange change in book/adjusted carrying value                    |  | 0                 | 0                                    |
| 9. Deduct current year's other-than-temporary impairment recognized                 |  | 0                 | 0                                    |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) |  | 2,409,746         | 4,434,413                            |
| 11. Deduct total nonadmitted amounts  |  | 0                 | 0                                    |
| 12. Statement value at end of current period (Line 10 minus Line 11)                |  | 2,409,746         | 4,434,413                            |

STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation                       | 1<br>Book/Adjusted<br>Carrying Value<br>Beginning of<br>Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading<br>Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|--|---|--|--|---|---|--|---|---|
| <b>BONDS</b>                           |   |  |  |   |   |  |   |   |
| 1. NAIC 1 (a).....                     | 2,501,781   | 4,036,250                                      | 4,000,000                                      | (14,190)  | 2,523,841   | 0  | 0   | 2,501,781   |
| 2. NAIC 2 (a).....                     | 2,010,477   | 0  | 2,000,000                                      | (10,477)  | 0   | 0  | 0   | 2,010,477   |
| 3. NAIC 3 (a).....                     | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 4. NAIC 4 (a).....                     | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 5. NAIC 5 (a).....                     | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 6. NAIC 6 (a).....                     | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 7. Total Bonds.....                    | 4,512,258   | 4,036,250                                      | 6,000,000                                      | (24,667)  | 2,523,841   | 0  | 0   | 4,512,258   |
| <b>PREFERRED STOCK</b>                 |   |  |  |   |   |  |   |   |
| 8. NAIC 1.....                         | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 9. NAIC 2.....                         | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 10. NAIC 3.....                        | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 11. NAIC 4.....                        | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 12. NAIC 5.....                        | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 13. NAIC 6.....                        | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 14. Total Preferred Stock.....         | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 15. Total Bonds & Preferred Stock..... | 4,512,258   | 4,036,250                                      | 6,000,000                                      | (24,667)  | 2,523,841   | 0  | 0   | 4,512,258   |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ;

NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

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**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**SCHEDULE DA - PART 1**

**Short-Term Investments**

|         | 1<br>Book/Adjusted<br>Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected<br>Year To Date | 5<br>Paid for Accrued<br>Interest<br>Year To Date |
|---------|--------------------------------------|----------------|------------------|---|---|
| 9199999 | 114,095                              | XXX            | 114,095          | 0                                       | 0   |

**SCHEDULE DA - VERIFICATION**

**Short-Term Investments**

|  | 1<br>Year To Date | 2<br>Prior Year<br>Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year.....                          | 77,845            | 1,831,961                            |
| 2. Cost of short-term investments acquired .....   | 4,036,250         | 13,079,643                           |
| 3. Accrual of discount .....   | 0                 | 0                                    |
| 4. Unrealized valuation increase (decrease).....   | 0                 | 0                                    |
| 5. Total gain (loss) on disposals .....  | 0                 | 0                                    |
| 6. Deduct consideration received on disposals .....                                      | 4,000,000         | 14,833,759                           |
| 7. Deduct amortization of premium.....   | 0                 | 0                                    |
| 8. Total foreign exchange change in book/adjusted carrying value.....                    | 0                 | 0                                    |
| 9. Deduct current year's other-than-temporary impairment recognized.....                 | 0                 | 0                                    |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 114,095           | 77,845                               |
| 11. Deduct total nonadmitted amounts.....  | 0                 | 0                                    |
| 12. Statement value at end of current period (Line 10 minus Line 11)                     | 114,095           | 77,845                               |

Schedule DB - Part A - Verification  
**NONE**

Schedule DB - Part B - Verification  
**NONE**

Schedule DB - Part C - Section 1  
**NONE**

Schedule DB - Part C - Section 2  
**NONE**

Schedule DB - Verification  
**NONE**

Schedule E - Verification  
**NONE**

Schedule A - Part 2  
**NONE**

Schedule A - Part 3  
**NONE**

Schedule B - Part 2  
**NONE**

Schedule B - Part 3  
**NONE**

Schedule BA - Part 2  
**NONE**

Schedule BA - Part 3  
**NONE**

Schedule D - Part 3  
**NONE**

STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1<br>CUSIP<br>Identifi-<br>cation                             | 2<br>Description     | 3<br>For-<br>eign | 4<br>Disposal<br>Date | 5<br>Name of Purchaser | 6<br>Number of<br>Shares of<br>Stock | 7<br>Consideration | 8<br>Par Value | 9<br>Actual Cost | 10<br>Prior Year<br>Book/Adjusted<br>Carrying<br>Value | Change in Book/Adjusted Carrying Value                   |  |   |  |   | 16<br>Book/<br>Adjusted<br>Carrying Value<br>at<br>Disposal Date | 17<br>Foreign<br>Exchange Gain<br>(Loss) on<br>Disposal | 18<br>Realized Gain<br>(Loss) on<br>Disposal | 19<br>Total Gain<br>(Loss) on<br>Disposal | 20<br>Bond<br>Interest/Stock<br>Dividends<br>Received<br>During Year | 21<br>Stated<br>Contractual<br>Maturity<br>Date | 22<br>NAIC<br>Design-<br>ation<br>or<br>Market<br>Indicator<br>(a) |     |
|---|----------------------|-------------------|-----------------------|------------------------|--------------------------------------|--------------------|----------------|------------------|--|--|--|---|--|---|--|---|--|---|--|---|--|-----|
|   |                      |                   |                       |                        |                                      |                    |                |                  |  | 11<br>Unrealized<br>Valuation<br>Increase/<br>(Decrease) | 12<br>Current Year's<br>(Amortization)/<br>Accretion | 13<br>Current Year's<br>Other Than<br>Temporary<br>Impairment<br>Recognized | 14<br>Total Change in<br>B./A.C.V.<br>(11+12-13) | 15<br>Total Foreign<br>Exchange<br>Change in<br>B./A.C.V. |  |   |  |   |  |   |  |     |
| <b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>    |                      |                   |                       |                        |                                      |                    |                |                  |  |  |  |   |  |   |  |   |  |   |  |   |  |     |
| 060516-EG-0...  | BANK OF AMERICA CORP |                   | 03/17/2016            | Maturity               |                                      |                    | 2,000,000      | 2,000,000        | 2,061,200  | 2,010,477  | 0  | (10,477)  | 0  | (10,477)  | 0  | 2,000,000   | 0  | 0   | 0  | 36,250  | 03/17/2016   | 2FE |
| 3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated) |                      |                   |                       |                        |                                      |                    | 2,000,000      | 2,000,000        | 2,061,200  | 2,010,477  | 0  | (10,477)  | 0  | (10,477)  | 0  | 2,000,000   | 0  | 0   | 0  | 36,250  | XXX  | XXX |
| 8399997 - Subtotals - Bonds - Part 4                          |                      |                   |                       |                        |                                      |                    | 2,000,000      | 2,000,000        | 2,061,200  | 2,010,477  | 0  | (10,477)  | 0  | (10,477)  | 0  | 2,000,000   | 0  | 0   | 0  | 36,250  | XXX  | XXX |
| 8399999 - Subtotals - Bonds                                   |                      |                   |                       |                        |                                      |                    | 2,000,000      | 2,000,000        | 2,061,200  | 2,010,477  | 0  | (10,477)  | 0  | (10,477)  | 0  | 2,000,000   | 0  | 0   | 0  | 36,250  | XXX  | XXX |
| 99999999 Totals   |                      |                   |                       |                        |                                      |                    | 2,000,000      | XXX              | 2,061,200  | 2,010,477  | 0  | (10,477)  | 0  | (10,477)  | 0  | 2,000,000   | 0  | 0   | 0  | 36,250  | XXX  | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

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Schedule DB - Part A - Section 1  
**NONE**

Schedule DB - Part B - Section 1  
**NONE**

Schedule DB - Part D - Section 1  
**NONE**

Schedule DB - Part D - Section 2  
**NONE**

Schedule DL - Part 1  
**NONE**

Schedule DL - Part 2  
**NONE**

**STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.**

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

| 1<br>Depository  | 2<br>Code  | 3<br>Rate<br>of<br>Interest | 4<br>Amount of<br>Interest<br>Received<br>During<br>Current<br>Quarter | 5<br>Amount of<br>Interest<br>Accrued at<br>Current<br>Statement<br>Date | Book Balance at End of Each<br>Month During Current Quarter |                   |                  | 9<br>*     |
|--|------------|-----------------------------|--|--|---|-------------------|------------------|------------|
|  |            |                             |  |  | 6<br>First Month  | 7<br>Second Month | 8<br>Third Month |            |
| <b>Open Depositories</b>   |            |                             |  |  |   |                   |                  |            |
| JP Morgan-4409.....Ohio.....   |            | 0.000                       | 0  | 0  | (37,413)  | (35,053)          | (35,053)         | XXX        |
| Jp Morgan-3564.....Ohio.....   |            | 0.000                       | 0  | 0  | 3,339,405   | 3,396,917         | 7,633,907        | XXX        |
| 019998 Deposits in .....0 depositories that do<br>not exceed the allowable limit in any one depository<br>(See Instructions) - Open Depositories | XXX        | XXX                         | 0  | 0  | 0   | 0                 | 0                | XXX        |
| 0199999 Total Open Depositories  | XXX        | XXX                         | 0  | 0  | 3,301,992   | 3,361,865         | 7,598,854        | XXX        |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
|  |            |                             |  |  |   |                   |                  |            |
| 0399999 Total Cash on Deposit  | XXX        | XXX                         | 0  | 0  | 3,301,992   | 3,361,865         | 7,598,854        | XXX        |
| 0499999 Cash in Company's Office   | XXX        | XXX                         | XXX  | XXX  | 0   | 0                 | 0                | XXX        |
| <b>0599999 Total</b>   | <b>XXX</b> | <b>XXX</b>                  | <b>0</b>   | <b>0</b>   | <b>3,301,992</b>  | <b>3,361,865</b>  | <b>7,598,854</b> | <b>XXX</b> |

STATEMENT AS OF MARCH 31, 2016 OF THE WellCare of Ohio, Inc.

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

| Show Investments Owned End of Current Quarter |           |                    |                       |                    |                                   |                                       |                                  |
|---|-----------|--------------------|-----------------------|--------------------|-----------------------------------|---------------------------------------|----------------------------------|
| 1<br>Description                              | 2<br>Code | 3<br>Date Acquired | 4<br>Rate of Interest | 5<br>Maturity Date | 6<br>Book/Adjusted Carrying Value | 7<br>Amount of Interest Due & Accrued | 8<br>Amount Received During Year |
|   |           |                    |                       |                    |                                   |                                       |                                  |

**NONE**

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