



QUARTERLY STATEMENT

AS OF JUNE 30, 2019
OF THE CONDITION AND AFFAIRS OF THE

WellCare of Ohio, Inc.

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

OFFICERS

| Name | Title | Name | Title |
|------------------------|------------------------|--------------------|--|
| Louis Gianquinto, Jr. | President | Michael Troy Meyer | Asst. Treasurer, VP and Corporate Controller |
| Richard Charles Fisher | CFO and Vice President | Tammy Lynn Meyer | Assistant Secretary and Vice President |

OTHER OFFICERS

| | | | |
|----------------------|------------------------------|----------------|------------------------------|
| Michael Warren Haber | Secretary and Vice President | Goran Jankovic | Vice President and Treasurer |
|----------------------|------------------------------|----------------|------------------------------|

DIRECTORS OR TRUSTEES

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

State of

ss

County of

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

Louis Gianquinto, Jr.
President

Michael Troy Meyer
Asst. Treasurer, VP and Corporate Controller

Richard Charles Fisher
CFO and Vice President

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

Subscribed and sworn to before me this
day of _____,

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | | | .0 | 410,638 |
| 2. Stocks: | | | .0 | 0 |
| 2.1 Preferred stocks | | | .0 | 0 |
| 2.2 Common stocks | | | .0 | 0 |
| 3. Mortgage loans on real estate: | | | .0 | 0 |
| 3.1 First liens | | | .0 | 0 |
| 3.2 Other than first liens | | | .0 | 0 |
| 4. Real estate: | | | .0 | 0 |
| 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 (\$ 157,830), cash equivalents (\$ 4,120,423) and short-term investments (\$ 0) | 4,278,253 | | 4,278,253 | 14,651,908 |
| 6. Contract loans (including \$ premium notes) | | | .0 | 0 |
| 7. Derivatives | 0 | | .0 | 0 |
| 8. Other invested assets | 0 | | .0 | 0 |
| 9. Receivables for securities | 410,000 | | 410,000 | 0 |
| 10. Securities lending reinvested collateral assets | | | .0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | .0 | .0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 4,688,253 | .0 | 4,688,253 | 15,062,546 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | .0 | 0 |
| 14. Investment income due and accrued | 10,951 | | 10,951 | .20,886 |
| 15. Premiums and considerations: | | | .0 | 0 |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | .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 |
| 16. Reinsurance: | | | .0 | 0 |
| 16.1 Amounts recoverable from reinsurers | | | .0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | .0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | .0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | .0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | .0 | 0 |
| 18.2 Net deferred tax asset | 29 | | .29 | .1,493 |
| 19. Guaranty funds receivable or on deposit | | | .0 | 0 |
| 20. Electronic data processing equipment and software | | | .0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | .0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | .0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 142 | .142 | .0 | 0 |
| 24. Health care (\$ 0) and other amounts receivable | | | .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) | 4,699,375 | .142 | 4,699,233 | 15,084,925 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | .0 | 0 |
| 28. Total (Lines 26 and 27) | 4,699,375 | .142 | 4,699,233 | 15,084,925 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | .0 | .0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | .0 | .0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 0 | 0 | 0 | 0 |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | .1,449 | | 1,449 | 10,224 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | | | 0 | 0 |
| 4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | | | 0 | 0 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | | | 0 | 0 |
| 9. General expenses due or accrued | 35,195 | | 35,195 | 48,885 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | 213,257 | | 213,257 | 705,452 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | | | 0 | 0 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 629 | 0 | 629 | 629 |
| 24. Total liabilities (Lines 1 to 23) | 250,530 | 0 | 250,530 | 765,190 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 1,500 | 1,500 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 3,198,500 | 3,198,500 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 1,248,703 | 11,119,735 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 4,448,703 | 14,319,735 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 4,699,233 | 15,084,925 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Unclaimed property payable | 629 | | 629 | 629 |
| 2302. | | | 0 | 0 |
| 2303. | | | 0 | 0 |
| 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 | 629 |
| 2501. | XXX | XXX | | 0 |
| 2502. | XXX | XXX | | 0 |
| 2503. | XXX | XXX | | 0 |
| 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 | | 0 |
| 3002. | XXX | XXX | | 0 |
| 3003. | XXX | XXX | | 0 |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|----------------------|---------------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months..... | XXX..... | | 0..... | 0..... |
| 2. Net premium income (including \$ non-health premium income)..... | XXX..... | | 0..... | 0..... |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX..... | | 0..... | 0..... |
| 4. Fee-for-service (net of \$ medical expenses)..... | XXX..... | | 0..... | 0..... |
| 5. Risk revenue..... | XXX..... | | 0..... | 0..... |
| 6. Aggregate write-ins for other health care related revenues..... | XXX..... | 0..... | 0..... | 0..... |
| 7. Aggregate write-ins for other non-health revenues..... | XXX..... | 0..... | 0..... | 0..... |
| 8. Total revenues (Lines 2 to 7)..... | XXX..... | 0..... | 0..... | 0..... |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits..... | | 1,052..... | (35,888)..... | (31,221)..... |
| 10. Other professional services..... | | | 0..... | 0..... |
| 11. Outside referrals..... | | | 0..... | 0..... |
| 12. Emergency room and out-of-area..... | | | (136)..... | (128)..... |
| 13. Prescription drugs..... | | | 3,462..... | 3,462..... |
| 14. Aggregate write-ins for other hospital and medical..... | 0..... | 0..... | 0..... | 0..... |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | | 0..... | 0..... |
| 16. Subtotal (Lines 9 to 15)..... | 0..... | 1,052..... | (32,562)..... | (27,887)..... |
| Less: | | | | |
| 17. Net reinsurance recoveries..... | | | 0..... | 0..... |
| 18. Total hospital and medical (Lines 16 minus 17)..... | 0..... | 1,052..... | (32,562)..... | (27,887)..... |
| 19. Non-health claims (net)..... | | | 0..... | 0..... |
| 20. Claims adjustment expenses, including \$ 0 cost containment expenses..... | | | 0..... | 0..... |
| 21. General administrative expenses..... | | 15,555..... | 7,961..... | 18,333..... |
| 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..... | 16,607..... | (24,601)..... | (9,554)..... |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX..... | (16,607)..... | 24,601..... | 9,554..... |
| 25. Net investment income earned..... | | 173,026..... | 32,494..... | 137,961..... |
| 26. Net realized capital gains (losses) less capital gains tax of \$..... | | 0..... | 0..... | 0..... |
| 27. Net investment gains (losses) (Lines 25 plus 26)..... | 0..... | 173,026..... | 32,494..... | 137,961..... |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ (amount charged off \$)]..... | | | 0..... | 0..... |
| 29. Aggregate write-ins for other income or expenses..... | 0..... | 0..... | 0..... | 0..... |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)..... | XXX..... | 156,419..... | 57,095..... | 147,515..... |
| 31. Federal and foreign income taxes incurred..... | XXX..... | 32,820..... | 11,991..... | 31,007..... |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX..... | 123,599..... | 45,104..... | 116,508..... |
| DETAILS OF WRITE-INS | | | | |
| 0601..... | XXX..... | | | |
| 0602..... | XXX..... | | | |
| 0603..... | XXX..... | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | XXX..... | 0..... | 0..... | 0..... |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | XXX..... | 0..... | 0..... | 0..... |
| 0701..... | XXX..... | | | |
| 0702..... | XXX..... | | | |
| 0703..... | XXX..... | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page..... | XXX..... | 0..... | 0..... | 0..... |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)..... | XXX..... | 0..... | 0..... | 0..... |
| 1401..... | | | | |
| 1402..... | | | | |
| 1403..... | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | 0..... | 0..... | 0..... | 0..... |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)..... | 0..... | 0..... | 0..... | 0..... |
| 2901..... | 0..... | | 0..... | 0..... |
| 2902..... | | | | |
| 2903..... | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | 0..... | 0..... | 0..... | 0..... |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)..... | 0..... | 0..... | 0..... | 0..... |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|---|
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year | 14,319,735 | 14,208,636 | 14,208,636 |
| 34. Net income or (loss) from Line 32 | 123,599 | 45,104 | 116,508 |
| 35. Change in valuation basis of aggregate policy and claim reserves | 0 | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | 0 | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 | 0 |
| 38. Change in net deferred income tax | (1,464) | 626 | 1,481 |
| 39. Change in nonadmitted assets | 6,833 | (2,950) | (6,890) |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles | 0 | 0 | 0 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | 0 | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | 0 | 0 | 0 |
| 44.3 Transferred to surplus | 0 | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 0 | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | 0 | 0 | 0 |
| 46. Dividends to stockholders | (10,000,000) | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | (9,871,032) | 42,780 | 111,099 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 4,448,703 | 14,251,416 | 14,319,735 |
| DETAILS OF WRITE-INS | | | |
| 4701. | 0 | 0 | 0 |
| 4702. | 0 | 0 | 0 |
| 4703. | 0 | 0 | 0 |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| | | | |
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 0 | 0 | 0 |
| 2. Net investment income..... | 183,599 | 36,590 | 130,792 |
| 3. Miscellaneous income..... | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3)..... | 183,599 | 36,590 | 130,792 |
| 5. Benefit and loss related payments..... | 9,827 | (36,023) | (38,112) |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 29,245 | 6,283 | (29,504) |
| 8. Dividends paid to policyholders..... | | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 525,015 | (65) | (479,082) |
| 10. Total (Lines 5 through 9)..... | 564,087 | (29,805) | (546,698) |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (380,488) | 66,395 | 677,490 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | 410,000 | 0 | 0 |
| 12.2 Stocks..... | 0 | 0 | 0 |
| 12.3 Mortgage loans..... | 0 | 0 | 0 |
| 12.4 Real estate..... | 0 | 0 | 0 |
| 12.5 Other invested assets..... | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds..... | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 410,000 | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | 0 | 0 | 0 |
| 13.2 Stocks..... | 0 | 0 | 0 |
| 13.3 Mortgage loans..... | 0 | 0 | 0 |
| 13.4 Real estate..... | 0 | 0 | 0 |
| 13.5 Other invested assets..... | 0 | 0 | 0 |
| 13.6 Miscellaneous applications..... | 410,000 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 410,000 | 0 | 0 |
| 14. Net increase (or decrease) in contract loans and premium notes..... | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | 0 | 0 | 0 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes..... | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 0 | 0 | 0 |
| 16.3 Borrowed funds..... | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | | |
| 16.5 Dividends to stockholders..... | 10,000,000 | 0 | 0 |
| 16.6 Other cash provided (applied)..... | 6,833 | 18,171 | (56,393) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | (9,993,167) | 18,171 | (56,393) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)..... | (10,373,655) | 84,566 | 621,097 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 14,651,908 | 14,030,811 | 14,030,811 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 4,278,253 | 14,115,377 | 14,651,908 |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|-------|---------------------------------------|-------|---|---|----|---|--------|----|---------|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | .0 | 0 | 0 | .0 | 0 | 0 | .0 | .0 |
| 2. First Quarter | 0 | 0 | .0 | 0 | 0 | .0 | 0 | 0 | .0 | .0 |
| 3. Second Quarter | 0 | 0 | .0 | 0 | 0 | .0 | 0 | 0 | .0 | .0 |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 0 | | | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 0 | | | | | | | | | |
| 8. Non-Physician | 0 | | | | | | | | | |
| 9. Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 0 | | | | | | | | | |
| 11. Number of Inpatient Admissions | 0 | | | | | | | | | |
| 12. Health Premiums Written (a) | 0 | | | | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 0 | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 9,827 | | | | | | | 10,587 | | (760) |
| 18. Amount Incurred for Provision of Health Care Services | 1,052 | | | | | | | 10,587 | | (9,535) |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

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

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims unpaid (Reported) | | | | | | |
| 0199999 Individually listed claims unpaid..... | 0 | .0 | 0 | .0 | 0 | 0 |
| 0299999 Aggregate accounts not individually listed-uncovered..... | | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-covered | | | | | 1,449 | 1,449 |
| 0499999 Subtotals | 0 | 0 | 0 | 0 | 1,449 | 1,449 |
| 0599999 Unreported claims and other claim reserves | XXX | XXX | XXX | XXX | XXX | 0 |
| 0699999 Total amounts withheld | XXX | XXX | XXX | XXX | XXX | |
| 0799999 Total claims unpaid | XXX | XXX | XXX | XXX | XXX | 1,449 |
| 0899999 Accrued medical incentive pool and bonus amounts | XXX | XXX | XXX | XXX | XXX | 0 |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
|---|---|---|--|---|--------|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | | | | | 0 | .0 |
| 2. Medicare Supplement | | | | | 0 | .0 |
| 3. Dental only | | | | | 0 | .0 |
| 4. Vision only | | | | | 0 | .0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | .0 |
| 6. Title XVIII - Medicare | 30,649 | (20,062) | | 1,450 | 30,649 | 1,450 |
| 7. Title XIX - Medicaid | 8,775 | (9,535) | | | 8,775 | 8,775 |
| 8. Other health | | | | | 0 | .0 |
| 9. Health subtotal (Lines 1 to 8)..... | 39,424 | (29,597) | 0 | 1,450 | 39,424 | 10,225 |
| 10. Health care receivables (a)..... | | | | | 0 | .0 |
| 11. Other non-health | | | | | 0 | .0 |
| 12. Medical incentive pools and bonus amounts | | | | | 0 | .0 |
| 13. Totals (Lines 9-10+11+12) | 39,424 | (29,597) | 0 | 1,450 | 39,424 | 10,225 |

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

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.
NOTES TO FINANCIAL STATEMENT

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 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 # | 2019 | 2018 |
|---|---------------|-------------|---------------|---------------------|----------------------|
| NET INCOME | | | | | |
| 1 Company state basis (Page 4, Line 32, Columns 2&3) | xxx | xxx | xxx | \$ 123,599 | \$ 116,508 |
| 2 State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: | — | — | — | — | — |
| None | — | — | — | — | — |
| 3 State Permitted Practices that are an increase/ (decrease) from NAIC SAP: | — | — | — | — | — |
| None | — | — | — | — | — |
| 4 NAIC SAP (1-2-3=4) | xxx | xxx | xxx | <u>\$ 123,599</u> | <u>\$ 116,508</u> |
| SURPLUS | | | | | |
| 5 Company state basis (Page 3, Line 33, Columns 3&4) | xxx | xxx | xxx | \$ 4,448,703 | \$ 14,319,735 |
| 6 State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: | — | — | — | — | — |
| None | — | — | — | — | — |
| 7 State Permitted Practices that are an increase/ (decrease) from NAIC SAP: | — | — | — | — | — |
| None | — | — | — | — | — |
| 8 NAIC SAP (5-6-7=8) | xxx | xxx | xxx | <u>\$ 4,448,703</u> | <u>\$ 14,319,735</u> |

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

No significant change.

C. Accounting Policy

No significant change.

D. Going Concern - None

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. 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

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.
NOTES TO FINANCIAL STATEMENT

- 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 (Including Pledged)
 - 1. No significant change.
 - 2. None
 - 3. None
 - 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
 - (1) Number of CUSIPS - None
 - (2) Aggregate Amount of Investment Income - None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

No significant change.

8. Derivative Instruments

None

9. Income Taxes

No significant change.

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

Dividends

On June 28, 2019, the Company paid a \$10.0 million extraordinary cash dividend to the Parent Company, The WellCare Management Group, Inc.

11. Debt

- A. Debt - None
- B. Federal Home Loan Bank Agreements - None

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

None

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

No significant change.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits - None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies - The Company's ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an 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

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.
NOTES TO FINANCIAL STATEMENT

C. Wash Sales - None

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

- A. ASO Plans - None
- B. ASC Plans - None
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract
 - 1. None
 - 2. No significant change.
 - 3. None
 - 4. None

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

None

20. Fair Value Measurements

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 | Net Asset Value | | | | |
|---|---------------------|-------------|-------------|-------------|---------------------|
| | Level 1 | Level 2 | Level 3 | (NAV) | Total |
| a. Assets at fair value | | | | | |
| <u>Cash Equivalents</u> | | | | | |
| Exempt Money Market Funds | \$ 1,018,486 | \$ — | \$ — | \$ — | \$ 1,018,486 |
| Other Money Market Funds | 3,101,937 | — | — | — | 3,101,937 |
| Total Cash Equivalents | \$ 4,120,423 | \$ — | \$ — | \$ — | \$ 4,120,423 |
| <u>Perpetual Preferred Stock</u> | | | | | |
| Industrial & Misc. | \$ — | \$ — | \$ — | \$ — | \$ — |
| Parent, Subsidiaries and Affiliates | — | — | — | — | — |
| Total Perpetual Preferred Stocks | \$ — | \$ — | \$ — | \$ — | \$ — |
| <u>Bonds</u> | | | | | |
| U.S. Government | \$ — | \$ — | \$ — | \$ — | \$ — |
| Industrial & Misc. | — | — | — | — | — |
| Hybrid Securities | — | — | — | — | — |
| Parent, Subsidiaries and Affiliates | — | — | — | — | — |
| Total Bonds | \$ — | \$ — | \$ — | \$ — | \$ — |
| <u>Common Stock</u> | | | | | |
| Industrial & Misc. | \$ — | \$ — | \$ — | \$ — | \$ — |
| Parent, Subsidiaries and Affiliates | — | — | — | — | — |
| Total Common Stock | \$ — | \$ — | \$ — | \$ — | \$ — |
| <u>Derivatives Assets</u> | | | | | |
| Interest rate contracts | \$ — | \$ — | \$ — | \$ — | \$ — |
| Foreign exchange contracts | — | — | — | — | — |
| Credit contracts | — | — | — | — | — |
| Commodity futures contracts | — | — | — | — | — |
| Commodity futures contracts | — | — | — | — | — |
| Total Derivatives | \$ — | \$ — | \$ — | \$ — | \$ — |
| <u>Separate account assets</u> | | | | | |
| Total assets at fair value | \$ 4,120,423 | \$ — | \$ — | \$ — | \$ 4,120,423 |
| b. Liabilities at fair value | | | | | |
| Total liabilities at fair value | \$ — | \$ — | \$ — | \$ — | \$ — |

B. None

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3 - None

D. None

21. Other Items

- A. Extraordinary Items - None
- B. Troubled Debt Restructuring - None

**STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.
NOTES TO FINANCIAL STATEMENT**

C. Other Disclosures and Unusual Items - On March 26, 2019, WellCare Health Plans, Inc. entered into an Agreement and Plan of Merger with Centene Corporation. On June 24, 2019, stockholders of both companies approved all proposals of the pending transaction. Completion of the transaction remains subject to the receipt of U.S. federal antitrust clearance and certain other required regulatory approvals. The transaction is expected to close in the first half of 2020. Currently management does not know what, if any, effect the transaction will have on the Company.

- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-Transferable Tax Credits - None
- F. Subprime Mortgage Related Risk Exposure - None
- G. Retained Assets - None
- H. Insurance-Linked Securities (ILS) Contracts - None

22. Events Subsequent

There were no events occurring subsequent to June 30, 2019 requiring disclosure. Subsequent events have been considered through June 30, 2019 for the Statutory statement issued on August 12, 2019.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. No significant change.
- B. No significant change.
- C. No significant change.
- 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 \$29,200 during 2019. This is approximately -285.6% of unpaid claims expenses of \$10,225 as of December 31, 2018. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending June 30, 2019 was affected by approximately \$29,200 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

No significant change.

29. Participating Policies

None

30. Premium Deficiency Reserves

No significant change.

31. Anticipated Salvage and Subrogation

None

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

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

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

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

2.2 If yes, date of change:

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

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

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

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

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group..... 0001279363

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

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

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

If yes, attach an explanation.

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/03/2019

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

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

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

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

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

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

GENERAL INTERROGATORIES

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

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

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

(c) Compliance with applicable governmental laws, rules and regulations;

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

(e) Accountability for adherence to the code.

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

.....

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

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

.....

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

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

.....

FINANCIAL

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

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

INVESTMENT

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

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

.....

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.3 Total payable for securities lending reported on the liability page \$

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

GENERAL INTERROGATORIES

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

Yes [X] No []

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|------------------------|
| Oppenheimer..... | NEW YORK, NY..... |

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [X] No []

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

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|-----------------------------------|------------------|
| WellCare Treasury Department..... | |
| | |
| | |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets?

Yes [] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [] No [X]

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

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|--|------------------------------------|---------------------------------------|----------------------|---|
| N/A..... | WellCare Treasury Department..... | N/A..... | N/A..... | DS..... |

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

Yes [X] No []

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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]

20. 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent..... 0.0 %

1.2 A&H cost containment percent..... 0.0 %

1.3 A&H expense percent excluding cost containment expenses..... 0.0 %

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

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

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

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

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

3.1 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]

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NON

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

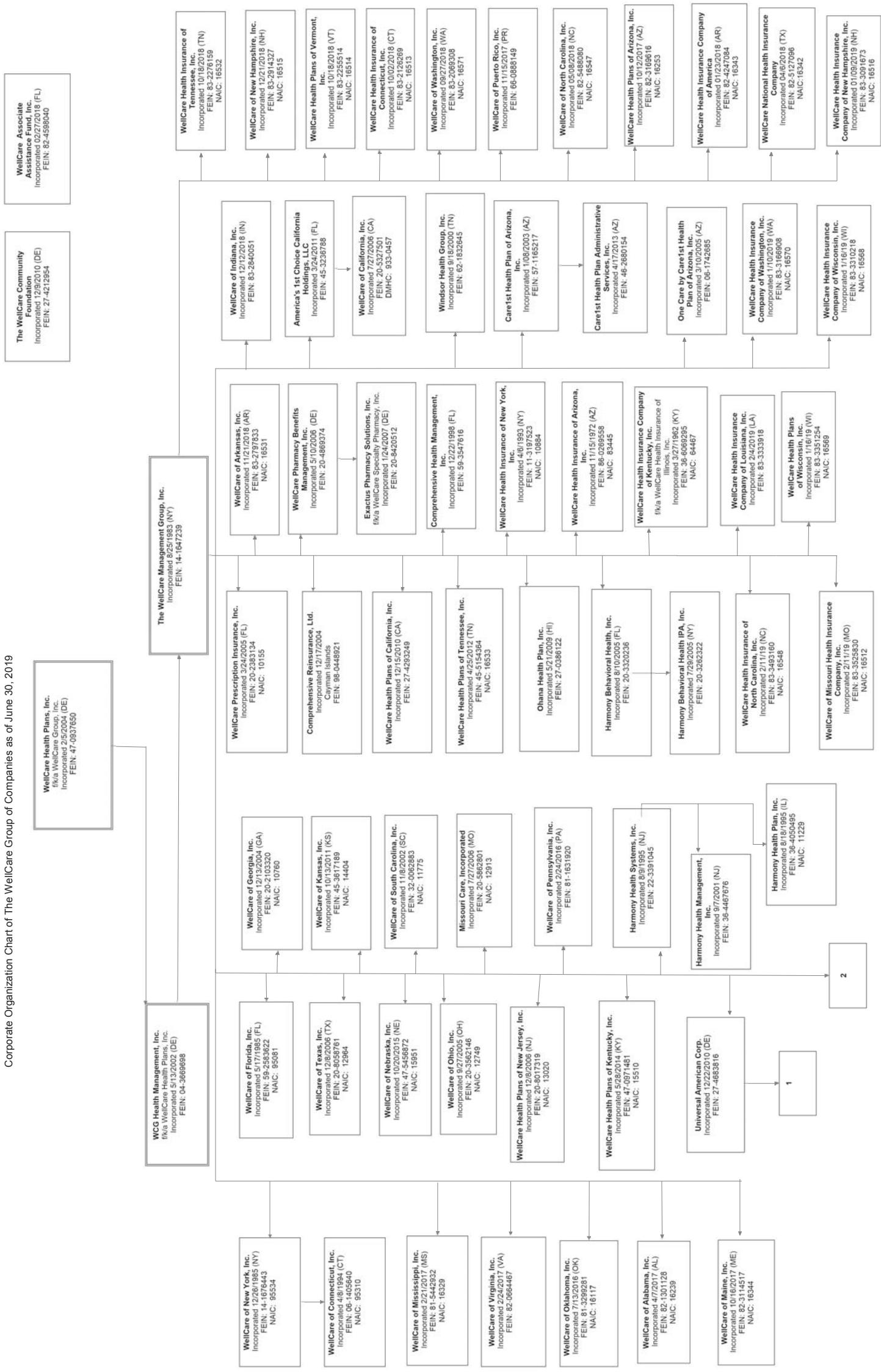
| States, Etc. | 1 Active Status (a) | Direct Business Only | | | | | | | |
|--|------------------------|---------------------------------|---------------------------|-------------------------|---|---|----------------------------------|--------------------------------|-----------------------------|
|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

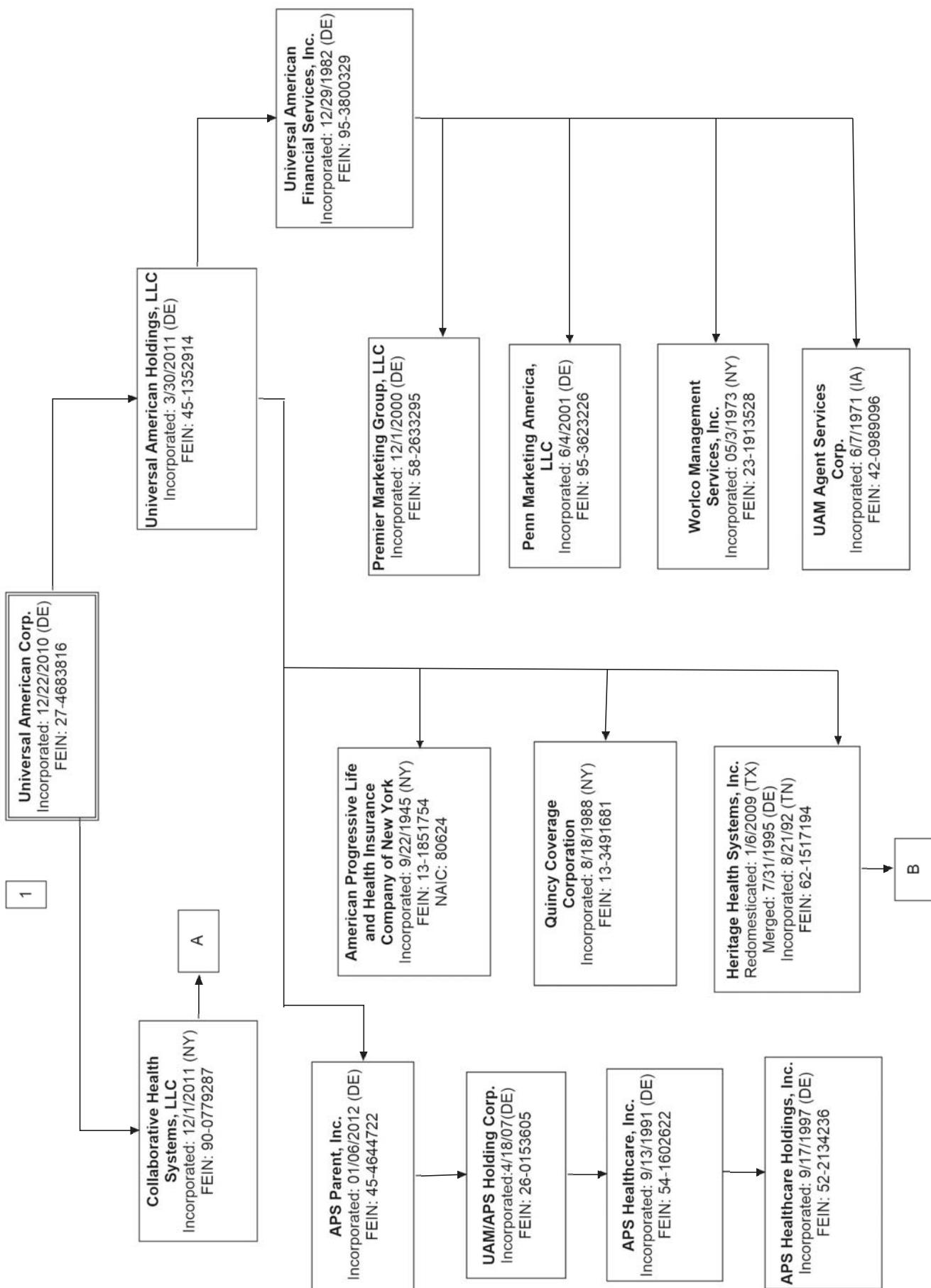
(a) Active Status Counts

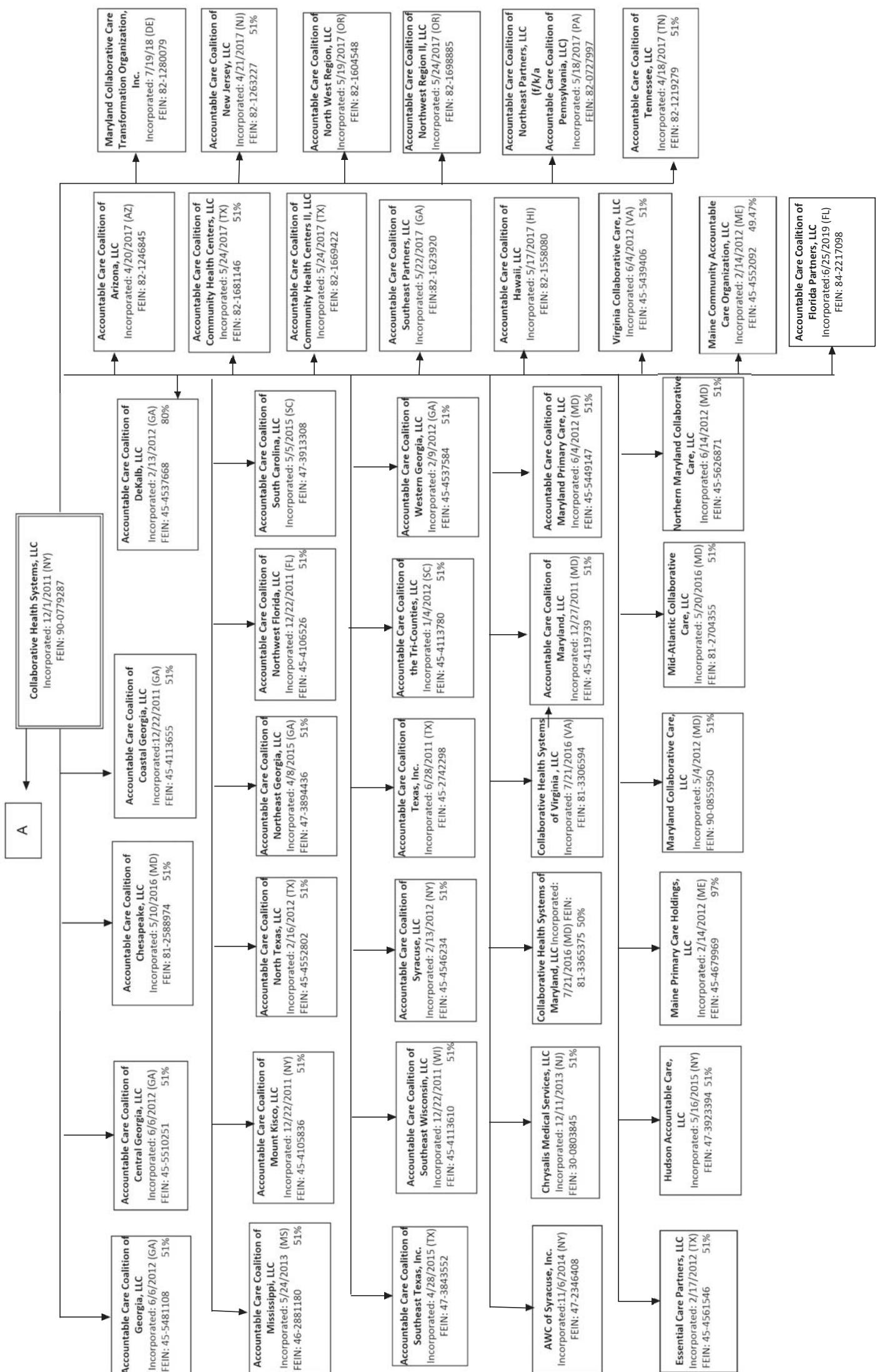
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0
N – None of the above – Not allowed to write business in the state 56

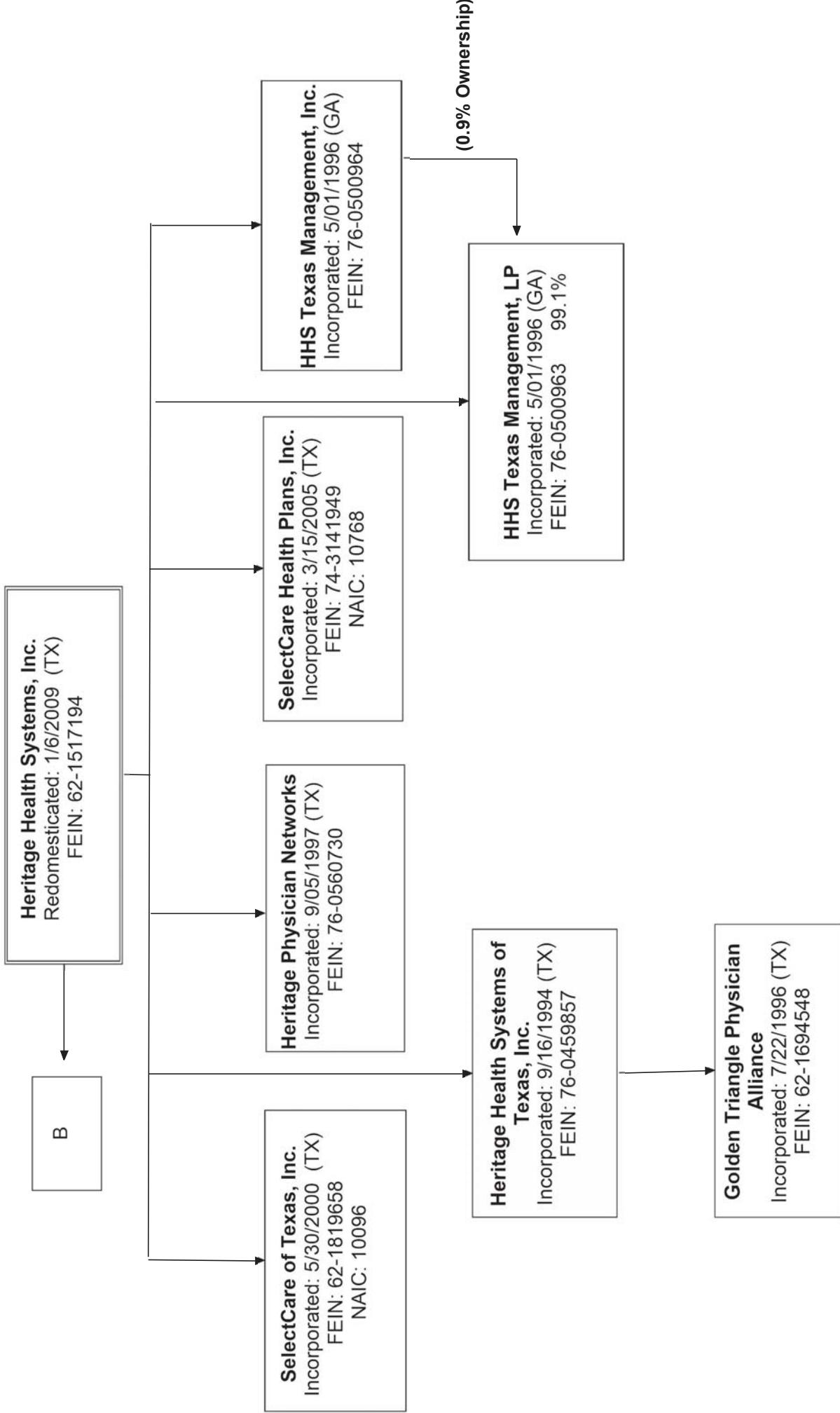
1 R – Registered – Non-domiciled RRGs 0
0 Q – Qualified – Qualified or accredited reinsurer 0

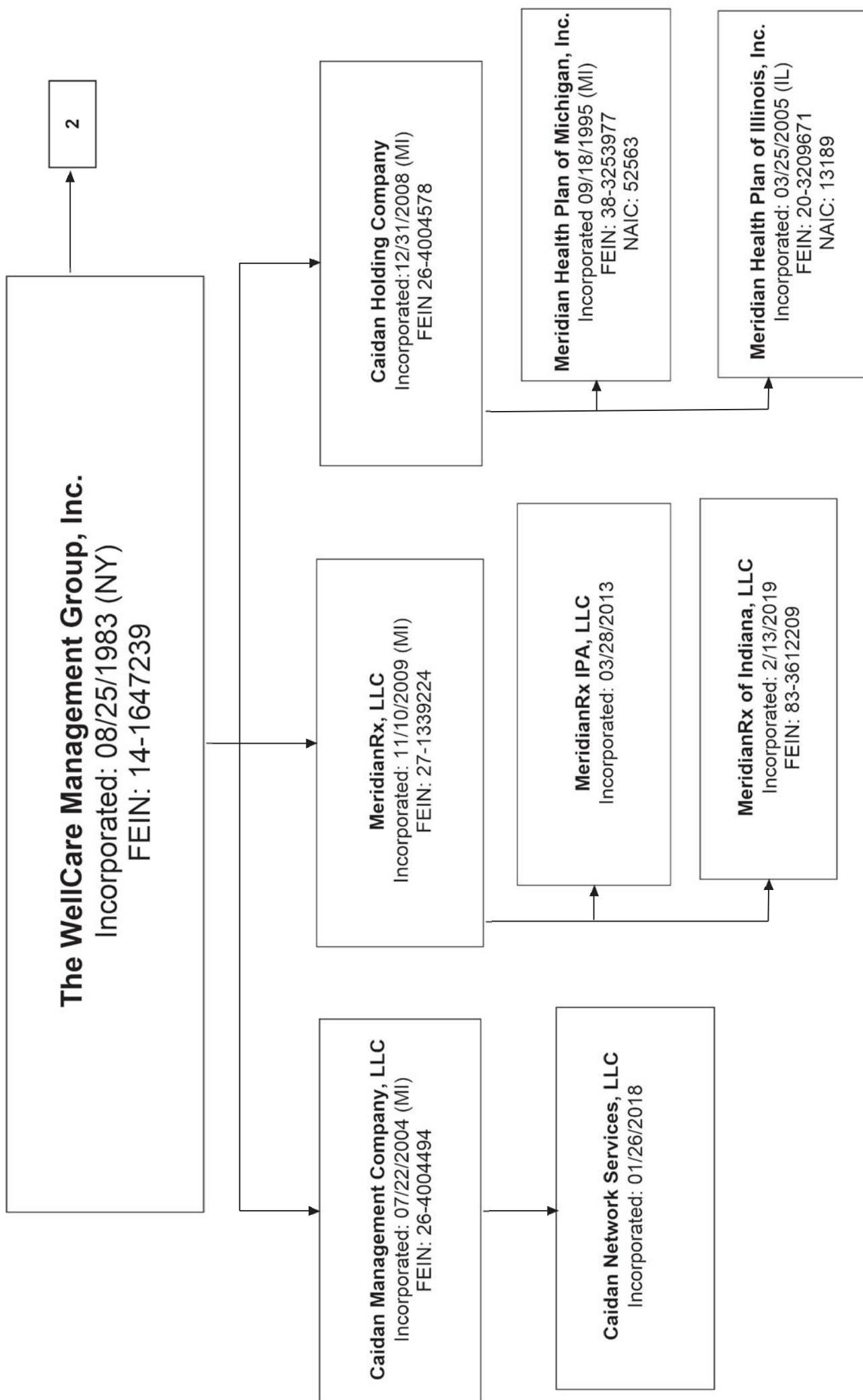
Corporate Organization Chart of The WellCare Group of Companies as of June 30, 2019











STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Required? (Y/N) | 16 * |
|-----------------|--------------------------------|------------------------|-----------------|-------------------|-----------|---|--|---------------------------|--|--|--|--|--|--|---------|
| 01199..... | WellCare Health Plans Inc..... | 95310..... | 06-1405640..... | | | | WellCare of Connecticut Inc..... | CT..... | IA..... | WellCare of New York, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 95081..... | 59-2583622..... | | | | WellCare of Florida Inc..... | FL..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 59-3547616..... | | | | Comprehensive Health Management Inc..... | FL..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 14-1647239..... | | | | The WellCare Management Group, Inc..... | NY..... | UDP..... | WCG Health Management, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 95534..... | 14-1676443..... | | | | WellCare of New York Inc..... | NY..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-3320236..... | | | | Harmony Behavioral Health Inc..... | FL..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 11229..... | 36-4050495..... | | | | Harmony Health Plan Inc..... | IL..... | IA..... | Harmony Health Systems, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 22-3391045..... | | | | Harmony Health Systems Inc..... | IL..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 36-4467676..... | | | | Harmony Health Management Inc..... | IL..... | NIA..... | Harmony Health Systems, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 47-0937650..... | 0001279363 | NYSE..... | | WellCare Health Plans Inc..... | FL..... | UIP..... | Shareholders..... | | 0.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 04-3669698..... | | | | WCG Health Management Inc..... | FL..... | UIP..... | WellCare Health Plans, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 10760..... | 20-2103320..... | | | | WellCare of Georgia Inc..... | GA..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 98-0448921..... | | | | Comprehensive Reinsurance Ltd..... | CYM..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 10155..... | 20-2383134..... | | | | WellCare Prescription Insurance Inc..... | FL..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 12749..... | 20-3562146..... | | | | WellCare of Ohio Inc..... | OH..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-3262322..... | | | | Harmony Behavioral Health IPA Inc..... | NY..... | NIA..... | Harmony Behavioral Health, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-4869374..... | | | | WellCare Pharmacy Benefits Management Inc..... | DE..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 83445..... | 86-0269558..... | | | | WellCare Health Insurance of Arizona Inc..... | AZ..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 64467..... | 36-6069295..... | | | | WellCare Health Insurance Company of Kentucky Inc..... | KY..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 10884..... | 11-3197523..... | | | | WellCare Health Insurance of New York Inc..... | NY..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 13020..... | 20-8017319..... | | | | WellCare Health Plans of New Jersey Inc..... | NJ..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 12964..... | 20-8058761..... | | | | WellCare of Texas Inc..... | TX..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-8420512..... | | | | Exactus Pharmacy Solutions, Inc..... | DE..... | NIA..... | WellCare Pharmacy Benefits Management..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 27-0386122..... | | | | Ohana Health Plans, Inc..... | HI..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Required? (Y/N) | 16 * |
|-----------------|--------------------------------|------------------------|-----------------|-------------------|----------|---|---|---------------------------|--|--|--|--|--|--|---------|
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 27-4293249..... | | | | WellCare Health Plans of California, Inc..... | .CA..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 14404..... | 45-3617189..... | | | | WellCare of Kansas, Inc..... | .KS..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16533..... | 45-5154364..... | | | | WellCare Health Plans of Tennessee, Inc..... | .TN..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-3236788..... | | | | America's 1st Choice California Holdings, LLC..... | .FL..... | .NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-5327501..... | | | | WellCare of California, Inc..... | .CA..... | .IA..... | America's 1st Choice California Holdings, LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 11775..... | 32-0062883..... | | | | WellCare of South Carolina, Inc..... | .SC..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 12913..... | 20-5862801..... | | | | Missouri Care, Incorporated..... | .MO..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 27-4212954..... | | | | The WellCare Community Foundation..... | .DE..... | .NIA..... | WellCare Health Plans, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 62-1832645..... | | | | Windsor Health Group, Inc..... | .TN..... | .NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 15510..... | 47-0971481..... | | | | WellCare Health Plans of Kentucky, Inc..... | .KY..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 15951..... | 47-5456872..... | | | | WellCare of Nebraska, Inc..... | .NE..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 81-1631920..... | | | | WellCare of Pennsylvania, Inc..... | .PA..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16117..... | 81-3299281..... | | | | WellCare of Oklahoma, Inc..... | .OK..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 06-1742685..... | | | | One Care by Care 1st Health Plan of Arizona, Inc..... | .AZ..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 57-1165217..... | | | | Care 1st Health Plan Arizona, Inc..... | .AZ..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 46-2680154..... | | | | Care 1st Health Plan Administrative Services, Inc..... | .AZ..... | .NIA..... | Care 1st Health Plan Arizona, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16329..... | 81-5442932..... | | | | WellCare of Mississippi, Inc..... | .MS..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-0664467..... | | | | WellCare of Virginia, Inc..... | .VA..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16239..... | 82-1301128..... | | | | WellCare of Alabama, Inc..... | .AL..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1246845..... | | | | Accountable Care Coalition of Arizona, LLC..... | .AZ..... | .NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-5510251..... | | | | Accountable Care Coalition of Central Georgia, LLC..... | .GA..... | .NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 81-2588974..... | | | | Accountable Care Coalition of Chesapeake, LLC..... | .MD..... | .NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-4113655..... | | | | Accountable Care Coalition of Coastal Georgia, LLC..... | .GA..... | .NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Required? (Y/N) | 16 * |
|-----------------|--------------------------------|------------------------|-----------------|-------------------|----------|---|---|---------------------------|--|--|--|--|--|--|---------|
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1681146..... | | | | Accountable Care Coalition of Community Health Centers, LLC..... | TX..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1669422..... | | | | Accountable Care Coalition of Community Health Centers II, LLC..... | TX..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-4537668..... | | | | Accountable Care Coalition of DeKalb, LLC..... | GA..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 80.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-5481108..... | | | | Accountable Care Coalition of Georgia, LLC..... | GA..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1623920..... | | | | Accountable Care Coalition of Southeast Partners, LLC..... | GA..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1558080..... | | | | Accountable Care Coalition of Hawaii, LLC..... | HI..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-5449147..... | | | | Accountable Care Coalition of Maryland Primary Care, LLC..... | MD..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-4119739..... | | | | Accountable Care Coalition of Maryland, LLC..... | MD..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 46-2881180..... | | | | Accountable Care Coalition of Mississippi, LLC..... | MS..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-4105836..... | | | | Accountable Care Coalition of Mount Kisco, LLC..... | NY..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1263227..... | | | | Accountable Care Coalition of New Jersey, LLC..... | NJ..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-4552802..... | | | | Accountable Care Coalition of North Texas, LLC..... | TX..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 47-3894436..... | | | | Accountable Care Coalition of Northeast Georgia, LLC..... | GA..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-4106526..... | | | | Accountable Care Coalition of Northwest Florida, LLC..... | FL..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1604548..... | | | | Accountable Care Coalition of North West Region, LLC..... | OR..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1698885..... | | | | Accountable Care Coalition of North West Region II, LLC..... | OR..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-0727997..... | | | | Accountable Care Coalition of Northeast Partners, LLC..... | PA..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 47-3913308..... | | | | Accountable Care Coalition of South Carolina, LLC..... | SC..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 47-3843552..... | | | | Accountable Care Coalition of Southeast Texas, Inc..... | TX..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-4113610..... | | | | Accountable Care Coalition of Southeast Wisconsin..... | WI..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-4546234..... | | | | Accountable Care Coalition of Syracuse, LLC..... | NY..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1219279..... | | | | Accountable Care Coalition of Tennessee, LLC..... | TN..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-2742298..... | | | | Accountable Care Coalition of Texas, Inc..... | TX..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Required? (Y/N) | 16 * |
|-----------------|----------------------------|------------------------|----------------|-------------------|----------|---|--|---------------------------|--|--|--|--|--|--|---------|
| 01199 | WellCare Health Plans Inc. | 00000 | 45-4113780 | | | Accountable Care Coalition of the Tri-Counties, LLC | | SC | NIA | Collaborative Health Systems LLC | Ownership | 51.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 45-4537584 | | | Accountable Care Coalition of Western Georgia, LLC | | GA | NIA | Collaborative Health Systems LLC | Ownership | 51.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 80624 | 13-1851754 | | | American Progressive Life & Health Insurance Company of New York | | NY | IA | Universal American Holdings, LLC | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 52-2134236 | | | APS Healthcare Holdings, Inc. | | DE | NIA | APS Healthcare, Inc. | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 54-1602622 | | | APS Healthcare, Inc. | | DE | NIA | UAM/APS Holding Corp | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 45-4644722 | | | APS Parent, Inc. | | DE | NIA | Universal American Holdings, LLC | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 30-0803845 | | | Chrysalis Medical Services, LLC | | TX | NIA | Heritage Health Systems, Inc. | Ownership | 51.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 81-3365375 | | | Collaborative Health Systems of Maryland, Inc. | | MD | NIA | Collaborative Health Systems, LLC | Ownership | 50.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 81-3306594 | | | Collaborative Health Systems of Virginia, Inc. | | VA | NIA | Collaborative Health Systems, LLC | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 90-0779287 | | | Collaborative Health Systems, LLC | | NY | NIA | Universal American Corp | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 81-2602493 | | | Empire Collaborative Care, LLC | | NY | NIA | Collaborative Health Systems, LLC | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 45-4561546 | | | Essential Care Partners, LLC | | TX | NIA | Collaborative Health Systems, LLC | Ownership | 51.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 62-1694548 | | | Golden Triangle Physician Alliance | | TX | NIA | Heritages Health Systems of Texas Inc. | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 76-0459857 | | | Heritage Health Systems of Texas, Inc. | | TX | NIA | Heritage Health Systems, Inc. | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 62-1517194 | | | Heritage Health Systems, Inc. | | TX | NIA | Universal American Corp | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 76-0560730 | | | Heritage Physician Networks | | TX | NIA | Heritage Health Systems, Inc. | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 76-0500964 | | | HHS Texas Management, Inc. | | GA | NIA | Heritage Health Systems, Inc. | Ownership | 100.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 76-0500963 | | | HHS Texas Management, LP | | GA | NIA | Heritage Health Systems, Inc. | Ownership | 99.1 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 47-3923394 | | | Hudson Accountable Care, LLC | | NY | NIA | Collaborative Health Systems, LLC | Ownership | 51.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 45-4552092 | | | Maine Community Accountable Care Organization, LLC | | ME | NIA | Maine Primary Care Holdings, LLC | Ownership | 49.5 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 45-4679969 | | | Maine Primary Care Holdings, LLC | | ME | NIA | Collaborative Health Systems | Ownership | 97.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 90-0855950 | | | Maryland Collaborative Care, LLC | | MD | NIA | Collaborative Health Systems | Ownership | 51.0 | WellCare Health Plans, Inc. | N | 0 |
| 01199 | WellCare Health Plans Inc. | 00000 | 81-2704355 | | | Mid-Atlantic Collaborative Care, LLC | | MD | NIA | Collaborative Health Systems, LLC | Ownership | 51.0 | WellCare Health Plans, Inc. | N | 0 |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Required? (Y/N) | 16 * |
|-----------------|--------------------------------|------------------------|-----------------|-------------------|----------|---|---|---------------------------|--|--|--|--|--|--|---------|
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-5626871..... | | | | Northern Maryland Collaborative Care, LLC..... | MD..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 95-3623226..... | | | | Penn Marketing America, LLC..... | DE..... | NIA..... | Universal American Financial Services..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 58-2633295..... | | | | Premier Marketing Group, LLC..... | DE..... | NIA..... | Penn Marketing America, LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 13-3491681..... | | | | Quincy Coverage Corporation..... | NY..... | NIA..... | Universal American Holdings, LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 10768..... | 74-3141949..... | | | | SelectCare Health Plans, Inc..... | TX..... | IA..... | Heritage Health Systems, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 10096..... | 62-1819658..... | | | | SelectCare of Texas, Inc..... | TX..... | IA..... | Heritage Health Systems, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 42-0989096..... | | | | UAM Agent Services Corp..... | IA..... | NIA..... | Universal American Financial Services..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 26-0153605..... | | | | UAM/APS Holding Corp..... | DE..... | NIA..... | APS Parent, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 27-4683816..... | | | | Universal American Corp..... | DE..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 95-3800329..... | | | | Universal American Financial Services..... | DE..... | NIA..... | Universal American Holdings, LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-1352914..... | | | | Universal American Holdings, LLC..... | DE..... | NIA..... | Universal American Corp..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-5439406..... | | | | Virginia Collaborative Care, LLC..... | VA..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 51.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 23-1913528..... | | | | Worlco Management Services, Inc..... | NY..... | NIA..... | Worlco Management Services..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 47-2346408..... | | | | AWC of Syracuse, Inc..... | NY..... | NIA..... | Collaborative Health Systems LLC..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16253..... | 82-3169616..... | | | | WellCare Health Plans of Arizona, Inc..... | AZ..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16344..... | 82-3114517..... | | | | WellCare of Maine, Inc..... | ME..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 66-0888149..... | | | | WellCare of Puerto Rico, Inc..... | PR..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-4598040..... | | | | WellCare Associate Assistance Fund, Inc..... | FL..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16343..... | 82-4247084..... | | | | WellCare Health Insurance Company of America..... | AR..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16342..... | 82-5127096..... | | | | WellCare National Health Insurance Company..... | TX..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16547..... | 82-5488080..... | | | | WellCare of North Carolina, Inc..... | NC..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 26-4004494..... | | | | Caidan Management Company, LLC..... | MI..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 26-4004494..... | | | | Caidan Network Services, LLC..... | MI..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Required? (Y/N) | 16 * |
|-----------------|--------------------------------|------------------------|-----------------|-------------------|----------|---|---|---------------------------|--|--|--|--|--|--|---------|
| 01200..... | WellCare Health Plans Inc..... | 00000..... | 26-4004578..... | | | | Caidan Holding Company..... | .MI..... | .N/A..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 82-1280079..... | | | | Maryland Collaborative Care Transformation Organization, Inc..... | .DE..... | .N/A..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 13189..... | 20-3209671..... | | | | Meridian Health Plan of Illinois, Inc..... | .IL..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 52563..... | 38-3253977..... | | | | Meridian Health Plan of Michigan, Inc..... | .MI..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16571..... | 83-2069308..... | | | | WellCare of Washington, Inc..... | .WA..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 27-1339224..... | | | | MeridianRx, LLC..... | .MI..... | .N/A..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 32-0408908..... | | | | MeridianRX IPA, LLC..... | .NY..... | .N/A..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16513..... | 83-2126269..... | | | | WellCare Health Insurance of Connecticut, Inc..... | .CT..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16532..... | 83-2276159..... | | | | WellCare Health Insurance of Tennessee, Inc..... | .TN..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16514..... | 83-2255514..... | | | | WellCare Health Plans of Vermont, Inc..... | .VT..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16531..... | 83-2797833..... | | | | WellCare of Arkansas, Inc..... | .AR..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 83-2840051..... | | | | WellCare of Indiana, Inc..... | .IN..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16515..... | 83-2914327..... | | | | WellCare of New Hampshire, Inc..... | .NH..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 83-3612209..... | | | | MeridianRx of Indiana, LLC..... | .IN..... | .N/A..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 83-3333918..... | | | | WellCare Health Insurance Company of Louisiana, Inc..... | .LA..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16516..... | 83-3091673..... | | | | WellCare Health Insurance Company of New Hampshire, Inc..... | .NH..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16570..... | 83-3166908..... | | | | WellCare Health Insurance Company of Washington, Inc..... | .WA..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16568..... | 83-3310218..... | | | | WellCare Health Insurance Company of Wisconsin, Inc..... | .WI..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16548..... | 83-3493160..... | | | | WellCare Health Insurance of North Carolina, Inc..... | .NC..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16569..... | 83-3351254..... | | | | WellCare Health Plans of Wisconsin, Inc..... | .WI..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 16512..... | 83-3525830..... | | | | WellCare of Missouri Health Insurance Company, Inc..... | .MO..... | .IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 84-2217098..... | | | | Accountable Care Coalition of Florida Partners, LLC..... | .FL..... | .N/A..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | N..... | 0..... |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

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

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

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....NO.....

Explanation:

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

SCHEDULE A – VERIFICATION

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

NONE

SCHEDULE B – VERIFICATION

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

NONE

SCHEDULE BA – VERIFICATION

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

NONE

SCHEDULE D – VERIFICATION

| Bonds and Stocks | | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | | 410,638 | 411,909 |
| 2. Cost of bonds and stocks acquired | | 0 | 0 |
| 3. Accrual of discount | | 0 | 0 |
| 4. Unrealized valuation increase (decrease) | | 0 | 0 |
| 5. Total gain (loss) on disposals | | 0 | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | | 410,000 | 0 |
| 7. Deduct amortization of premium | | 638 | 1,271 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | | 0 | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | 0 | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | | 0 | 410,638 |
| 12. Deduct total nonadmitted amounts | | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | 0 | 410,638 |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

SCHEDULE D - PART 1B

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--|---|--|--|---|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 410,319 | 0 | 410,000 | (319) | 410,319 | 0 | 0 | 410,638 |
| 2. NAIC 2 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. NAIC 3 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total Bonds..... | 410,319 | 0 | 410,000 | (319) | 410,319 | 0 | 0 | 410,638 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. NAIC 2..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. NAIC 3..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. NAIC 4..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. NAIC 5..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. NAIC 6..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock..... | 410,319 | 0 | 410,000 | (319) | 410,319 | 0 | 0 | 410,638 |

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

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

Schedule DA - Part 1
NONE

Schedule DA - Verification
NONE

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|----------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 4,073,959 | 1,019,221 |
| 2. Cost of cash equivalents acquired | 46,464 | 3,054,737 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals..... | 0 | 0 |
| 6. Deduct consideration received on disposals | 0 | 0 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 4,120,423 | 4,073,959 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 4,120,423 | 4,073,959 |

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

Schedule D - Part 3
NONE

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

SCHEDULE D - PART 4

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

| 1 CUSIP Identifi- cation | 2 Description | 3 For- eign Disposal Date | 4 Name of Purchaser | 5 Number of Shares of Stock | 6 Consideration | 7 Par Value | 8 Actual Cost | 9 Prior Year Book/Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | | 16 Book/ Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest/Stock Dividends Received During Year | 21 Stated Contractual Maturity Date | 22 NAIC Designation and Administrative Symbol/Market Indicator ^(a) | |
|--------------------------------------|------------------------|---------------------------------------|------------------------|--------------------------------------|--------------------|----------------|------------------|--|---|---|---|---|---|--|---|--|---|--|---|---|-----|
| | | | | | | | | | 11 Unrealized Valuation Increase/ Decrease) | 12 Current Year's (Amortization)/ Accretion) | 13 Current Year's Other Than Temporary Impairment Recognized | 14 Total Change in B./A.C.V. (11+12-13) | 15 Total Foreign Exchange Change in B./A.C.V. | | | | | | | | |
| Bonds - U.S. Governments | | | | | | | | | | | | | | | | | | | | | |
| 912828-WS-5 | UNITED STATES TREASURY | 06/30/2019 | Maturity @ 100.00 | XXX | 410,000 | 410,000 | 412,569 | 410,638 | 0 | (638) | 0 | (638) | 0 | 410,000 | 0 | 0 | 0 | 0 | 0 | 06/30/2019 | 1 |
| 0599999 - Bonds - U.S. Governments | | | | | 410,000 | 410,000 | 412,569 | 410,638 | 0 | (638) | 0 | (638) | 0 | 410,000 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 8399997 - Subtotals - Bonds - Part 4 | | | | | 410,000 | 410,000 | 412,569 | 410,638 | 0 | (638) | 0 | (638) | 0 | 410,000 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 8399999 - Subtotals - Bonds | | | | | 410,000 | 410,000 | 412,569 | 410,638 | 0 | (638) | 0 | (638) | 0 | 410,000 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 99999999 Totals | | | | | 410,000 | XXX | 412,569 | 410,638 | 0 | (638) | 0 | (638) | 0 | 410,000 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

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Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part D - Section 1
NONE

Schedule DB - Part D - Section 2
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

SCHEDULE E - PART 1 - CASH

| Month End Depository Balances | | | | | | | | |
|---|------------|-----------------------|---|---|--|-------------------|------------------|------------|
| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| Open Depositories | | | | | | | | |
| JP Morgan-4409.....Ohio..... | | 0.000 | .0 | 0 | 1 | 1 | 1 | XXX |
| Federally Insured Cash Account.....Ohio..... | | 2.400 | 38,181 | 0 | 7,000,000 | 7,000,000 | 11,365 | XXX |
| JP Morgan-3564.....Ohio..... | | 0.000 | .0 | 0 | 3,137,743 | 3,131,383 | 146,464 | XXX |
| 0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0199999 Total Open Depositories | XXX | XXX | 38,181 | 0 | 10,137,744 | 10,131,384 | 157,830 | |
| 0399999 Total Cash on Deposit | XXX | XXX | 38,181 | 0 | 10,137,744 | 10,131,384 | 157,830 | XXX |
| 0499999 Cash in Company's Office | XXX | XXX | XXX | XXX | 0 | 0 | 0 | XXX |
| 0599999 Total | XXX | XXX | 38,181 | 0 | 10,137,744 | 10,131,384 | 157,830 | XXX |

STATEMENT AS OF JUNE 30, 2019 OF THE WellCare of Ohio, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

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