



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE**

## WellCare of Ohio, Inc.

(Name)

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   
 Other  Is HMO, Federally Qualified? Yes  No

Incorporated/Organized 09/27/2005 Commenced Business 01/01/2007

Main Administrative Office \_\_\_\_\_ 8735 Henderson Road  
(Street and Number)  
Tampa, FL, US 33634 813-206-6200

Mail Address \_\_\_\_\_ (City or Town, State, Country and Zip Code) \_\_\_\_\_ (Area Code) (Telephone Number)

Primary Location of Books and Records 8735 Henderson Road (Street and Number of P.O. Box) (City or Town, State, County and Zip Code)

Tampa, FL, US 33634  
(City or Town, State, Country and Zip Code) , 813-206-6200  
(Area Code) (Telephone Number) (Extension)

## OFFICERS

## OFFICERS

Name	Title	Name	Title
Louis Gianquinto, Jr. #	President	Michael Troy Meyer	Asst. Treasurer, VP and Corporate Controller

resident \_\_\_\_\_ Tam \_\_\_\_\_

## **OTHER OFFICERS**

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## **DIRECTORS OR TRUSTEES**

Louis Gianquinto, Jr. # Michael Troy Meyer Andrew Lynn Asher Michael Warren Haber  
Anat Hakim

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

**Louis Gianquinto, Jr.**  
**President**

Michael Troy Meyer  
Asst. Treasurer, VP and Corporate Controller

Richard Charles Fisher  
CFO and Vice President

Subscribed and sworn to before me this  
day of

a. Is this an original filing? Yes [  ] No [  ]  
b. If no:  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	410,638		410,638	411,909
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 10,577,950 , Schedule E-Part 1), cash equivalents (\$ ..... 4,073,959 , Schedule E-Part 2) and short-term investments (\$ ..... 0 , Schedule DA).....	14,651,908		14,651,908	14,030,811
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities .....	0		0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	15,062,546	0	15,062,546	14,442,719
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	20,886		20,886	12,446
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0	0
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		0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0		0	0
18.2 Net deferred tax asset.....	1,493	0	1,493	12
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	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	6,975	6,975	0	0
24. Health care (\$ ..... 0 ) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	15,091,900	6,975	15,084,925	14,455,177
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	15,091,900	6,975	15,084,925	14,455,177
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. ....	0	0	0	0
2502. ....	0	0	0	0
2503. ....	0	0	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) .....	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	10,224		10,224	0
2. Accrued medical incentive pool and bonus amounts	0		0	0
3. Unpaid claims adjustment expenses	0		0	0
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act	0		0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	0		0	0
9. General expenses due or accrued	48,885		48,885	1,048
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))	705,452		705,452	195,363
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	0		0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	0		0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	0		0	0
16. Derivatives		0	0	0
17. Payable for securities	0		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		0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current)	629	0	629	50,130
24. Total liabilities (Lines 1 to 23)	765,190	0	765,190	246,541
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	0
28. Gross paid in and contributed surplus	XXX	XXX	3,198,500	3,198,500
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	11,119,735	11,008,636
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... )	XXX	XXX	0	0
32.2 ..... shares preferred (value included in Line 27 \$ ..... )	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	14,319,735	14,208,636
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	15,084,925	14,455,177
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed property payable	629		629	50,130
2302.	0		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)	629	0	629	50,130
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

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	0.....	0.....
2. Net premium income (including \$ 0 non-health premium income).....	XXX.....	0.....	(48,323).....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0.....	0.....
4. Fee-for-service (net of \$ medical expenses).....	XXX.....	0.....	0.....
5. Risk revenue.....	XXX.....	0.....	0.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0.....	0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	0.....	(48,323).....
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		(31,221).....	(290,550).....
10. Other professional services.....		0.....	0.....
11. Outside referrals.....			0.....
12. Emergency room and out-of-area.....		(128).....	2,628.....
13. Prescription drugs.....		3,462.....	164.....
14. Aggregate write-ins for other hospital and medical.....	.0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.0.....		0.....
16. Subtotal (Lines 9 to 15).....	.0.....	(27,887).....	(287,758).....
<b>Less:</b>			
17. Net reinsurance recoveries.....	.0.....		0.....
18. Total hospital and medical (Lines 16 minus 17).....	.0.....	(27,887).....	(287,758).....
19. Non-health claims (net).....			0.....
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....	.0.....	0.....	(401).....
21. General administrative expenses.....		18,333.....	37,703.....
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.....	(9,554).....	(250,456).....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	.9,554.....	202,133.....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		137,961.....	.83,114.....
26. Net realized capital gains (losses) less capital gains tax of \$ .....0.....			0.....
27. Net investment gains (losses) (Lines 25 plus 26).....	.0.....	137,961.....	.83,114.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....)(amount charged off \$ .....)].....		0.....	0.....
29. Aggregate write-ins for other income or expenses.....	.0.....	0.....	0.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	147,515.....	285,247.....
31. Federal and foreign income taxes incurred.....	XXX.....	31,007.....	.95,035.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	116,508.....	190,212.....
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0.....	0.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	0.....	0.....
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0.....	0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0.....	0.....
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0.....	0.....	0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0.....	0.....	0.....
2901.....	.0.....		0.....
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0.....	0.....	0.....
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0.....	0.....	0.....

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	.14,208,636	13,986,947
34. Net income or (loss) from Line 32 .....	116,508	190,212
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	.0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	1,481	(24,346)
39. Change in nonadmitted assets .....	(6,890)	55,823
40. Change in unauthorized and certified reinsurance .....	.0	0
41. Change in treasury stock .....	.0	0
42. Change in surplus notes .....	.0	0
43. Cumulative effect of changes in accounting principles .....	0	0
44. Capital Changes:		
44.1 Paid in .....	.0	0
44.2 Transferred from surplus (Stock Dividend) .....	0	0
44.3 Transferred to surplus .....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	.0	0
45.2 Transferred to capital (Stock Dividend) .....	.0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	.0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	.0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	111,099	221,689
49. Capital and surplus end of reporting year (Line 33 plus 48)	14,319,735	14,208,636
<b>DETAILS OF WRITE-INS</b>		
4701. ....	0	0
4702. ....	0	0
4703. ....	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	.0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**CASH FLOW**

	<b>Cash from Operations</b>	<b>1</b>	<b>2</b>
		Current Year	Prior Year
1. Premiums collected net of reinsurance	0	3,295,516	
2. Net investment income	130,792	72,302	
3. Miscellaneous income	0	0	
4. Total (Lines 1 through 3)	130,792	3,367,818	
5. Benefit and loss related payments	(38,112)	(232,901)	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	
7. Commissions, expenses paid and aggregate write-ins for deductions	(29,504)	(2,595,556)	
8. Dividends paid to policyholders	0	0	
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(479,082)	(100,328)	
10. Total (Lines 5 through 9)	(546,698)	(2,928,785)	
11. Net cash from operations (Line 4 minus Line 10)	677,490	6,296,603	
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	
12.2 Stocks	0	0	
12.3 Mortgage loans	0	0	
12.4 Real estate	0	0	
12.5 Other invested assets	0	0	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	
12.7 Miscellaneous proceeds	0	0	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	412,569	
13.2 Stocks	0	0	
13.3 Mortgage loans	0	0	
13.4 Real estate	0	0	
13.5 Other invested assets	0	0	
13.6 Miscellaneous applications	0	0	
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	412,569	
14. Net increase (decrease) in contract loans and premium notes	0	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	(412,569)	
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	
16.2 Capital and paid in surplus, less treasury stock	0	0	
16.3 Borrowed funds	0	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	
16.5 Dividends to stockholders	0	0	
16.6 Other cash provided (applied)	(56,393)	43,492	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(56,393)	43,492	
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	621,097	5,927,527	
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	14,030,811	8,103,285	
19.2 End of year (Line 18 plus Line 19.1)	14,651,908	14,030,811	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8) .....	0	0	0	.0
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11) .....	0	0	0	0

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non- Health
1. Payments during the year:										
1.1 Direct	(38,113)						(61,066)	22,953		
1.2 Reinsurance assumed	0						0			
1.3 Reinsurance ceded	0						0			
1.4 Net	(38,113)	0	0	0	0	0	(61,066)	22,953	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	10,224	0	0	0	0	0	1,449	.8,775	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	10,224	0	0	0	0	0	1,449	.8,775	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	(27,889)	0	0	0	0	0	(59,617)	31,728	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	(27,889)	0	0	0	0	0	(59,617)	31,728	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	10,224						1,449	8,775		
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	10,224	0	0	0	0	0	1,449	8,775	0	0
2. Incurred but Unreported:							0			
2.1. Direct .....	0						0			
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	0	0	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	0									
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct .....	10,224	0	0	0	0	0	1,449	8,775	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	10,224	0	0	0	0	0	1,449	8,775	0	0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	.0
2. Medicare Supplement .....					0	.0
3. Dental Only .....					0	.0
4. Vision Only .....					0	.0
5. Federal Employees Health Benefits Plan .....					0	.0
6. Title XVIII - Medicare .....	21,548	(82,614)		1,450	21,548	.0
7. Title XIX - Medicaid .....		22,953		8,775	0	.0
8. Other health .....					0	.0
9. Health subtotal (Lines 1 to 8) .....	21,548	(59,661)	.0	10,225	21,548	.0
10. Healthcare receivables (a) .....					0	.0
11. Other non-health .....					0	.0
12. Medical incentive pools and bonus amounts .....					0	.0
13. Totals (Lines 9-10+11+12)	21,548	(59,661)	0	10,225	21,548	0

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

Pt 2C - Sn A - Paid Claims - Comp  
**NONE**

Pt 2C - Sn A - Paid Claims - MS  
**NONE**

Pt 2C - Sn A - Paid Claims - DO  
**NONE**

Pt 2C - Sn A - Paid Claims - VO  
**NONE**

Pt 2C - Sn A - Paid Claims - FE  
**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Medicare**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	158,401	158,401	158,401	158,401	158,401
2. 2014.....	33,580	37,034	37,034	37,034	37,034
3. 2015.....	XXX	0	(208)	(208)	(208)
4. 2016.....	XXX	XXX	0	(109)	(109)
5. 2017.....	XXX	XXX	XXX	0	22
6. 2018.....	XXX	XXX	XXX	XXX	(83)

**Section B - Incurred Health Claims - Medicare**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	158,419	158,401	158,401	158,401	158,401
2. 2014.....	35,936	37,134	37,034	37,034	37,034
3. 2015.....	XXX	0	(153)	(208)	(208)
4. 2016.....	XXX	XXX	0	(109)	(109)
5. 2017.....	XXX	XXX	XXX	0	22
6. 2018.....	XXX	XXX	XXX	XXX	(81)

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014.....	44,225	37,034	0.0	37,034	83.7				37,034	83.7
2. 2015.....	(78)	(208)	0.0	(208)	266.7				(208)	266.7
3. 2016.....	(11)	(109)	0.0	(109)	990.9				(109)	990.9
4. 2017.....	(48)	22	0.0	22	(44.6)	0	0	22	(44.6)	
5. 2018.....	0	(83)	0.0	(83)	0.0	1	0	0	(82)	0.0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Title XIX Medicaid**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	1,209,830	1,209,830	1,209,830	1,209,830	1,209,830
2. 2014.....	57	703	703	703	703
3. 2015.....	XXX	0	(89)	(89)	(89)
4. 2016.....	XXX	XXX	0	(124)	(124)
5. 2017.....	XXX	XXX	XXX	0	0
6. 2018.....	XXX	XXX	XXX	XXX	23

**Section B – Incurred Health Claims - Title XIX Medicaid**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	1,210,940	1,209,830	1,209,830	1,209,830	1,209,830
2. 2014.....	57	703	703	703	703
3. 2015.....	XXX	0	(89)	(89)	(89)
4. 2016.....	XXX	XXX	0	(124)	(124)
5. 2017.....	XXX	XXX	XXX	0	0
6. 2018.....	XXX	XXX	XXX	XXX	31

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014.....	860	703	0.0	0.0	703	81.7			703	81.7
2. 2015.....	208	(89)	0.0	0.0	(89)	(42.8)			(89)	(42.8)
3. 2016.....	0	(124)	0.0	0.0	(124)	0.0			(124)	0.0
4. 2017.....	0	0	0.0	0.0	0	0.0	0	0	0	0.0
5. 2018.....	0	23	0	0.0	23	0.0	9	0	32	0.0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	1,368,231	1,368,231	1,368,231	1,368,231	1,368,231
2. 2014.....	33,637	37,737	37,737	37,737	37,737
3. 2015.....	XXX	0	(297)	(297)	(297)
4. 2016.....	XXX	XXX	0	(233)	(233)
5. 2017.....	XXX	XXX	XXX	0	22
6. 2018	XXX	XXX	XXX	XXX	(60)

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	1,369,359	1,368,231	1,368,231	1,368,231	1,368,231
2. 2014.....	35,993	37,837	37,737	37,737	37,737
3. 2015.....	XXX	0	(242)	(297)	(297)
4. 2016.....	XXX	XXX	0	(233)	(233)
5. 2017.....	XXX	XXX	XXX	0	22
6. 2018	XXX	XXX	XXX	XXX	(50)

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014.....	45,085	37,737	0	0.0	37,737	83.7	0	0	37,737	83.7
2. 2015.....	130	(297)	0	0.0	(297)	(228.5)	0	0	(297)	(228.5)
3. 2016.....	(11)	(233)	0	0.0	(233)	2,118.2	0	0	(233)	2,118.2
4. 2017.....	(48)	22	0	0.0	22	(44.6)	0	0	22	(44.6)
5. 2018	0	(60)	0	0.0	(60)	0.0	10	0	(50)	0.0

Pt 2C - Sn B - Incurred Claims - Comp  
**NONE**

Pt 2C - Sn B - Incurred Claims - MS  
**NONE**

Pt 2C - Sn B - Incurred Claims - DO  
**NONE**

Pt 2C - Sn B - Incurred Claims - VO  
**NONE**

Pt 2C - Sn B - Incurred Claims - FE  
**NONE**

Part 2C - Sn C - Claims Expense Ratio Co  
**NONE**

Part 2C - Sn C - Claims Expense Ratio MS  
**NONE**

Part 2C - Sn C - Claims Expense Ratio DO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio VO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio FE  
**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	.0								
2. Additional policy reserves (a)	.0								
3. Reserve for future contingent benefits	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income)	.0								
5. Aggregate write-ins for other policy reserves	.0	.0	.0	0	.0	.0	0	0	.0
6. Totals (gross)	.0	.0	.0	0	.0	.0	0	0	.0
7. Reinsurance ceded	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	.0								
10. Reserve for future contingent benefits	.0								
11. Aggregate write-ins for other claim reserves	.0	.0	.0	0	.0	.0	0	0	.0
12. Totals (gross)	.0	.0	.0	0	.0	.0	0	0	.0
13. Reinsurance ceded	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	0	.0	.0	.0	0	0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	.0	.0	0	.0	.0	.0	0	0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building)					0
2. Salaries, wages and other benefits .....					0
3. Commissions (less \$ ..... ceded plus \$ ..... assumed)					0
4. Legal fees and expenses .....					0
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....					0
7. Traveling expenses .....					0
8. Marketing and advertising .....					0
9. Postage, express and telephone .....					0
10. Printing and office supplies .....					0
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....					0
14. Outsourced services including EDP, claims, and other services .....					0
15. Boards, bureaus and association fees .....			12,657		12,657
16. Insurance, except on real estate .....					0
17. Collection and bank service charges .....					0
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			5,426		5,426
23.2 State premium taxes .....			250		250
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	0	0	18,333	0 (a)	18,333
27. Less expenses unpaid December 31, current year .....			48,885		48,885
28. Add expenses unpaid December 31, prior year .....	0	0	1,048	0	1,048
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	0	0	(29,504)	0	(29,504)
<b>DETAILS OF WRITE-INS</b>					
2501. ....					0
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a).....8,723	.....5,391
1.1 Bonds exempt from U.S. tax .....	(a).....	.....
1.2 Other bonds (unaffiliated) .....	(a).....	.....
1.3 Bonds of affiliates .....	(a).....0	.....
2.1 Preferred stocks (unaffiliated) .....	(b).....0	.....
2.11 Preferred stocks of affiliates .....	(b).....0	.....
2.2 Common stocks (unaffiliated) .....	(b).....0	.....
2.21 Common stocks of affiliates .....	(b).....0	.....
3. Mortgage loans .....	(c).....	.....
4. Real estate .....	(d).....	.....
5. Contract loans .....		
6. Cash, cash equivalents and short-term investments .....	(e).....122,069	.....132,570
7. Derivative instruments .....	(f).....	.....
8. Other invested assets .....		
9. Aggregate write-ins for investment income .....	.....0	.....0
10. Total gross investment income .....	.....130,792	.....137,961
11. Investment expenses .....		
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g).....	.....
13. Interest expense .....	(g).....	.....
14. Depreciation on real estate and other invested assets .....	(h).....	.....
15. Aggregate write-ins for deductions from investment income .....	(i).....0	.....0
16. Total deductions (Lines 11 through 15) .....	.....0	.....0
17. Net investment income (Line 10 minus Line 16) .....		.....137,961
<b>DETAILS OF WRITE-INS</b>		
0901. .....		
0902. .....		
0903. .....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....0	.....0
1501. .....		
1502. .....		
1503. .....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....		.....0

(a) Includes \$ ..... accrual of discount less \$ ..... 1,271 amortization of premium and less \$ ..... 0 paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... 0 paid for accrued dividends on purchases.  
 (c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

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

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	6,975	85	(6,890)
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,975	85	(6,890)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	6,975	85	(6,890)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	0					
2. Provider Service Organizations.....	0					
3. Preferred Provider Organizations.....	0					
4. Point of Service.....	0					
5. Indemnity Only.....	0					
6. Aggregate write-ins for other lines of business.....	0	,0	,0	,0	,0	,0
7. Total	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	,0	,0	,0	,0	,0	,0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**  
**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 “Department”).

The Department 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 (loss) 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 #	2018	2017
<b>NET INCOME</b>						
1	Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	\$ 116,508	\$ 190,212
2	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:	—	—	—	—	—
3	None	—	—	—	—	—
4	State Permitted Practices that are an increase/ (decrease) from NAIC SAP:	—	—	—	—	—
5	None	—	—	—	—	—
6	NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 116,508</u>	<u>\$ 190,212</u>
<b>SURPLUS</b>						
5	Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 14,319,735	\$ 14,208,636
6	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:	—	—	—	—	—
7	None	—	—	—	—	—
8	State Permitted Practices that are an increase/ (decrease) from NAIC SAP:	—	—	—	—	—
9	None	—	—	—	—	—
10	NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 14,319,735</u>	<u>\$ 14,208,636</u>

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

The preparation of financial statements in accordance with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The primary use of estimates are related to the Company’s reserve for claims unpaid. Actual results could differ significantly from those estimates.

**C. Accounting Policy**

Expenses and all other costs are charged to operations as incurred.

1. *Short Term Investments* – None.
2. *Bonds* – Bonds not backed by other loans are stated at amortized cost using the scientific/constant yield method of amortization (accretion) of discounts or premiums.
3. *Common Stocks* – None.
4. *Preferred Stocks* – None.
5. *Mortgage Loans* – None.
6. *Loan Backed Securities* – None.
7. *Investments in Subsidiaries, Controlled and Affiliated Companies* – None.
8. *Investments in Joint Ventures, Partnerships and Limited Liability Companies* – None.
9. *Derivatives* – None.
10. *Premium Deficiency* – N/A
11. *Unpaid Losses and Loss Adjustment Expenses* – None.
12. *Capitalization Policy* – N/A
13. *Pharmacy Rebates* – N/A

**D. Going Concern – None**

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**  
**NOTES TO FINANCIAL STATEMENTS**

**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. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreement Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate – None
- K. Low-Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets

**1. Restricted Assets (Including Pledged):**

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total Gross	Total Gross		Total Current	Total Current	(Admitted & Nonadmitted)	Admitted
	(Admitted & Nonadmitted)	(Admitted & Nonadmitted)	Increase/ Decrease	Year Admitted	Year Admitted	Restricted to Nonadmitted)	Restricted to Total
Restricted Asset Category	Restricted from Current Year	Restricted from Prior Year	(1 minus 2)	Nonadmitted Restricted	Restricted (1 minus 4)	Total Assets (a)	Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	—	—
b. Collateral held under security lending agreements	—	—	—	—	—	—	—
c. Subject to repurchase agreements	—	—	—	—	—	—	—
d. Subject to reverse repurchase agreements	—	—	—	—	—	—	—
e. Subject to dollar repurchase agreements	—	—	—	—	—	—	—
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	—	—
g. Placed under option contracts	—	—	—	—	—	—	—
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	—	—	—	—	—	—	—
i. FHLB capital stock	—	—	—	—	—	—	—
j. On deposit with states	424,240	415,394	8,846	—	424,240	2.8%	2.8%
k. On deposit with other regulatory bodies	—	—	—	—	—	—	—
l. Pledged as collateral to FHLB	—	—	—	—	—	—	—
m. Pledged as collateral not captured in other categories	—	—	—	—	—	—	—
n. Other restricted assets	—	—	—	—	—	—	—
o. Total restricted assets	\$ 424,240	\$ 415,394	\$ 8,846	\$ —	\$ 424,240	2.8%	2.8%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. None

3. None

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**  
**NOTES TO FINANCIAL STATEMENTS**

4. None

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. Structured Notes – None

P. 5\*GI Securities – None

Q. Short Sales - None

R. Prepayment Penalty and Acceleration Fees - None

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

None

**7. Investment Income**

A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to non-admitted invested assets are considered non-admitted.

B. At December 31, 2018 and 2017 there was no non-admitted accrued interest income.

**8. Derivative Instruments**

None

**9. Income Taxes**

A. Deferred Tax Assets

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

(1)	2018			2017		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 1,493	\$ —	\$ 1,493	\$ 11	\$ —	\$ 11
(b) Statutory Valuation Allowance Adjustments	—	—	—	—	—	—
(c) Adjusted Gross Deferred Tax Assets	1,493	—	1,493	11	—	11
(d) Deferred Tax Assets Nonadmitted	—	—	—	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset	1,493	—	1,493	11	—	11
(f) Deferred Tax Liabilities	—	—	—	—	—	—
(g) Net Admitted Deferred Tax Asset/Liability	<u>\$ 1,493</u>	<u>\$ —</u>	<u>\$ 1,493</u>	<u>\$ 11</u>	<u>\$ —</u>	<u>\$ 11</u>
(2)						
Admission Calculation Components						
(a) Federal Income Taxes Paid in Prior Years	\$ 1,493	\$ —	\$ 1,493	\$ 11	\$ —	\$ 11
Recoverable Through Loss Carrybacks						
(b) Adjusted Gross Deferred Tax Assets	—	—	—	—	—	—
Expected to be Realized After Application of the Threshold Limitation	—	—	—	—	—	—
1. Adjusted Gross Deferred Tax Asset						
Expected to be Realized Following the Balance Sheet Date	—	—	—	—	—	—
2. Adjusted Gross Deferred Tax Asset						
Allowed per Limitation Threshold			2,147,726			2,169,033
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	—	—	—	—	—	—
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101	<u>\$ 1,493</u>	<u>\$ —</u>	<u>\$ 1,493</u>	<u>\$ 11</u>	<u>\$ —</u>	<u>\$ 11</u>

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.  
NOTES TO FINANCIAL STATEMENTS**

	(1)	Change		
		Ordinary	Capital	Total
(a) Gross Deferred Tax Assets		\$ 1,482	\$ —	\$ 1,482
(b) Statutory Valuation Allowance Adjustments		—	—	—
(c) Adjusted Gross Deferred Tax Assets		1,482	—	1,482
(d) Deferred Tax Assets Nonadmitted		—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset		1,482	—	1,482
(f) Deferred Tax Liabilities		—	—	—
(g) Net Admitted Deferred Tax Asset/Liability	(2)	\$ 1,482	\$ —	\$ 1,482

## Admission Calculation Components

(a) Federal Income Taxes Paid in Prior Years					
Recoverable Through Loss Carrybacks		\$ 1,482	\$ —	\$ —	\$ 1,482
(b) Adjusted Gross Deferred Tax Assets					
Expected to be Realized After Application of					
the Threshold Limitation			—	—	—
1. Adjusted Gross Deferred Tax Asset					
Expected to be Realized Following the					
Balance Sheet Date			—	—	—
2. Adjusted Gross Deferred Tax Asset					
Allowed per Limitation Threshold					(21,308)
(c) Adjusted Gross Deferred Tax Assets Offset by					
Gross Deferred Tax Liabilities			—	—	—
(d) Deferred Tax Assets Admitted as the result of					
application of SSAP No 101		\$ 1,482	\$ —	\$ —	\$ 1,482

(3)

(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	101531%	101531%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 14,318,171	\$ 14,460,221

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Impact of Tax-Planning Strategies	(4)	Ordinary	Capital	Ordinary	Capital
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage					
(1) Adjusted Gross DTA Amount					
From Note 9A1c	1,493	—	11	—	—
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%	0%	0%	0%
(3) Net Admitted Adjusted Gross DTAs					
Amount From Note 9A1e	1,493	—	11	—	—
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%	0%	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?		Yes _____	No _____ X _____		

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**  
**NOTES TO FINANCIAL STATEMENTS**

	(4)	Impact of Tax-Planning Strategies	Ordinary	Capital	Change
(a)	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage				
(1)	Adjusted Gross DTA Amount				
	From Note 9A1c		1,482		—
(2)	Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies		0%		0%
(3)	Net Admitted Adjusted Gross DTAs				
	Amount From Note 9A1e		1,482		—
(4)	Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies		0%		0%
B.	Unrecognized Deferred Tax Liabilities – None				
C.	Current income taxes incurred consist of the following major components:				
			<b>12/31/2018</b>	<b>12/31/2017</b>	<b>Change</b>
(1)	Current Income Tax				
(a)	Federal	\$ 31,007	\$ 95,035	\$ (64,028)	
(b)	Foreign	—	—	—	
(c)	Subtotal	<u>\$ 31,007</u>	<u>\$ 95,035</u>	<u>\$ (64,028)</u>	
(d)	Federal income tax on net capital gains	—	—	—	
(e)	Utilization of capital loss carry-forwards	—	—	—	
(f)	Other	—	—	—	
(g)	Federal and foreign income taxes incurred	<u>\$ 31,007</u>	<u>\$ 95,035</u>	<u>\$ (64,028)</u>	
(2)	Deferred Tax Assets		<b>12/31/2018</b>	<b>12/31/2017</b>	<b>Change</b>
(a)	Ordinary				
(1)	Discounting of unpaid losses	\$ 29	\$ —	\$ 29	
(2)	Unearned premium reserve	—	—	—	
(3)	Policyholder reserves	—	—	—	
(4)	Investments	—	—	—	
(5)	Deferred acquisition costs	—	—	—	
(6)	Policyholder dividends accrual	—	—	—	
(7)	Fixed assets	—	—	—	
(8)	Compensation and benefits accrual	—	—	—	
(9)	Pension accrual	—	—	—	
(10)	Receivables - nonadmitted	1,465	11	1,454	
(11)	Net operating loss carry-forward	—	—	—	
(12)	Tax credit carry-forward	—	—	—	
(13)	Other	—	—	—	
	Subtotal	<u>\$ 1,493</u>	<u>\$ 11</u>	<u>\$ 1,482</u>	
(b)	Statutory valuation allowance adjustment	—	—	—	
(c)	Nonadmitted	—	—	—	
(d)	Admitted ordinary deferred tax assets	<u>\$ 1,493</u>	<u>\$ 11</u>	<u>\$ 1,482</u>	
(e)	Capital				
(1)	Investments	\$ —	\$ —	\$ —	
(2)	Net capital loss carry-forward	—	—	—	
(3)	Real estate	—	—	—	
(4)	Other	—	—	—	
	Subtotal	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	
(f)	Statutory valuation allowance adjustment	—	—	—	
(g)	Nonadmitted	—	—	—	
(h)	Admitted capital deferred tax assets	—	—	—	
(i)	Admitted deferred tax assets	<u>\$ 1,493</u>	<u>\$ 11</u>	<u>\$ 1,482</u>	

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**  
**NOTES TO FINANCIAL STATEMENTS**

(3) Deferred Tax Liabilities:

(a) Ordinary				
(1) Investments	—	—	—	—
(2) Fixed assets	—	—	—	—
(3) Deferred and uncollected premium	—	—	—	—
(4) Policyholder reserves	—	—	—	—
(5) Other	—	—	—	—
Subtotal	—	—	—	—
(b) Capital				
(1) Investments	—	—	—	—
(2) Real estate	—	—	—	—
(3) Other	—	—	—	—
Subtotal	—	—	—	—
(c) Deferred tax liabilities	—	—	—	—
(4) Net deferred tax assets/liabilities	\$ 1,493	\$ 11	\$ 1,482	

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate - The sum of the income tax incurred is different from the result obtained by applying the federal statutory rate of 21% and 35% to pretax net income for 2018 and 2017, respectively, due to the enactment of the Tax Cut and Jobs Act. For both 2018 and 2017, the deferred tax asset/liability was calculated by applying the federal statutory rate of 21%. The significant items causing the difference are as follows:

	<u>2018</u>	% of Pre-tax <u>Income</u>
Provision computed at statutory rate	\$ 30,979	21.00%
Change in non-admitted assets	(1,447)	-0.98%
Other	(6)	-0.01%
<b>Total statutory income tax</b>	<b>\$ 29,526</b>	<b>20.01%</b>

	<u>2018</u>	% of Pre-tax <u>Income</u>
Federal income taxes incurred	\$ 31,007	21.02%
Change in net deferred income taxes	(1,481)	-1.00%
<b>Total statutory income tax</b>	<b>\$ 29,526</b>	<b>20.01%</b>

E. Net Operating Loss Carryforwards

1. At December 31, 2018, the Company had no federal operating loss carryforwards.

2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

12/31/2018 (current year)	\$ 31,007	
12/31/2017 (first prior year)	\$ 90,420	

3. As of December 31, 2018 there were not aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.

F. Consolidated Federal Income Tax Return

1. The Company and its affiliated entities (as listed on Schedule Y, Part 1) are included in the consolidated federal income tax return of WellCare Health Plans, Inc. ("WellCare").

2. Federal Income Tax Allocation - The Company is included in the consolidated federal income tax return of WellCare and its includable subsidiaries. Estimated tax payments are made quarterly, at which time intercompany tax settlements are made. In the subsequent year, additional settlements are made on the unextended due date of the return and at the time that the return is filed. The method of allocation among affiliates of the Company is subject to a written agreement approved by the Board of Directors and based upon separate tax return calculation with current credit for net losses to the extent the losses provide a benefit in the consolidated tax return.

G. The Company has no federal or foreign income tax loss contingencies as of December 31, 2018. The Company is not expecting any increase in its income tax loss contingency within the next 12 months.

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**  
**NOTES TO FINANCIAL STATEMENTS**

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

A. B. and C. Relationship/Transactions and Amounts

*Affiliated Management Agreement*

The Company has an affiliated management agreement with Comprehensive Health Management Inc., ("CHMI") to provide certain management, administrative services, claims processing services, utilization review, payroll services and the majority of the administrative functions of the Company, excluding certain sales and marketing functions and other professional consulting expenses. Additionally, CHMI is responsible for maintaining the claims related data processing equipment and software.

The management agreement provides for charges of 10.25% of gross premium revenue earned. Pursuant to the management agreement, an adjustment of the fees payable shall be made annually to reflect actual costs. Management believes this established rate to be an approximation of current market rates; however, future adjustments to this rate may be necessary pursuant to the agreement and as changes in regulations, scopes of services and market dynamics occur. It is unknown at this time if any changes in the management fee rates would have a material effect on the Company's financial condition, results of operations and cash flows in past, current and future periods reported. No management fees were paid in 2018 or 2017. The total amounts due from CHMI were \$6,975 and \$85 as of December 31, 2018 and 2017, respectively.

D. Intercompany Balances - At December 31, 2018, the Company reported a balance of a non-admitted \$6,975 receivable from parent, subsidiaries and affiliates. There was no balance payable to parent, subsidiaries and affiliates.

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

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

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

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

M. All SCA Investments – None

N. Investment in Insurance SCAs – None

O. SCA Loss Tracking - None

**11. Debt**

A. Debt – None

B. Federal Home Loan Bank Agreements – None

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

None.

**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

1. *Number of Shares* - The Company has 1,500 shares of \$1 par value common stock authorized of which 1,500 shares are issued and outstanding.

2. *Preferred Stock Issues* - None

3. *Dividend Restrictions* - Without prior approval of its domiciliary commissioner or department of insurance, dividends to shareholders must be paid from earned surplus amounts and are limited to the greater of ten percent of the companies surplus or the net income for the 12 month period ending as of the prior year as set forth in the laws of the Company's state of incorporation, Ohio.

4. *Dividends Paid* - Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholder. No dividends were paid in 2018 and 2017.

5. *Dividend Capacity and Required Minimum Capital* - The amount available for ordinary dividend distribution during 2019 is \$1,431,974, which is 10% of capital and surplus. Ohio Statutes require that each Ohio HMO maintain a minimum surplus equal to the greater of the Company Action Level Risk Based Capital ("RBC") Calculation at 300% or \$1,700,000. As of December 31, 2018, the Company's required minimum capital and surplus was \$1,700,000, compared to the total actual capital and surplus of \$14,319,735.

6. *Restrictions on Unassigned Funds* – None

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

8. *Stock Held of Affiliated Entities* – None

9. *Changes in Balances of Any Special Surplus Funds* – None

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.  
NOTES TO FINANCIAL STATEMENTS**

10. *Unrealized Gains and Losses* – None.
11. *Surplus Notes* – None
12. *Quasi-Reorganizations* – None
13. *Effective Date of Quasi-Reorganization* – N/A

**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 affect on the Company's financial position.

**15. Leases**

None

**16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

None

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

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

**18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

None

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

None

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**  
**NOTES TO FINANCIAL STATEMENTS**

**20. Fair Value Measurements**

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition

1. Fair Value Measurements Reporting Date

Description of each class of asset or liability	Level 1	Level 2	Level 3	(NAV)	Net Asset Value Total
<b>a. Assets at fair value</b>					
<b><u>Cash Equivalents</u></b>					
Exempt Money Market Funds	\$ 1,007,013	\$ —	\$ —	\$ —	\$ 1,007,013
Other Money Market Funds	3,066,945	—	—	—	3,066,945
<b>Total Cash Equivalents</b>	<b>\$ 4,073,958</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ 40,763,958</b>
<b><u>Perpetual Preferred Stock</u></b>					
Industrial & Misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
<b>Total Perpetual Preferred Stocks</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>
<b><u>Bonds</u></b>					
U.S. Government	\$ —	\$ —	\$ —	\$ —	\$ —
Industrial & Misc.	—	—	—	—	—
Hybrid Securities	—	—	—	—	—
Parent, Subsidiaries and Affiliates	—	—	—	—	—
<b>Total Bonds</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>
<b><u>Common Stock</u></b>					
Industrial & Misc.	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
<b>Total Common Stock</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>
<b><u>Derivatives Assets</u></b>					
Interest rate contracts	\$ —	\$ —	\$ —	\$ —	\$ —
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
<b>Total Derivatives</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>
<b><u>Separate account assets</u></b>					
<b>Total assets at fair value</b>	<b>\$ 4,073,958</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ 4,073,958</b>
<b>b. Liabilities at fair value</b>					
<b>Total liabilities at fair value</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>

B. Assets Measured on a Fair Value on a Nonrecurring Basis:

The Company's financial statements include certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items. The Company has no assets or liabilities measured or reported at fair value as of December 31, 2018 and 2017.

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

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

***Level 2 — Inputs other than quoted prices in active market:*** Not applicable.

***Level 3 — Unobservable inputs that cannot be corroborated by observable market data:*** Not applicable.

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**  
**NOTES TO FINANCIAL STATEMENTS**

**C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets			Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
		Assets	Level 1	Level 2					
<b>Bonds</b>									
US Government	\$ 408,142	\$ 410,638	\$ 408,142	\$ —	—	—	—	—	—
Total Bonds	408,142	410,638	408,142	—	—	—	—	—	—
Short Term Investments	—	—	—	—	—	—	—	—	—
Total Bonds and Short Term Investments	\$ 408,142	\$ 410,638	\$ 408,142	\$ —	—	—	—	—	—

**D. None**

**21. Other Items**

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures and Unusual Items – None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-Transferable Tax Credits – None
- F. Subprime Mortgage Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance-Linked Securities (ILS) Contracts - None

**22. Events Subsequent**

There were no additional events occurring subsequent to December 31, 2018 requiring disclosure. Subsequent events have been considered through February 22, 2019 for the Statutory statement issued on February 22, 2019.

**23. Reinsurance**

None

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

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

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

A. The estimated cost of claims expense attributable to insured events of the prior year increased by \$21,548 during 2018. There were no unpaid claims expenses as of December 31, 2017. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending December 31, 2018 was affected by approximately \$21,548 of net unfavorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.

B. None

**26. Intercompany Pooling Arrangements**

None

**27. Structured Settlements**

None

**28. Health Care Receivables**

None

**29. Participating Policies**

None

**30. Premium Deficiency Reserves**

The following table summarizes the Company's premium deficiency reserves as of December 31, 2018:

1. Liability carried for premium deficiency reserves - \$0
2. Date of most recent evaluation of this liability - December 31, 2018
3. Was anticipated investment income utilized in the calculation? No

**31. Anticipated Salvage and Subrogation**

None

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

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

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [  ] No [  ] N/A [  ]

1.3 State Regulating? Ohio.....

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [  ] No [  ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001279363.....

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

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

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2016

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 11/17/2017

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

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [  ] No [  ] N/A [  ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [  ] No [  ] N/A [  ]

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

4.11 sales of new business? Yes [  ] No [  ]

4.12 renewals? Yes [  ] No [  ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [  ] No [  ]

4.22 renewals? Yes [  ] No [  ]

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

If yes, complete and file the merger history data file with the NAIC.

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

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

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

6.2 If yes, give full information .....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [  ] No [  ]

7.2 If yes,

7.21 State the percentage of foreign control ..... 0.0 %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
The audit has been waived due to the Company having no active business.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
The Actuarial Opinion has been waived due to the company having no active business.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]

12.11 Name of real estate holding company \_\_\_\_\_

12.12 Number of parcels involved \_\_\_\_\_ 0

12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

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

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

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

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s)  
Minor revisions and clarifications of existing provisions. Adopted by the board of directors on 10/16/18.....

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

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

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$.....0  
20.12 To stockholders not officers \$.....0  
20.13 Trustees, supreme or grand (Fraternal only) \$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$.....0  
20.22 To stockholders not officers \$.....0  
20.23 Trustees, supreme or grand (Fraternal only) \$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$.....  
21.22 Borrowed from others \$.....  
21.23 Leased from others \$.....  
21.24 Other \$.....

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]

22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....  
22.22 Amount paid as expenses \$.....  
22.23 Other amounts paid \$.....

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

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

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ X ] No [ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [ X ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.103 Total payable for securities lending reported on the liability page	\$.....0

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**GENERAL INTERROGATORIES**

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

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

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$..... 424,240
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [  ] No [  ]

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

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

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

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [  ] No [  ]

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

1 Name of Custodian(s)	2 Custodian's Address
.....	.....

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

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

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

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

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

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**GENERAL INTERROGATORIES**

28.05 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
.....	.....
.....	.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 [ X ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 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
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
<b>29.2999 TOTAL</b>		<b>0</b>

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	410,638	408,142	(2,496)
30.2 Preferred Stocks.....	0	0	0
<b>30.3 Totals</b>	<b>410,638</b>	<b>408,142</b>	<b>(2,496)</b>

30.4 Describe the sources or methods utilized in determining the fair values:

Fair market values are obtained from a third party pricing source.....

Yes [ ] No [ X ]

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [ ] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Fair market values are obtained from a third party pricing source.....

Yes [ X ] No [ ]

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [ X ] No [ ]

32.2 If no, list exceptions:

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**GENERAL INTERROGATORIES**

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [ ] No [ X ]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [ ] No [ X ]

**OTHER**

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ ..... 0

35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

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

36.1 Amount of payments for legal expenses, if any? \$ ..... 0

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

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

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ ..... 0

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

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

## GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ] No [ X ]
1.2	If yes, indicate premium earned on U.S. business only.	\$ ..... 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$ .....
1.31	Reason for excluding .....	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$ .....
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ ..... 0
1.6	Individual policies:	
	Most current three years:	
	1.61 Total premium earned	\$ ..... 0
	1.62 Total incurred claims	\$ ..... 0
	1.63 Number of covered lives	..... 0
	All years prior to most current three years:	
	1.64 Total premium earned	\$ ..... 0
	1.65 Total incurred claims	\$ ..... 0
	1.66 Number of covered lives	..... 0
1.7	Group policies:	
	Most current three years:	
	1.71 Total premium earned	\$ ..... 0
	1.72 Total incurred claims	\$ ..... 0
	1.73 Number of covered lives	..... 0
	All years prior to most current three years:	
	1.74 Total premium earned	\$ ..... 0
	1.75 Total incurred claims	\$ ..... 0
	1.76 Number of covered lives	..... 0

## 2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ ..... 0	\$ ..... (48,323)
2.2	Premium Denominator	\$ ..... 0	\$ ..... (48,323)
2.3	Premium Ratio (2.1/2.2)	..... 0.000	..... 1.000
2.4	Reserve Numerator	\$ ..... 10,224	\$ ..... 0
2.5	Reserve Denominator	\$ ..... 10,224	\$ ..... 0
2.6	Reserve Ratio (2.4/2.5)	..... 1.000	..... 0.000

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ ] No [ X ]
3.2	If yes, give particulars:	

4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [ X ] No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ X ] No [ ]

5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ ] No [ X ]
5.2	If no, explain:	

5.2	The Company has no active operations.	
5.3	Maximum retained risk (see instructions)	
	5.31 Comprehensive Medical	\$ .....
	5.32 Medical Only	\$ .....
	5.33 Medicare Supplement	\$ .....
	5.34 Dental and Vision	\$ .....
	5.35 Other Limited Benefit Plan	\$ .....
	5.36 Other	\$ .....

6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:	
	The Company is required by the Department of Insurance to have a restricted bank account funded for the specific event of insolvency.	

7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [ X ] No [ ]
7.2	If no, give details	

8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year	..... 0
	8.2 Number of providers at end of reporting year	..... 0

9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [ ] No [ X ]
9.2	If yes, direct premium earned:	

9.21	Business with rate guarantees between 15-36 months	.....
9.22	Business with rate guarantees over 36 months	.....

## GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ X ]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....
10.22 Amount actually paid for year bonuses	\$.....
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ] No [ X ]
11.13 An Individual Practice Association (IPA), or,	Yes [ X ] No [ ]
11.14 A Mixed Model (combination of above) ?	Yes [ ] No [ X ]

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

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

Ohio.....

11.4 If yes, show the amount required.

\$.....1,700,000

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

Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation

Minimum Net Worth = Greater of 300% Risk Based Capital ("RBC") Calculation or \$1,700,000

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area	
State of Ohio - All Counties.....	
.....	
.....	
.....	

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]

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

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ X N/A [ ] ]

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

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

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

15.1 Direct Premium Written (prior to reinsurance ceded)	\$.....
15.2 Total incurred claims	\$.....
15.3 Number of covered lives	.....

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ ] No [ X ]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**FIVE - YEAR HISTORICAL DATA**

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	15,084,925	14,455,177	14,287,118	17,334,905	44,766,158
2. Total liabilities (Page 3, Line 24)	765,190	246,541	300,171	3,575,770	11,555,234
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	2,258,304	5,237,544
4. Total capital and surplus (Page 3, Line 33)	14,319,735	14,208,636	13,986,947	13,759,135	33,210,924
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	0	(48,323)	(10,662)	130,202	45,085,434
6. Total medical and hospital expenses (Line 18)	(27,887)	(287,758)	(341,532)	715,779	33,179,460
7. Claims adjustment expenses (Line 20)	0	(401)	(215)	(53,033)	1,098,958
8. Total administrative expenses (Line 21)	18,333	37,703	13,946	(63,818)	7,848,488
9. Net underwriting gain (loss) (Line 24)	9,554	202,133	317,139	(468,726)	2,958,528
10. Net investment gain (loss) (Line 27)	137,961	83,114	42,227	116,867	124,410
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	116,508	190,212	233,414	(128,098)	1,003,074
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	677,490	6,296,603	(1,673,170)	(2,724,969)	(12,353,485)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	14,319,735	14,208,636	13,986,947	13,759,135	33,210,924
15. Authorized control level risk-based capital	23,275	21,636	13,776	752,768	1,745,848
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	0	0	0	0	3,801
17. Total members months (Column 6, Line 7)	0	0	0	0	49,771
<b>Operating Percentage (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	0.0	595.5	3,203.3	549.7	73.6
20. Cost containment expenses	0.0	0.0	0.0	0.0	1.1
21. Other claims adjustment expenses	0.0	0.8	2.0	(40.7)	1.3
22. Total underwriting deductions (Line 23)	0.0	518.3	3,074.5	460.0	93.4
23. Total underwriting gain (loss) (Line 24)	0.0	(418.3)	(2,974.5)	(360.0)	6.6
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	21,548	(232,900)	(241,935)	4,199,323	12,857,054
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	0	54,857	99,597	3,483,544	15,670,713
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare of Ohio, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

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

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG

1 R – Registered – Non-domiciled RRGs 0

E – Eligible – Reporting entities eligible or approved to write surplus lines in the state

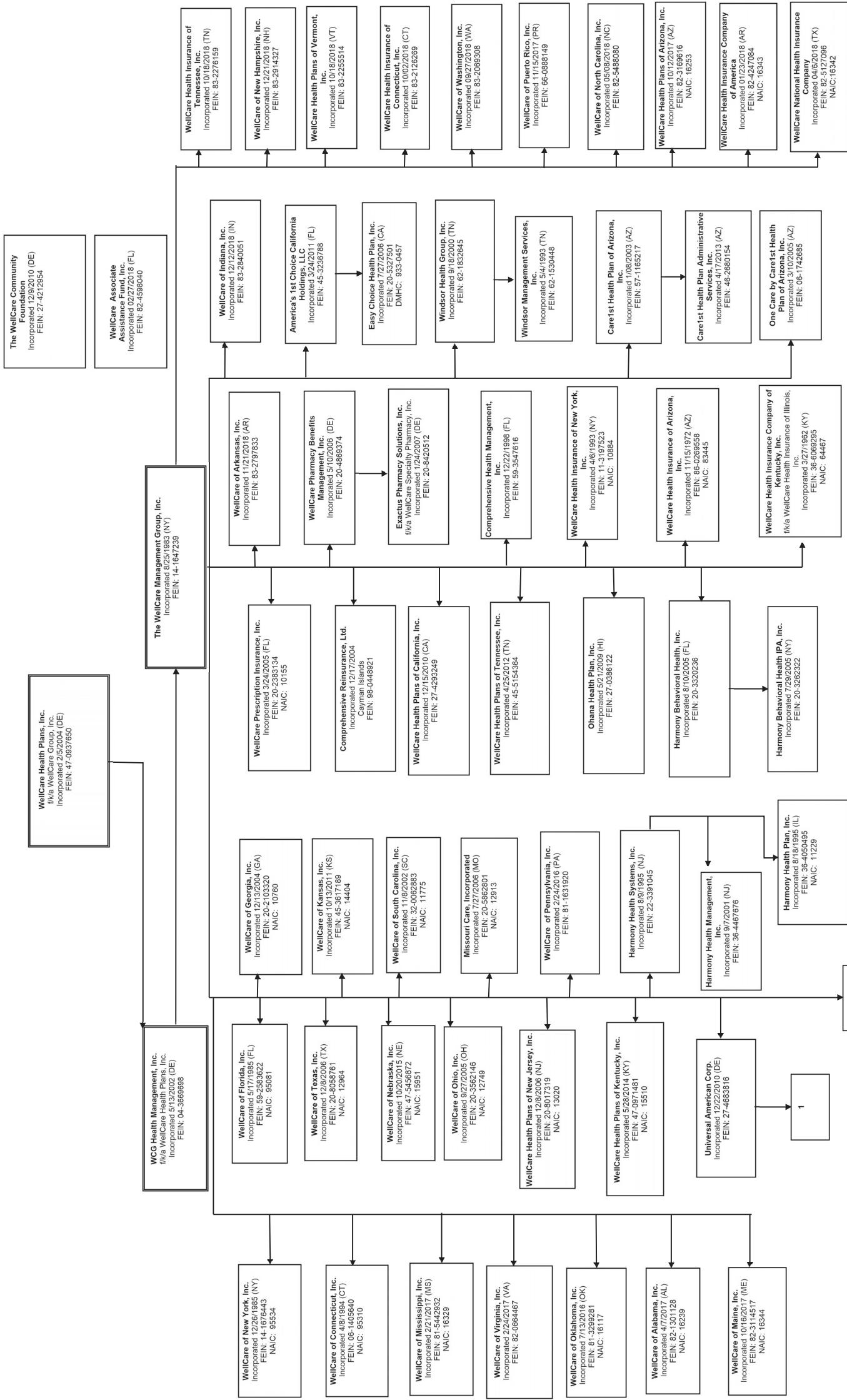
0 Q – Qualified – Qualified or accredited reinsurer 0

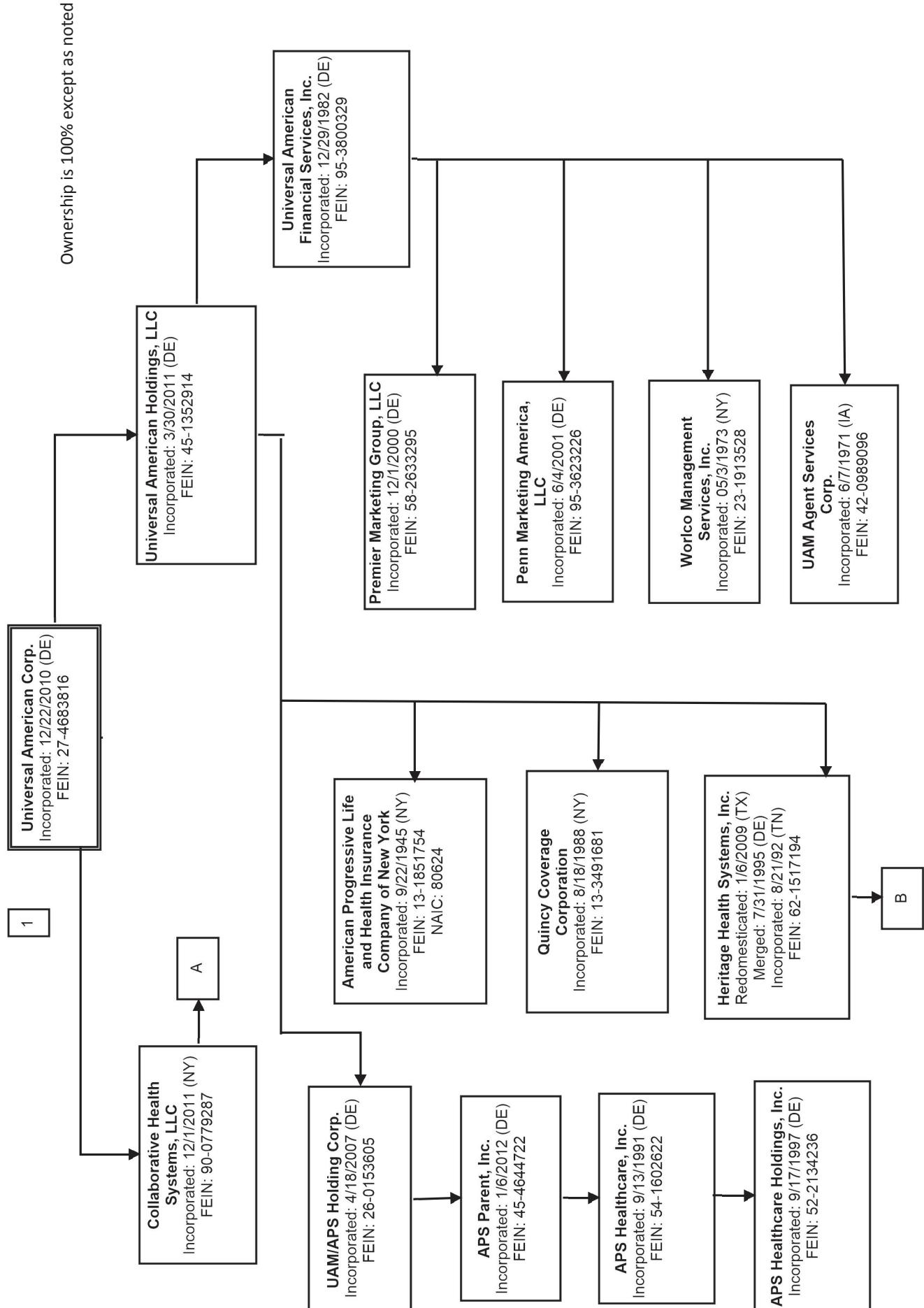
N – None of the above – Not allowed to write business in the state lines in the state 56

(b) **Explanation of basis of allocation of premiums by states, etc.**

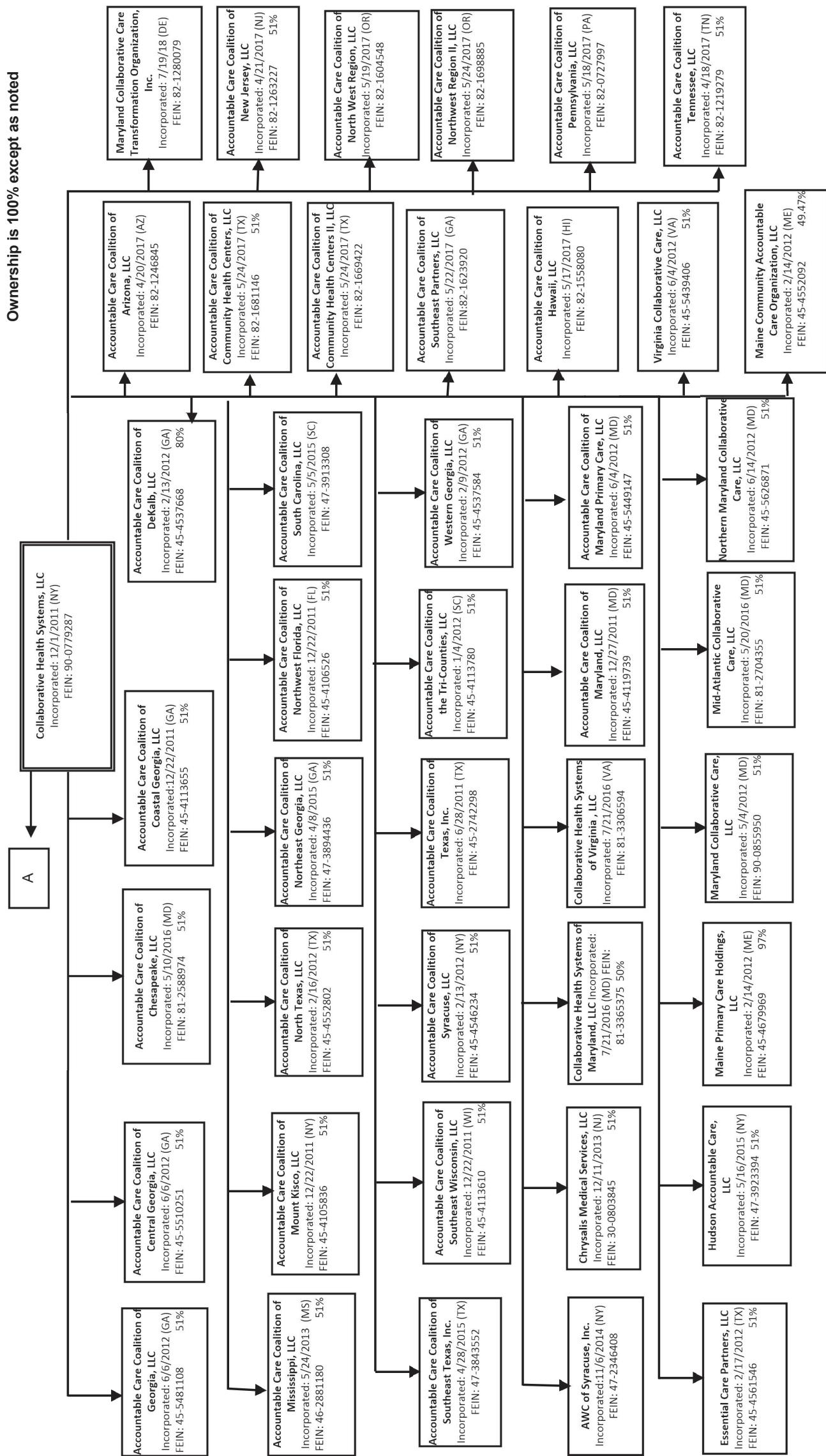
No allocation.

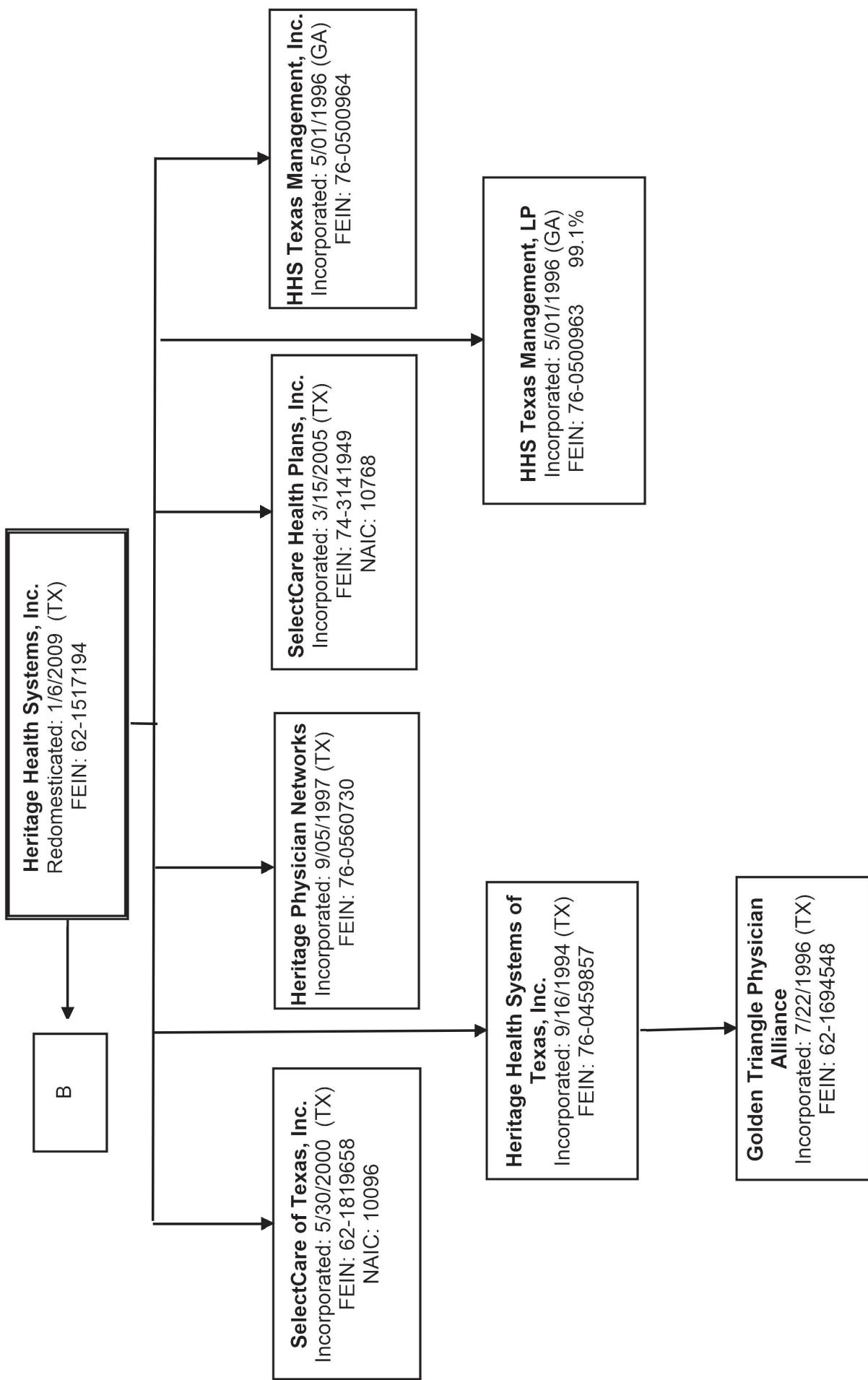
Corporate Organization Chart of The WellCare Group of Companies as of December 31, 2018

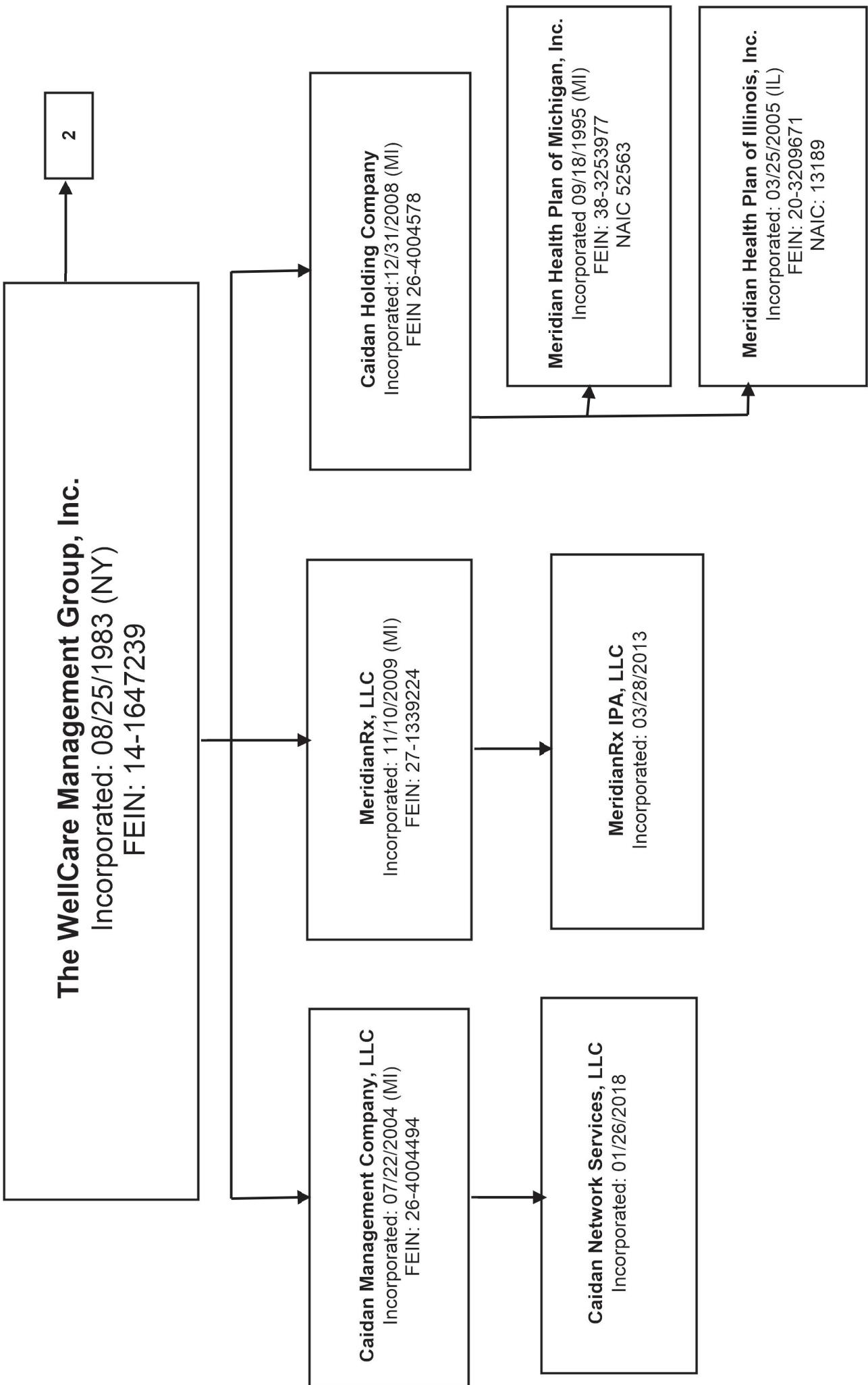




Ownership is 100% except as noted







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