



# QUARTERLY STATEMENT

AS OF SEPTEMBER 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)		813-206-6200 (Area Code) (Telephone Number)		
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)		813-206-6200 (Area Code) (Telephone Number)		
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	Michael Wasik (Name)		813-206-2725 (Area Code) (Telephone Number) (Extension)		813-675-2899 (FAX Number)		
	michael.wasik@wellcare.com (E-Mail Address)						

### 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 SEPTEMBER 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 (\$ ..... 208,288 ), cash equivalents (\$ ..... 4,146,941 ) and short-term investments (\$ ..... 409,527 ) .....	4,764,756		4,764,756	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 .....	0		.0	0
10. Securities lending reinvested collateral assets .....			.0	0
11. Aggregate write-ins for invested assets .....	0	.0	.0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	4,764,756	.0	4,764,756	15,062,546
13. Title plants less \$ ..... charged off (for Title insurers only) .....			.0	0
14. Investment income due and accrued .....	.8,741		.8,741	.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 .....	.327		.327	.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 .....	.1,567	1,567	.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) .....	4,775,391	1,567	4,773,824	15,084,925
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			.0	0
28. Total (Lines 26 and 27) .....	4,775,391	1,567	4,773,824	15,084,925
<b>DETAILS OF WRITE-INS</b>				
1101. .....			.0	0
1102. .....			.0	0
1103. .....			.0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	.0	.0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. .....			.0	0
2502. .....			.0	0
2503. .....			.0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	.0	.0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0

**STATEMENT AS OF SEPTEMBER 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).	.1,973		1,973	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 .....	25,114		25,114	48,885
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	219,740		219,740	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).....	247,456	0	247,456	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	1,326,368	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	4,526,368	14,319,735
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	4,773,824	15,084,925
<b>DETAILS OF WRITE-INS</b>				
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 SEPTEMBER 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.....	0.....
2. Net premium income (including \$ non-health premium income).....	XXX.....	.....	(1,482).....	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.....	(1,482).....	0.....
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....	.....	(809).....	(35,693).....	(31,221).....
10. Other professional services.....	.....	.....	0.....	0.....
11. Outside referrals.....	.....	.....	0.....	0.....
12. Emergency room and out-of-area.....	.....	.....	(128).....	(128).....
13. Prescription drugs.....	.....	524.....	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.....	(285).....	(32,359).....	(27,887).....
<b>Less:</b>				
17. Net reinsurance recoveries.....	.....	.....	0.....	0.....
18. Total hospital and medical (Lines 16 minus 17).....	0.....	(285).....	(32,359).....	(27,887).....
19. Non-health claims (net).....	.....	.....	0.....	0.....
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....	.....	.....	0.....	0.....
21. General administrative expenses.....	.....	9,031.....	13,268.....	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.....	8,746.....	(19,091).....	(9,554).....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(8,746).....	17,609.....	9,554.....
25. Net investment income earned.....	.....	264,901.....	78,607.....	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.....	264,901.....	78,607.....	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.....	256,155.....	96,216.....	147,515.....
31. Federal and foreign income taxes incurred.....	XXX.....	53,764.....	20,207.....	31,007.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	202,391.....	76,009.....	116,508.....
<b>DETAILS OF WRITE-INS</b>				
0601.....	XXX.....	.....	.....	.....
0602.....	XXX.....	.....	.....	.....
0603.....	XXX.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0.....	0.....	0.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	0.....	0.....	0.....
0701.....	XXX.....	.....	.....	.....
0702.....	XXX.....	.....	.....	.....
0703.....	XXX.....	.....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0.....	0.....	0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0.....	0.....	0.....
1401.....	.....	.....	.....	.....
1402.....	.....	.....	.....	.....
1403.....	.....	.....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0.....	0.....	0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0.....	0.....	0.....	0.....
2901.....	.....	.....	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
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year	14,319,735	14,208,636	14,208,636
34. Net income or (loss) from Line 32	202,391	76,009	116,508
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	(1,166)	(11)	1,481
39. Change in nonadmitted assets	5,408	85	(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
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		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)	(9,793,367)	76,083	111,099
49. Capital and surplus end of reporting period (Line 33 plus 48)	4,526,368	14,284,719	14,319,735
<b>DETAILS OF WRITE-INS</b>			
4701.		0	0
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

**STATEMENT AS OF SEPTEMBER 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
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	0	(1,482)	0
2. Net investment income.....	277,684	71,729	130,792
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	277,684	70,247	130,792
5. Benefit and loss related payments.....	7,966	(33,811)	(38,112)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	32,802	10,616	(29,504)
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0	0
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	539,476	5,233	(479,082)
10. Total (Lines 5 through 9).....	580,244	(17,962)	(546,698)
11. Net cash from operations (Line 4 minus Line 10).....	(302,560)	88,209	677,490
<b>Cash from Investments</b>			
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.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	0
14. Net increase (or decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	410,000	0	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	10,000,000	0	0
16.6 Other cash provided (applied).....	5,408	(4,912)	(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).....	(9,994,592)	(4,912)	(56,393)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(9,887,152)	83,297	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).....	4,764,756	14,114,108	14,651,908

STATEMENT AS OF SEPTEMBER 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							0	.0	
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	0							0	.0	
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	7,966						11,177	(3,211)		
18. Amount Incurred for Provision of Health Care Services .....	(285)						11,701	(11,986)		

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

## STATEMENT AS OF SEPTEMBER 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					1,973	1,973
0499999 Subtotals	0	0	0	0	1,973	1,973
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	1,973
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	0

## STATEMENT AS OF SEPTEMBER 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	(19,472)		1,974	30,649	1,450
7. Title XIX - Medicaid .....	8,815	(12,026)			8,815	8,775
8. Other health .....					0	.0
9. Health subtotal (Lines 1 to 8).....	39,464	(31,498)	0	1,974	39,464	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)	39,464	(31,498)	0	1,974	39,464	10,225

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

**STATEMENT AS OF SEPTEMBER 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
<b>NET INCOME</b>					
1 Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	\$ 202,391	\$ 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>\$ 202,391</u>	<u>\$ 116,508</u>
<b>SURPLUS</b>					
5 Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 4,526,368	\$ 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>\$ 4,526,368</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

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.

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

- 2. - 4. None
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. Structured Notes - None
- P. 5\* GI Securities - None
- Q. Short Sales - None
- R. Prepayment Penalty and Acceleration Fees - None

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

None

**7. Investment Income**

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
- 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. None

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

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					Total
	Level 1	Level 2	Level 3	(NAV)		
<b>a. Assets at fair value</b>						
<b><u>Cash Equivalents</u></b>						
Exempt Money Market Funds	\$ 1,024,024	\$ —	\$ —	\$ —	\$ 1,024,024	
Other Money Market Funds	3,122,916	—	—	—	3,122,916	
<b>Total Cash Equivalents</b>	<b>\$ 4,146,940</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ 4,146,940</b>	
<b><u>Perpetual Preferred Stock</u></b>						
Industrial & Misc	\$ —	\$ —	\$ —	\$ —	\$ —	—
Parent, Subsidiaries and Affiliates	—	—	—	—	—	—
<b>Total Perpetual Preferred Stocks</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>—</b>
<b><u>Bonds</u></b>						
U.S. Government	\$ —	\$ —	\$ —	\$ —	\$ —	—
Industrial & Misc.	—	—	—	—	—	—
Exchange Traded Fund	—	—	—	—	—	—
Hybrid Securities	—	—	—	—	—	—
Parent, Subsidiaries and Affiliates	—	—	—	—	—	—
<b>Total Bonds</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>—</b>
<b><u>Common Stock</u></b>						
Industrial & Misc.	\$ —	\$ —	\$ —	\$ —	\$ —	—
Parent, Subsidiaries and Affiliates	—	—	—	—	—	—
<b>Total Common Stock</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>—</b>
<b><u>Derivatives Assets</u></b>						
Interest rate contracts	\$ —	\$ —	\$ —	\$ —	\$ —	—
Foreign exchange contracts	—	—	—	—	—	—
Credit contracts	—	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—	—
<b>Total Derivatives</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>—</b>
<b><u>Separate account assets</u></b>						
Total assets at fair value	<b>\$ 4,146,940</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>4,146,940</b>
<b>b. Liabilities at fair value</b>						
Total liabilities at fair value	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>—</b>

B. None

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
<b><u>Bonds</u></b>							
US Government	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	—
<b>Total Bonds</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>
Short Term Investments	409,295	409,527	409,295	—	—	—	—
<b>Total Bonds and Short Term Investments</b>	<b>\$ 409,295</b>	<b>\$ 409,527</b>	<b>\$ 409,295</b>	<b>\$ —</b>	<b>\$ —</b>	<b>\$ —</b>	<b>—</b>

D. None

**21. Other Items**

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

**STATEMENT AS OF SEPTEMBER 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 September 30, 2019, requiring disclosure. Subsequent events have been considered through September 30, 2019, for the Statutory statement issued on November 11, 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 \$29,239 during 2019. This is approximately -286.0% 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 September 30, 2019, was affected by approximately \$29,239 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**

None

**31. Anticipated Salvage and Subrogation**

None

**STATEMENT AS OF SEPTEMBER 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 SEPTEMBER 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 [X]  No [ ]

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

Minor revisions and clarifications of existing provisions were adopted by the parent company board of directors on May 23, 2019, as summarized in the Code of Conduct and Business Ethics. The subsidiary board of directors approved the changes on August 26, 2019.....

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

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

.....

**FINANCIAL**

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 0

**INVESTMENT**

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

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

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ ..... 0

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ ..... 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	\$ ..... 0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ ..... 0
16.3 Total payable for securities lending reported on the liability page	\$ ..... 0

**STATEMENT AS OF SEPTEMBER 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  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  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

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

Yes  No

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

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

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

**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 SEPTEMBER 30, 2019 OF THE WellCare of Ohio, Inc.

## **SCHEDULE S - CEDED REINSURANCE**

**Showing All New Reinsurance Treaties - Current Year to Date**

**NONE**

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (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 .....

1 R – Registered – Non-domiciled RRGs .....

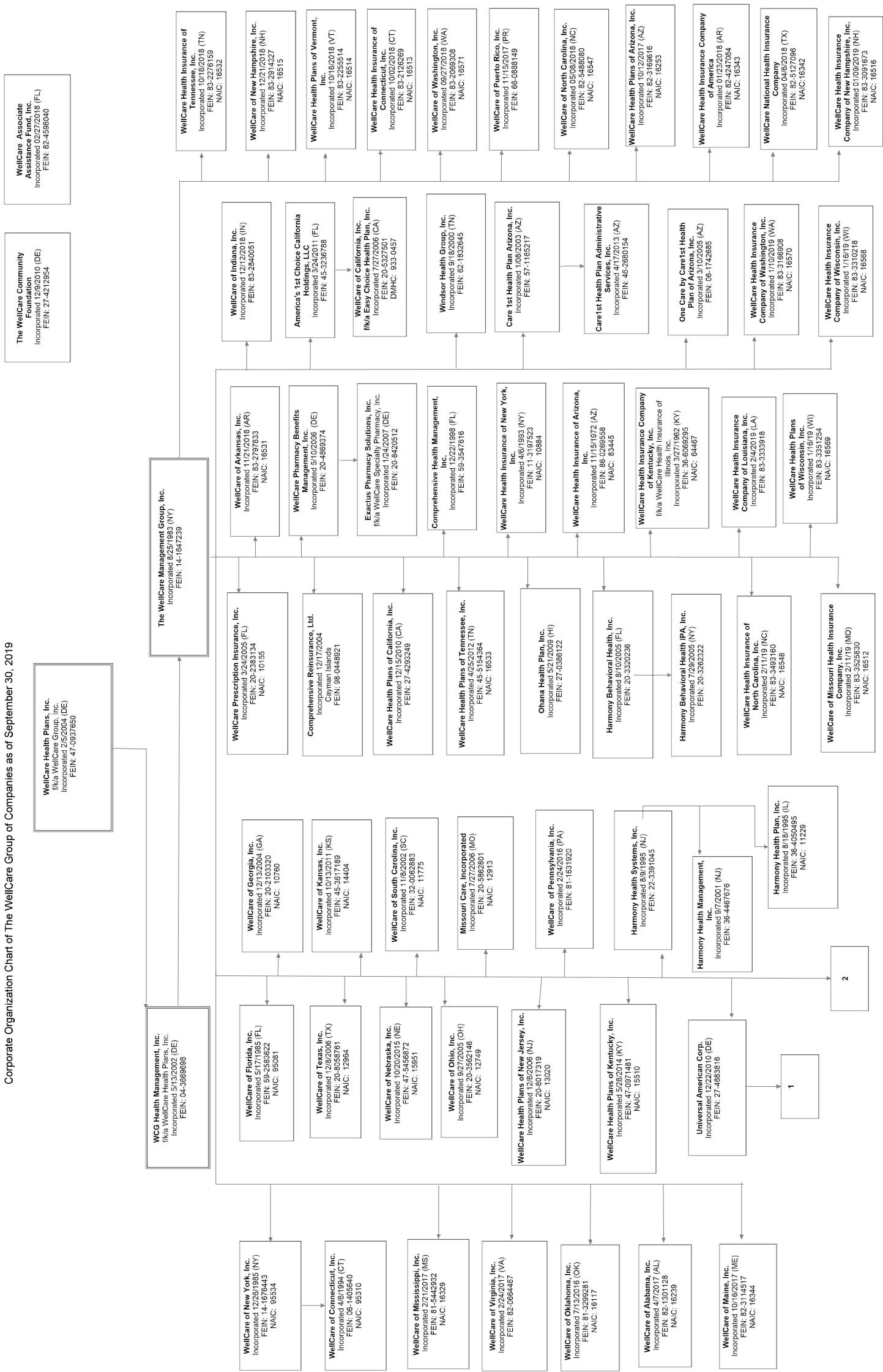
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....

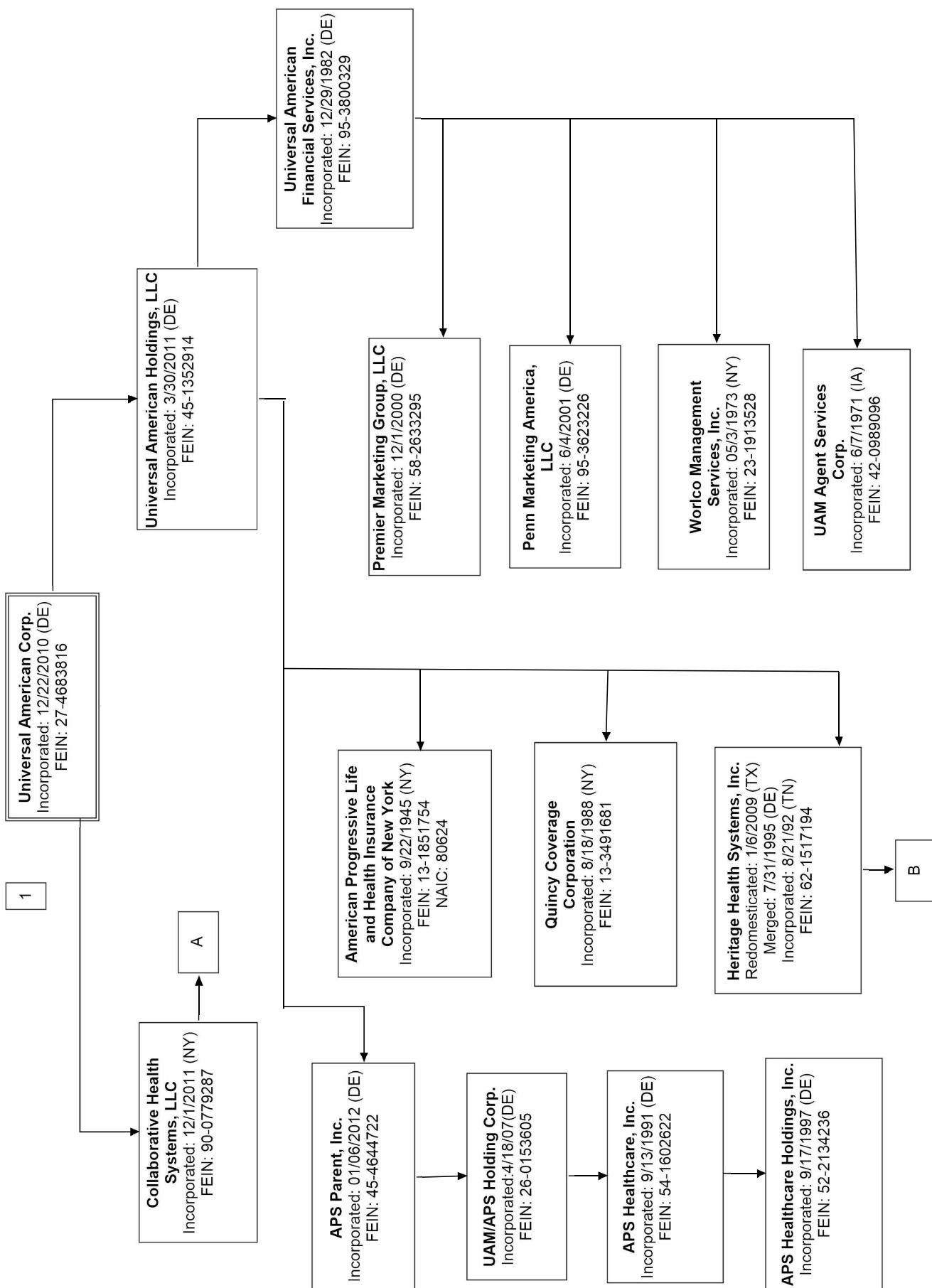
0 Q – Qualified – Qualified or accredited reinsurer .....

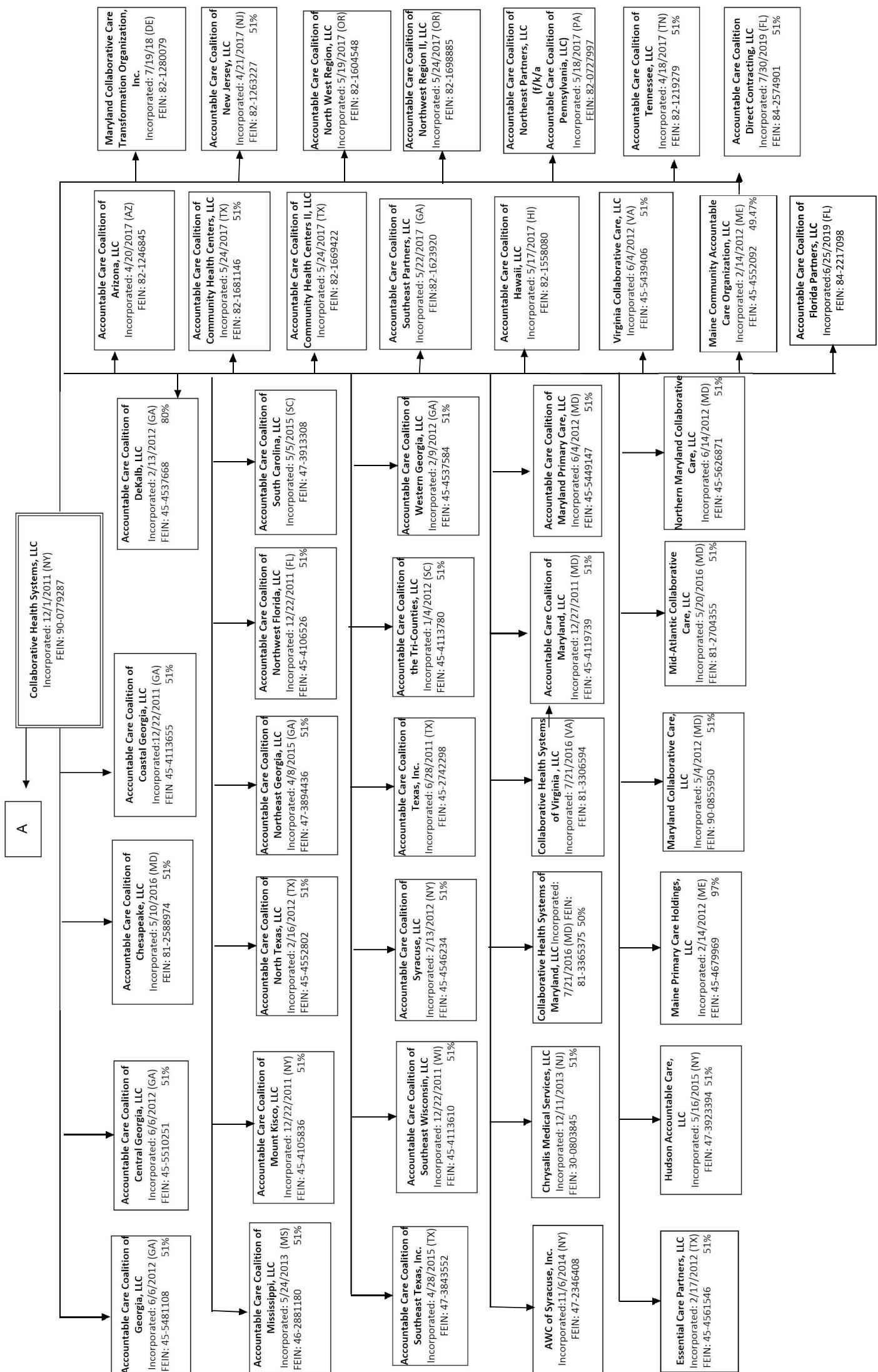
N – None of the above – Not allowed to write business in the state .....

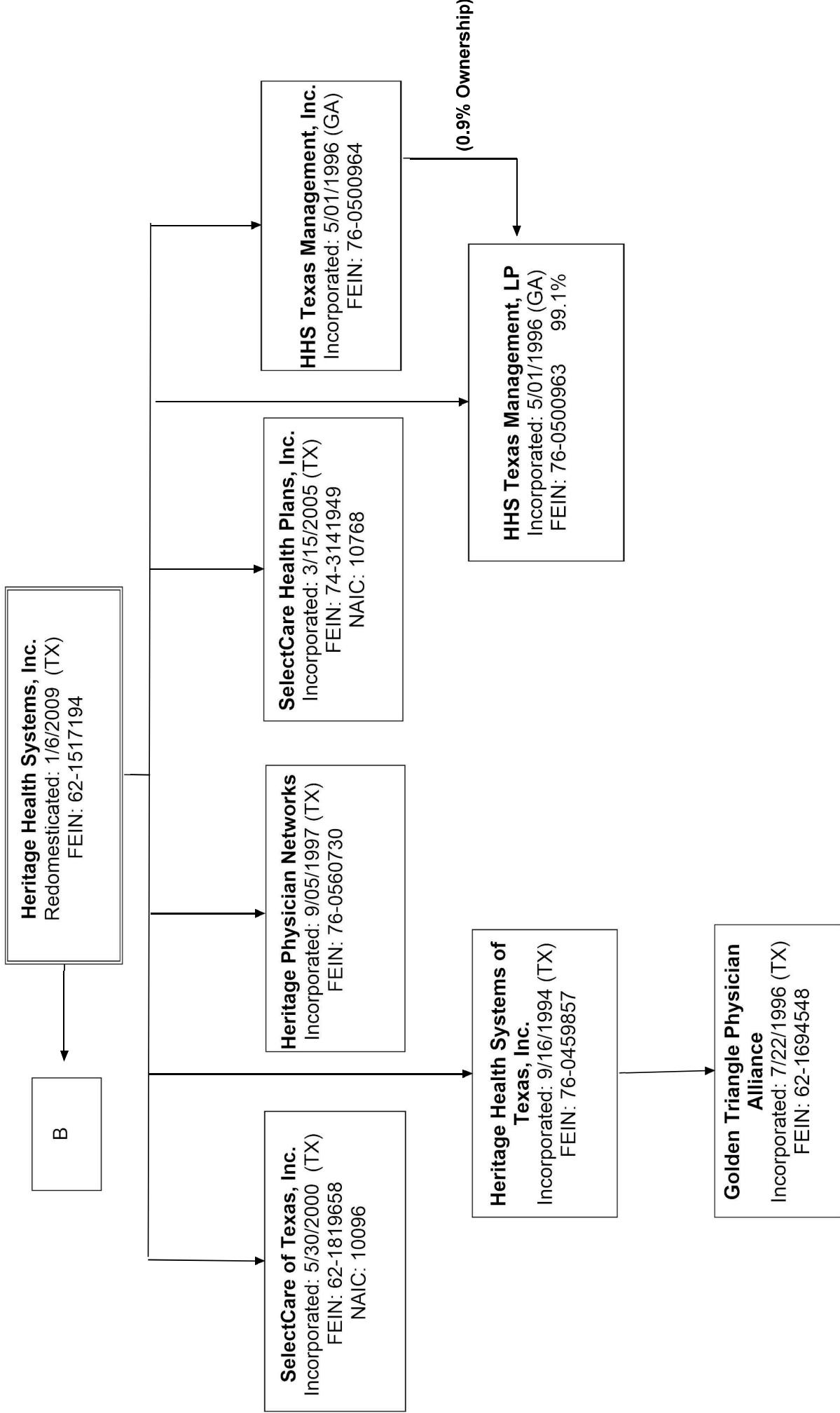
56

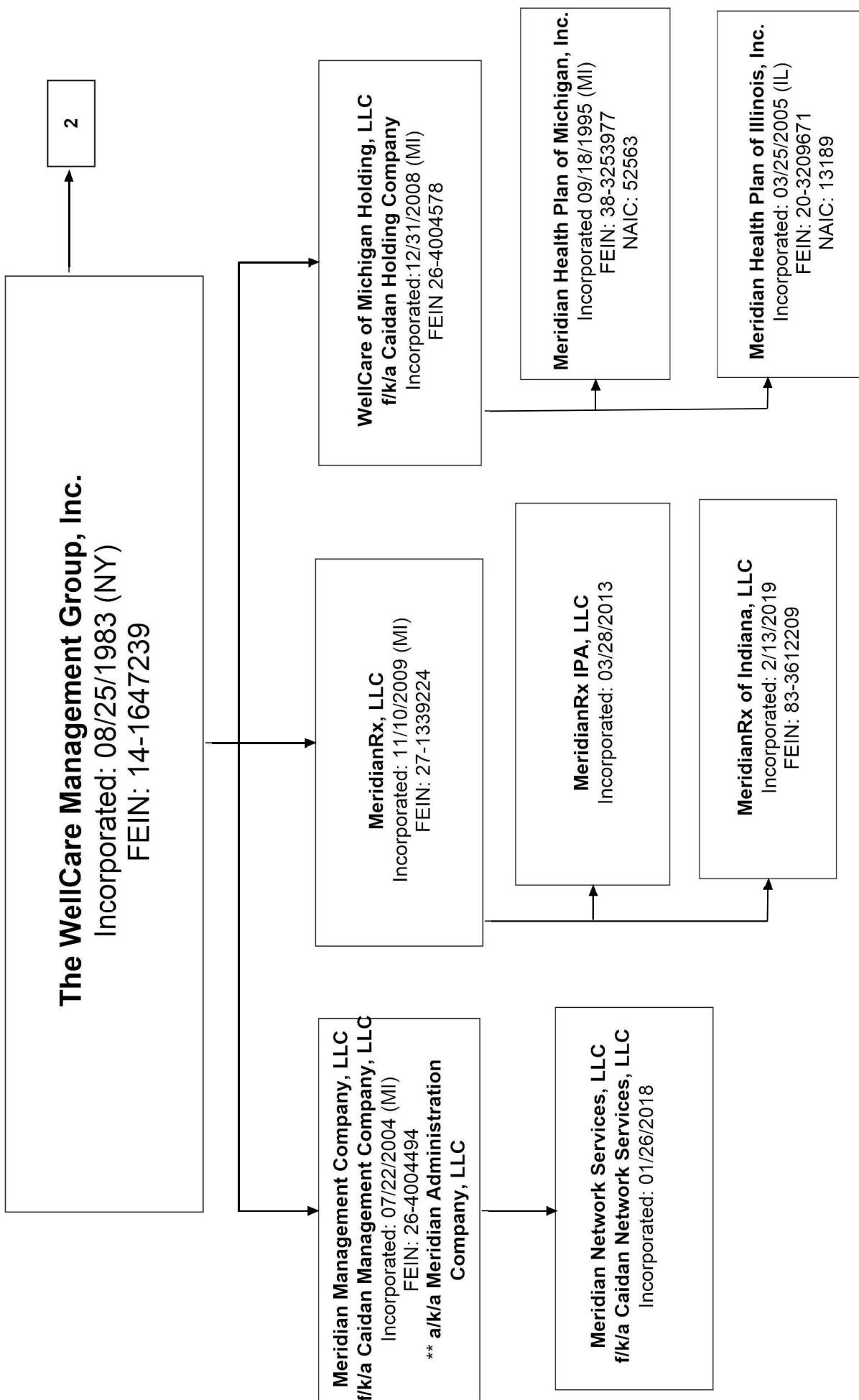
Corporate Organization Chart of The WellCare Group of Companies as of September 30, 2019











\*\* a/k/a Meridian Administration Company, LLC in these jurisdictions: AR, FL, IL, IN, NY, ND, OH, OR, TN, TX, VA, WA

## STATEMENT AS OF SEPTEMBER 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 SEPTEMBER 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 SEPTEMBER 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 SEPTEMBER 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.	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	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	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	Collaborative Health Systems	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	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-5626871			Northern Maryland Collaborative Care, LLC		MD	NIA	Collaborative Health Systems	Ownership	51.0	WellCare Health Plans, Inc.	N	0

## STATEMENT AS OF SEPTEMBER 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.....	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.....				Meridian 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.....				Meridian Network Services, LLC.....	MI.....	NIA.....	Meridian Management Company, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	26-4004578.....				WellCare of Michigan Holding Company.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....

## STATEMENT AS OF SEPTEMBER 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	82-1280079			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	WellCare of Michigan Holding Company	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	WellCare of Michigan Holding Company	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	MeridianRX, LLC	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	MeridianRX, LLC	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
01199	WellCare Health Plans Inc.	00000	84-2574901			Accountable Care Coalition Direct Contracting, LLC		FL	N/A	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0

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

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

Asterisk	Explanation

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....NO.....

**Explanation:**

**Bar Code:**

1.



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

**OVERFLOW PAGE FOR WRITE-INS**

---

**STATEMENT AS OF SEPTEMBER 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 SEPTEMBER 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
<b>BONDS</b>								
1. NAIC 1 (a).....	0	409,495	0	.33	410,319	0	409,527	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.....	0	409,495	0	33	410,319	0	409,527	410,638
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock.....	0	409,495	0	33	410,319	0	409,527	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 \$ 409,527 ; NAIC 2 \$ 0 ;

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

S102

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

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	409,527	XXX	409,495	0	1,340

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of short-term investments acquired .....	409,495	0
3. Accrual of discount .....	.33	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).....	409,527	0
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	409,527	0

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 SEPTEMBER 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 .....	483,817	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 .....	410,834	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) .....	4,146,941	4,073,959
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	4,146,941	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 SEPTEMBER 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 <sup>(a)</sup>		
									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.									
<b>Bonds - U.S. Governments</b>																						
912828-WS-5	UNITED STATES TREASURY	06/30/2019	Maturity @ 100.00	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.331	06/30/2019	1
0599999 - Bonds - U.S. Governments					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.331	XXX	XXX
8399997 - Subtotals - Bonds - Part 4					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.331	XXX	XXX
8399999 - Subtotals - Bonds					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.331	XXX	XXX
99999999 Totals					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	3.331	XXX	XXX

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

E05

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

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

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

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

Schedule DL - Part 1  
**NONE**

Schedule DL - Part 2  
**NONE**

**STATEMENT AS OF SEPTEMBER 30, 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	
<b>Open Depositories</b>								
JP Morgan-4409.....Ohio.....		0.000	0	0	1	1	0	XXX
JP Morgan-3564.....Ohio.....		0.000	0	0	158,203	225,723	208,288	XXX
0199998 Deposits in .....0 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	0	0	158,204	225,724	208,288	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	158,204	225,724	208,288	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
<b>0599999 Total</b>	<b>XXX</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>158,204</b>	<b>225,724</b>	<b>208,288</b>	<b>XXX</b>

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

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

四  
三