



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2015**  
 OF THE CONDITION AND AFFAIRS OF THE

**Harmony Health Plan of Illinois, Inc.**

NAIC Group Code 01199 , 01199 NAIC Company Code 11229 Employer's ID Number 36-4050495  
(Current Period) (Prior Period)

Organized under the Laws of Illinois , State of Domicile or Port of Entry Illinois  
 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 08/18/1995 Commenced Business 07/01/1996

Statutory Home Office 29 North Wacker Drive, Suite 300 , Chicago, IL, US 60606  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 8735 Henderson Road  
(Street and Number)  
Tampa, FL, US 33634 813-290-6200  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 31391 , Tampa, FL, US 33631-3391  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8735 Henderson Road  
(Street and Number)  
Tampa, FL, US 33634 813-290-6200  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address Harmonyhpi.com and wellcare.com

Statutory Statement Contact Mike Wasik , 813-206-2725  
(Name) (Area Code) (Telephone Number) (Extension)  
michael.wasik@wellcare.com 813-675-2899  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Kenneth Alan Burdick</u>	<u>President</u>	<u>Andrew Lynn Asher</u>	<u>CFO and Treasurer</u>
<u>Blair Williams Todt</u>	<u>Secretary and Senior Vice President</u>	<u>Maurice Sebastian Hebert</u>	<u>Asst Treasurer and Chief Accounting Officer</u>

**OTHER OFFICERS**

<u>Robert Lee Moore Hilliard</u>	<u>State President</u>	<u>David Thomas Reynolds</u>	<u>Region President</u>
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**DIRECTORS OR TRUSTEES**

<u>Robert Lee Moore Hilliard</u>	<u>Maurice Sebastian Hebert</u>	<u>Blair Williams Todt</u>	<u>David Thomas Reynolds</u>
<u>Paul Hubert Frank</u>	<u>Kenneth Alan Burdick</u>		

State of Florida  
 County of Hillsborough

**ss**

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.

Kenneth Alan Burdick  
 President

Andrew Lynn Asher  
 CFO and Treasurer

Maurice Sebastian Hebert  
 Asst Treasurer and Chief Accounting Officer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	7,503,201	0	7,503,201	10,851,822
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....210,748,901 , Schedule E-Part 1), cash equivalents (\$ .....305,029 , Schedule E-Part 2) and short-term investments (\$ .....14,637,230 , Schedule DA).....	225,691,159		225,691,159	173,854,676
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	233,194,360	0	233,194,360	184,706,498
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	3,242	0	3,242	115,254
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	58,164,176		58,164,176	65,407,669
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	3,442,219
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	9,083	0	9,083	794,017
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 .....	11,922,793		11,922,793	57,704,844
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....	3,642,073	0	3,642,073	3,088,733
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 .....	36,446	36,446	0	0
24. Health care (\$ .....24,416,235 ) and other amounts receivable.....	29,925,792	5,509,557	24,416,235	25,257,108
25. Aggregate write-ins for other-than-invested assets .....	3,709,144	994,145	2,714,999	392,741
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	340,607,109	6,540,148	334,066,961	340,909,083
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	340,607,109	6,540,148	334,066,961	340,909,083
<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. State and other tax recoverable.....	2,714,999		2,714,999	392,741
2502. Other non-admitted assets (prepaids).....	244,134	244,134	0	0
2503. Deposits with providers.....	750,011	750,011	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)	3,709,144	994,145	2,714,999	392,741

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	132,055,915		132,055,915	135,081,318
2. Accrued medical incentive pool and bonus amounts	480,000		480,000	240,000
3. Unpaid claims adjustment expenses	1,238,906		1,238,906	857,778
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act	8,729,309		8,729,309	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	4,980,985		4,980,985	2,153,869
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))	3,271,586		3,271,586	3,555,317
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	30		30	1,106,936
12. Amounts withheld or retained for the account of others	0		0	0
13. Remittances and items not allocated	623,370		623,370	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)	0		0	0
15. Amounts due to parent, subsidiaries and affiliates	1,105,339		1,105,339	4,725,700
16. Derivatives	0	0	0	0
17. Payable for securities	0		0	0
18. Payable for securities lending	0		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	3,950		3,950	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0		0	0
22. Liability for amounts held under uninsured plans	4,861		4,861	6,712
23. Aggregate write-ins for other liabilities (including \$ ..... current)	640,126	0	640,126	1,010,018
24. Total liabilities (Lines 1 to 23)	153,134,377	0	153,134,377	148,737,648
25. Aggregate write-ins for special surplus funds	XXX	XXX	16,041,000	16,830,000
26. Common capital stock	XXX	XXX	600,000	0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	97,560,710	137,660,710
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	66,730,874	37,680,725
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	180,932,584	192,171,435
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	334,066,961	340,909,083
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed property payable	640,126		640,126	1,010,018
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	640,126	0	640,126	1,010,018
2501. Estimated ACA Industry Fee (following year)	XXX	XXX	16,041,000	16,830,000
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	16,041,000	16,830,000
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 OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,021,377	3,076,376
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	968,245,747	877,305,314
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	3,786
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	968,245,747	877,309,100
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		646,268,419	594,937,444
10. Other professional services .....		12,512,243	6,855,133
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		43,464,432	29,022,369
13. Prescription drugs .....		97,565,769	114,950,932
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		240,000	(460,459)
16. Subtotal (Lines 9 to 15) .....	0	800,050,863	745,305,419
<b>Less:</b>			
17. Net reinsurance recoveries .....		5,797,941	10,702,585
18. Total hospital and medical (Lines 16 minus 17) .....	0	794,252,922	734,602,834
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....7,465,977 cost containment expenses.....		17,775,265	24,306,307
21. General administrative expenses.....		100,473,113	71,595,961
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	912,501,300	830,505,102
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	55,744,447	46,803,998
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		725,809	488,865
26. Net realized capital gains (losses) less capital gains tax of \$ .....		8,075	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	733,884	488,865
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	56,478,331	47,292,863
31. Federal and foreign income taxes incurred .....	XXX	26,081,984	18,926,983
32. Net income (loss) (Lines 30 minus 31) .....	XXX	30,396,347	28,365,880
<b>DETAILS OF WRITE-INS</b>			
0601. Other income.....	XXX		3,786
0602. ....	XXX		0
0603. ....	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	3,786
0701. ....	XXX		0
0702. ....	XXX		0
0703. ....	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. ....			0
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. ....			0
2902. ....			0
2903. ....			0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	192,171,435	150,717,612
34. Net income or (loss) from Line 32 .....	30,396,347	28,365,880
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	551,011	149,714
39. Change in nonadmitted assets .....	576,892	4,355,480
40. Change in unauthorized and certified reinsurance .....	(3,950)	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	(39,500,000)	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....	(9,000,000)	0
47. Aggregate write-ins for gains or (losses) in surplus .....	5,740,849	8,582,749
48. Net change in capital and surplus (Lines 34 to 47) .....	(11,238,851)	41,453,823
49. Capital and surplus end of reporting year (Line 33 plus 48)	180,932,584	192,171,435
<b>DETAILS OF WRITE-INS</b>		
4701. Prior period audit adjustment - premiums receivable.....	5,740,849	8,582,749
4702. ....		0
4703. ....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	5,740,849	8,582,749

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	986,553,862	869,165,067
2. Net investment income .....	985,182	563,537
3. Miscellaneous income .....	0	3,786
4. Total (Lines 1 through 3) .....	987,539,044	869,732,390
5. Benefit and loss related payments .....	795,516,033	721,125,852
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	71,582,189	132,125,740
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	26,365,715	17,792,267
10. Total (Lines 5 through 9) .....	893,463,937	871,043,859
11. Net cash from operations (Line 4 minus Line 10) .....	94,075,107	(1,311,469)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	8,251,176	1,304,197
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	8,251,176	1,304,197
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	5,041,841	1,158,930
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	5,041,841	1,158,930
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	3,209,335	145,267
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	(39,500,000)	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	9,000,000	0
16.6 Other cash provided (applied) .....	3,052,041	9,974,072
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(45,447,959)	9,974,072
<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) .....	51,836,483	8,807,870
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	173,854,676	165,046,806
19.2 End of year (Line 18 plus Line 19.1) .....	225,691,159	173,854,676

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	968,245,747	0	0	0	0	0	588,584,054	358,091,060	21,570,633	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	968,245,747	0	0	0	0	0	588,584,054	358,091,060	21,570,633	0
8. Hospital/medical benefits	646,268,419						413,142,350	233,126,069		XXX
9. Other professional services	12,512,243						7,539,819	4,972,424		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	43,464,432						18,980,051	24,484,381		XXX
12. Prescription drugs	97,565,769						35,851,760	46,233,966	15,480,043	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	240,000						240,000			XXX
15. Subtotal (Lines 8 to 14)	800,050,863	0	0	0	0	0	475,753,980	308,816,840	15,480,043	XXX
16. Net reinsurance recoveries	5,797,941						1,777,804	4,020,137		XXX
17. Total hospital and medical (Lines 15 minus 16)	794,252,922	0	0	0	0	0	473,976,176	304,796,703	15,480,043	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 7,465,977 cost containment expenses	17,775,265						10,636,780	6,750,977	387,508	
20. General administrative expenses	100,473,113						62,610,273	35,341,808	2,521,032	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	912,501,300	0	0	0	0	0	547,223,229	346,889,488	18,388,583	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	55,744,447	0	0	0	0	0	41,360,825	11,201,572	3,182,050	0
<b>DETAILS OF WRITE-INS</b>										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....	588,594,674		10,620	588,584,054
7. Title XIX - Medicaid.....	358,592,367		501,307	358,091,060
8. Other health.....	21,570,633			21,570,633
9. Health subtotal (Lines 1 through 8) .....	968,757,674	0	511,927	968,245,747
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	968,757,674	0	511,927	968,245,747

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	802,098,907						492,647,983	288,866,303	20,584,621	
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	6,582,875						3,124,323	3,458,552		
1.4 Net .....	795,516,032	0	0	0	0	0	489,523,660	285,407,751	20,584,621	0
2. Paid medical incentive pools and bonuses .....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	132,055,915	0	0	0	0	0	63,560,021	67,836,825	659,069	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	132,055,915	0	0	0	0	0	63,560,021	67,836,825	659,069	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	0									
4.2 Reinsurance assumed .....	0									
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	480,000						480,000			
6. Net healthcare receivables (a).....	(737,357)						5,045,455	840,367	(6,623,179)	
7. Amounts recoverable from reinsurers December 31, current year .....	9,083						3,980	5,103		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	135,081,317	0	0	0	0	0	75,648,570	47,045,921	12,386,826	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	135,081,317	0	0	0	0	0	75,648,570	47,045,921	12,386,826	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	240,000						240,000			
11. Amounts recoverable from reinsurers December 31, prior year .....	794,018	0	0	0	0	0	1,350,501	(556,483)	0	0
12. Incurred benefits:										
12.1 Direct .....	799,810,862	0	0	0	0	0	475,513,979	308,816,840	15,480,043	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	5,797,940	0	0	0	0	0	1,777,802	4,020,138	0	0
12.4 Net .....	794,012,922	0	0	0	0	0	473,736,177	304,796,702	15,480,043	0
13. Incurred medical incentive pools and bonuses .....	240,000	0	0	0	0	0	240,000	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
<b>1. Reported in Process of Adjustment:</b>										
1.1. Direct .....	44,671,293						15,971,776	28,040,448	659,069	
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	44,671,293	0	0	0	0	0	15,971,776	28,040,448	659,069	0
<b>2. Incurred but Unreported:</b>										
2.1. Direct .....	87,384,622						47,588,245	39,796,377		
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	87,384,622	0	0	0	0	0	47,588,245	39,796,377	0	0
<b>3. Amounts Withheld from Paid Claims and Capitations:</b>										
3.1. Direct .....	0									
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	0	0	0	0	0	0	0	0	0	0
<b>4. TOTALS:</b>										
4.1. Direct .....	132,055,915	0	0	0	0	0	63,560,021	67,836,825	659,069	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	132,055,915	0	0	0	0	0	63,560,021	67,836,825	659,069	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only.....					.0	.0
4. Vision Only.....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....	52,421,466	448,436,409	3,364,722	60,195,300	55,786,188	75,648,572
7. Title XIX - Medicaid.....	27,972,581	257,567,589	6,162,671	61,674,153	34,135,252	47,045,920
8. Other health .....	5,429,130	29,925,842		659,069	5,429,130	12,386,826
9. Health subtotal (Lines 1 to 8).....	85,823,177	735,929,840	9,527,393	122,528,522	95,350,570	135,081,318
10. Healthcare receivables (a).....	276,631	24,438,061			276,631	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts .....			240,000	240,000	240,000	240,000
13. Totals (Lines 9-10+11+12)	85,546,546	711,491,779	9,767,393	122,768,522	95,313,939	135,321,318

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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)**

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	350,751	1,003,722	1,190,396	1,190,396	1,190,396
2. 2011 .....	409,125	434,707	434,721	434,721	434,721
3. 2012 .....	XXX	528,977	552,065	552,065	552,234
4. 2013 .....	XXX	XXX	584,344	658,174	658,174
5. 2014 .....	XXX	XXX	XXX	420,955	473,334
6. 2015 .....	XXX	XXX	XXX	XXX	433,446

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	351,500	1,003,722	1,190,396	1,190,396	1,190,396
2. 2011 .....	487,467	431,324	434,721	434,721	434,721
3. 2012 .....	XXX	614,010	552,317	552,234	552,234
4. 2013 .....	XXX	XXX	665,884	659,548	658,174
5. 2014 .....	XXX	XXX	XXX	495,469	476,699
6. 2015 .....	XXX	XXX	XXX	XXX	493,641

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	121,358	434,721		0.0	434,721	358.2			434,721	358.2
2. 2012.....	691,895	552,234		0.0	552,234	79.8			552,234	79.8
3. 2013.....	804,584	658,174		0.0	658,174	81.8			658,174	81.8
4. 2014.....	585,102	473,334		0.0	473,334	80.9	3,365		476,699	81.5
5. 2015.....	588,584	433,446	10,380	2.4	443,826	75.4	60,195	624	504,645	85.7

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)**

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	458,927	458,927	458,927	458,927	458,927
2. 2011 .....	125,598	149,172	149,172	149,172	149,172
3. 2012 .....	XXX	119,620	137,808	140,173	140,173
4. 2013 .....	XXX	XXX	135,793	152,906	152,906
5. 2014 .....	XXX	XXX	XXX	147,883	175,622
6. 2015 .....	XXX	XXX	XXX	XXX	256,267

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	466,145	458,927	458,927	458,927	458,927
2. 2011 .....	150,240	153,468	149,172	149,172	149,172
3. 2012 .....	XXX	135,667	140,173	140,173	140,173
4. 2013 .....	XXX	XXX	161,509	158,589	152,906
5. 2014 .....	XXX	XXX	XXX	189,245	181,785
6. 2015 .....	XXX	XXX	XXX	XXX	317,941

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011 .....	189,218	149,172		0.0	149,172	78.8			149,172	78.8
2. 2012 .....	176,142	140,173		0.0	140,173	79.6			140,173	79.6
3. 2013 .....	194,412	152,906		0.0	152,906	78.7			152,906	78.7
4. 2014 .....	225,802	175,622		0.0	175,622	77.8	6,163		181,785	80.5
5. 2015 .....	358,091	256,267	6,675	2.6	262,942	73.4	61,674	615	325,231	90.8

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
**(000 Omitted)**

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	1,405,445	1,476,373	1,476,373	1,476,373	1,476,373
2. 2011 .....	35,539	35,539	35,539	35,539	35,539
3. 2012 .....	XXX	45,322	50,330	50,330	50,330
4. 2013 .....	XXX	XXX	35,136	44,090	44,090
5. 2014 .....	XXX	XXX	XXX	49,878	55,307
6. 2015 .....	XXX	XXX	XXX	XXX	21,779

**Section B – Incurred Health Claims - Other**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	1,405,445	1,476,373	1,476,373	1,476,373	1,476,373
2. 2011 .....	35,539	35,539	35,539	35,539	35,539
3. 2012 .....	XXX	45,322	50,330	50,330	50,330
4. 2013 .....	XXX	XXX	44,595	44,090	44,090
5. 2014 .....	XXX	XXX	XXX	62,265	55,307
6. 2015 .....	XXX	XXX	XXX	XXX	22,438

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	0	35,539		0.0	35,539	0.0			35,539	0.0
2. 2012.....	57,322	50,330		0.0	50,330	87.8			50,330	87.8
3. 2013.....	58,046	44,090		0.0	44,090	76.0			44,090	76.0
4. 2014.....	66,402	55,307		0.0	55,307	83.3			55,307	83.3
5. 2015.....	21,571	21,779	339	1.6	22,118	102.5	659		22,777	105.6

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**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)**

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	2,215,123	2,939,022	3,125,696	3,125,696	3,125,696
2. 2011 .....	570,262	619,418	619,432	619,432	619,432
3. 2012 .....	XXX	693,919	740,203	742,568	742,737
4. 2013 .....	XXX	XXX	755,273	855,170	855,170
5. 2014 .....	XXX	XXX	XXX	618,716	704,263
6. 2015 .....	XXX	XXX	XXX	XXX	711,492

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	2,223,090	2,939,022	3,125,696	3,125,696	3,125,696
2. 2011 .....	673,246	620,331	619,432	619,432	619,432
3. 2012 .....	XXX	794,999	742,820	742,737	742,737
4. 2013 .....	XXX	XXX	871,988	862,227	855,170
5. 2014 .....	XXX	XXX	XXX	746,979	713,791
6. 2015 .....	XXX	XXX	XXX	XXX	834,020

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	310,576	619,432	0	0.0	619,432	199.4	0	0	619,432	199.4
2. 2012.....	925,359	742,737	0	0.0	742,737	80.3	0	0	742,737	80.3
3. 2013.....	1,057,042	855,170	0	0.0	855,170	80.9	0	0	855,170	80.9
4. 2014.....	877,306	704,263	0	0.0	704,263	80.3	9,528	0	713,791	81.4
5. 2015.....	968,246	711,492	17,394	2.4	728,886	75.3	122,528	1,239	852,653	88.1

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**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	8,729,309								8,729,309
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	8,729,309	.0	.0	.0	.0	.0	.0	.0	8,729,309
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	8,729,309	0	0	0	0	0	0	0	8,729,309
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501. ....	.0								
0502. ....	.0								
0503. ....	.0								
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....	.0								
1102. ....	.0								
1103. ....	.0								
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

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

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....	190,416	262,933	1,529,174		1,982,523
2. Salaries, wages and other benefits .....	3,015,869	4,164,420	28,794,209		35,974,498
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			8,450,306		8,450,306
4. Legal fees and expenses .....	280,153	386,846	2,234,198		2,901,197
5. Certifications and accreditation fees .....	0	0	0		0
6. Auditing, actuarial and other consulting services .....	36,675	50,643	292,482		379,800
7. Traveling expenses .....	59,344	81,945	718,575		859,864
8. Marketing and advertising .....	14,040	19,387	4,067,049		4,100,476
9. Postage, express and telephone .....	365,923	505,279	3,658,872		4,530,074
10. Printing and office supplies .....	439,408	606,750	5,066,405		6,112,563
11. Occupancy, depreciation and amortization .....	426,838	589,393	3,477,277		4,493,508
12. Equipment .....	19,299	26,649	153,912		199,860
13. Cost or depreciation of EDP equipment and software .....	343,891	474,857	2,742,499		3,561,247
14. Outsourced services including EDP, claims, and other services .....	1,784,771	2,464,476	16,804,070		21,053,317
15. Boards, bureaus and association fees .....	243,373	336,058	2,205,966		2,785,397
16. Insurance, except on real estate .....	50,533	69,777	402,993		523,303
17. Collection and bank service charges .....	27,583	38,087	219,971		285,641
18. Group service and administration fees .....	0	0	0		0
19. Reimbursements by uninsured plans .....	0	0	0		0
20. Reimbursements from fiscal intermediaries .....	0	0	0		0
21. Real estate expenses .....	0	0	0		0
22. Real estate taxes .....	0	0	0		0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	(10,433)	(14,406)	1,737,558		1,712,719
23.2 State premium taxes .....	0	0	0		0
23.3 Regulatory authority licenses and fees .....	0	0	0		0
23.4 Payroll taxes .....	177,799	245,511	1,863,535		2,286,845
23.5 Other (excluding federal income and real estate taxes) .....	495	683	5,400		6,578
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	0	16,048,662	0	16,048,662
26. Total expenses incurred (Lines 1 to 25) .....	7,465,977	10,309,288	100,473,113	0 (a)	118,248,378
27. Less expenses unpaid December 31, current year .....		1,238,906	4,980,985		6,219,891
28. Add expenses unpaid December 31, prior year .....	0	857,778	2,153,869	0	3,011,647
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	7,465,977	9,928,160	97,645,997	0	115,040,134
<b>DETAILS OF WRITE-INS</b>					
2501. ACA Industry Fee.....			16,048,662		16,048,662
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	16,048,662	0	16,048,662

(a) Includes management fees of \$ .....71,958,569 to affiliates and \$ .....to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 240,447	187,291
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 744,735	538,518
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	985,182	725,809
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		0
17. Net investment income (Line 10 minus Line 16)		725,809
<b>DETAILS OF WRITE-INS</b>		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 1,232 accrual of discount less \$ 148,593 amortization of premium and less \$ 18,143 paid for accrued interest on purchases.  
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.  
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.  
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.  
 (e) Includes \$ 33 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.  
 (f) Includes \$ accrual of discount less \$ amortization of premium.  
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.  
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(1,463)		(1,463)		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	9,537		9,537		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	8,074	0	8,074	0	0
<b>DETAILS OF WRITE-INS</b>					
0901.			0		
0902.			0		
0903.			0		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	2,329	2,329
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	36,446	3,574,909	3,538,463
24. Health care and other amounts receivable.....	5,509,557	267,586	(5,241,971)
25. Aggregate write-ins for other-than-invested assets .....	994,145	3,272,216	2,278,071
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,540,148	7,117,040	576,892
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	6,540,148	7,117,040	576,892
<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
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Deposits with providers.....	750,011	1,950,011	1,200,000
2502. Other non-admitted assets (prepaids).....	244,134	1,322,205	1,078,071
2503. ....		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	994,145	3,272,216	2,278,071

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

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

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	215,740	206,374	234,376	228,899	224,240	2,703,924
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	59,714	27,878	26,147	25,495	25,095	317,453
7. Total	275,454	234,252	260,523	254,394	249,335	3,021,377
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare Part D.....	59,714	27,878	26,147	25,495	25,095	317,453
0602. ....	.0					
0603. ....	.0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	59,714	27,878	26,147	25,495	25,095	317,453

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The financial statements of Harmony Health Plan of Illinois, Inc. (the “Company”), domiciled in the state of Illinois, are presented on the basis of accounting practices prescribed or permitted by the Insurance Department of Illinois.

The Insurance Department of Illinois recognizes only statutory accounting practices prescribed or permitted by the state of Illinois for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Illinois 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 Illinois. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. These modifications had no affect on statutory surplus.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Illinois is shown below:

	For the year ended December 31,	
	<u>2015</u>	<u>2014</u>
Net Income - Illinois Basis	\$ 30,396,347	\$ 28,365,880
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Net Income - NAIC SAP	<u>\$ 30,396,347</u>	<u>\$ 28,365,880</u>
	Balance at December 31,	
	<u>2015</u>	<u>2014</u>
Statutory Capital and Surplus - Illinois Basis	\$ 180,932,584	\$ 192,171,435
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Statutory Capital and Surplus - NAIC SAP	<u>\$ 180,932,584</u>	<u>\$ 192,171,435</u>

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

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

#### C Accounting Policy

##### *Net Premium Income*

The Company earns net premium income through participation in Medicaid, Medicaid-related and Medicare programs, including the Medicare Part D prescription drug program (“Part D plans”). Medicaid contracts with state agencies generally are multi-year contracts subject to annual renewal provisions, while Medicare contracts with the Center for Medicare and Medicaid Services (“CMS”) renew annually. Medicare and Medicaid contracts establish fixed, monthly premium rates per member, which are generally determined at the beginning of each new contract renewal period; however, premiums may be adjusted by CMS and state agencies throughout the terms of the contracts in certain cases. Premium rate changes are recognized in the period the change becomes effective, when the effect of the change in the rate is reasonably estimable, and collection is assured.

##### *Risk-Adjusted Premiums and Risk Corridor Provisions*

CMS provides risk-adjusted payments for Part D Plans based on the demographics and health severity of enrollees. The Company develops their estimates for risk-adjusted premiums utilizing historical experience, or other data, and predictive models as sufficient member risk score data becomes available over the course of each CMS plan year. The Company’s Part D plan premiums are also subject to risk sharing through the CMS risk corridor provisions. The risk corridor calculation compares the Company’s actual experience to the target amount of prescription drug costs, limited to costs under the standard coverage as defined by CMS, less rebates included in the Company’s submitted plan year bid. The Company receives additional premium from CMS if their actual experience is more than 5% above the target amount. The Company refunds premiums to CMS if their actual experience is more than 5% below the target amount. Based on the risk corridor provision and Part D plan activity-to-date, an estimated risk-sharing receivable or payable is recorded on as an adjustment to net premium income.

## NOTES TO FINANCIAL STATEMENTS

### *Medicare Minimum Loss Ratio*

Beginning in 2014, the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively, the "ACA"), requires the establishment of a minimum medical loss ratio ("MLR") for Medicare Advantage plans and Part D plans, requiring them to spend not less than 85% of premiums on medical benefits. The rules implementing the minimum MLR impose financial and other penalties for failing to achieve the minimum MLR, including requirements to refund to CMS shortfalls in amounts spent on medical benefits and termination of a plan's MA contract for prolonged failure to achieve the minimum MLR. MLR is determined by adding a plan's spending for clinical services, prescription drugs and other direct patient benefits, plus its total spending on quality improvement activities and dividing the total by earned premiums (after subtracting specific identified taxes and other fees). No refund was due or payable to CMS for this provision in 2015 or 2014.

The Company's Medicaid contract with Illinois Department of Human Services ("IDHFS") includes a provision whereby the Company is required to expend a minimum of 85% of the premiums received related to on allowable medical benefits expense, as defined in the contract ("minimum MLR provision"). To the extent that the Company expends less than the minimum percentage of the premiums, offset by allowable taxes and assessments, on allowable medical benefits expense, including allowable quality improvement expenses, in any contract year as required by the minimum MLR provision, the Company is required to refund to IDHFS all or some portion of the difference between the minimum and our actual allowable medical benefits expense. The Company performs a calculation of the minimum MLR provision each reporting period and accrues an estimate for amounts to be refunded based on its current estimates of ultimate loss experience for the contract period. At December 31, 2015, no premium refund was due or accrued for the July 2014 – December 2015 plan period associated with these contract provisions.

1. *Short-term investments* - are stated at amortized cost.
2. *Bonds* – Bonds not backed by other loans are stated at amortized cost using a straight line method of amortization (accretion) of discounts or premiums.
3. *Common Stocks* – None.
4. *Preferred Stocks* – None.
5. *Mortgage Loans* – None.
6. *Loan-Backed Securities* – None.
7. *Investment in Subsidiaries, Controlled and Affiliated Companies* – None.
8. *Investments in Joint Ventures, Partnerships and Limited Liability Companies* – None.
9. *Derivatives* – None.
10. *Premium Deficiency* – the Company's contracts are evaluated to determine if it is probable that a loss will be incurred. A premium deficiency reserve ("PDR") is established when it is probable that expected claims payments or incurred costs, claims adjustment expenses, and administration expenses will exceed future premiums and reinsurance recoveries for the remainder of a contract period. For purposes of determining a PDR, investment income is excluded and contracts are grouped in a manner consistent with the method of marketing, servicing and measuring the profitability of such contracts. A PDR is recorded as an aggregate health policy reserves and as an increase in reserves for life and accident and health contracts. Once established, a PDR is reduced over the contract period as an offset to actual losses. The PDR estimates are re-evaluated each reporting period and, if estimated future losses differ from those in the current PDR estimate, the liability is adjusted through increase in reserves for life and accident and health contracts, as necessary. The Company had no PDR liability recorded within its liabilities as of December 31, 2015 and 2014.
11. *Unpaid Losses and Loss Adjustment Expenses* – The Company recognizes the cost of medical benefits in the period in which services are provided, including an estimate of the cost of medical benefits incurred but not reported ("IBNR"). Medical benefits incurred and claims adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members.

The Company also records direct medical expenses for estimated referral claims related to health care providers under contract with the Company who are financially troubled or insolvent and who may not be able to honor their obligations for the costs of medical services provided by others. In these instances, the Company may be required to honor these obligations for legal or business reasons. Based on the current assessment of providers under contract with the Company, such losses have not been and are not expected to be significant. The Company records direct medical expense for estimates of provider settlements due to clarification of contract terms, out-of-network reimbursement, claims payment differences and amounts due to contracted providers under risk-sharing arrangements.

Claims unpaid represents amounts for claims fully adjudicated but not yet paid and estimates for IBNR. The Company's estimate of IBNR is the most significant estimate included in the financial statements. The Company determines the best estimate of the base liability for IBNR utilizing consistent standard actuarial methodologies based upon key assumptions which vary by business segment. The assumptions include current payment experience, trend factors, and completion factors. Trend factors in standard actuarial methodologies include contractual requirements, historic utilization trends, the interval between the date services are rendered and the date claims are paid, denied claims activity, disputed claims activity, benefit changes, expected health care cost inflation, seasonality patterns, maturity of lines of business, changes in membership and other factors.

## NOTES TO FINANCIAL STATEMENTS

After determining an estimate of the base liability for IBNR, the Company makes an additional estimate, also using standard actuarial techniques, to account for adverse conditions that may cause actual claims to be higher than the estimated base reserve. This additional liability is referred to as the provision for moderately adverse conditions. The estimate of the provision for moderately adverse conditions captures the potential adverse development from factors such as:

- entry into new geographical markets;
- provision of services to new populations such as the aged, blind and disabled;
- variations in utilization of benefits and increasing medical costs, including higher drug costs;
- changes in provider reimbursement arrangements;
- variations in claims processing speed and patterns, claims payment and the severity of claims; and
- health epidemics or outbreaks of disease such as the flu or enterovirus.

The Company considers the base actuarial model liability and the provision for moderately adverse conditions as part of the overall assessment of the IBNR estimate to properly reflect the complexity of its business, the number of states in which it operates, and the need to account for different health care benefit packages among those states. The Company evaluates estimates of medical benefits payable as it obtains more complete claims information and medical expense trend data over time. The Company records differences between actual experience and estimates used to establish the liability, which is referred to as favorable and unfavorable prior period developments, as increases or decreases to medical benefits expense in the period the Company identifies the differences.

12. *Capitalization Policy* – N/A

13. *Pharmacy Rebates* - Pharmacy rebates are recorded on an accrual basis and are estimated based on invoices that have been prepared using actual prescriptions filled, historical utilization and contract terms and records such amounts as a reduction of total hospital and medical cost.

D. Going Concern – None.

### 2. Accounting Changes and Correction of Errors

None.

### 3. Business Combinations and Goodwill

#### *Statutory Merger*

The Company and Windsor Health Plan, Inc. (“Windsor”) entered into a Merger Agreement that became effective on December 31, 2015, which resulted in Windsor merging into the Company, with the Company as the surviving entity. In accordance with the Merger Agreement, the Company has assumed responsibility for all liabilities and obligations of Windsor. Additionally, the Company has assumed title to all real estate and other property, and related interest owned by Windsor has been transferred to the Company. No consideration was exchanged as part of the transaction and all of Windsor’s shares of common stock issued and outstanding immediately prior to the effective date of the merger were canceled and retired.

The merger was approved by the Department and the rationale behind the merger relates to Windsor’s Star Ratings for its Medicare Advantage plans. Medicare Advantage plans with Star Ratings of less than three stars for three consecutive years may be terminated at the discretion of the Centers for Medicare & Medicaid Services (“CMS”). Windsor may have become subject to such a termination. WellCare worked closely with CMS to retain the membership associated with Windsor by merging with the Company, which has a better performing Medicare Advantage Plan.

In accordance with Statement of Statutory Accounting Principles (“SSAP”) No. 68 – *Business Combinations and Goodwill* (“SSAP 68”), the merger transaction meets the criteria of a statutory merger. Accordingly, the respective statutory balance sheets of the Company and Windsor were merged as of the effective date of the transaction, December 31, 2015. As a result of the transaction, all outstanding shares of Windsor common stock valued at \$1,000,000 were cancelled. The Company’s statutory financial statements for all future periods will now present the merged assets and liabilities of both the Company and Windsor. In accordance with SSAP 68, the Company’s statement of revenue and expenses for 2015 and all future periods will now include the revenue and expenses of Windsor. Additionally, the results of operations of the previously separate entities for the period before the combination is consummated are as follows:

2015	<u>The Company (pre-merger)</u>	<u>Windsor</u>	<u>The Company (post-merger)</u>
Revenue	\$516,669,780	\$451,575,967	\$968,245,747
Net Income	\$8,874,888	\$21,521,459	\$30,396,347
Other changes in surplus	(\$7,369,954)	(\$34,473,956)	(\$41,635,197)

In accordance with SSAP No. 3 – *Accounting Changes and Corrections of Errors*, the Company’s 2014 amounts reported in the Annual Statement were restated to reflect the merger as if it occurred on January 1, 2014.

## NOTES TO FINANCIAL STATEMENTS

### 4. Discontinued Operations

As of January 1, 2015, the Company is no longer offering Medicare Advantage Plans in the state of Missouri.

The amounts related to discontinued operations and the effect on specific Missouri Medicare balances in the Company's Statement of Revenue and Expenses is as follows:

#### Balance Sheet December 31, 2015

##### Assets

a.	Line 5	Cash	\$	-
b.	Line 28	Totals		3,064,287

##### Liabilities, Surplus and Other Funds

c.	Line 24	Total Liabilities		153,535
d.	Line 33	Total Capital and Surplus		2,910,752
e.	Line 34	Total	\$	3,064,287

#### Statement of Revenue and Expenses December 31, 2015

f.	Line 2	Premium	\$	400,437
g.	Line 22	Increase in aggregate reserves for accident & health (current year less prior year)		-
h.	Line 31	Federal and foreign income taxes incurred		-
i.	Line 26	Net realized capital gains (losses)		-
j.	Line 32	Net income	\$	590,195

### 5. Investments

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

1. All single class and multiclass mortgage-backed/asset-backed securities are adjusted for the effects of changes in prepayment assumptions on the related accretion of discount or amortization of premium of such securities using either the retrospective or prospective methods. All prepayment rates (Conditional Prepayment Rate and Prepayment Speed Assumptions) as well as corresponding principal prepayment start and end dates are provided by a proprietary prepayment modeling system.

2. The company did not recognize other-than-temporary impairment during the year.

3. There were no impairments during the year.

4. Securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss:

a. The aggregate amount of unrealized losses:

- 1. Less than 12 months (\$2,767)
- 2. 12 months or longer (\$1,888)

b. The aggregate related fair value of securities with unrealized losses:

- 1. Less than 12 months \$1,559,641
- 2. 12 months or longer \$314,439

5. WellCare's Treasury department handles all securities and has authority to make investments on behalf of the Company within corporate investment guidelines. The Company views the unrealized losses above as temporary fluctuations in the market based on investment market analysis performed by its investment advisor / broker dealer, Oppenheimer. Decision as to which securities are to be impaired for the first time is determined by WellCare's data management department (Treasury) and additional analysis from Oppenheimer. Based on these results, recommendation for impairments are reviewed by Accounting and then submitted to senior management for approval. Approved impairments are implemented by the Accounting department on a GAAP and Statutory basis. The company only invests in fixed income securities and cash. These types of investments are generally easy to price and currently the Company does not hold any securities for which estimating fair value in accordance with SSAP 27 is not practical.

E. Repurchase Agreements and/or Securities Lending Transactions – None

F. Real Estate – None

G. Low Income Housing Tax Credits - None

H. Restricted Assets (Including pledged).

## NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/Decrease (1 minus 2)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	-	-
b. Collateral held under security lending agreements	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	10,568,335	8,866,997	1,701,338	10,568,335	3.10%	3.20%
k. On deposit with other regulatory bodies	-	-	-	-	-	-
l. Pledged as collateral to FHLB	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-
<b>o. Total restricted assets</b>	<b>\$ 10,568,335</b>	<b>\$ 8,866,997</b>	<b>\$ 1,701,338</b>	<b>\$ 10,568,335</b>	<b>3.1%</b>	<b>3.2%</b>

I. Working Capital Finance Investments – None.

J. Offsetting and Netting of Assets and Liabilities – None.

K. Structured Notes – None.

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

None.

#### 7. Investment Income

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

B. At December 31, 2015 and 2014 there was no non-admitted accrued interest income.

#### 8. Derivative Instruments

None.

#### 9. Income Taxes

A. Deferred Tax Assets

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

**NOTES TO FINANCIAL STATEMENTS**

(1)	2015			2014		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 4,638,321	\$ -	\$ 4,638,321	\$ 3,091,732	\$ -	\$ 3,091,732
(b) Statutory Valuation Allowance Adjustments	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets	4,638,321	-	4,638,321	3,091,732	-	3,091,732
(d) Deferred Tax Assets Nonadmitted				2,329	-	2,329
(e) Subtotal Net Admitted Deferred Tax Asset	4,638,321	-	4,638,321	3,089,403	-	3,089,403
(f) Deferred Tax Liabilities	996,248	-	996,248	670	-	670
(g) Net Admitted Deferred Tax Asset/Liability	<u>\$ 3,642,073</u>	<u>\$ -</u>	<u>\$ 3,642,073</u>	<u>\$ 3,088,733</u>	<u>\$ -</u>	<u>\$ 3,088,733</u>
(2)	Admission Calculation Components					
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 4,633,663	\$ -	\$ 4,633,663	\$ 3,087,075	\$ -	\$ 3,087,075
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	4,658	-	4,658	2,329	-	2,329
1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	4,658	-	4,658	2,329	-	2,329
2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold		-	27,743,804		-	28,228,177
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	-	-	-	-	-	-
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101	<u>\$ 4,638,321</u>		<u>\$ 4,638,321</u>	<u>\$ 3,089,403</u>	<u>\$ -</u>	<u>\$ 3,089,403</u>

(1)	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 1,546,588	\$ -	\$ 1,546,588
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets	1,546,588	-	1,546,588
(d) Deferred Tax Assets Nonadmitted	(2,329)	-	(2,329)
(e) Subtotal Net Admitted Deferred Tax Asset	1,548,917	-	1,548,917
(f) Deferred Tax Liabilities	995,577	-	995,577
(g) Net Admitted Deferred Tax Asset/Liability	<u>\$ 553,340</u>	<u>\$ -</u>	<u>\$ 553,340</u>
(2)	Admission Calculation Components		
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 1,546,588	\$ -	\$ 1,546,588
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	2,329	-	2,329
1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	2,329	-	2,329
2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold		-	(484,373)
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	-	-	-
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101	<u>\$ 1,548,917</u>	<u>\$ -</u>	<u>\$ 1,548,917</u>

**NOTES TO FINANCIAL STATEMENTS**

	<u>2015</u>	<u>2014</u>
(3)		
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	617%	476%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 186,450,342	\$ 107,483,852

(4)	<u>12/31/2015</u>		<u>12/31/2014</u>	
	<b>Ordinary</b>	<b>Capital</b>	<b>Ordinary</b>	<b>Capital</b>
Impact of Tax-Planning Strategies				
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage				
(1) Adjusted Gross DTA Amount				
From Note 9A1c	4,638,321	-	3,091,732	-
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%	0%	0%
(3) Net Admitted Adjusted Gross DTAs Amount From Note 9A1c	4,638,321	-	3,089,403	-
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes	No X

(4)	<u>Change</u>	
	<b>Ordinary</b>	<b>Capital</b>
Impact of Tax-Planning Strategies		
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage		
(1) Adjusted Gross DTA Amount		
From Note 9A1c	1,546,588	-
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%
(3) Net Admitted Adjusted Gross DTAs Amount From Note 9A1c	1,548,917	-
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%

B. Unrecognized Deferred Tax Liabilities – None.

C. Current income taxes incurred consist of the following major components:

## NOTES TO FINANCIAL STATEMENTS

(1) Current Income Tax	<u>12/31/2015</u>	<u>12/31/2014</u>	<u>Change</u>
(a) Federal	\$ 26,081,984	\$ 18,926,983	\$ 7,155,001
(b) Foreign	-	-	-
(c) Subtotal	\$ 26,081,984	\$ 18,926,983	\$ 7,155,001
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ 26,081,984	\$ 18,926,983	\$ 7,155,001

(2) Deferred Tax Assets	<u>12/31/2015</u>	<u>12/31/2014</u>	<u>Change</u>
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 1,317,242	1,072,729	244,513
(2) Unearned premium reserve	-	-	-
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	5,822	5,822	-
(8) Compensation and benefits accrual	36,499	35,308	1,191
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	44,256	348,626	(304,370)
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other	3,234,502	1,629,247	1,605,255
Subtotal	\$ 4,638,321	\$ 3,091,732	\$ 1,546,589
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	2,329	(2,329)
(d) Admitted ordinary deferred tax assets	\$ 4,638,321	\$ 3,089,403	\$ 1,548,918

(e) Capital			
(1) Investments	\$ -	-	\$ -
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other	-	-	-
Subtotal	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets	-	-	-
(i) Admitted deferred tax assets	\$ 4,638,321	\$ 3,089,403	\$ 1,548,918

## NOTES TO FINANCIAL STATEMENTS

(3) Deferred Tax Liabilities:

(a) Ordinary			
(1) Investments	-	-	-
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	670	(670)
(4) Policyholder reserves	-	-	-
(5) Other	996,247	-	996,247
Subtotal	<u>996,247</u>	<u>670</u>	<u>995,577</u>
(b) Capital			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other	-	-	-
Subtotal	<u>-</u>	<u>-</u>	<u>-</u>
(c) Deferred tax liabilities	<u>\$ 996,247</u>	<u>\$ 670</u>	<u>\$ 995,577</u>
(4) Net deferred tax assets/liabilities	<u>\$ 3,642,073</u>	<u>\$ 3,088,733</u>	<u>\$ 553,340</u>

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate - The Company's provision for federal income taxes incurred for the year ended December 31, 2015 differs from the amount obtained by applying the federal statutory rate of 35% to net loss before federal income taxes. The significant items causing this difference are as follows:

	<u>2015</u>	<u>% of Pre-tax Income</u>
Provision computed at statutory rate	\$ 19,767,415	35.00%
Intangible tax amortization	(29,983)	-0.05%
Change in non-admitted assets	169,598	0.29%
Nondeductible expenses	6,911	0.01%
ACA insurer fee	5,617,032	9.95%
Total statutory income tax	<u>\$ 25,530,973</u>	<u>45.20%</u>

	<u>2015</u>	<u>% of Pre-tax Income</u>
Federal income taxes incurred	\$ 26,081,984	46.18%
Change in net deferred income taxes	(551,011)	-0.98%
Total statutory income tax	<u>\$ 25,530,973</u>	<u>45.20%</u>

E. Net Operating Loss Carryforwards

- At December 31, 2015, the Company had no federal operating loss carryforwards.
- The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

12/31/2015 (current year)	\$ 25,941,834
12/31/2014 (first prior year)	\$ 8,456,999

3. As of December 31, 2015 there were no aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.

F. Consolidated Federal Income Tax Return

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

## NOTES TO FINANCIAL STATEMENTS

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

G. The Company has no federal or foreign income tax loss contingencies as of December 31, 2015. The Company is not expecting any increase in its income tax loss contingency within the next 12 months.

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

#### A, B and C Relationship/Transactions and Amounts

##### *Affiliated Management Agreement*

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

The management agreement provides for charges of 9.5% to 11.5% of gross premium revenue earned depending on the Company's membership. Based on the current membership level of the Company, management fees charged for the year ended December 31, 2015 were 9.5% of gross premiums earned. Windsor's management agreement provided for charges equal to a percentage of gross premiums, which are calculated on a sliding scale based upon the medical loss ratio, depending upon the product line. Management believes this established range to be an approximation of current market rates; however, future adjustments to these rates may be necessary as changes in regulations, scopes of services and market dynamics occur. It is unknown at this time if any changes in the management fee rates would have a material effect on the Company's financial condition, results of operations and cash flows in past, current and future periods reported.

During 2015 and 2014, the Company incurred \$71,958,569 and \$57,398,603 for services under the management agreement with CHMI. At December 31, 2015 and 2014, the amount due from/(to) CHMI related to the management fee was \$317,761 and (\$221,144) respectively. For the period January 1, 2014 to April 30, 2014 Windsor paid management fees of \$8,058,438 to an affiliate, Windsor Management Services, Inc.

In addition to the management services agreement, CHMI also processes and pays: salary related expenses related to the Company's sales and marketing personnel, trade payables and other direct expenses incurred by the Company. The Company reimburses CHMI for these expenses processed and paid on the Company's behalf. Amounts due to CHMI related to these transactions were \$583,769 and \$1,138,794 as of December 31, 2015 and 2014, respectively. Any balances resulting in a net amount due from CHMI are non-admitted in accordance with statutory accounting principles. Amounts due (to)/from CHMI are normally settled within 30 days.

Amounts due to/from Affiliates resulting from intercompany arrangements are non-interest bearing and are generally settled within 30 days.

##### *Dividends*

Windsor made a \$39,500,000 cash payment out of paid in surplus as a return of capital to the Parent Company, The WellCare Management Group, Inc. ("WCMG"), on January 8, 2015 (prior to being merged into the Company). The Company paid an ordinary cash dividend of \$9,000,000 to WCMG on September 18, 2015. No cash dividends were paid in 2014.

##### *Affiliated Reinsurance Agreement*

The Company had a reinsurance agreement with an affiliated company, Comprehensive Reinsurance Ltd, in 2014. The agreement was terminated effective December 31, 2014.

D. Intercompany Balances - At December 31, 2015, the Company non-admitted a \$36,446 receivable from parent, subsidiaries and affiliates and reported a \$1,105,339 payable to parent, subsidiaries and affiliates.

E. Guarantees on Undertakings for the Benefit of an Affiliate – None.

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

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

## NOTES TO FINANCIAL STATEMENTS

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

### 11. Debt

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

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

None.

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

1. *Number of Shares* - In September 2015, the Company authorized 2,000,000 shares and issued 600,000 shares of \$1 par value common stock. See Note 21C (Capital Stock Requirements) for further detail.
2. *Preferred Stock Issues* – None.
3. *Dividend Restrictions* - Without prior approval of its domiciliary commissioner or department of insurance, dividends to shareholders must be paid from earned surplus amounts and are limited to the greater of ten percent of the companies surplus or the net income for the 12 month period ending as of the prior year as set forth in the laws of the Company's state of incorporation, Illinois.
4. *Dividends Paid* - Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholder. Windsor made a \$39,500,000 cash payment out of paid in surplus as a return of capital to WCMG, on January 8, 2015 (prior to being merged into the Company). The Company paid an ordinary cash dividend of \$9,000,000 to WCMG on September 18, 2015. No cash dividends were paid in 2014.
5. *Dividend Capacity and Required Minimum Capital* – The amount available for dividend distribution during 2016 is \$30,396,347, which is based on net income. State Statutes require that HMO's maintain a minimum surplus equal to the Company Action Level Risk Based Capital ("RBC") Calculation. At December 31, 2015, the Company's required minimum capital and surplus was \$90,755,772 and the total actual capital and surplus was \$180,932,584.
6. *Restrictions on Unassigned Funds* – None.
7. *Amount of Advances to Surplus, Not Repaid* – None.
8. *Stock Held of Affiliated Entities* – None.
9. *Changes in Balances of Any Special Surplus Funds* – Changes in balances of special surplus funds from prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2016.
10. *Unrealized Gains and Losses* - None.
11. *Surplus Notes* – None.
12. *Quasi-Reorganizations* – None.
13. *Effective Date of Quasi-Reorganization* – N/A

### 14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments – None.
- B. Assessments – None.
- C. Gain Contingencies – None.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits
- 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 impact 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 of Similarly Structured Cost Based Reimbursement Contract

## NOTES TO FINANCIAL STATEMENTS

1. - None
2. As of December 31, 2015 and 2014, the Company has recorded receivables of \$11,922,793 and \$57,704,844, respectively, from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 100% of the Company's amounts receivable from uninsured accident and health plans.
3. - None
4. - None

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

None.

### 20. Fair Value Measurement

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition - None

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

The Company's financial statements include certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items. The Company has no assets or liabilities measured or reported at fair value as of December 31, 2015 and 2014.

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

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

*Level 2 — Inputs other than quoted prices in active markets:* Investments in Level 2 consist of certain certificates of deposit, corporate debt, commercial paper, asset-backed and other municipal securities for which fair market valuations are based on quoted prices for identical securities in markets that are not active, quoted prices for similar securities in active markets, broker or dealer quotations, or alternative pricing sources or for which all significant inputs are observable, either directly or indirectly, including interest rates and yield curves observable at commonly quoted intervals, volatilities, prepayment speeds, loss severities, credit risks, and default rates.

In addition to using market data, the Company makes assumptions when valuing assets and liabilities, including assumptions about risks inherent in the inputs to the valuation technique. When there is not an observable market price for an identical or similar asset or liability, management uses an income approach reflecting their best assumptions regarding expected cash flows, discounted using a commensurate risk-adjusted discount rate.

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

C. None.

D. None.

### 21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures and Unusual Items

#### *Capital Stock Requirements*

The Company obtained a license in South Carolina. Per South Carolina regulation SC Section 38-33-100(A), the minimum required capital stock is \$600,000. In Q3 2015, the Company reclassified \$600,000 from Gross paid in and contributed surplus (Page 3, Line 28) to Common capital stock (Page 3, Line 26) to be in compliance with this regulation. The Company's Articles of Incorporation were amended to reflect this change.

- 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. Offsetting and Netting of Asset and Liabilities – None

### 22. Events Subsequent

## NOTES TO FINANCIAL STATEMENTS

### ACA Industry Fee

In January 2014, the NAIC adopted SSAP No. 106, *Affordable Care Act Assessments*. SSAP No. 106 provides guidance on accounting and required disclosure for the annual fee under section 9010 of the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act (“ACA”). The ACA imposes an annual fee on health insurers (industry fee), payable to the U.S. government, calculated on net premiums and third-party administrative agreement fees. The accounting guidance states the liability and expense are recognized once the Company provides health insurance for any U.S. health risk on or before January 1, 2014 and each year thereafter. By September 30, 2014 and each year thereafter the liability must be paid. In accordance with SSAP No. 106, the Company paid and expensed \$16,048,662 in 2015. The expense is included on Page 4, Line 21, General administrative expenses, of the Statement of Revenues and Expenses.

Beginning January 31, 2014 and each year thereafter, the estimate for the following years fee is accrued monthly and separately segregated within surplus as an aggregate write-in. The estimated 2016 fee of \$16,041,000, which is subject to change based on the actual outcome of the Company’s and the industry’s total taxable premiums for 2015, is reported on Line 25 of Page 3, Liabilities, Capital and Surplus, Aggregate write-ins for special surplus funds. On December 18, 2015, the President signed the Consolidated Appropriations Act, 2016 which, among other provisions, included a one-year moratorium on the ACA industry fee for 2017.

The company has a written agreement with its state Medicaid customer in Illinois which provides for them to reimburse the company for the portion of the ACA industry fee attributable to the Medicaid program in the state, including the related state and federal income tax gross-ups. As a result, the Company recognized \$7,085,597 and \$4,977,927 of net premium income related to the risk share program for the years ended December 31, 2015 and 2014, respectively.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act?	Yes	Yes
B. ACA fee assessment payable for the upcoming year	\$ 16,041,000	\$ 16,830,000
C. ACA fee assessment paid	\$ 16,048,662	\$ 5,592,290
D. Premium written subject to ACA 9010 assessment	\$ 905,016,324	\$ 887,613,250
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 180,932,584	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 164,891,584	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 30,251,924	
H. Would reporting the ACA assessment as of December 31, 2015 have triggered an RBC action level?	No	

There were no events occurring subsequent to December 31, 2015 requiring disclosure. Subsequent events have been considered through February 24, 2016 for the Statutory statement issued on February 24, 2016.

### 23. Reinsurance

#### A. Ceded Reinsurance Report

##### Section 1 – General interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company?

Yes ( ) No ( X ) If yes, give full details.

2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No ( X ) If yes, give full details.

##### Section 2 – Ceded Reinsurance Report – Part A

1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No ( X ) If yes, give full details.

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of

## NOTES TO FINANCIAL STATEMENTS

the date of this statement, for those agreements in which cancellation results in a net obligation of the company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.

b. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0

2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No ( X ) If yes, give full details.

### Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A

2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( ) No ( X ) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments? N/A

B. Uncollectible Reinsurance – None.

C. Commutation of Ceded Reinsurance – None.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None.

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

A. B. C. D. – Not applicable.

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

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

The estimated cost of claims expense attributable to insured events of the prior year decreased by \$40,007,379 during 2015. This is approximately 29.6% of unpaid claims expenses of \$135,081,318 as of December 31, 2014. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending December 31, 2015 was affected by approximately \$17,173,310 of net favorable development related to prior years.

### 26. Intercompany Pooling Arrangements

None.

### 27. Structured Settlements

None.

### 28. Health Care Receivables

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2015 total \$24,661,932 of which \$236,152 is aged ninety days or older and is non-admitted.

The following is a summary of pharmacy rebates by quarter:

**NOTES TO FINANCIAL STATEMENTS**

Quarter Ending	Estimated Rebates	Rebates Invoiced	Collected Within 90 days of Invoicing	Collected Within 91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
31-Dec-2015	17,396,702	-	15,339	-	-
30-Sep-2015	16,058,123	17,026,547	10,085,278	-	-
30-Jun-2015	15,332,042	16,308,242	14,540,212	2,190,022	-
31-Mar-2015	9,696,257	9,738,950	8,309,901	110,042	141,666
31-Dec-2014	12,782,396	12,772,508	18,686,881	1,412,248	507,620
30-Sep-2014	11,407,882	11,426,892	1,151,078	18,728,900	17,753
30-Jun-2014	11,122,654	11,128,752	1,067,041	14,285,109	2,011,361
31-Mar-2014	10,692,255	10,715,647	1,294,167	12,018,422	1,435,974
31-Dec-2013	10,821,441	10,869,926	1,382,116	8,500,981	865,131
30-Sep-2013	11,152,281	11,216,091	1,042,951	9,398,864	85,665
30-Jun-2013	9,666,539	9,700,397	1,092,877	8,414,303	71,713
31-Mar-2013	8,069,856	8,057,964	509,987	7,903,541	23,352

B. Risk sharing receivables billed, received and accrued for three years – None.

**29. Participating Policies**

None.

**30. Premium Deficiency Reserves**

The following table summarizes the Company’s premium deficiency reserves as of December 31, 2015:

1.	Liability carried for premium deficiency reserves	\$0
2.	Date of most recent evaluation of this liability	December 31, 2015
3.	Was anticipated investment income utilized in the calculation?	No

**31. Anticipated Salvage and Subrogation**

None.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [  ] No [  ]  
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [  ] No [  ] N/A [  ]
- 1.3 State Regulating? Illinois.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [  ] No [  ]
- 2.2 If yes, date of change: .....09/03/2015
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2012
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2012
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....06/11/2014
- 3.4 By what department or departments? Illinois Department of Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [  ] No [  ] N/A [  ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [  ] No [  ] N/A [  ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? Yes [  ] No [  ]  
 4.12 renewals? Yes [  ] No [  ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? Yes [  ] No [  ]  
 4.22 renewals? Yes [  ] No [  ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [  ] No [  ]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
Windsor Health Plan, Inc.....	95792.....	TN.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [  ] No [  ]
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [  ] No [  ]
- 7.2 If yes,  
 7.21 State the percentage of foreign control .....
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

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

## GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Deloitte & Touche LLP, 201 E. Kennedy Blvd, Suite 1200, Tampa FL 33634.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Larry Smart (Employee), WellCare Health Plans, Inc, 8735 Henderson Road, Tampa FL 33634.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved .....
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ X ] No [ ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s)  
Minor revisions and clarifications of existing provisions. Adopted by Board of Directors on March 26, 2015.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0
  - 20.12 To stockholders not officers \$.....0
  - 20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....0
  - 20.22 To stockholders not officers \$.....0
  - 20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
  - 21.22 Borrowed from others \$.....
  - 21.23 Leased from others \$.....
  - 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
  - 22.22 Amount paid as expenses \$.....
  - 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

**INVESTMENT**

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
  - 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
  - 24.103 Total payable for securities lending reported on the liability page \$.....

## GENERAL INTERROGATORIES

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

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

25.21 Subject to repurchase agreements	\$ .....
25.22 Subject to reverse repurchase agreements	\$ .....
25.23 Subject to dollar repurchase agreements	\$ .....
25.24 Subject to reverse dollar repurchase agreements	\$ .....
25.25 Placed under option agreements	\$ .....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$ .....
25.27 FHLB Capital Stock	\$ .....
25.28 On deposit with states	\$ .....10,568,335
25.29 On deposit with other regulatory bodies	\$ .....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$ .....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$ .....
25.32 Other	\$ .....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

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

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

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

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

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

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

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

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

## GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [  ] No [  ]

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	22,140,430	22,139,090	(1,340)
30.2 Preferred Stocks.....	0		0
30.3 Totals	22,140,430	22,139,090	(1,340)

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [  ] No [  ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [  ] No [  ]

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

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [  ] No [  ]

32.2 If no, list exceptions:

**GENERAL INTERROGATORIES**

**OTHER**

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

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

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

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

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

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

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

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

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

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

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

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....968,245,747	\$	.....877,305,314
2.2	Premium Denominator	\$ .....968,245,747	\$	.....877,305,314
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$ .....141,265,224	\$	.....135,321,318
2.5	Reserve Denominator	\$ .....141,265,224	\$	.....135,321,318
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

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

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ X ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [ X ] No [ ]

5.2 If no, explain:

- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ .....
- 5.32 Medical Only \$ .....2,000,000
- 5.33 Medicare Supplement \$ .....
- 5.34 Dental and Vision \$ .....
- 5.35 Other Limited Benefit Plan \$ .....
- 5.36 Other \$ .....

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

The Company is required by the Department of Insurance to have a restricted bank account funded for the specific event of insolvency. Additionally, all provider contracts include provisions for continuity of care to its subscribers.

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

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year .....54,500

8.2 Number of providers at end of reporting year .....58,800

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

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

9.22 Business with rate guarantees over 36 months .....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ X ]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$.....
- 10.22 Amount actually paid for year bonuses \$.....
- 10.23 Maximum amount payable withholds \$.....
- 10.24 Amount actually paid for year withholds \$.....
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [ ] No [ X ]
- 11.13 An Individual Practice Association (IPA), or, Yes [ X ] No [ ]
- 11.14 A Mixed Model (combination of above) ? Yes [ ] No [ X ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Tennessee.....
- 11.4 If yes, show the amount required. \$.....90,755,772
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation  
Minimum Net Worth = 300% of Authorized Control Level Risk Based Capital ("RBC")
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Alabama.....
Arkansas.....
Illinois.....
Mississippi.....
Missouri.....
Montana.....
Oklahoma.....
South Carolina.....
Tennessee.....
Virginia.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ X N/A [ ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for Individual ordinary life insurance\* policies (U.S. business Only) for the current year:
- 15.1 Direct Premium Written (prior to reinsurance ceded) \$.....
- 15.2 Total incurred claims \$.....
- 15.3 Number of covered lives .....

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

**FIVE - YEAR HISTORICAL DATA**

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	334,066,961	340,909,083	97,272,164	98,931,138	118,054,279
2. Total liabilities (Page 3, Line 24)	153,134,377	148,737,648	54,038,404	49,422,641	64,174,969
3. Statutory minimum capital and surplus requirement	90,755,772	33,003,513	19,698,954	16,091,374	14,841,252
4. Total capital and surplus (Page 3, Line 33)	180,932,584	192,171,435	43,233,760	49,508,497	53,879,310
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	968,245,747	877,309,100	368,079,812	323,105,328	310,581,131
6. Total medical and hospital expenses (Line 18)	794,252,922	734,602,834	299,588,611	244,562,337	226,850,344
7. Claims adjustment expenses (Line 20)	17,775,265	24,306,307	10,502,267	8,048,292	8,677,521
8. Total administrative expenses (Line 21)	100,473,113	71,595,961	48,452,536	48,710,234	44,643,667
9. Net underwriting gain (loss) (Line 24)	55,744,447	46,803,998	9,536,398	21,784,465	30,409,599
10. Net investment gain (loss) (Line 27)	733,884	488,865	162,695	204,802	253,432
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	30,396,347	28,365,880	6,577,477	14,045,129	21,023,220
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	94,075,107	(1,311,469)	23,096,318	(33,894,932)	(1,567,156)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	180,932,584	192,171,435	43,233,760	49,508,497	53,879,310
15. Authorized control level risk-based capital	30,251,924	26,237,979	9,849,477	8,045,687	7,420,626
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	249,335	275,454	159,411	156,203	162,617
17. Total members months (Column 6, Line 7)	3,021,377	3,076,376	1,930,086	1,897,490	1,978,839
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	82.0	85.0	81.4	75.7	73.0
20. Cost containment expenses	0.8	1.3	1.2	1.1	1.1
21. Other claims adjustment expenses	1.1	2.7	1.6	1.4	1.7
22. Total underwriting deductions (Line 23)	94.2	94.7	97.4	93.3	90.2
23. Total underwriting gain (loss) (Line 24)	5.8	5.3	2.6	6.7	9.8
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	95,313,939	106,954,658	31,181,662	37,640,919	33,692,557
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	135,321,318	119,331,811	35,624,675	48,013,278	62,387,379
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

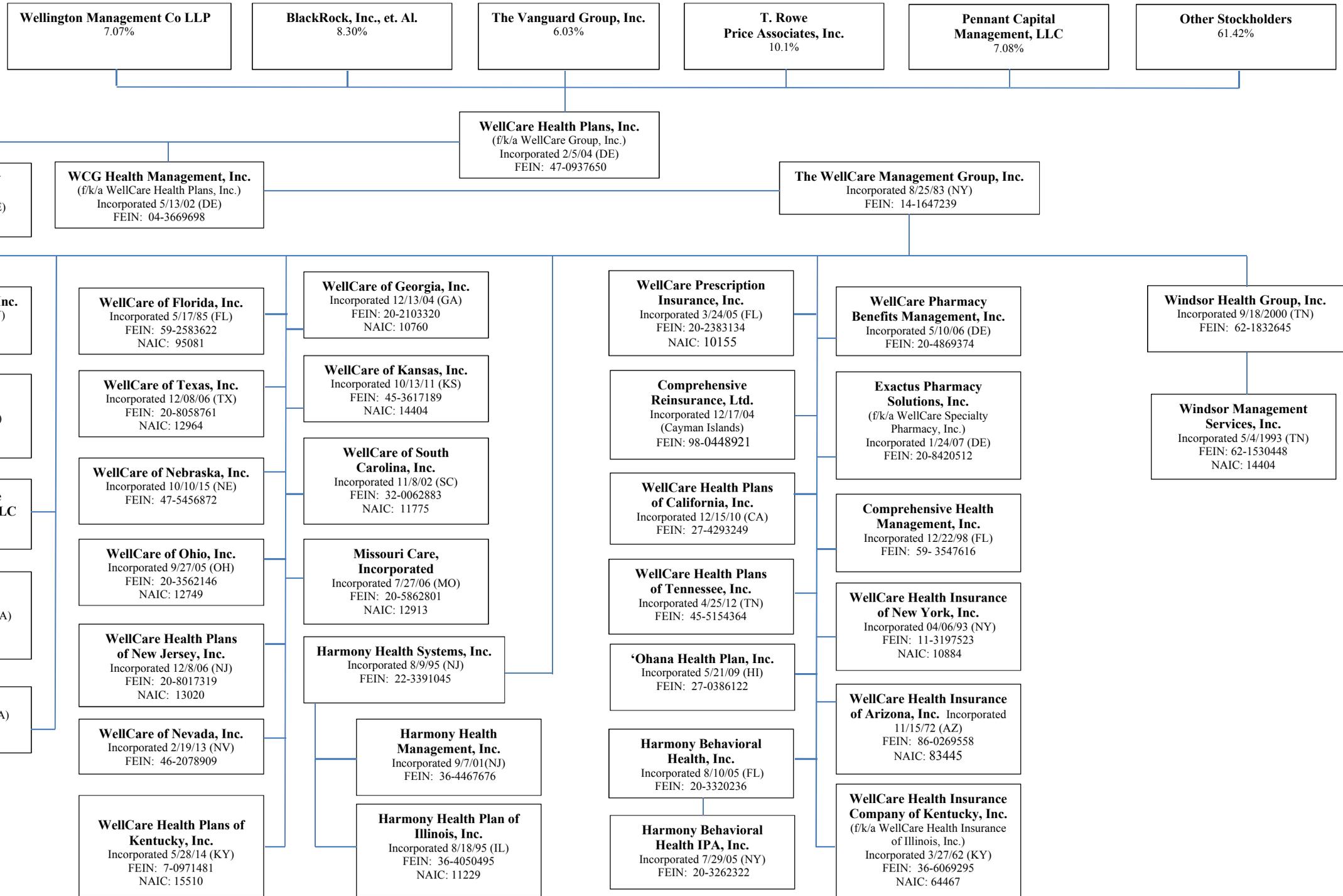
State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	8,067,035						8,067,035	0
2. Alaska	AK	N							0	0
3. Arizona	AZ	N							0	0
4. Arkansas	AR	L	932,964	106,150,892					107,083,856	0
5. California	CA	N							0	0
6. Colorado	CO	N							0	0
7. Connecticut	CT	N							0	0
8. Delaware	DE	N							0	0
9. District of Columbia	DC	N							0	0
10. Florida	FL	N							0	0
11. Georgia	GA	N							0	0
12. Hawaii	HI	N							0	0
13. Idaho	ID	N							0	0
14. Illinois	IL	L		157,582,911	358,592,367				516,175,278	0
15. Indiana	IN	L							0	0
16. Iowa	IA	N							0	0
17. Kansas	KS	N							0	0
18. Kentucky	KY	N							0	0
19. Louisiana	LA	N							0	0
20. Maine	ME	N							0	0
21. Maryland	MD	N							0	0
22. Massachusetts	MA	N							0	0
23. Michigan	MI	N							0	0
24. Minnesota	MN	N							0	0
25. Mississippi	MS	L	1,405,657	191,337,722					192,743,379	0
26. Missouri	MO	L	497,903						497,903	0
27. Montana	MT	L							0	0
28. Nebraska	NE	N							0	0
29. Nevada	NV	N							0	0
30. New Hampshire	NH	N							0	0
31. New Jersey	NJ	N							0	0
32. New Mexico	NM	N							0	0
33. New York	NY	N							0	0
34. North Carolina	NC	N							0	0
35. North Dakota	ND	N							0	0
36. Ohio	OH	N							0	0
37. Oklahoma	OK	L							0	0
38. Oregon	OR	N							0	0
39. Pennsylvania	PA	N							0	0
40. Rhode Island	RI	N							0	0
41. South Carolina	SC	L	879,143	28,275,635					29,154,778	0
42. South Dakota	SD	N							0	0
43. Tennessee	TN	L	9,077,167	105,247,514					114,324,681	0
44. Texas	TX	N							0	0
45. Utah	UT	N							0	0
46. Vermont	VT	N							0	0
47. Virginia	VA	L	710,764						710,764	0
48. Washington	WA	N							0	0
49. West Virginia	WV	N							0	0
50. Wisconsin	WI	N							0	0
51. Wyoming	WY	N							0	0
52. American Samoa	AS	N							0	0
53. Guam	GU	N							0	0
54. Puerto Rico	PR	N							0	0
55. U.S. Virgin Islands	VI	N							0	0
56. Northern Mariana Islands	MP	N							0	0
57. Canada	CAN	N							0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		21,570,633	588,594,674	358,592,367	0	0	0	968,757,674	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	0
61. Total (Direct Business)	(a) 11		21,570,633	588,594,674	358,592,367	0	0	0	968,757,674	0
<b>DETAILS OF WRITE-INS</b>										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	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	0

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

Explanation of basis of allocation by states, premiums by state, etc. Allocated according to benefit state.

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

# The WellCare Group of Companies as of December 31, 2015



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