



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2017
OF THE CONDITION AND AFFAIRS OF THE

WellCare of Ohio, Inc.

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

OFFICERS

Name	Title	Name	Title
David Thomas Reynolds	President	Michael Troy Meyer	Asst. Treasurer, VP and Corporate Controller
Michael Warren Haber	Secretary and Vice President	Tammy Lynn Meyer #	Assistant Secretary and Vice President
Richard Charles Fisher #	CFO and Vice President	Goran Jankovic #	Vice President and Treasurer

DIRECTORS OR TRUSTEES

David Thomas Reynolds	Michael Troy Meyer	Andrew Lynn Asher	Michael Warren Haber
Anat Hakim #			

State of

ss

County 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
Asst. Treasurer, VP and Corporate Controller

Michael Warren Haber
Secretary and Vice President

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 _____

Subscribed and sworn to before me this
day of _____,

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	412,223		412,223	0
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 \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 3,779,192), cash equivalents (\$ 0) and short-term investments (\$ 10,003,478)	13,782,670		13,782,670	8,103,285
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)	14,194,893	0	14,194,893	8,103,285
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	10,413		10,413	.974
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	3,038,401
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	331,913
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
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			0	2,737,386
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset821		.821	.24,358
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	25,219	25,219	0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	49,615	0	49,615	50,801
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,288,961	25,219	14,263,742	14,287,118
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	14,288,961	25,219	14,263,742	14,287,118
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. State tax recoverable	49,615	0	49,615	50,801
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)	49,615	0	49,615	50,801

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).	425		425	54,857
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	3		3	401
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued			0	26,475
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	48,277		48,277	31,178
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current))			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives.....		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) 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	62,462
23. Aggregate write-ins for other liabilities (including \$ current)	50,827	0	50,827	124,798
24. Total liabilities (Lines 1 to 23).....	99,532	0	99,532	300,171
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	10,964,210	10,786,947
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	14,164,210	13,986,947
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	14,263,742	14,287,118
DETAILS OF WRITE-INS				
2301. Unclaimed property payable.....	50,827		50,827	124,798
2302.			0	0
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)	50,827	0	50,827	124,798
2501.	XXX	XXX		0
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 SEPTEMBER 30, 2017 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 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX.....	0	0	0
2. Net premium income (including \$ non-health premium income)	XXX.....	(48,255)	(10)	(10,662)
3. Change in unearned premium reserves and reserve for rate credits	XXX.....	0	0	0
4. Fee-for-service (net of \$ medical expenses).....	XXX.....	0	0	0
5. Risk revenue	XXX.....	0	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.....	(48,255)	(10)	(10,662)
Hospital and Medical:				
9. Hospital/medical benefits		(251,032)	(228,748)	(354,704)
10. Other professional services			3,400	3,400
11. Outside referrals			0	0
12. Emergency room and out-of-area		2,243	7,922	7,922
13. Prescription drugs		164	1,840	1,841
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	(248,625)	(215,586)	(341,541)
Less:				
17. Net reinsurance recoveries			(9)	(9)
18. Total hospital and medical (Lines 16 minus 17)	0	(248,625)	(215,577)	(341,532)
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ (1,492)..... cost containment expenses.....	0	(398)	(217)	(215)
21. General administrative expenses.....	0	14,021	6,704	13,946
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	(235,002)	(209,090)	(327,801)
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	186,747	209,080	317,139
25. Net investment income earned	0	55,275	35,758	42,227
26. Net realized capital gains (losses) less capital gains tax of \$.....			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	55,275	35,758	42,227
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.....	242,022	244,838	359,366
31. Federal and foreign income taxes incurred	XXX.....	79,911	85,202	125,952
32. Net income (loss) (Lines 30 minus 31)	XXX.....	162,111	159,636	233,414
DETAILS OF WRITE-INS				
0601.....	XXX.....			
0602.....	XXX.....			
0603.....	XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX.....	0	0	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.....			0	0
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 OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	13,986,947	13,759,135	13,759,135
34. Net income or (loss) from Line 32	162,111	159,636	233,414
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	(15,537)	(15,925)	3,269
39. Change in nonadmitted assets	30,689	44,067	(8,871)
40. Change in unauthorized and certified reinsurance	0	0	0
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	0
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)	177,263	187,778	227,812
49. Capital and surplus end of reporting period (Line 33 plus 48)	14,164,210	13,946,913	13,986,947
DETAILS OF WRITE-INS			
4701.	0	0	0
4702.	0	0	0
4703.	0	0	0
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 SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	3,322,059	(3,369,977)	(3,369,982)
2. Net investment income.....	46,182	99,576	107,119
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	3,368,241	(3,270,401)	(3,262,863)
5. Benefit and loss related payments.....	(194,193)	(438,626)	(567,100)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	(2,635,614)	7,555	(48,538)
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0	0
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	62,813	(12,471)	(974,055)
10. Total (Lines 5 through 9).....	(2,766,994)	(443,542)	(1,589,693)
11. Net cash from operations (Line 4 minus Line 10).....	6,135,235	(2,826,859)	(1,673,170)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	0	4,405,000	4,405,000
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).....	0	4,405,000	4,405,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	412,569	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).....	412,569	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).....	(412,569)	4,405,000	4,405,000
Cash from Financing and Miscellaneous Sources			
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	0
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).....	(43,281)	59,043	(2,504)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(43,281)	59,043	(2,504)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	5,679,386	1,637,184	2,729,326
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	8,103,285	5,373,959	5,373,959
19.2 End of period (Line 18 plus Line 19.1).....	13,782,670	7,011,143	8,103,285

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (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)	(48,255)							(48,255)		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	(48,255)							(48,255)		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(194,193)							(74,475)	(119,718)	
18. Amount Incurred for Provision of Health Care Services	(248,625)							(128,907)	(119,718)	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (48,255)

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	.0	0	.0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						.0
0399999 Aggregate accounts not individually listed-covered					425	425
0499999 Subtotals	0	0	0	0	425	425
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	425
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	

∞

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	.0
2. Medicare Supplement					0	.0
3. Dental only					0	.0
4. Vision only					0	.0
5. Federal Employees Health Benefits Plan					0	.0
6. Title XVIII - Medicare	(74,475)		425		(74,050)	54,857
7. Title XIX - Medicaid	(119,720)				(119,720)	.0
8. Other health					0	.0
9. Health subtotal (Lines 1 to 8).....	(194,195)	0	425	0	(193,770)	54,857
10. Health care receivables (a).....					0	.0
11. Other non-health					0	.0
12. Medical incentive pools and bonus amounts					0	.0
13. Totals (Lines 9-10+11+12)	(194,195)	0	425	0	(193,770)	54,857

(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.

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:

	F/S SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
1. Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	\$ 162,111	\$ 233,414
2. State Prescribed Practices that increase/(decrease) NAIC SAP: None	-	-	-	-	-
3. State Permitted Practices that increase/(decrease) NAIC SAP: None	-	-	-	-	-
4. NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 162,111</u>	<u>\$ 233,414</u>
SURPLUS					
5. Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 14,164,210	\$ 13,986,947
6. State Prescribed Practices that increase/(decrease) NAIC SAP: None	-	-	-	-	-
7. State Permitted Practices that increase/(decrease) NAIC SAP: None	-	-	-	-	-
8. NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 14,164,210</u>	<u>\$ 13,986,947</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 Corrections 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 – 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

L. 5* Securities - None

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, Shareholders' 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 – None

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 effect 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 Measurements

The Company has no assets or liabilities measured or reported at fair value as of September 30, 2017.

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
- H. Insurance-Linked Securities (ILS) Contracts - None

22. Events Subsequent

There were no events occurring subsequent to September 30, 2017 requiring disclosure. Subsequent events have been considered through November 10, 2017 for the Statutory statement issued on November 10, 2017.

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 \$169,728 during 2017. This is approximately 309.4% of unpaid claims expenses of \$54,857 as of December 31, 2016. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending September 30, 2017 was affected by approximately \$165,006 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 SEPTEMBER 30, 2017 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 Name of Entity	2 NAIC Company Code	3 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. 12/31/2016

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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

STATEMENT AS OF SEPTEMBER 30, 2017 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 [X] No []

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

Minor revisions and clarifications of existing provisions. Adopted by Board of Directors on July 11, 2017.....

- 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: \$ 0

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: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

- 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 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted 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 (Subtotal Lines 14.21 to 14.26).....	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 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 SEPTEMBER 30, 2017 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 | \$.....0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 16.3 Total payable for securities lending reported on the liability page | \$.....0 |

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 [] No [X]

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

1 Name of Custodian(s)	2 Custodian Address

- 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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No []

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

- 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 SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

GENERAL INTERROGATORIES
PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent.....	518.3 %
1.2 A&H cost containment percent	3.1 %
1.3 A&H expense percent excluding cost containment expenses.....	%
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 SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

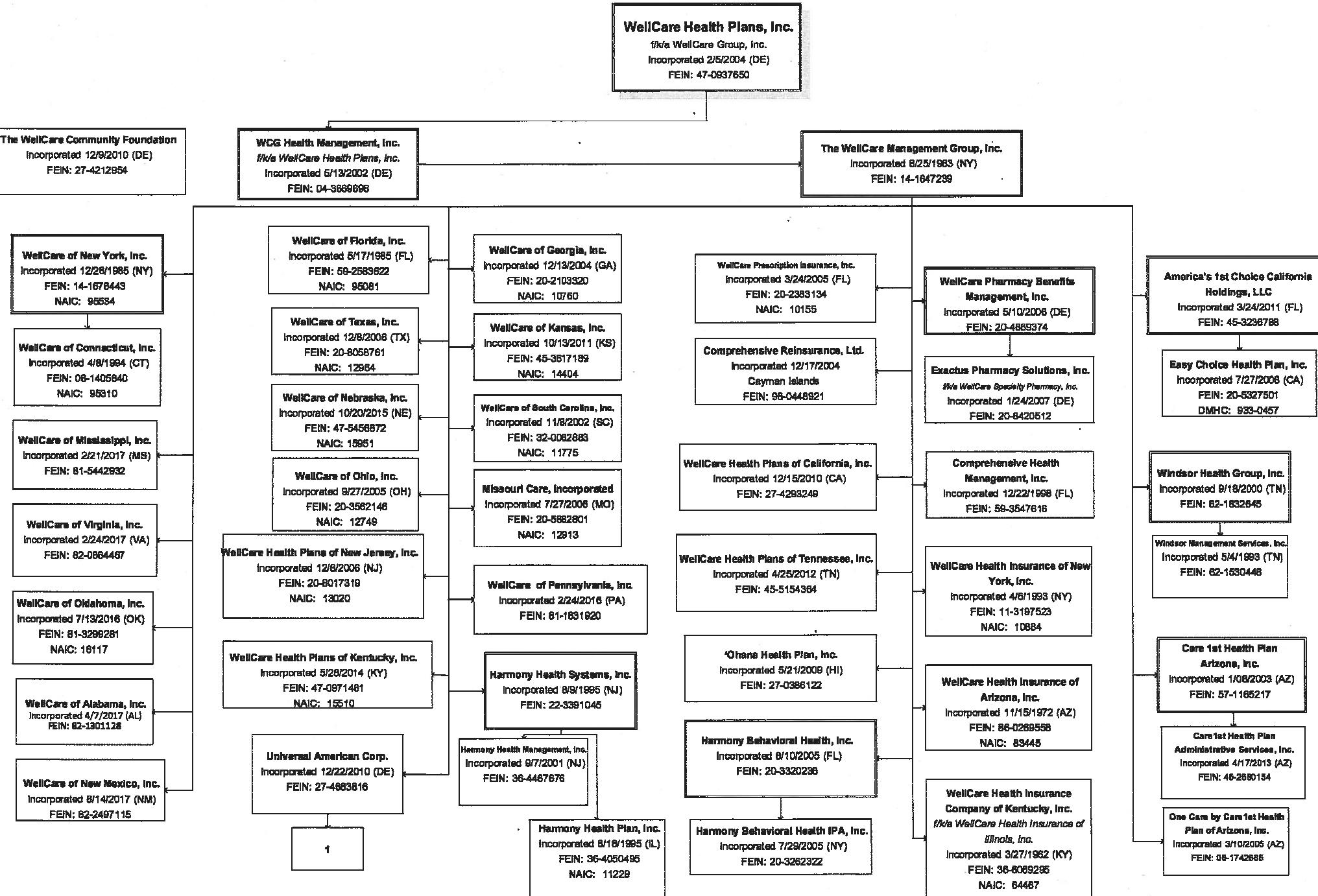
Current Year to Date - Allocated by States and Territories

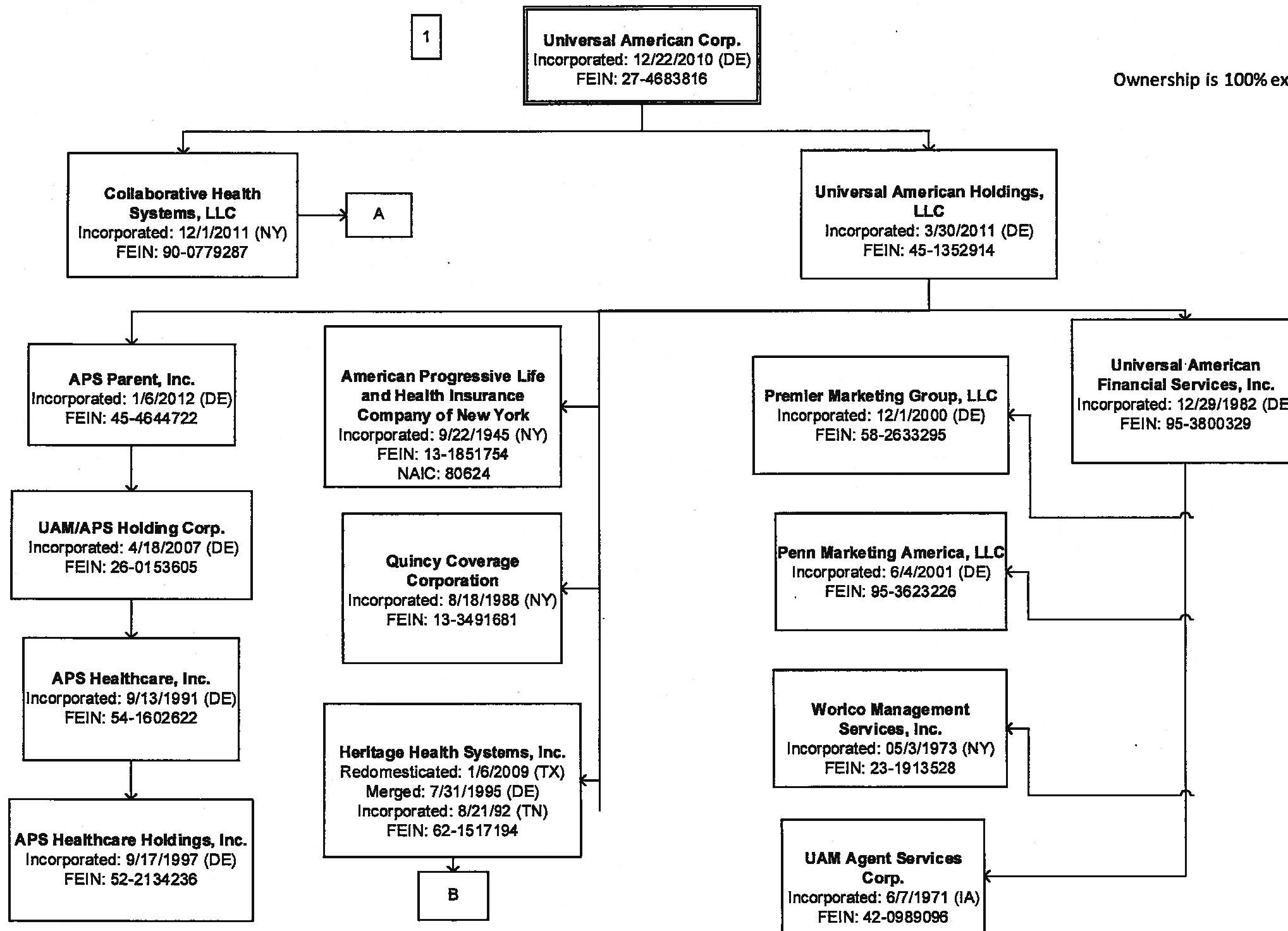
States, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type 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.		(48,255)				(48,255)	
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	(48,255)	0	0	0	(48,255)	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)	(a)	1	0	(48,255)	0	0	0	(48,255)	0
DETAILS OF WRITE-INS									
58001		XXX							
58002		XXX							
58003		XXX							
58998	Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0
58999	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0

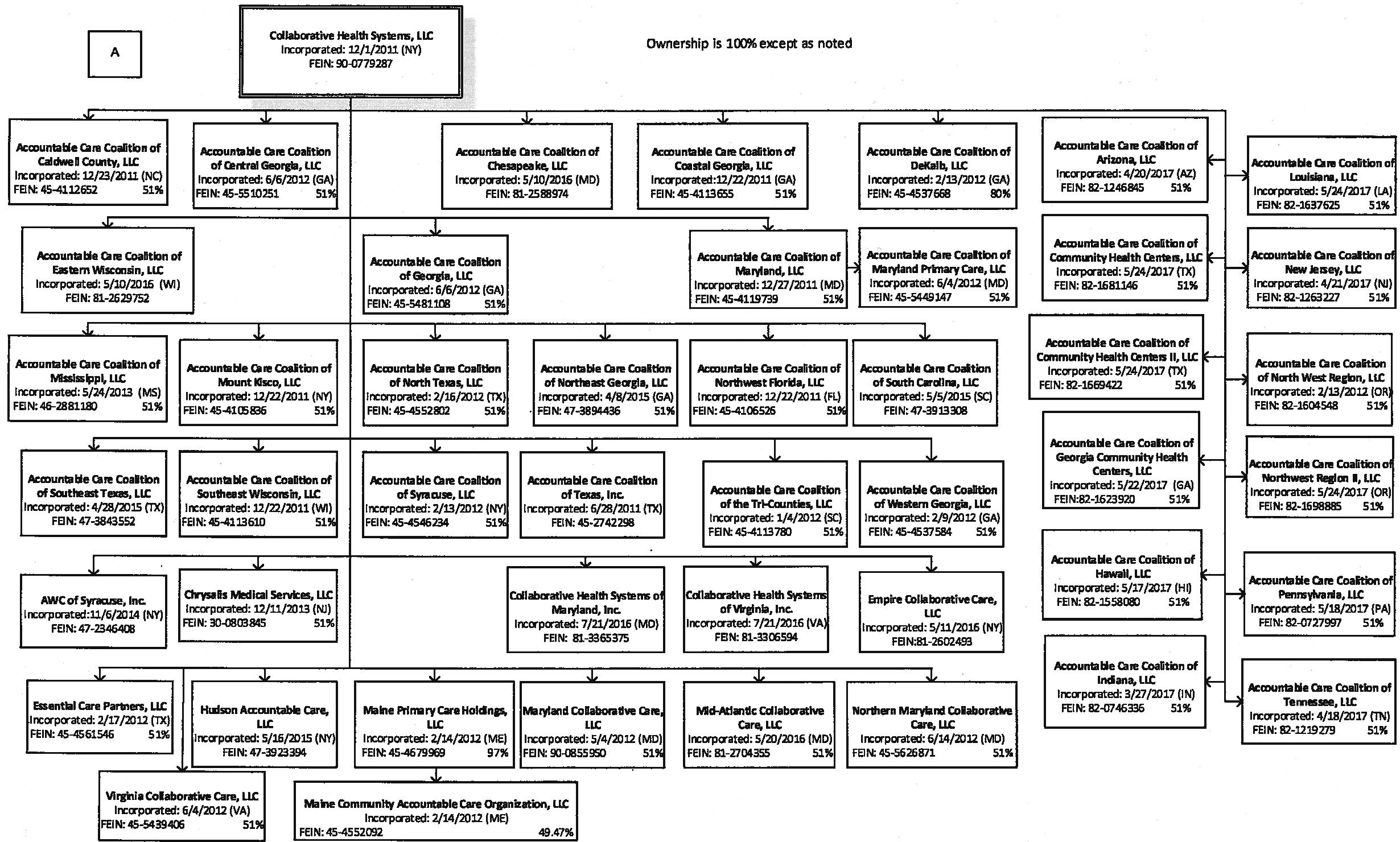
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

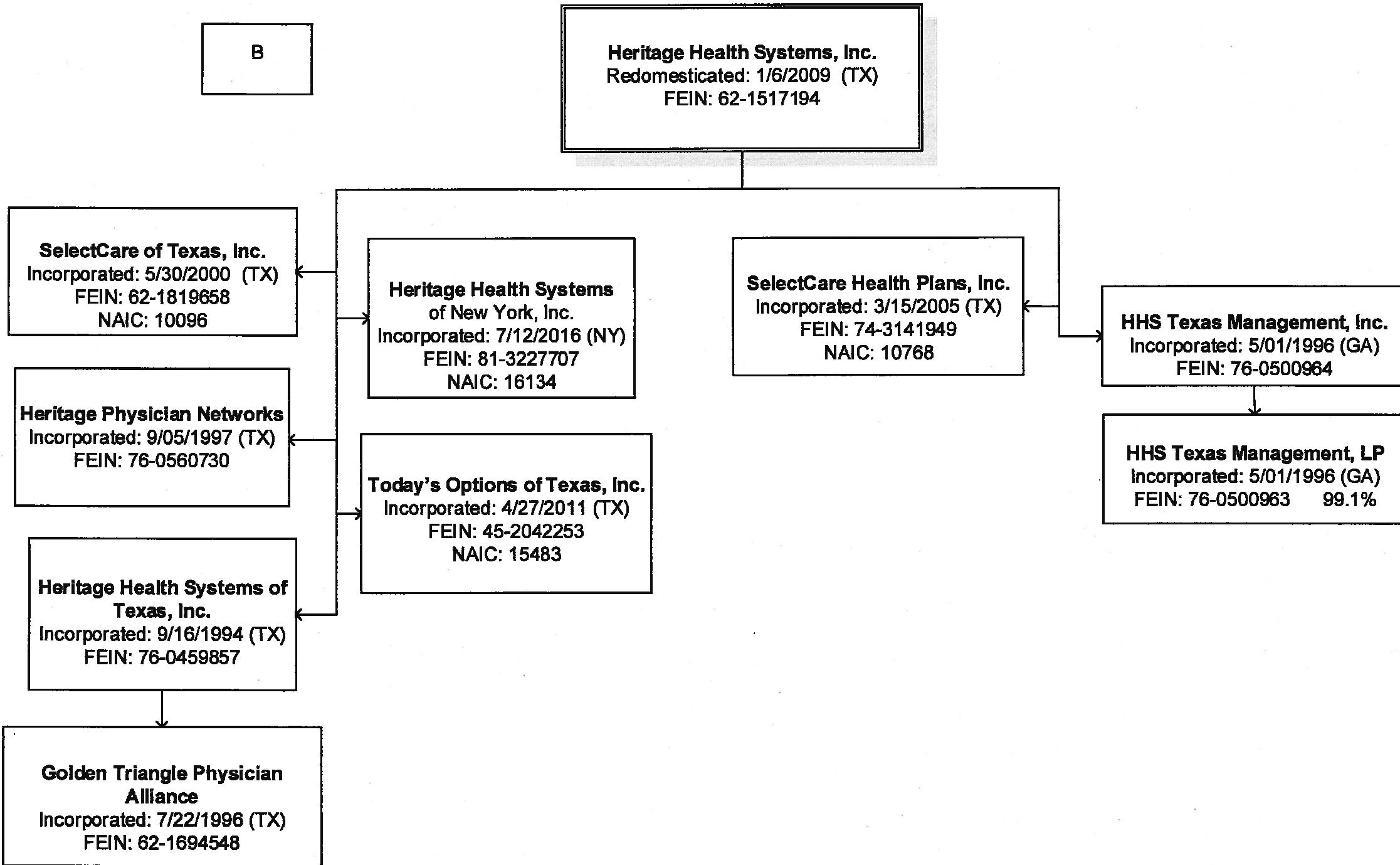
(a) Insert the number of L responses except for Canada and other Alien.

The WellCare Group of Companies as of September 30, 2017









STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14	15 Is an SCA Filing Required? (Y/N)	16
01199.....	WellCare Health Plans Inc.....	95310.....	06-1405640.....				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 Inc.....	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.....

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
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.....	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.....	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.....	16117.....	81-3299281.....				WellCare of Oklahoma, Inc.....	.OK.....	.IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	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 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.....
01199.....	WellCare Health Plans Inc.....	00000.....	81-5442932.....				WellCare of Mississippi, Inc.....	.MS.....	.IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-0664467.....				WellCare of Virginia, Inc.....	.VA.....	.IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1301128.....				WellCare of Alabama, Inc.....	.AL.....	.IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1246845.....				Accountable Care Coalition of Arizona, LLC.....	.AZ.....	.NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4112652.....				Accountable Care Coalition of Caldwell County, LLC.....	.NC.....	.NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5510251.....				Accountable Care Coalition of Central Georgia, LLC.....	.GA.....	.NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	81-2588974.....				Accountable Care Coalition of Chesapeake, LLC.....	.MD.....	.NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113655.....				Accountable Care Coalition of Coastal Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-1681146.....				Accountable Care Coalition of Community Health Centers, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-1669422.....				Accountable Care Coalition of Community Health Centers II, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4537668.....				Accountable Care Coalition of DeKalb, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	80.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	81-2629752.....				Accountable Care Coalition of Eastern Wisconsin, LLC.....	WI.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-5481108.....				Accountable Care Coalition of Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-1623920.....				Accountable Care Coalition of Georgia Community Health Centers, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-1558080.....				Accountable Care Coalition of Hawaii, LLC.....	HI.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-0746336.....				Accountable Care Coalition of Indiana, LLC.....	IN.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-1637625.....				Accountable Care Coalition of Louisiana, LLC.....	LA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-5449147.....				Accountable Care Coalition of Maryland Primary Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4119739.....				Accountable Care Coalition of Maryland, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	46-2881180.....				Accountable Care Coalition of Mississippi, LLC.....	MS.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4105836.....				Accountable Care Coalition of Mount Kisco, LLC.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-1263227.....				Accountable Care Coalition of New Jersey, LLC.....	NJ.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4552802.....				Accountable Care Coalition of North Texas, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	47-3894436.....				Accountable Care Coalition of Northeast Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4106526.....				Accountable Care Coalition of Northwest Florida, LLC.....	FL.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-1604548.....				Accountable Care Coalition of North West Region, LLC.....	OR.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-1698885.....				Accountable Care Coalition of North West Region II, LLC.....	OR.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-0727997.....				Accountable Care Coalition of Pennsylvania, LLC.....	PA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	47-3913308.....				Accountable Care Coalition of South Carolina, LLC.....	SC.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	47-3843552.....				Accountable Care Coalition of Southeast Texas, Inc.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14	15 Is an SCA Filing Required? (Y/N)	16
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113610.....			Accountable Care Coalition of Southeast Wisconsin.....		WI.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4546234.....			Accountable Care Coalition of Syracuse, LLC.....		NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-1219279.....			Accountable Care Coalition of Tennessee, LLC.....		TN.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-2742298.....			Accountable Care Coalition of Texas, Inc.....		TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113780.....			Accountable Care Coalition of the Tri-Counties, LLC.....		SC.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4537584.....			Accountable Care Coalition of Western Georgia, LLC.....		GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	80624.....	13-1851754.....			American Progressive Life & Health Insurance Company of New York.....		NY.....	IA.....	Universal American Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	52-2134236.....			APS Healthcare Holdings, Inc.....		DE.....	NIA.....	APS Healthcare, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	54-1602622.....			APS Healthcare, Inc.....		DE.....	NIA.....	UAM/APS Holding Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4644722.....			APS Parent, Inc.....		DE.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	30-0803845.....			Chrysalis Medical Services, LLC.....		TX.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	81-3365375.....			Collaborative Health Systems of Maryland, Inc.....		MD.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	81-3306594.....			Collaborative Health Systems of Virginia, Inc.....		VA.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	90-0779287.....			Collaborative Health Systems, LLC.....		NY.....	NIA.....	Universal American Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	81-2602493.....			Empire Collaborative Care, LLC.....		NY.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4561546.....			Essential Care Partners, LLC.....		TX.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	62-1694548.....			Golden Triangle Physician Alliance.....		TX.....	NIA.....	Heritages Health Systems of Texas Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	16134.....	81-3227707.....			Heritage Health Systems of New York, Inc.....		NY.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	76-0459857.....			Heritage Health Systems of Texas, Inc.....		TX.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	62-1517194.....			Heritage Health Systems, Inc.....		TX.....	NIA.....	Universal American Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	76-0560730.....			Heritage Physician Networks.....		TX.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	76-0500964.....			HHS Texas Management, Inc.....		GA.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	76-0500963.....			HHS Texas Management, LP.....		GA.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	99.0	WellCare Health Plans, Inc.....	N.....	

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14	15 Is an SCA Filing Required? (Y/N)	16
01199.....	WellCare Health Plans Inc.....	00000.....	47-3923394.....				Hudson Accountable Care, LLC.....	NY.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4552092.....				Maine Community Accountable Care Organization, LLC.....	ME.....	NIA.....	Maine Primary Care Holdings, LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-4679969.....				Maine Primary Care Holdings, LLC.....	ME.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	97.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	90-0855950.....				Maryland Collaborative Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	81-2704355.....				Mid-Atlantic Collaborative Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-5626871.....				Northern Maryland Collaborative Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	95-3623226.....				Penn Marketing America, LLC.....	DE.....	NIA.....	Universal American Financial Services.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	58-2633295.....				Premier Marketing Group, LLC.....	DE.....	NIA.....	Penn Marketing America, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	13-3491681.....				Quincy Coverage Corporation.....	NY.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	10768.....	74-3141949.....				SelectCare Health Plans, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	10096.....	62-1819658.....				SelectCare of Texas, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	15483.....	45-2042253.....				Today's Options of Texas, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	42-0989096.....				UAM Agent Services Corp.....	IA.....	NIA.....	Universal American Financial Services.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	26-0153605.....				UAM/APS Holding Corp.....	DE.....	NIA.....	APS Parent, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	27-4683816.....				Universal American Corp.....	DE.....	UIP.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	95-3800329.....				Universal American Financial Services.....	DE.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-1352914.....				Universal American Holdings, LLC.....	DE.....	UIP.....	Universal American Corp.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	45-5439406.....				Virginia Collaborative Care, LLC.....	VA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	23-1913528.....				Worlco Management Services, Inc.....	NY.....	NIA.....	Worlco Management Services.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	82-2497115.....				WellCare of New Mexico.....	NM.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	
01199.....	WellCare Health Plans Inc.....	00000.....	47-2346408.....				AWC of Syracuse, Inc.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	

16.4

Asterisk	Explanation

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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 SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

SCHEDULE A – VERIFICATION

Real Estate		1 Year To Date	2 Prior Year Ended 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 Year To Date	2 Prior Year Ended 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 Year To Date	2 Prior Year Ended 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 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year		0	4,434,413
2. Cost of bonds and stocks acquired		412,569	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		0	4,405,000
7. Deduct amortization of premium		345	29,413
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)		412,223	0
11. Deduct total nonadmitted amounts		0	0
12. Statement value at end of current period (Line 10 minus Line 11)		412,223	0

STATEMENT AS OF SEPTEMBER 30, 2017 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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	10,415,869	147	0	(315)	405,037	10,415,869	10,415,701	406,363
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
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.....	10,415,869	147	0	(315)	405,037	10,415,869	10,415,701	406,363
PREFERRED STOCK								
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.....	10,415,869	147	0	(315)	405,037	10,415,869	10,415,701	406,363

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 10,003,478 ; NAIC 2 \$ 0 ;

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

S102

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	10,003,478	XXX	10,003,478	31,776	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	406,363	77,845
2. Cost of short-term investments acquired	17,411,124	22,043,026
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	7,813,917	21,714,387
7. Deduct amortization of premium.....	92	121
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).....	10,003,478	406,363
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	10,003,478	406,363

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

Schedule D - Part 4
NONE

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 SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
JP Morgan-4409.....Ohio.....		0.000	0	0	(43)	(41)	(41)	XXX
JP Morgan-3564.....Ohio.....		0.000	0	0	3,879,242	3,820,173	3,779,233	XXX
019998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
019999 Total Open Depositories	XXX	XXX	0	0	3,879,199	3,820,132	3,779,192	XXX
039999 Total Cash on Deposit	XXX	XXX	0	0	3,879,199	3,820,132	3,779,192	XXX
049999 Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
059999 Total	XXX	XXX	0	0	3,879,199	3,820,132	3,779,192	XXX

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare of Ohio, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

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

NONE

四
三