



QUARTERLY STATEMENT

AS OF JUNE 30, 2018
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 Tampa, FL, US 33634 813-206-6200
(Street and Number) (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 Tampa, FL, US 33634 813-206-6200
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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> |
|-----------------------|-------------------------------------|-----------------------------|-------------------------------------|

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

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.

David Thomas Reynolds
President

Michael Troy Meyer
Assistant Treasurer, VP and Corporate Controller

Richard Charles Fisher
CFO and Vice President

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

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

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

STATEMENT AS OF JUNE 30, 2018 OF THE Harmony Health Plan, Inc.

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 5,451,681 | | 5,451,681 | 3,654,253 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$98,331,004), cash equivalents (\$385,495,696) and short-term investments (\$ 0) | 483,826,701 | | 483,826,701 | 284,302,954 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | 0 | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 489,278,382 | 0 | 489,278,382 | 287,957,206 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 569,528 | | 569,528 | 259,730 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 151,645,093 | | 151,645,093 | 125,513,481 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | 4,453,037 | | 4,453,037 | 5,316,483 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 960,946 | | 960,946 | 1,143,665 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 2,873,480 | | 2,873,480 | 12,576,440 |
| 18.2 Net deferred tax asset | 13,953,033 | | 13,953,033 | 11,522,044 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care (\$24,017,195) and other amounts receivable | 31,495,403 | 1,294,604 | 30,200,799 | 22,163,422 |
| 25. Aggregate write-ins for other-than-invested assets | 4,223,438 | 4,057,559 | 165,879 | 2,135,256 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 699,452,340 | 5,352,163 | 694,100,177 | 468,587,727 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 699,452,340 | 5,352,163 | 694,100,177 | 468,587,727 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | 0 | 0 |
| 1102. | | | 0 | 0 |
| 1103. | | | 0 | 0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. State and other tax recoverable | 165,879 | | 165,879 | 2,135,256 |
| 2502. Other non-admitted assets (prepaids) | 4,057,559 | 4,057,559 | 0 | 0 |
| 2503. | | | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 4,223,438 | 4,057,559 | 165,879 | 2,135,256 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|-------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded)..... | 260,472,457 | | 260,472,457 | 196,012,171 |
| 2. Accrued medical incentive pool and bonus amounts | 9,212,153 | | 9,212,153 | 433,848 |
| 3. Unpaid claims adjustment expenses | 1,841,302 | | 1,841,302 | 1,296,230 |
| 4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act..... | 70,413,307 | | 70,413,307 | 63,112,356 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 75,636,099 | | 75,636,099 | 0 |
| 9. General expenses due or accrued | 7,981,190 | | 7,981,190 | 29,031,213 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | | | 0 | 0 |
| 10.2 Net deferred tax liability..... | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 4,000,162 | | 4,000,162 | 1,886,312 |
| 16. Derivatives..... | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)..... | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | 62,790,249 | | 62,790,249 | 41,558,802 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 23,790,050 | 0 | 23,790,050 | 1,427,973 |
| 24. Total liabilities (Lines 1 to 23)..... | 516,136,969 | 0 | 516,136,969 | 334,758,905 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 23,321,000 |
| 26. Common capital stock | XXX | XXX | 600,000 | 600,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 167,560,710 | 127,560,710 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 9,802,498 | (17,652,888) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 177,963,208 | 133,828,822 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 694,100,177 | 468,587,727 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Unclaimed property payable..... | 890,674 | | 890,674 | 1,427,973 |
| 2302. ACA Industry Fee Payable..... | 22,899,376 | | 22,899,376 | 0 |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 23,790,050 | 0 | 23,790,050 | 1,427,973 |
| 2501. Estimated ACA Industry Fee (following year)..... | XXX | XXX | | 23,321,000 |
| 2502. | XXX | XXX | | 0 |
| 2503. | XXX | XXX | | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 23,321,000 |
| 3001. | XXX | XXX | | 0 |
| 3002. | XXX | XXX | | 0 |
| 3003. | XXX | XXX | | 0 |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT AS OF JUNE 30, 2018 OF THE Harmony Health Plan, Inc.

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|--------------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months..... | XXX | 1,677,014 | 1,366,289 | 2,674,578 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 771,551,107 | 614,007,591 | 1,209,274,612 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | (15,106,900) | (3,794,511) | 290,434 |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | | 0 | 0 |
| 5. Risk revenue | XXX | | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 1,187,048 | 1,149,507 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 757,631,255 | 611,362,587 | 1,209,565,046 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 489,992,804 | 414,010,798 | 872,946,279 |
| 10. Other professional services | | 10,771,848 | 8,394,476 | 17,867,301 |
| 11. Outside referrals | | | 0 | 0 |
| 12. Emergency room and out-of-area | | 36,296,756 | 27,617,683 | 56,953,201 |
| 13. Prescription drugs | | 79,461,472 | 55,361,996 | 101,196,640 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | 6,736,834 | 155,000 | 123,849 |
| 16. Subtotal (Lines 9 to 15) | 0 | 623,259,714 | 505,539,953 | 1,049,087,270 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 164,286 | 0 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 623,095,428 | 505,539,953 | 1,049,087,270 |
| 19. Non-health claims (net)..... | | | 0 | 0 |
| 20. Claims adjustment expenses, including \$ 3,738,573 cost containment expenses..... | | 9,268,408 | 7,226,111 | 15,051,250 |
| 21. General administrative expenses..... | | 118,996,146 | 79,291,969 | 163,691,958 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | (7,672,865) | 0 | 45,579,968 |
| 23. Total underwriting deductions (Lines 18 through 22) | 0 | 743,687,117 | 592,058,033 | 1,273,410,446 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 13,944,138 | 19,304,554 | (63,845,400) |
| 25. Net investment income earned | | 2,504,299 | 752,939 | 1,798,146 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | 0 | 0 | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 2,504,299 | 752,939 | 1,798,146 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | 0 | 0 |
| 29. Aggregate write-ins for other income or expenses | 0 | (732,252) | (198,482) | (282,597) |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 15,716,185 | 19,859,011 | (62,329,851) |
| 31. Federal and foreign income taxes incurred | XXX | 9,607,614 | 10,565,130 | (5,152,170) |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 6,108,571 | 9,293,881 | (57,177,681) |
| DETAILS OF WRITE-INS | | | | |
| 0601. Other income..... | XXX | 1,187,048 | 1,149,507 | 0 |
| 0602. | XXX | | 0 | 0 |
| 0603. | XXX | | 0 | 0 |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 1,187,048 | 1,149,507 | 0 |
| 0701. | XXX | | 0 | 0 |
| 0702. | XXX | | 0 | 0 |
| 0703. | XXX | | 0 | 0 |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | 0 | 0 |
| 1402. | | | 0 | 0 |
| 1403. | | | 0 | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. Fines and penalties..... | | (732,252) | (198,482) | (282,597) |
| 2902. | | | 0 | 0 |
| 2903. | | | 0 | 0 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | (732,252) | (198,482) | (282,597) |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 | 2 | 3 |
|--|-------------------------|-----------------------|------------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 133,828,822 | 151,660,518 | 151,660,518 |
| 34. Net income or (loss) from Line 32 | 6,108,571 | 9,293,881 | (57,177,681) |
| 35. Change in valuation basis of aggregate policy and claim reserves | 0 | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | 0 | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 | 0 |
| 38. Change in net deferred income tax | 2,430,989 | 4,763,551 | 8,659,745 |
| 39. Change in nonadmitted assets | (4,405,174) | (3,312,003) | 686,240 |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles | 0 | 0 | 0 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | 0 | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | 0 | 0 | 0 |
| 44.3 Transferred to surplus | 0 | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 40,000,000 | 0 | 30,000,000 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | 0 | 0 | 0 |
| 46. Dividends to stockholders | 0 | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 44,134,386 | 10,745,429 | (17,831,696) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 177,963,208 | 162,405,947 | 133,828,822 |
| DETAILS OF WRITE-INS | | | |
| 4701. | 0 | 0 | 0 |
| 4702. | 0 | 0 | 0 |
| 4703. | 0 | 0 | 0 |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF JUNE 30, 2018 OF THE Harmony Health Plan, Inc.

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 821,785,954 | 599,624,240 | 1,211,853,838 |
| 2. Net investment income | 2,193,070 | 760,229 | 1,793,748 |
| 3. Miscellaneous income | 1,187,049 | 1,149,506 | 0 |
| 4. Total (Lines 1 to 3) | 825,166,073 | 601,533,975 | 1,213,647,586 |
| 5. Benefit and loss related payments | 558,736,858 | 481,100,720 | 992,629,555 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 0 | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 103,218,837 | 74,404,887 | 167,873,881 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | (95,346) | 7,475,991 | 7,925,612 |
| 10. Total (Lines 5 through 9) | 661,860,349 | 562,981,598 | 1,168,429,048 |
| 11. Net cash from operations (Line 4 minus Line 10) | 163,305,724 | 38,552,377 | 45,218,538 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 2,505,000 | 9,305,000 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 2,505,000 | 9,305,000 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 1,795,998 | 2,232,071 | 2,232,071 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 1,795,998 | 2,232,071 | 2,232,071 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (1,795,998) | 272,929 | 7,072,929 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 40,000,000 | 0 | 30,000,000 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied)..... | (1,985,978) | (2,145,630) | 670,495 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 38,014,022 | (2,145,630) | 30,670,495 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 199,523,748 | 36,679,676 | 82,961,962 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 284,302,954 | 201,340,992 | 201,340,992 |
| 19.2 End of period (Line 18 plus Line 19.1) | 483,826,701 | 238,020,668 | 284,302,954 |

STATEMENT AS OF JUNE 30, 2018 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits 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 | .0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 1,677,014 | | | | | | | 501,761 | 1,175,253 | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 823,849 | | | | | | | 499,456 | 324,393 | |
| 8. Non-Physician | 418,739 | | | | | | | 220,793 | 197,946 | |
| 9. Total | 1,242,588 | 0 | 0 | 0 | 0 | 0 | 0 | 720,249 | 522,339 | 0 |
| 10. Hospital Patient Days Incurred | 163,300 | | | | | | | 106,292 | 57,008 | |
| 11. Number of Inpatient Admissions | 24,625 | | | | | | | 14,365 | 10,260 | |
| 12. Health Premiums Written (a)..... | 771,634,960 | | | | | | | 481,519,262 | 289,916,385 | 199,313 |
| 13. Life Premiums Direct..... | .0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | .0 | | | | | | | | | |
| 15. Health Premiums Earned | 756,528,059 | | | | | | | 466,116,841 | 290,211,905 | 199,313 |
| 16. Property/Casualty Premiums Earned | .0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 557,488,090 | | | | | | | 361,532,675 | 196,023,518 | (68,103) |
| 18. Amount Incurred for Provision of Health Care Services | 623,259,714 | | | | | | | 364,882,164 | 258,187,655 | 189,895 |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 481,718,575

STATEMENT AS OF JUNE 30, 2018 OF THE Harmony Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
|---|---|------------------------------------|--|------------------------------------|---|--|
| | 1 | 2 | 3 | 4 | | |
| | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec. 31 of Prior Year | On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | | | | | .0 | .0 |
| 2. Medicare Supplement | | | | | .0 | .0 |
| 3. Dental only | | | | | .0 | .0 |
| 4. Vision only | | | | | .0 | .0 |
| 5. Federal Employees Health Benefits Plan | | | | | .0 | .0 |
| 6. Title XVIII - Medicare | 69,720,000 | 309,716,481 | 10,339,529 | 101,481,546 | 80,059,529 | 108,514,973 |
| 7. Title XIX - Medicaid | 39,848,242 | 157,993,488 | 38,377,165 | 109,855,922 | 78,225,407 | 87,336,901 |
| 8. Other health | (258,000) | 189,897 | 418,297 | (2) | 160,297 | 160,297 |
| 9. Health subtotal (Lines 1 to 8)..... | 109,310,242 | 467,899,866 | 49,134,991 | 211,337,466 | 158,445,233 | 196,012,171 |
| 10. Health care receivables (a) | 1,089,007 | 24,222,793 | | | 1,089,007 | .0 |
| 11. Other non-health | | | | | .0 | .0 |
| 12. Medical incentive pools and bonus amounts | (4,937,781) | 2,896,310 | 3,559,803 | 5,652,351 | (1,377,978) | 433,848 |
| 13. Totals (Lines 9-10+11+12) | 103,283,454 | 446,573,383 | 52,694,794 | 216,989,817 | 155,978,248 | 196,446,019 |

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Illinois for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Illinois insurance law. The National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Illinois.

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

| | SSAP # | F/S Page | F/S Line # | 2018 | 2017 |
|--|--------|-------------|---------------|-----------------------|------------------------|
| NET INCOME (LOSS) | | | | | |
| 1. Company state basis (Page 4, Line 32, Columns 2&3) | xxx | xxx | xxx | \$ 6,108,571 | \$ (57,177,681) |
| 2. State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: | | | | | |
| None | - | - | - | - | - |
| 3. State Permitted Practices that are an increase/ (decrease) from NAIC SAP: | | | | | |
| None | - | - | - | - | - |
| 4. NAIC SAP (1-2-3=4) | xxx | xxx | xxx | <u>\$ 6,108,571</u> | <u>\$ (57,177,681)</u> |
| SURPLUS | | | | | |
| 5. Company state basis (Page 3, Line 33, Columns 3&4) | xxx | xxx | xxx | \$ 177,963,208 | \$ 133,828,822 |
| 6. State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: | | | | | |
| Receivable from Affiliates | 23 | 2 | 23 | - | - |
| 7. State Permitted Practices that are an increase/ (decrease) from NAIC SAP: | | | | | |
| None | - | - | - | - | - |
| 8. NAIC SAP (5-6-7=8) | xxx | xxx | xxx | <u>\$ 177,963,208</u> | <u>\$ 133,828,822</u> |

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

No significant change.

C. Accounting Policy

No significant change.

D. Going Concern – None

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

No significant change.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans – None

B. Debt Restructuring – None

C. Reverse Mortgages – None

D. Loan-Backed Securities – None

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

F. Repurchase Agreement Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

H. Repurchase Agreements Transactions Accounted for as a Sale - None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

NOTES TO FINANCIAL STATEMENTS

- J. Real Estate – None
- K. Low-Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets
 - 1. No significant change
 - 2. None
 - 3. None
 - 4. None
- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. Structured Notes – None
- P. 5* Securities – None
- Q. Short Sales - None
- R. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

No significant change.

8. Derivative Instruments

None

9. Income Taxes

No significant change.

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

On June 27, 2018 the Company received a cash capital contribution of \$40,000,000 from the Parent Company, The WellCare Management Group, Inc. (“WMG”).

Comprehensive Health Management Inc. (“CHMI”)

During Q1 2018, the Company’s 2017 management fee true-up was calculated and booked. The true-up resulted in a \$5,173,000 decrease in management fees charged to the Company based on actual cost of services provided during 2017.

11. Debt

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

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

None

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

No significant change.

14. Liabilities, Contingencies and Assessments

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

15. Leases

None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None

NOTES TO FINANCIAL STATEMENTS

C. Wash Sales – None

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

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

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

None

20. Fair Value Measurements

- A. None
- B. None

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

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Not Practicable (Carrying Value) |
|---------------------------------|-------------------------|---------------------|---------------------|-------------|-------------|--|
| Bonds | | | | | | |
| US Government | \$ 5,412,270 | \$ 5,451,682 | \$ 5,412,270 | \$ - | \$ - | \$ - |
| Total Bonds | <u>\$ 5,412,270</u> | <u>\$ 5,451,682</u> | <u>\$ 5,412,270</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |

21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures and Unusual – None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-Transferable Tax Credits – None
- F. Subprime Mortgage Related Risk Exposure – None
- G. Retained Assets – None
- H. Offsetting and Netting of Asset and Liabilities – None

22. Events Subsequent

There were no events occurring subsequent to June 30, 2018 requiring disclosure. Subsequent events have been considered through August 10, 2018 for the Statutory statement issued on August 10, 2018.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. No significant change.
- B. No significant change.
- C. No significant change.
- D. Not applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

The estimated cost of claims expense attributable to insured events of the prior year decreased by \$40,467,772 during 2018. This is approximately 20.6% of unpaid claims expenses of \$196,446,019 as of December 31, 2017. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending June 30, 2018 was affected by approximately \$26,126,514 of net favorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables

No significant change.

29. Participating Policies

None

30. Premium Deficiency Reserves

The following table summarizes the Company's premium deficiency reserves as of June 30, 2018:

| | |
|---|---------------|
| 1. Liability carried for premium deficiency reserves | \$37,907,103 |
| 2. Date of most recent evaluation of this liability | June 30, 2018 |
| 3. Was anticipated investment income utilized in the calculation? | No |

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....0001279363
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2017
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2012
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).06/11/2014
- 6.4 By what department or departments?
Illinois Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

- 9.2 Has the code of ethics for senior managers been amended? Yes No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
 Minor revisions and clarifications of existing provisions. Adopted by the Board of Directors on May 24, 2018.....

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

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

FINANCIAL

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

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

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- | | |
|--|----------|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 16.3 Total payable for securities lending reported on the liability page | \$.....0 |

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

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|------------------------|
| SunTrust Bank..... | Nashville, TN..... |

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No

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

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| | |
| | |
| | |

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes No

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes No

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

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

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

- 18.2 If no, list exceptions:
.....

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

- Has the reporting entity self-designated 5*GI securities?..... Yes No

GENERAL INTERROGATORIES
PART 2 - HEALTH

- | | | |
|--|----------------|--|
| 1. Operating Percentages: | | |
| 1.1 A&H loss percent..... | 81.9 % | |
| 1.2 A&H cost containment percent | 0.5 % | |
| 1.3 A&H expense percent excluding cost containment expenses..... | 16.5 % | |
| 2.1 Do you act as a custodian for health savings accounts?..... | Yes [] No [X] | |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... | \$ | |
| 2.3 Do you act as an administrator for health savings accounts?..... | Yes [] No [X] | |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... | \$ | |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... | Yes [X] No [] | |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... | Yes [] No [] | |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Reinsurer | 8 Certified Reinsurer Rating (1 through 6) | 9 Effective Date of Certified Reinsurer Rating |
|---------------------------|----------------|------------------------|------------------------|----------------------------------|--------------------------------------|------------------------|---|---|
| NONE | | | | | | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

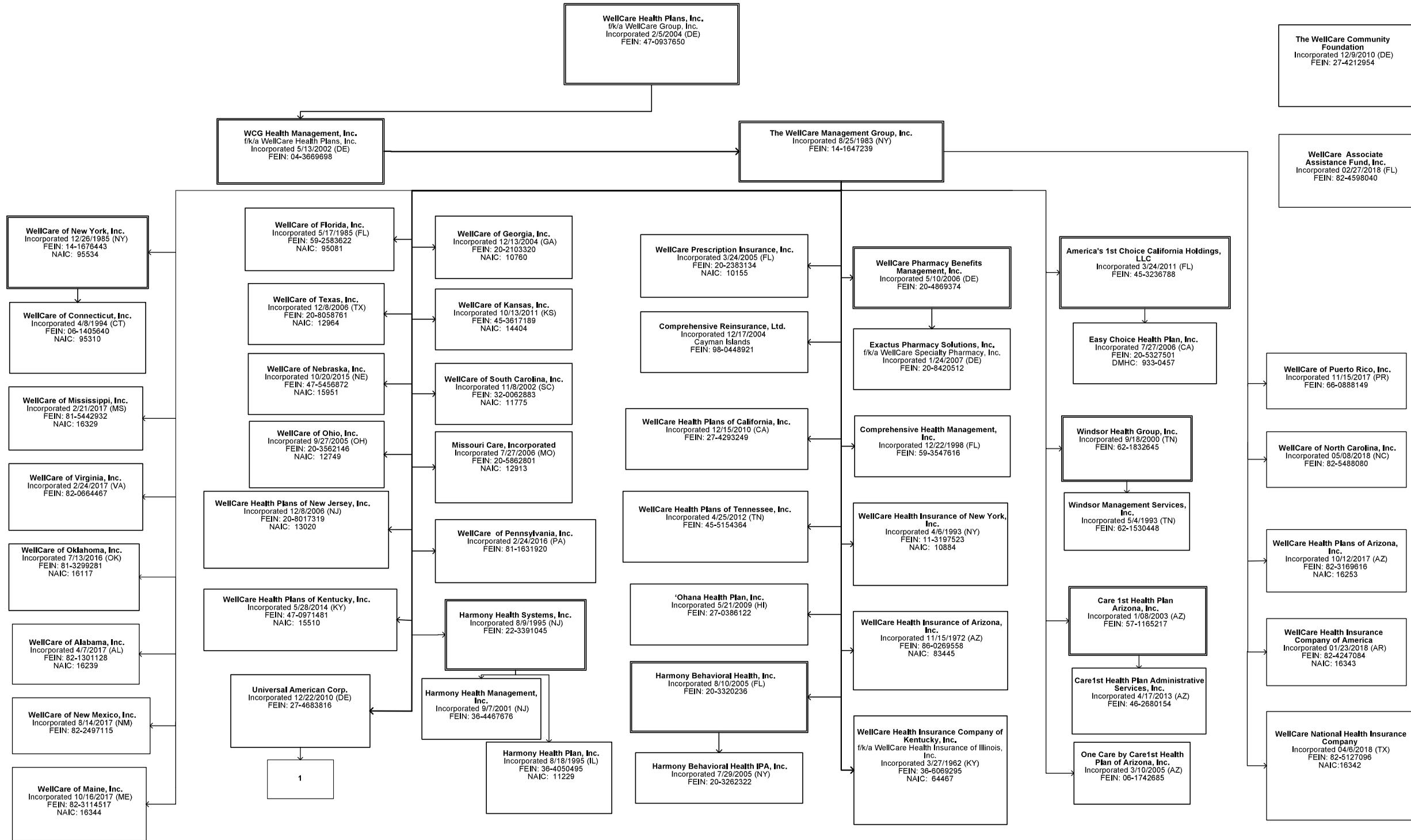
Current Year to Date - Allocated by States and Territories

| States, Etc. | 1 Active Status (a) | Direct Business Only | | | | | | | 9 Deposit-Type Contracts | |
|---|------------------------|---------------------------------|---------------------------|-------------------------|---|---|---------------------------------|--------------------------------|-----------------------------|---|
| | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life & Annuity Premiums & Other Considerations | 7 Property/Casualty Premiums | 8 Total Columns 2 Through 7 | | |
| 1. Alabama | AL | L | 70,252 | | | | | | 70,252 | |
| 2. Alaska | AK | N | | | | | | | 0 | |
| 3. Arizona | AZ | N | | | | | | | 0 | |
| 4. Arkansas | AR | L | 5,221 | 89,946,883 | | | | | 89,952,104 | |
| 5. California | CA | N | | | | | | | 0 | |
| 6. Colorado | CO | N | | | | | | | 0 | |
| 7. Connecticut | CT | N | | | | | | | 0 | |
| 8. Delaware | DE | N | | | | | | | 0 | |
| 9. Dist. Columbia | DC | N | | | | | | | 0 | |
| 10. Florida | FL | N | | | | | | | 0 | |
| 11. Georgia | GA | N | | | | | | | 0 | |
| 12. Hawaii | HI | N | | | | | | | 0 | |
| 13. Idaho | ID | L | | | | | | | 0 | |
| 14. Illinois | IL | L | | 93,392,899 | 289,916,385 | | | | 383,309,284 | |
| 15. Indiana | IN | L | | | | | | | 0 | |
| 16. Iowa | IA | N | | | | | | | 0 | |
| 17. Kansas | KS | N | | | | | | | 0 | |
| 18. Kentucky | KY | N | | | | | | | 0 | |
| 19. Louisiana | LA | N | | | | | | | 0 | |
| 20. Maine | ME | N | | | | | | | 0 | |
| 21. Maryland | MD | N | | | | | | | 0 | |
| 22. Massachusetts | MA | N | | | | | | | 0 | |
| 23. Michigan | MI | N | | | | | | | 0 | |
| 24. Minnesota | MN | N | | | | | | | 0 | |
| 25. Mississippi | MS | L | 31,031 | 167,420,906 | | | | | 167,451,937 | |
| 26. Missouri | MO | L | 2,676 | | | | | | 2,676 | |
| 27. Montana | MT | L | | | | | | | 0 | |
| 28. Nebraska | NE | N | | | | | | | 0 | |
| 29. Nevada | NV | N | | | | | | | 0 | |
| 30. New Hampshire | NH | N | | | | | | | 0 | |
| 31. New Jersey | NJ | N | | | | | | | 0 | |
| 32. New Mexico | NM | N | | | | | | | 0 | |
| 33. New York | NY | N | | | | | | | 0 | |
| 34. North Carolina | NC | N | | | | | | | 0 | |
| 35. North Dakota | ND | N | | | | | | | 0 | |
| 36. Ohio | OH | N | | | | | | | 0 | |
| 37. Oklahoma | OK | L | | | | | | | 0 | |
| 38. Oregon | OR | N | | | | | | | 0 | |
| 39. Pennsylvania | PA | N | | | | | | | 0 | |
| 40. Rhode Island | RI | N | | | | | | | 0 | |
| 41. South Carolina | SC | L | 7,116 | 62,103,023 | | | | | 62,110,139 | |
| 42. South Dakota | SD | N | | | | | | | 0 | |
| 43. Tennessee | TN | L | 75,571 | 68,655,550 | | | | | 68,731,121 | |
| 44. Texas | TX | N | | | | | | | 0 | |
| 45. Utah | UT | N | | | | | | | 0 | |
| 46. Vermont | VT | N | | | | | | | 0 | |
| 47. Virginia | VA | L | 7,447 | | | | | | 7,447 | |
| 48. Washington | WA | N | | | | | | | 0 | |
| 49. West Virginia | WV | N | | | | | | | 0 | |
| 50. Wisconsin | WI | N | | | | | | | 0 | |
| 51. Wyoming | WY | N | | | | | | | 0 | |
| 52. American Samoa | AS | N | | | | | | | 0 | |
| 53. Guam | GU | N | | | | | | | 0 | |
| 54. Puerto Rico | PR | N | | | | | | | 0 | |
| 55. U.S. Virgin Islands | VI | N | | | | | | | 0 | |
| 56. Northern Mariana Islands | MP | N | | | | | | | 0 | |
| 57. Canada | CAN | N | | | | | | | 0 | |
| 58. Aggregate other alien | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | | 199,314 | 481,519,261 | 289,916,385 | 0 | 0 | 0 | 771,634,960 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | | 0 | |
| 61. Total (Direct Business) | XXX | | 199,314 | 481,519,261 | 289,916,385 | 0 | 0 | 0 | 771,634,960 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 58001. | XXX | | | | | | | | | |
| 58002. | XXX | | | | | | | | | |
| 58003. | XXX | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page. | XXX | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG12 R – Registered – Non-domiciled RRGs 0
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
 N – None of the above – Not allowed to write business in the state45

Corporate Organization Chart of The WellCare Group of Companies as of June 30, 2018



1

Universal American Corp.
Incorporated: 12/22/2010 (DE)
FEIN: 27-4683816

Ownership is 100% except as noted

Collaborative Health Systems, LLC
Incorporated: 12/1/2011 (NY)
FEIN: 90-0779287

A

Universal American Holdings, LLC
Incorporated: 3/30/2011 (DE)
FEIN: 45-1352914

APS Parent, Inc.
Incorporated: 1/6/2012 (DE)
FEIN: 45-4644722

American Progressive Life and Health Insurance Company of New York
Incorporated: 9/22/1945 (NY)
FEIN: 13-1851754
NAIC: 80624

Premier Marketing Group, LLC
Incorporated: 12/1/2000 (DE)
FEIN: 58-2633295

Universal American Financial Services, Inc.
Incorporated: 12/29/1982 (DE)
FEIN: 95-3800329

15.1

UAM/APS Holding Corp.
Incorporated: 4/18/2007 (DE)
FEIN: 26-0153605

Quincy Coverage Corporation
Incorporated: 8/18/1988 (NY)
FEIN: 13-3491681

Penn Marketing America, LLC
Incorporated: 6/4/2001 (DE)
FEIN: 95-3623226

APS Healthcare, Inc.
Incorporated: 9/13/1991 (DE)
FEIN: 54-1602622

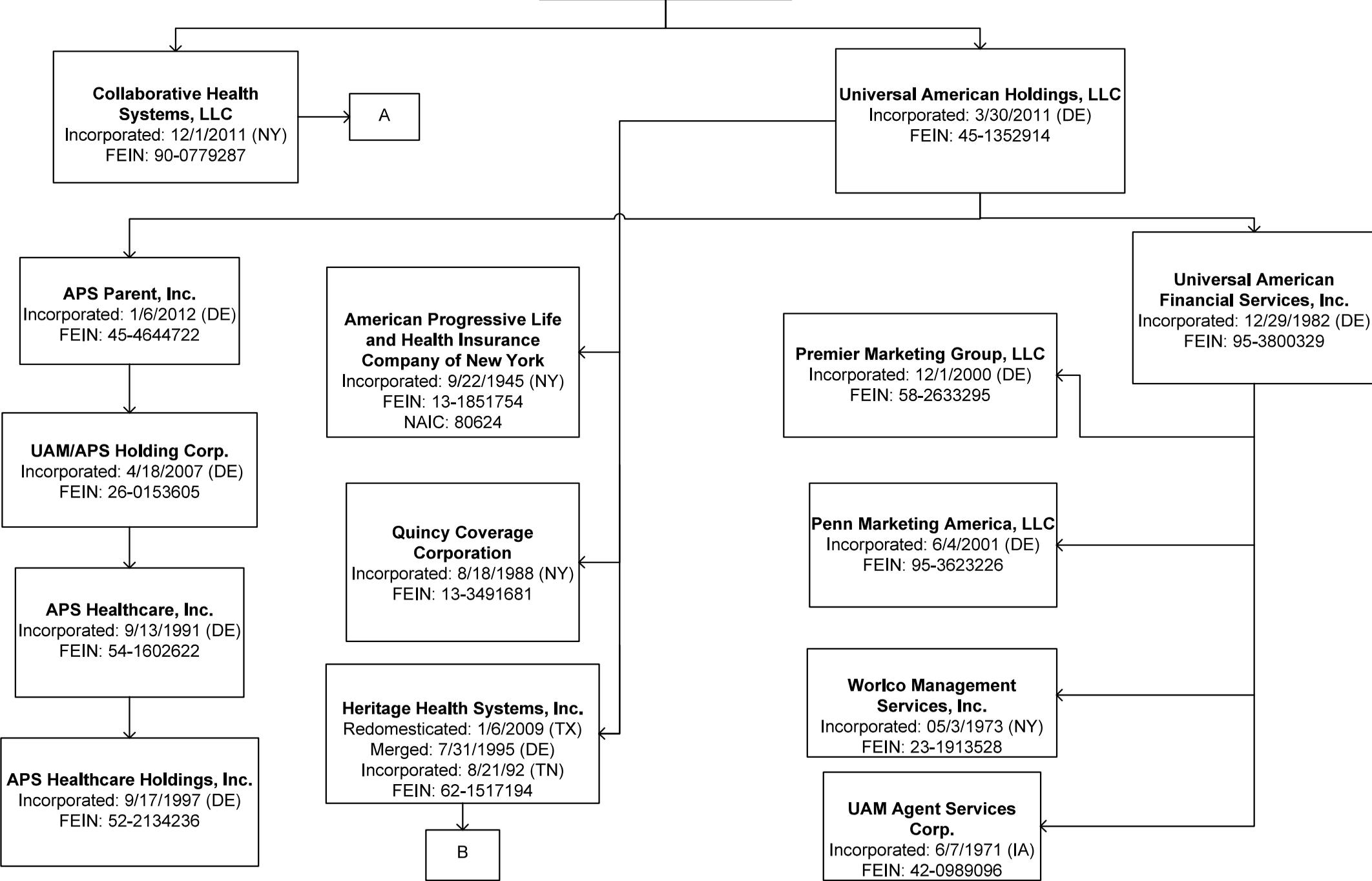
Heritage Health Systems, Inc.
Redomesticated: 1/6/2009 (TX)
Merged: 7/31/1995 (DE)
Incorporated: 8/21/92 (TN)
FEIN: 62-1517194

Worlco Management Services, Inc.
Incorporated: 05/3/1973 (NY)
FEIN: 23-1913528

APS Healthcare Holdings, Inc.
Incorporated: 9/17/1997 (DE)
FEIN: 52-2134236

B

UAM Agent Services Corp.
Incorporated: 6/7/1971 (IA)
FEIN: 42-0989096



A

Collaborative Health Systems, LLC
Incorporated: 12/1/2011 (NY)
FEIN: 90-0779287

Ownership is 100% except as noted

15.2

Accountable Care Coalition of Central Georgia, LLC
Incorporated: 6/6/2012 (GA)
FEIN: 45-5510251 51%

Accountable Care Coalition of Chesapeake, LLC
Incorporated: 5/10/2016 (MD)
FEIN: 81-2588974 51%

Accountable Care Coalition of Coastal Georgia, LLC
Incorporated: 12/22/2011 (GA)
FEIN: 45-4113655 51%

Accountable Care Coalition of DeKalb, LLC
Incorporated: 2/13/2012 (GA)
FEIN: 45-4537668 80%

Accountable Care Coalition of Arizona, LLC
Incorporated: 4/20/2017 (AZ)
FEIN: 82-1246845

Accountable Care Coalition of Louisiana, LLC
Incorporated: 5/24/2017 (LA)
FEIN: 82-1637625

Accountable Care Coalition of Eastern Wisconsin, LLC
Incorporated: 5/10/2016 (WI)
FEIN: 81-2629752

Accountable Care Coalition of Georgia, LLC
Incorporated: 6/6/2012 (GA)
FEIN: 45-5481108 51%

Accountable Care Coalition of Maryland, LLC
Incorporated: 12/27/2011 (MD)
FEIN: 45-4119739 51%

Accountable Care Coalition of Maryland Primary Care, LLC
Incorporated: 6/4/2012 (MD)
FEIN: 45-5449147 51%

Accountable Care Coalition of Community Health Centers, LLC
Incorporated: 5/24/2017 (TX)
FEIN: 82-1681146 51%

Accountable Care Coalition of New Jersey, LLC
Incorporated: 4/21/2017 (NJ)
FEIN: 82-1263227 51%

Accountable Care Coalition of Mississippi, LLC
Incorporated: 5/24/2013 (MS)
FEIN: 46-2881180 51%

Accountable Care Coalition of Mount Kisco, LLC
Incorporated: 12/22/2011 (NY)
FEIN: 45-4105836 51%

Accountable Care Coalition of North Texas, LLC
Incorporated: 2/16/2012 (TX)
FEIN: 45-4552802 51%

Accountable Care Coalition of Northeast Georgia, LLC
Incorporated: 4/8/2015 (GA)
FEIN: 47-3894436 51%

Accountable Care Coalition of Northwest Florida, LLC
Incorporated: 12/22/2011 (FL)
FEIN: 45-4106526 51%

Accountable Care Coalition of South Carolina, LLC
Incorporated: 5/5/2015 (SC)
FEIN: 47-3913308

Accountable Care Coalition of Community Health Centers II, LLC
Incorporated: 5/24/2017 (TX)
FEIN: 82-1669422

Accountable Care Coalition of North West Region, LLC
Incorporated: 2/13/2012 (OR)
FEIN: 82-1604548

Accountable Care Coalition of Southeast Texas, Inc.
Incorporated: 4/28/2015 (TX)
FEIN: 47-3843552

Accountable Care Coalition of Southeast Wisconsin, LLC
Incorporated: 12/22/2011 (WI)
FEIN: 45-4113610 51%

Accountable Care Coalition of Syracuse, LLC
Incorporated: 2/13/2012 (NY)
FEIN: 45-4546234 51%

Accountable Care Coalition of Texas, Inc.
Incorporated: 6/28/2011 (TX)
FEIN: 45-2742298

Accountable Care Coalition of the Tri-Counties, LLC
Incorporated: 1/4/2012 (SC)
FEIN: 45-4113780 51%

Accountable Care Coalition of Western Georgia, LLC
Incorporated: 2/9/2012 (GA)
FEIN: 45-4537584 51%

Accountable Care Coalition of Southeast Partners, LLC
Incorporated: 5/22/2017 (GA)
FEIN: 82-1623920

Accountable Care Coalition of Northwest Region II, LLC
Incorporated: 5/24/2017 (OR)
FEIN: 82-1698885

AWC of Syracuse, Inc.
Incorporated: 11/6/2014 (NY)
FEIN: 47-2346408

Chrysalis Medical Services, LLC
Incorporated: 12/11/2013 (NJ)
FEIN: 30-0803845 51%

Collaborative Health Systems of Maryland, Inc.
Incorporated: 7/21/2016 (MD)
FEIN: 81-3365375

Collaborative Health Systems of Virginia, Inc.
Incorporated: 7/21/2016 (VA)
FEIN: 81-3306594

Accountable Care Coalition of Hawaii, LLC
Incorporated: 3/17/2017 (HI)
FEIN: 82-1558080

Accountable Care Coalition of Pennsylvania, LLC
Incorporated: 5/18/2017 (PA)
FEIN: 82-0727997

Essential Care Partners, LLC
Incorporated: 2/17/2012 (TX)
FEIN: 45-4561546 51%

Hudson Accountable Care, LLC
Incorporated: 5/16/2015 (NY)
FEIN: 47-3923394 51%

Maine Primary Care Holdings, LLC
Incorporated: 2/14/2012 (ME)
FEIN: 45-4679969 97%

Maryland Collaborative Care, LLC
Incorporated: 5/4/2012 (MD)
FEIN: 90-0855950 51%

Mid-Atlantic Collaborative Care, LLC
Incorporated: 5/20/2016 (MD)
FEIN: 81-2704355 51%

Northern Maryland Collaborative Care, LLC
Incorporated: 6/14/2012 (MD)
FEIN: 45-5626871 51%

Accountable Care Coalition of Indiana, LLC
Incorporated: 3/27/2017 (IN)
FEIN: 82-0746336

Accountable Care Coalition of Tennessee, LLC
Incorporated: 4/18/2017 (TN)
FEIN: 82-1219279 51%

Virginia Collaborative Care, LLC
Incorporated: 6/4/2012 (VA)
FEIN: 45-5439406 51%

Maine Community Accountable Care Organization, LLC
Incorporated: 2/14/2012 (ME)
FEIN: 45-4552092 49.47%

B

Heritage Health Systems, Inc.
Redomesticated: 1/6/2009 (TX)
FEIN: 62-1517194

SelectCare of Texas, Inc.
Incorporated: 5/30/2000 (TX)
FEIN: 62-1819658
NAIC: 10096

Heritage Physician Networks
Incorporated: 9/05/1997 (TX)
FEIN: 76-0560730

Heritage Health Systems of Texas, Inc.
Incorporated: 9/16/1994 (TX)
FEIN: 76-0459857

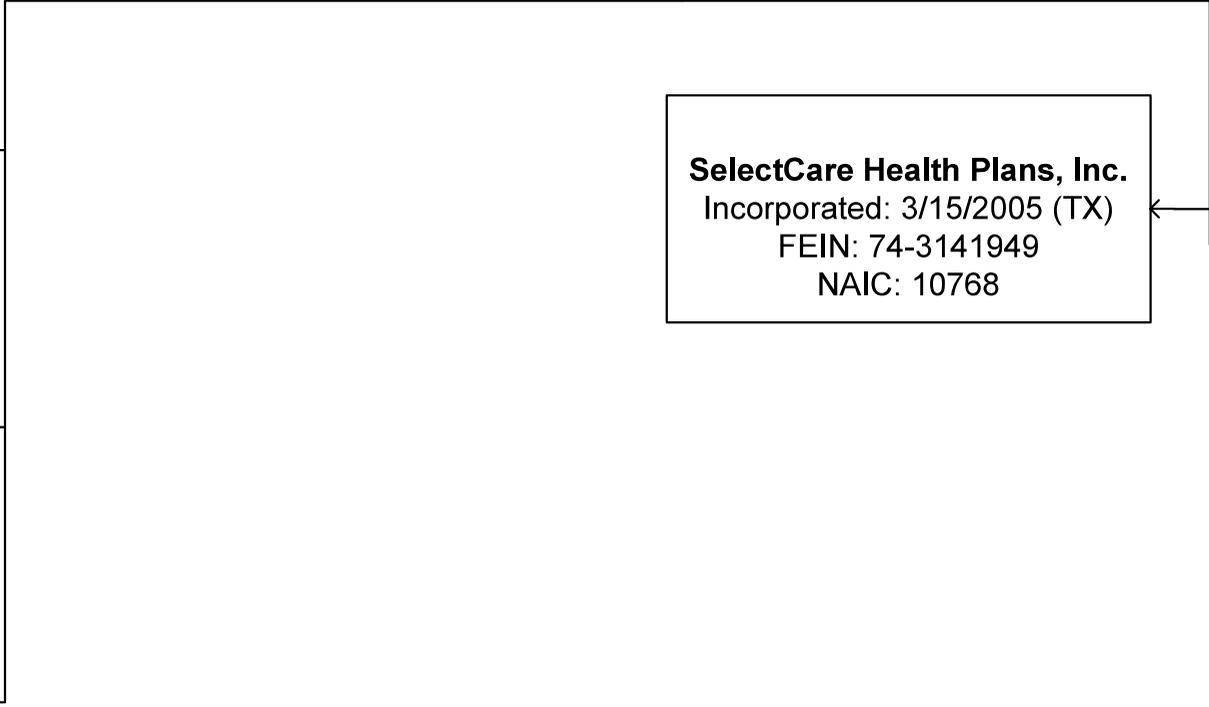
Golden Triangle Physician Alliance
Incorporated: 7/22/1996 (TX)
FEIN: 62-1694548

SelectCare Health Plans, Inc.
Incorporated: 3/15/2005 (TX)
FEIN: 74-3141949
NAIC: 10768

HHS Texas Management, Inc.
Incorporated: 5/01/1996 (GA)
FEIN: 76-0500964

HHS Texas Management, LP
Incorporated: 5/01/1996 (GA)
FEIN: 76-0500963 99.1%

15.3



STATEMENT AS OF JUNE 30, 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 | .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 | UDP | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 00000 | 20-3320236 | | | | Harmony Behavioral Health Inc | FL | NIA | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 11229 | 36-4050495 | | | | Harmony Health Plan Inc | IL | IA | Harmony Health Systems, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 00000 | 22-3391045 | | | | Harmony Health Systems Inc | IL | NIA | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 00000 | 36-4467676 | | | | Harmony Health Management Inc | IL | NIA | Harmony Health Systems, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 00000 | 47-0937650 | | 0001279363 | NYSE | WellCare Health Plans Inc | FL | UIP | Shareholders | 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 |

STATEMENT AS OF JUNE 30, 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 | 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 | 16329 | 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 |

STATEMENT AS OF JUNE 30, 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 | 45-4113655 | | | | 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 | 45-5481108 | | | | Accountable Care Coalition of Georgia, LLC | .GA | NIA | Collaborative Health Systems LLC | Ownership | 51.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 00000 | 82-1623920 | | | | Accountable Care Coalition of Southeast Partners, LLC | .GA | NIA | Collaborative Health Systems LLC | Ownership | 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 | 82-1637625 | | | | 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 |
| 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 |

STATEMENT AS OF JUNE 30, 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 | 82-1219279 | | | | 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 |
| 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 |

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STATEMENT AS OF JUNE 30, 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 | 90-0855950 | | | | Maryland Collaborative Care, LLC | MD | NIA | Collaborative Health Systems | Ownership | 51.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 00000 | 81-2704355 | | | | Mid-Atlantic Collaborative Care, LLC | MD | NIA | Collaborative Health Systems, LLC | Ownership | 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 | 16253 | 82-3169616 | | | | WellCare Health Plans of Arizona, Inc | AZ | IA | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 16344 | 82-3114517 | | | | WellCare of Maine, Inc | ME | IA | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 00000 | 66-0888149 | | | | WellCare of Puerto Rico, Inc | PR | IA | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 00000 | 82-4598040 | | | | WellCare Associate Assistance Fund, Inc | FL | NIA | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 16343 | 82-4247084 | | | | WellCare Health Insurance Company of America | AR | IA | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 16342 | 82-5127096 | | | | WellCare National Health Insurance Company | TX | IA | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |
| 01199 | WellCare Health Plans Inc | 00000 | 82-5488080 | | | | WellCare of North Carolina, Inc | NC | IA | The WellCare Management Group, Inc | Ownership | 100.0 | WellCare Health Plans, Inc | N | .0 |

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D – VERIFICATION

Bonds and Stocks

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 3,654,253 | 10,868,523 |
| 2. Cost of bonds and stocks acquired | 1,795,998 | 2,232,071 |
| 3. Accrual of discount | 4,714 | 85 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | 0 | 9,305,000 |
| 7. Deduct amortization of premium | 3,283 | 141,427 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 5,451,681 | 3,654,253 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 5,451,681 | 3,654,253 |

STATEMENT AS OF JUNE 30, 2018 OF THE Harmony Health Plan, Inc.

SCHEDULE D - PART 1B

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-----------------------------------|---|--|--|---|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 5,450,208 | | 0 | 1,473 | 5,450,208 | 5,451,681 | 0 | 3,654,253 |
| 2. NAIC 2 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 3. NAIC 3 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 5,450,208 | 0 | 0 | 1,473 | 5,450,208 | 5,451,681 | 0 | 3,654,253 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | 0 | | | | 0 | 0 | 0 | 0 |
| 9. NAIC 2..... | 0 | | | | 0 | 0 | 0 | 0 |
| 10. NAIC 3..... | 0 | | | | 0 | 0 | 0 | 0 |
| 11. NAIC 4..... | 0 | | | | 0 | 0 | 0 | 0 |
| 12. NAIC 5..... | 0 | | | | 0 | 0 | 0 | 0 |
| 13. NAIC 6..... | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock | 5,450,208 | 0 | 0 | 1,473 | 5,450,208 | 5,451,681 | 0 | 3,654,253 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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SCHEDULE DA - PART 1

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|---------|---------------------------------|-----------|-------------|------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year To Date | Paid for Accrued Interest Year To Date |
| 9199999 | | XXX | | | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year..... | 0 | 1,651,991 |
| 2. Cost of short-term investments acquired | 0 | 0 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase (decrease)..... | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 0 | 1,651,991 |
| 7. Deduct amortization of premium..... | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | 0 | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized..... | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 0 | 0 |
| 11. Deduct total nonadmitted amounts..... | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION

(Cash Equivalents)

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|----------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 189,300,605 | 0 |
| 2. Cost of cash equivalents acquired | 620,037,083 | 596,110,605 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals..... | | 0 |
| 6. Deduct consideration received on disposals | 423,841,991 | 406,810,000 |
| 7. Deduct amortization of premium | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other than temporary impairment recognized | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 385,495,696 | 189,300,605 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 385,495,696 | 189,300,605 |

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

