



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

WellCare of Ohio, Inc.

NAIC Group Code	01199	,	01199	NAIC Company Code	12749	Employer's ID Number	20-3562146
	(Current Period)		(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States						
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO, Federally Qualified? Yes [] No [X]						
Incorporated/Organized	09/27/2005			Commenced Business	01/01/2007		
Statutory Home Office	8735 Henderson Road			Tampa, FL, US 33634			
	(Street and Number)			(City or Town, State, Country and Zip Code)			
Main Administrative Office	8735 Henderson Road						
	Tampa, FL, US 33634			813-290-6200			
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)			
Mail Address	P.O. Box 31391			Tampa, FL, US 33631-3391			
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	8735 Henderson Road						
	Tampa, FL, US 33634			813-290-6200			
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.wellcare.com						
Statutory Statement Contact	Mike Wasik			813-206-2725			
	(Name)			(Area Code) (Telephone Number) (Extension)			
	michael.wasik@wellcare.com			813-675-2899			
	(E-Mail Address)			(Fax Number)			

OFFICERS

Name	Title	Name	Title
David Thomas Reynolds #	President	Michael Troy Meyer #	CFO, Treasurer, VP and Corporate Controller
Michael Warren Haber #	Secretary and Vice President	Phillip Paul Bisesi #	Assistant Secretary and Vice President

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

David Thomas Reynolds	Michael Troy Meyer #	Andrew Lynn Asher	Michael Warren Haber #
Phillip Paul Bisesi #			

State of _____
County of _____

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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, VP and Corporate Controller	Michael Warren Haber Secretary and Vice President
Subscribed and sworn to before me this _____ day of _____,		a. Is this an original filing? Yes [X] No [] b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE WellCare of Ohio, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables0	
2. Claim overpayment receivables	39,695				39,695	39,695
3. Loans and advances to providers0	
4. Capitation arrangement receivables0	
5. Risk sharing receivables0	
6. Other health care receivables0	
7. Totals (Lines 1 through 6)	39,695	0	0	0	39,695	39,695

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

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

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE WellCare of Ohio, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE WellCare of Ohio, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0199999 Individually listed payables.....		0	0	0
0299999 Payables not individually listed				
0399999 Total gross payables		0	0	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE WellCare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATIONWellCare of Ohio, Inc.

2. (LOCATION)

NAIC Group Code01199BUSINESS IN THE STATE OF OhioDURING THE YEAR 2016NAIC Company Code12749

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
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 (b).....	(10,662)							(10,662)		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	(10,662)							(10,662)		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	(336,495)							(247,472)	(89,023)	
18. Amount Incurred for Provision of Health Care Services	(341,541)							(252,518)	(89,023)	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(10,662)



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE WellCare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare of Ohio, Inc.

2.

NAIC Group Code		01199		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2016					(LOCATION)		NAIC Company Code		12749	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10						
		2	3													
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other						
Total Members at end of:																
1. Prior Year	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	0	0	0	0	0	0	0	0	0						
5. Current Year	0	0	0	0	0	0	0	0	0	0						
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0						
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0						
8. Non-Physician	0	0	0	0	0	0	0	0	0	0						
9. Total	0	0	0	0	0	0	0	0	0	0						
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0						
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0						
12. Health Premiums Written (b).....	(10,662)	0	0	0	0	0	0	(10,662)	0	0						
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0						
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0						
15. Health Premiums Earned.....	(10,662)	0	0	0	0	0	0	(10,662)	0	0						
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0						
17. Amount Paid for Provision of Health Care Services	(336,495)	0	0	0	0	0	0	(247,472)	(89,023)	0						
18. Amount Incurred for Provision of Health Care Services	(341,541)	0	0	0	0	0	0	(252,518)	(89,023)	0						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(10,662)

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Schedule S - Part 1 - Section 2
NONE

Schedule S - Part 2
NONE

Schedule S - Part 3 - Section 2
NONE

Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

SCHEDULE S – PART 6

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

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	1,918	2,360	4,544
3. Title XIX-Medicaid.....	0	(1)	0	174	22,817
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	231	932	2,194	4,203
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	2,707	1,766	8,765
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

Schedule S - Part 7

NONE

Schedule T - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE WellCare of Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	11229.....	36-4050495.....				Harmony Health Plan Inc.....	IL.....	IA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.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.....	N.....	.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.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	47-0937650.....		0001279363	NYSE	WellCare Health Plans Inc.....	FL.....	UIP.....	Shareholders.....		0.0	WellCare Health Plans, Inc.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	20-4869374.....				WellCare Pharmacy Benefits Management In.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE WellCare of Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.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.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	15951.....	47-5456872.....				WellCare of Nebraska, Inc.....	NE.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	81-1631920.....				WellCare of Pennsylvania, Inc.....	PA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	81-3299281.....				WellCare of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	81-4412545.....				Wind Merger Sub, Inc.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	06-1742685.....				One Care by Care 1st Health Plan of Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	57-1165217.....				Care 1st Health Plan Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	46-2680154.....				Care 1st Health Plan Administrative Services, Inc.....	AZ.....	NIA.....	Care 1st Health Plan Arizona, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....

Asterisk	Explanation
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

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

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
14.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
15.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
17.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
20.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

21.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
22.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
23.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....
24.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
25.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

26.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....SEE EXPLANATION.....

Explanation:

11.

Business not written.
12.

Business not written.
13.

Business not written.
14.

Not required.
15.

Business not written.
16.

Business not written.
17.

Business not written.
18.

No waiver required.
19.

No waiver required.
20.

No waiver required.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written.

22. Business not written.

23. Business not written.

26. Not required.

Bar code:

11.


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

12.


1 2 7 4 9 2 0 1 6 2 0 5 0 0 0 0 0

13.


1 2 7 4 9 2 0 1 6 2 0 7 0 0 0 0 0

15.


1 2 7 4 9 2 0 1 6 3 7 1 0 0 0 0 0

16.


1 2 7 4 9 2 0 1 6 3 7 0 0 0 0 0 0

17.


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

21.


1 2 7 4 9 2 0 1 6 3 0 6 0 0 0 0 0

22.


1 2 7 4 9 2 0 1 6 2 1 1 5 9 0 0 0

23.


1 2 7 4 9 2 0 1 6 2 1 3 0 0 0 0 0

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