



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

Harmony Health Plan, Inc.

(Name)

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>Frederic Joseph McGrath #</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>Paul Hubert Frank</u>	<u>Andrew Lynn Asher</u>	<u>Patrick Albert Burke</u>
<u>Olumide Adetokunbo Idowu</u>			

State of **ss**
 County of

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

Frederic Joseph McGrath
 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 2018 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	21,918,089	66,563,553		25,751,130	21,918,089	17,254,823
2. Claim overpayment receivables	(270,690)		860,701	131,779	590,011	590,011
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)	21,647,399	66,563,553	860,701	25,882,909	22,508,100	17,844,834

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

ANNUAL STATEMENT FOR THE YEAR 2018 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	90,382,985	7.3	308,776	100.0		90,382,985
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	90,382,985	7.3	308,776	100.0	0	90,382,985
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	1,145,110,465	92.0	XXX	XXX		1,145,110,465
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	9,516,920	0.8	XXX	XXX		9,516,920
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	1,154,627,385	92.7	XXX	XXX	0	1,154,627,385
13. Total (Line 4 plus Line 12)	1,245,010,370	100 %	XXX	XXX	0	1,245,010,370

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 2018 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 2018

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).....	70,252									70,252
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	70,252									70,252
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	18,125									18,125
18. Amount Incurred for Provision of Health Care Services	53,638									53,638

(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 \$ 70,252

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ANNUAL STATEMENT FOR THE YEAR 2018 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 2018						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	15,418							15,418			
2. First Quarter	15,624							15,624			
3. Second Quarter	15,828							15,828			
4. Third Quarter	16,081							16,081			
5. Current Year	15,908							15,908			
6. Current Year Member Months	189,934							189,934			
Total Member Ambulatory Encounters for Year:											
7. Physician	208,642							208,642			
8. Non-Physician	94,074							94,074			
9. Total	302,716	0	0	0	0	0	0	302,716	0	0	
10. Hospital Patient Days Incurred	44,346							44,346			
11. Number of Inpatient Admissions	6,294							6,294			
12. Health Premiums Written (b)	182,443,467							182,438,246		5,221	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	174,783,330							174,778,109		5,221	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	140,213,507							140,155,455		58,052	
18. Amount Incurred for Provision of Health Care Services	140,600,728							140,428,933		171,795	

(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 \$182,443,467

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ANNUAL STATEMENT FOR THE YEAR 2018 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 2018

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 2018 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 2018

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	156,068							17,752	138,316	
2. First Quarter	138,616							15,855	122,761	
3. Second Quarter	270,052							16,412	253,640	
4. Third Quarter	263,774							16,923	246,851	
5. Current Year	239,340							17,231	222,109	
6. Current Year Member Months	2,829,060							196,913	2,632,147	
Total Member Ambulatory Encounters for Year:										
7. Physician	878,761							134,582	744,179	
8. Non-Physician	504,319							52,820	451,499	
9. Total	1,383,080	0	0	0	0	0	0	187,402	1,195,678	0
10. Hospital Patient Days Incurred	161,255							27,585	133,670	
11. Number of Inpatient Admissions	27,668							3,919	23,749	
12. Health Premiums Written (b).....	890,149,286							196,862,741	693,286,545	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	888,571,798							194,990,722	693,581,076	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	654,944,621							150,087,536	504,857,085	
18. Amount Incurred for Provision of Health Care Services	748,634,745							150,380,394	598,254,351	

(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 \$196,862,741

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ANNUAL STATEMENT FOR THE YEAR 2018 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 2018

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 2018 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 2018						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	26,443							26,443			
2. First Quarter	28,716							28,716			
3. Second Quarter	29,148							29,148			
4. Third Quarter	29,616							29,616			
5. Current Year	29,641							29,641			
6. Current Year Member Months	350,085							350,085			
Total Member Ambulatory Encounters for Year:											
7. Physician	352,845							352,845			
8. Non-Physician	178,263							178,263			
9. Total	531,108	0	0	0	0	0	0	531,108	0	0	
10. Hospital Patient Days Incurred	70,860							70,860			
11. Number of Inpatient Admissions	9,660							9,660			
12. Health Premiums Written (b).....	330,407,407							330,376,376		31,031	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	321,218,548							321,187,517		31,031	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	254,232,954							254,231,740		1,214	
18. Amount Incurred for Provision of Health Care Services	254,731,400							254,727,809		3,591	

(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 \$330,407,407

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ANNUAL STATEMENT FOR THE YEAR 2018 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 2018

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).....	2,676									2,676
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,676									2,676
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	6,013									6,013
18. Amount Incurred for Provision of Health Care Services	17,795									17,795

(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 \$ 2,676

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ANNUAL STATEMENT FOR THE YEAR 2018 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 2018

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 2018 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 2018

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 2018 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 2018

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	8,787							8,787		
2. First Quarter	11,596							11,596		
3. Second Quarter	12,005							12,005		
4. Third Quarter	12,344							12,344		
5. Current Year	12,478							12,478		
6. Current Year Member Months	144,146							144,146		
Total Member Ambulatory Encounters for Year:										
7. Physician	176,143							176,143		
8. Non-Physician	56,180							56,180		
9. Total	232,323	0	0	0	0	0	0	232,323	0	0
10. Hospital Patient Days Incurred	29,343							29,343		
11. Number of Inpatient Admissions	3,611							3,611		
12. Health Premiums Written (b)	130,420,159							130,413,043		7,116
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	130,420,159							130,413,043		7,116
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	98,175,403							98,172,788		2,615
18. Amount Incurred for Provision of Health Care Services	98,372,086							98,364,348		7,738

(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 \$130,420,159

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ANNUAL STATEMENT FOR THE YEAR 2018 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 2018						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	11,458							11,458			
2. First Quarter	11,648							11,648			
3. Second Quarter	11,560							11,560			
4. Third Quarter	11,629							11,629			
5. Current Year	11,409							11,409			
6. Current Year Member Months	138,991							138,991			
Total Member Ambulatory Encounters for Year:											
7. Physician	147,863							147,863			
8. Non-Physician	80,106							80,106			
9. Total	227,969	0	0	0	0	0	0	227,969	0	0	
10. Hospital Patient Days Incurred	38,381							38,381			
11. Number of Inpatient Admissions	4,493							4,493			
12. Health Premiums Written (b).....	137,647,993							137,572,422		75,571	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	137,647,993							137,572,422		75,571	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	106,935,886							106,882,425		53,461	
18. Amount Incurred for Provision of Health Care Services	107,249,186							107,090,979		158,207	

(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 \$137,647,993

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ANNUAL STATEMENT FOR THE YEAR 2018 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 2018

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).....	7,447									7,447
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	7,447									7,447
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	780									780
18. Amount Incurred for Provision of Health Care Services	2,309									2,309

(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 \$ 7,447

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ANNUAL STATEMENT FOR THE YEAR 2018 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 2018						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	218,174	0	0	0	0	0	0	79,858	138,316	0	
2. First Quarter	206,200	0	0	0	0	0	0	83,439	122,761	0	
3. Second Quarter	338,593	0	0	0	0	0	0	84,953	253,640	0	
4. Third Quarter	333,444	0	0	0	0	0	0	86,593	246,851	0	
5. Current Year	308,776	0	0	0	0	0	0	86,667	222,109	0	
6. Current Year Member Months	3,652,216	0	0	0	0	0	0	1,020,069	2,632,147	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	1,764,254	0	0	0	0	0	0	1,020,075	744,179	0	
8. Non-Physician	912,942	0	0	0	0	0	0	461,443	451,499	0	
9. Total	2,677,196	0	0	0	0	0	0	1,481,518	1,195,678	0	
10. Hospital Patient Days Incurred	344,185	0	0	0	0	0	0	210,515	133,670	0	
11. Number of Inpatient Admissions	51,726	0	0	0	0	0	0	27,977	23,749	0	
12. Health Premiums Written (b)	1,671,148,687	0	0	0	0	0	0	977,662,828	693,286,545	199,314	
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	1,652,722,203	0	0	0	0	0	0	958,941,813	693,581,076	199,314	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,254,527,289	0	0	0	0	0	0	749,529,944	504,857,085	140,260	
18. Amount Incurred for Provision of Health Care Services	1,349,661,887	0	0	0	0	0	0	750,992,463	598,254,351	415,073	

(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 \$ 977,862,142

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Harmony Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	.04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I	MC	131,490						
11835	.04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I	MR	50,983						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							182,473	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							182,473	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							182,473	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							182,473	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							182,473	0	0	0	0	0	0
9999999 Totals							182,473	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	51	45	43	11	6,598
3. Title XIX-Medicaid.....	131	86	120	501	6,408
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	0	9	794
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

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)	390,588,412		390,588,412
2. Accident and health premiums due and unpaid (Line 15).....	165,369,572		165,369,572
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).....	39,227,939		39,227,939
6. Total assets (Line 28)	595,185,923	0	595,185,923
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	288,736,174	0	288,736,174
8. Accrued medical incentive pool and bonus payments (Line 2).....	11,743,220		11,743,220
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).....	91,533,551		91,533,551
15. Total liabilities (Line 24).....	392,012,945	0	392,012,945
16. Total capital and surplus (Line 33).....	203,172,978	XXX	203,172,978
17. Total liabilities, capital and surplus (Line 34)	595,185,923	0	595,185,923
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	0		0
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	0		0
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers.....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	0		0

ANNUAL STATEMENT FOR THE YEAR 2018 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	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
01199	WellCare Health Plans Inc	64467	36-6069295				WellCare Health Insurance Company of Kentucky Inc	KY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	12956	11-3197523				WellCare Health Insurance of New York Inc	NY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	

ANNUAL STATEMENT FOR THE YEAR 2018 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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
01199	WellCare Health Plans Inc.	16329	81-5442932				WellCare of Mississippi, Inc.	MS	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
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	
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	
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	
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	
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	
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	

ANNUAL STATEMENT FOR THE YEAR 2018 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	82-1681146				Accountable Care Coalition of Community Health Centers, LLC	.TX	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1669422				Accountable Care Coalition of Community Health Centers II, LLC	.TX	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
01199	WellCare Health Plans Inc	00000	82-1623920				Accountable Care Coalition of Southeast Partners, LLC	.GA	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1558080				Accountable Care Coalition of Hawaii, LLC	.HI	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	
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	
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	
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	
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	
01199	WellCare Health Plans Inc	00000	82-1604548				Accountable Care Coalition of North West Region, LLC	.OR	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1698885				Accountable Care Coalition of North West Region II, LLC	.OR	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-0727997				Accountable Care Coalition of Pennsylvania, LLC	.PA	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	
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	
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	

ANNUAL STATEMENT FOR THE YEAR 2018 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	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
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	
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	
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	
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	
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	
01199	WellCare Health Plans Inc.	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc.	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	81-3365375				Collaborative Health Systems of Maryland, Inc.	MD	NIA	Collaborative Health Systems, LLC	Ownership	50.0	WellCare Health Plans, Inc.	N	
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	
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	
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	
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	
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	
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	
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	
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	
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	
01199	WellCare Health Plans Inc.	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc.	Ownership	99.1	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	49.5	WellCare Health Plans, Inc.	N	
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	
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	
01199	WellCare Health Plans Inc.	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2018 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
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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	
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	
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	
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	
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	
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	
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	
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	
01199	WellCare Health Plans Inc	00000	27-4683816				Universal American Corp	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
01199	WellCare Health Plans Inc	00000	45-1352914				Universal American Holdings, LLC	DE	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
01199	WellCare Health Plans Inc	16253	82-3169616				WellCare Health Plans of Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16344	82-3114517				WellCare of Maine, Inc	ME	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
01199	WellCare Health Plans Inc	00000	82-4598040				WellCare Associate Assistance Fund, Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16343	82-4247084				WellCare Health Insurance Company of America	AR	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16342	82-5127096				WellCare National Health Insurance Company	TX	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-5488080				WellCare of North Carolina, Inc	NC	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	26-4064494				Caidan Management Company, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	26-4064494				Caidan Network Services, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Harmony Health Plan, Inc.

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

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01199	WellCare Health Plans Inc	00000	26-4004578				Caidan Holding Company	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1280079				Maryland Collaborative Care Transformation Organization, Inc	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	13189	20-3209671				Meridian Health Plan of Illinois, Inc	IL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	52563	38-3253977				Meridian Health Plan of Michigan, Inc	MI	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2069308				WellCare of Washington, Inc	WA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	27-1339224				MeridianRx, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	32-0408908				MeridianRX IPA, LLC	NY	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2126269				WellCare Health Insurance of Connecticut, Inc	CT	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2276159				WellCare Health Insurance of Tennessee, Inc	TN	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2255514				WellCare Health Plans of Vermont, Inc	VT	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2797833				WellCare of Arkansas, Inc	AR	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2840051				WellCare of Indiana, Inc	IN	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2914327				WellCare of New Hampshire, Inc	NH	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	

41.5

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2018 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	(45,580,188)				(350,645,092)				(396,225,280)	
95334	14-1676443	WellCare of New York, Inc					(98,557,945)				(98,557,945)	
95310	06-1405640	WellCare of Connecticut, Inc		8,000,000			(13,902,197)				(5,902,197)	
11229	36-4050495	Harmony Health Plan, Inc	(50,000,000)	40,000,000			(181,966,359)				(191,966,359)	
10760	20-2103320	WellCare of Georgia, Inc	(100,000,000)				(193,327,190)				(293,327,190)	
10155	20-2383134	WellCare Prescription Insurance, Inc					(82,403,725)				(82,403,725)	
00000	59-3547616	Comprehensive Health Management, Inc					1,729,650,191				1,729,650,191	
83445	86-0269558	WellCare Health Insurance of Arizona Inc					(73,866,131)				(73,866,131)	
64467	36-6069295	WellCare Health Ins Co of Kentucky, Inc	(75,000,000)				(235,048,950)	24,034			(310,024,916)	
10884	11-3197523	WellCare Health Ins of New York, Inc					(50,422)				(50,422)	
00000	20-8420512	Exactus Pharmacy Solutions, Inc					(22,945,832)				(22,945,832)	
12964	20-8058761	WellCare of Texas Inc	(10,000,000)				(39,472,638)	(24,034)			(49,496,672)	
13020	20-8017319	WellCare Health Plans of New Jersey Inc		10,000,000			(75,777,080)				(65,777,080)	
00000	14-1647239	The WellCare Management Group, Inc	335,580,188	(345,230,185)							(9,649,997)	
00000	20-5327501	Easy Choice Health Plan, Inc	(20,000,000)				(25,878,600)				(45,878,600)	
11775	32-0062883	WellCare of South Carolina, Inc	(15,000,000)				(36,340,518)				(51,340,518)	
12913	20-5862801	Missouri Care, Inc					(80,017,627)				(80,017,627)	
15951	47-5456872	WellCare of Nebraska, Inc	(10,000,000)				(30,770,527)				(40,770,527)	
16344	82-3114517	WellCare of Maine, Inc		5,113,150							5,113,150	
00000	57-1165217	Care1st Health Plan Arizona, Inc					(48,266,553)				(48,266,553)	
00000	06-1742685	OneCare by Care1st Health Plan of AZ Inc					(2,280,679)				(2,280,679)	
10096	62-1819658	SelectCare of Texas, Inc	(10,000,000)				(95,903,608)				(105,903,608)	
10768	74-3141949	SelectCare Health Plans, Inc					(2,600,491)				(2,600,491)	
80624	13-1851754	American Progressive Life & Health Ins					(39,628,027)				(39,628,027)	
16239	82-1301128	WellCare of Alabama, Inc		1,100,000							1,100,000	
16343	82-4247084	WellCare Health Ins. Co. of America Inc		2,113,124							2,113,124	
16342	82-5127096	WellCare National Health Insurance Co		1,400,000							1,400,000	
16253	82-3169616	WellCare Health Plans of Arizona, Inc		2,003,911							2,003,911	
00000	83-2126269	WellCare Health Insurance of CT, Inc		1,000,000							1,000,000	
00000	83-2126269	WellCare Health Insurance of TN, Inc		2,000,000							2,000,000	
00000	45-5154364	WellCare Health Plans of Tennessee, Inc		1,500,000							1,500,000	
00000	82-5488080	WellCare of North Carolina, Inc		1,000,000							1,000,000	
00000	83-2255514	WellCare Health Plans of Vermont, Inc		5,000,000							5,000,000	
52563	38-3253977	Meridian Plan of Michigan, Inc		70,000,000			(572,165,625)				(502,165,625)	
13189	20-3209671	Meridian Health Plan of Illinois, Inc		235,537,849			(662,127,429)				(426,589,580)	
00000	26-4004494	Caidan Management Company, Inc					361,504,936				361,504,936	
00000	27-1339224	MeridianRx, LLC					872,788,118				872,788,118	
00000	26-4004578	Caidan Holding Company, Inc		(40,537,849)							(40,537,849)	
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

- | | <u>Responses</u> |
|---|------------------|
| 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 **if your company is engaged in the type of business covered by the supplement. 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..... |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 25. Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? |YES..... |

AUGUST FILING

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| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |YES..... |
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Explanation:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 2 - Verification Between Years	SI15
Schedule E – Part 3 – Special Deposits	E28
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y– Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

