



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
 OF THE CONDITION AND AFFAIRS OF THE

Harmony Health Plan, 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 813-206-6200
(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 813-206-6200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.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>David Thomas Reynolds</u>	<u>President</u>	<u>Michael Troy Meyer</u>	<u>Assistant Treasurer, VP and Corporate Controller</u>
<u>Richard Charles Fisher #</u>	<u>CFO and Vice President</u>	<u>Tammy Lynn Meyer #</u>	<u>Assistant Secretary and Vice President</u>

OTHER OFFICERS

<u>Goran Jankovic #</u>	<u>Treasurer and Vice President</u>	<u>Michael Warren Haber</u>	<u>Secretary and Vice President</u>
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DIRECTORS OR TRUSTEES

<u>Michael Troy Meyer</u>	<u>David Thomas Reynolds</u>	<u>Paul Hubert Frank</u>	<u>Andrew Lynn Asher</u>
<u>Patrick Albert Burke #</u>	<u>Olumide Adetokunbo Idowu #</u>		

State of

County of

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

David Thomas Reynolds
 President

Michael Troy Meyer
 Assistant Treasurer, VP and Corporate Controller

Richard Charles Fisher
 CFO and Vice President

Subscribed and sworn to before me this
 _____ day of _____,

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	25,720,507	50,664,369		17,254,823	25,720,507	20,845,803
2. Claim overpayment receivables	1,247,249		60,217	529,794	1,307,466	1,307,466
3. Loans and advances to providers0	
4. Capitation arrangement receivables0	
5. Risk sharing receivables0	
6. Other health care receivables0	
7. Totals (Lines 1 through 6)	26,967,756	50,664,369	60,217	17,784,617	27,027,973	22,153,269

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	104,583,229	10.5	218,174	100.0		104,583,229
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	104,583,229	10.5	218,174	100.0	0	104,583,229
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	890,364,386	89.5	XXX	XXX		890,364,386
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	890,364,386	89.5	XXX	XXX	0	890,364,386
13. Total (Line 4 plus Line 12)	994,947,615	100 %	XXX	XXX	0	994,947,615

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2017

NAIC Company Code 11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	12,129									12,129
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	(356,072)									(356,072)
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	(356,072)									(356,072)
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(2,797,284)									(2,797,284)
18. Amount Incurred for Provision of Health Care Services	(743,408)									(743,408)

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(356,072)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2017

NAIC Company Code 11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	12,685							11,688		997
2. First Quarter	13,682							13,682		
3. Second Quarter	14,389							14,389		
4. Third Quarter	15,163							15,163		
5. Current Year	15,418							15,418		
6. Current Year Member Months	173,512							173,512		
Total Member Ambulatory Encounters for Year:										
7. Physician	49,390							49,390		
8. Non-Physician	20,281							20,281		
9. Total	69,671	0	0	0	0	0	0	69,671	0	0
10. Hospital Patient Days Incurred	41,472							41,472		
11. Number of Inpatient Admissions	6,704							6,704		
12. Health Premiums Written (b)	158,755,126							158,781,587		(26,461)
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	158,808,489							158,834,950		(26,461)
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,798,515							122,043,160		(244,645)
18. Amount Incurred for Provision of Health Care Services	127,457,256							127,522,273		(65,017)

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$158,755,126

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2017

NAIC Company Code

11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2017

NAIC Company Code 11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	182,504							16,466	166,038	
2. First Quarter	172,884							16,814	156,070	
3. Second Quarter	162,786							17,304	145,482	
4. Third Quarter	156,361							17,646	138,715	
5. Current Year	156,068							17,752	138,316	
6. Current Year Member Months	1,966,238							207,675	1,758,563	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,129,708							695,909	433,799	
8. Non-Physician	529,767							278,848	250,919	
9. Total	1,659,475	0	0	0	0	0	0	974,757	684,718	0
10. Hospital Patient Days Incurred	109,600							30,128	79,472	
11. Number of Inpatient Admissions	19,215							4,547	14,668	
12. Health Premiums Written (b)	557,401,308							211,164,138	346,237,170	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	557,472,278							211,235,108	346,237,170	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	501,431,201							162,305,587	339,125,614	
18. Amount Incurred for Provision of Health Care Services	526,865,257							169,592,277	357,272,980	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$211,164,138

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2017

NAIC Company Code

11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2017

NAIC Company Code 11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	27,223							20,496		6,727
2. First Quarter	24,046							24,046		
3. Second Quarter	24,989							24,989		
4. Third Quarter	25,867							25,867		
5. Current Year	26,443							26,443		
6. Current Year Member Months	300,904							300,904		
Total Member Ambulatory Encounters for Year:										
7. Physician	74,172							74,172		
8. Non-Physician	35,030							35,030		
9. Total	109,202	0	0	0	0	0	0	109,202	0	0
10. Hospital Patient Days Incurred	65,269							65,269		
11. Number of Inpatient Admissions	10,621							10,621		
12. Health Premiums Written (b)	280,286,759							280,444,040		(157,281)
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	280,381,011							280,538,292		(157,281)
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	214,334,702							215,555,704		(1,221,002)
18. Amount Incurred for Provision of Health Care Services	224,908,557							225,233,051		(324,494)

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$280,286,759

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2017

NAIC Company Code 11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	396									396
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	(13,562)									(13,562)
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	(13,562)									(13,562)
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(119,527)									(119,527)
18. Amount Incurred for Provision of Health Care Services	(31,766)									(31,766)

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(13,562)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2017

NAIC Company Code

11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2017

NAIC Company Code

11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2017						NAIC Company Code	11229
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	4,849							3,927		922	
2. First Quarter	7,601							7,601			
3. Second Quarter	8,073							8,073			
4. Third Quarter	8,401							8,401			
5. Current Year	8,787							8,787			
6. Current Year Member Months	97,102							97,102			
Total Member Ambulatory Encounters for Year:											
7. Physician	30,600							30,600			
8. Non-Physician	8,990							8,990			
9. Total	39,590	0	0	0	0	0	0	39,590	0	0	
10. Hospital Patient Days Incurred	20,652							20,652			
11. Number of Inpatient Admissions	2,908							2,908			
12. Health Premiums Written (b)	83,536,794							83,572,864		(36,070)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	83,564,881							83,600,951		(36,070)	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	63,811,428							64,236,015		(424,587)	
18. Amount Incurred for Provision of Health Care Services	67,007,044							67,119,883		(112,839)	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 83,536,794

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2017						NAIC Company Code	11229
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	23,224							11,054		12,170	
2. First Quarter	11,250							11,250			
3. Second Quarter	11,370							11,370			
4. Third Quarter	11,620							11,620			
5. Current Year	11,458							11,458			
6. Current Year Member Months	136,822							136,822			
Total Member Ambulatory Encounters for Year:											
7. Physician	37,080							37,080			
8. Non-Physician	18,109							18,109			
9. Total	55,189	0	0	0	0	0	0	55,189	0	0	
10. Hospital Patient Days Incurred	24,168							24,168			
11. Number of Inpatient Admissions	3,258							3,258			
12. Health Premiums Written (b)	129,833,396							130,216,429		(383,033)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	129,877,159							130,260,192		(383,033)	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	96,929,315							100,087,326		(3,158,011)	
18. Amount Incurred for Provision of Health Care Services	103,741,460							104,580,735		(839,275)	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$129,833,396

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2017

NAIC Company Code

11229

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	1,033									1,033
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	(37,743)									(37,743)
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	(37,743)									(37,743)
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(440,735)									(440,735)
18. Amount Incurred for Provision of Health Care Services	(117,129)									(117,129)

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (37,743)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017						NAIC Company Code	11229
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	264,043	0	0	0	0	0	0	63,631	166,038	34,374	
2. First Quarter	229,463	0	0	0	0	0	0	73,393	156,070	0	
3. Second Quarter	221,607	0	0	0	0	0	0	76,125	145,482	0	
4. Third Quarter	217,412	0	0	0	0	0	0	78,697	138,715	0	
5. Current Year	218,174	0	0	0	0	0	0	79,858	138,316	0	
6. Current Year Member Months	2,674,578	0	0	0	0	0	0	916,015	1,758,563	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	1,320,950	0	0	0	0	0	0	887,151	433,799	0	
8. Non-Physician	612,177	0	0	0	0	0	0	361,258	250,919	0	
9. Total	1,933,127	0	0	0	0	0	0	1,248,409	684,718	0	
10. Hospital Patient Days Incurred	261,161	0	0	0	0	0	0	181,689	79,472	0	
11. Number of Inpatient Admissions	42,706	0	0	0	0	0	0	28,038	14,668	0	
12. Health Premiums Written (b)	1,209,406,006	0	0	0	0	0	0	864,179,058	346,237,170	(1,010,222)	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,209,696,441	0	0	0	0	0	0	864,469,493	346,237,170	(1,010,222)	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	994,947,615	0	0	0	0	0	0	664,227,792	339,125,614	(8,405,791)	
18. Amount Incurred for Provision of Health Care Services	1,049,087,271	0	0	0	0	0	0	694,048,219	357,272,980	(2,233,928)	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 863,168,836

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	45	43	11	6,598	6,911
3. Title XIX-Medicaid.....	86	120	501	6,408	6,503
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	9	794	1,414
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	287,957,206		287,957,206
2. Accident and health premiums due and unpaid (Line 15).....	130,829,964		130,829,964
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	49,800,557		49,800,557
6. Total assets (Line 28)	468,587,727	0	468,587,727
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	196,012,171	0	196,012,171
8. Accrued medical incentive pool and bonus payments (Line 2).....	433,848		433,848
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	138,312,886		138,312,886
15. Total liabilities (Line 24).....	334,758,905	0	334,758,905
16. Total capital and surplus (Line 33).....	133,828,822	XXX	133,828,822
17. Total liabilities, capital and surplus (Line 34)	468,587,727	0	468,587,727
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	95310	06-1405640				WellCare of Connecticut Inc	CT	IA	WellCare of New York, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	95081	59-2583622				WellCare of Florida Inc	FL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	59-3547616				Comprehensive Health Management Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	14-1647239				The WellCare Management Group, Inc	NY	UIP	WCG Health Management, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	95534	14-1676443				WellCare of New York Inc	NY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	20-3320236				Harmony Behavioral Health Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	11229	36-4050495				Harmony Health Plan Inc	IL	IA	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	22-3391045				Harmony Health Systems Inc	IL	UDP	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	36-4467676				Harmony Health Management Inc	IL	NIA	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47-0937650		0001279363	NYSE	WellCare Health Plans Inc	FL	UIP	Shareholders	Ownership	0.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	04-3669698				WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	10760	20-2103320				WellCare of Georgia Inc	GA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	98-0448921				Comprehensive Reinsurance Ltd	CYM	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	10155	20-2383134				WellCare Prescription Insurance Inc	FL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	12749	20-3562146				WellCare of Ohio Inc	OH	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	20-3262322				Harmony Behavioral Health IPA Inc	NY	NIA	Harmony Behavioral Health, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	20-4869374				WellCare Pharmacy Benefits Management In	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	83445	86-0269558				WellCare Health Insurance of Arizona Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	64467	36-6069295				WellCare Health Ins Company of Kentucky In	KY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	12956	11-3197523				WellCare Health Insurance of New York In	NY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	13020	20-8017319				WellCare Health Plans of New Jersey Inc	NJ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	12964	20-8058761				WellCare of Texas Inc	TX	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	20-8420512				Exactus Pharmacy Solutions, Inc	DE	NIA	WellCare Pharmacy Benefits Management	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	27-0386122				Ohana Health Plans, Inc	HI	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	27-4293249				WellCare Health Plans of California, Inc	CA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	14404	45-3617189				WellCare of Kansas, Inc	KS	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5154364				WellCare Health Plans of Tennessee, Inc	TN	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-3236788				America's 1st Choice California Holdings, LLC	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	20-5327501				Easy Choice Health Plan, Inc	CA	IA	America's 1st Choice California Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	11775	32-0062883				WellCare of South Carolina, Inc	SC	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	12913	20-5862801				Missouri Care, Incorporated	MO	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	27-4212954				The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	62-1832645				Windsor Health Group, Inc	TN	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	62-1530448				Windsor Management Services, Inc	TN	NIA	Windsor Health Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	15510	47-0971481				WellCare Health Plans of Kentucky, Inc	KY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	15951	47-5456872				WellCare of Nebraska, Inc	NE	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	81-1631920				WellCare of Pennsylvania, Inc	PA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	16117	81-3299281				WellCare of Oklahoma, Inc	OK	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	06-1742685				One Care by Care 1st Health Plan of Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	57-1165217				Care 1st Health Plan Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	46-2680154				Care 1st Health Plan Administrative Services, Inc	AZ	NIA	Care 1st Health Plan Arizona, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	81-5442932				WellCare of Mississippi, Inc	MS	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-0664467				WellCare of Virginia, Inc	VA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	16239	82-1301128				WellCare of Alabama, Inc	AL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1246845				Accountable Care Coalition of Arizona, LLC	AZ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4112652				Accountable Care Coalition of Caldwell County, LLC	NC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5510251				Accountable Care Coalition of Central Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	81-2588974				Accountable Care Coalition of Chesapeake, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	45-4113655				Accountable Care Coalition of Coastal Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1681146				Accountable Care Coalition of Community Health Centers, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1669422				Accountable Care Coalition of Community Health Centers II, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4537668				Accountable Care Coalition of DeKalb, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	80.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	81-2629752				Accountable Care Coalition of Eastern Wisconsin, LLC	WI	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5481108				Accountable Care Coalition of Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1623920				Accountable Care Coalition of Georgia Community Health Centers, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1558080				Accountable Care Coalition of Hawaii, LLC	HI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-0746336				Accountable Care Coalition of Indiana, LLC	IN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1637625				Accountable Care Coalition of Louisiana, LLC	LA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5449147				Accountable Care Coalition of Maryland Primary Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4119739				Accountable Care Coalition of Maryland, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	46-2881180				Accountable Care Coalition of Mississippi, LLC	MS	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4105836				Accountable Care Coalition of Mount Kisco, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1263227				Accountable Care Coalition of New Jersey, LLC	NJ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4552802				Accountable Care Coalition of North Texas, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47-3894436				Accountable Care Coalition of Northeast Georgia, LLC	GA	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4106526				Accountable Care Coalition of Northwest Florida, LLC	FL	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1604548				Accountable Care Coalition of North West Region, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1698885				Accountable Care Coalition of North West Region II, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-0727997				Accountable Care Coalition of Pennsylvania, LLC	PA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47-3913308				Accountable Care Coalition of South Carolina, LLC	SC	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47-3843552				Accountable Care Coalition of Southeast Texas, Inc	TX	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	45-4113610				Accountable Care Coalition of Southeast Wisconsin	WI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-1219279				Accountable Care Coalition of Tennessee, LLC	TN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-2742298				Accountable Care Coalition of Texas, Inc	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4537584				Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	80624	13-1851754				American Progressive Life & Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	52-2134236				APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	54-1602622				APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4644722				APS Parent, Inc	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-3365375				Collaborative Health Systems of Maryland, Inc	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-3306594				Collaborative Health Systems of Virginia, Inc	VA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	90-0779287				Collaborative Health Systems, LLC	NY	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4561546				Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritage Health Systems of Texas Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0459857				Heritage Health Systems of Texas, Inc	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	62-1517194				Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc	Ownership	99.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4679969				Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems LLC	Ownership	97.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-5626871				Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	58-2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	10768	74-3141949				SelectCare Health Plans, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	10096	62-1819658				SelectCare of Texas, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	42-0989096				UAM Agent Services Corp	IA	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	26-0153605				UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	27-4683816				Universal American Corp	DE	UIP	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	95-3800329				Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-1352914				Universal American Holdings, LLC	DE	UIP	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-5439406				Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	23-1913528				Worlco Management Services, Inc	NY	NIA	Worlco Management Services	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-2497115				WellCare of New Mexico	NM	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	47-2346408				AWC of Syracuse, Inc	NY	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-3169616				WellCare Health Plans of Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-3114517				WellCare of Maine, Inc	ME	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	66-0888149				WellCare of Puerto Rico, Inc	PR	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0

41.4

Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Harmony Health Plan, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95081	59-2583622	WellCare of Florida, Inc.	125,000,000				(380,635,126)				(255,635,126)	
95334	14-1676443	WellCare of New York, Inc.					(99,032,886)				(99,032,886)	
95310	06-1405640	WellCare of Connecticut, Inc.					(11,794,429)				(11,794,429)	
11229	36-4050495	Harmony Health Plan, Inc.		(30,000,000)			(144,095,644)				(174,095,644)	
10760	20-2103320	WellCare of Georgia, Inc.	60,000,000				(175,120,426)				(115,120,426)	
10155	20-2383134	WellCare Prescription Insurance, Inc.					(86,904,221)				(86,904,221)	
00000	59-3547616	Comprehensive Health Management, Inc.					1,478,091,168				1,478,091,168	
00000	76-0500964	HHS Texas Management Inc.					93,477,907				93,477,907	
83445	86-0269558	WellCare Health Insurance of Arizona Inc.	40,000,000				(76,703,677)				(36,703,677)	
64467	36-6069295	WellCare Health Ins Co of Kentucky, Inc.	50,000,000				(199,693,594)	17,203			(149,676,391)	
00000	20-8420512	Exactus Pharmacy Solutions, Inc.					(20,756,686)				(20,756,686)	
13020	20-8017319	WellCare Health Plans of New Jersey, Inc.					(69,066,921)				(69,066,921)	
12964	20-8058761	WellCare of Texas, Inc.	10,000,000				(41,304,959)	(17,203)			(31,322,162)	
00000	14-1647239	The WellCare Management Group, Inc.	(335,000,000)	91,468,925							(243,531,075)	
00000	20-5327501	Easy Choice Health Plan, Inc.					(27,289,394)				(27,289,394)	
11775	32-0062883	WellCare of South Carolina, Inc.	10,000,000				(28,013,599)				(18,013,599)	
12913	20-5862801	Missouri Care, Inc.			(37,000,000)		(49,527,481)				(86,527,481)	
00000	46-2078909	WellCare of Nevada, Inc.			2,016,035						2,016,035	
15951	47-5456872	WellCare of Nebraska, Inc.			(15,000,000)		(31,784,683)				(46,784,683)	
00000	81-5442932	WellCare of Mississippi, Inc.			(2,000,000)						(2,000,000)	
16117	82-0664467	WellCare of Oklahoma, Inc.			(2,000,000)						(2,000,000)	
16239	82-1301128	WellCare of Alabama, Inc.			(484,960)						(484,960)	
00000	57-1165217	Care 1st Health Plan Arizona, Inc.	30,000,000				(32,612,373)				(2,612,373)	
00000	06-1742685	OneCare by Care 1st Health Plan of AZ			(5,000,000)		(4,776,768)				(9,776,768)	
10768	74-3141949	SelectCare Health Plans, Inc.	10,000,000				(2,189,149)				7,810,851	
00000	82-3169616	WellCare Health Plans of Arizona, Inc.			(2,000,000)						(2,000,000)	
10096	62-1819658	SelectCare of Texas, Inc.					(90,267,060)				(90,267,060)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

- | | |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

AUGUST FILING

- | | |
|---|---------------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? |YES..... |
|---|---------------|

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

MARCH FILING

- | | |
|--|--------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |NO..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|--|---------------|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |YES..... |

AUGUST FILING

- | | |
|--|---------------|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |YES..... |
|--|---------------|

Explanation:

- 11.
- 12.
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The Harmony Health Plan, Inc. Insurance Company
 Address (City, State and Zip Code) Tampa, FL 33634
 NAIC Group Code 01199 NAIC Company Code 11229 Employer's ID Number 36-4050495