



# QUARTERLY STATEMENT

AS OF SEPTEMBER 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>Frederic Joseph McGrath #</u>	<u>President</u>	<u>Michael Troy Meyer</u>	<u>Assistant Treasurer, VP and Corporate Controller</u>
<u>Richard Charles Fisher</u>	<u>CFO and Vice President</u>	<u>Tammy Lynn Meyer</u>	<u>Assistant Secretary and Vice President</u>

### OTHER OFFICERS

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

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

State of .....

ss

County of .....

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

Frederic Joseph McGrath  
President

Michael Troy Meyer  
Assistant Treasurer, VP and Corporate Controller

Richard Charles Fisher  
CFO and Vice President

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

b. If no:

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

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

STATEMENT AS OF SEPTEMBER 30, 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 .....	5,453,155		5,453,155	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 (\$ ..... 63,267,418 ), cash equivalents (\$ ..... 382,466,408 ) and short-term investments (\$ ..... 0 ) .....	445,733,826		445,733,826	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) .....	451,186,981	0	451,186,981	287,957,206
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	884,882		884,882	259,730
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	118,150,422		118,150,422	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 (\$ ..... ) .....	2,490,713		2,490,713	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 .....	1,607,153		1,607,153	1,143,665
18.1 Current federal and foreign income tax recoverable and interest thereon .....	10,520,053		10,520,053	12,576,440
18.2 Net deferred tax asset .....	4,059,675		4,059,675	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 .....	6,568,730		6,568,730	0
24. Health care (\$ ..... 27,149,791 ) and other amounts receivable .....	34,102,302	1,067,597	33,034,705	22,163,422
25. Aggregate write-ins for other-than-invested assets .....	3,616,522	2,828,800	787,722	2,135,256
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	633,187,433	3,896,397	629,291,036	468,587,727
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	633,187,433	3,896,397	629,291,036	468,587,727
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. State and other tax recoverable .....	787,722		787,722	2,135,256
2502. Other non-admitted assets (prepaids) .....	2,828,800	2,828,800	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) .....	3,616,522	2,828,800	787,722	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).....	273,747,339		273,747,339	196,012,171
2. Accrued medical incentive pool and bonus amounts .....	10,764,444		10,764,444	433,848
3. Unpaid claims adjustment expenses .....	1,933,215		1,933,215	1,296,230
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	40,707,330		40,707,330	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 .....			0	0
9. General expenses due or accrued .....	23,352,949		23,352,949	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 .....	479		479	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 .....	51,526,125		51,526,125	41,558,802
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	727,934	0	727,934	1,427,973
24. Total liabilities (Lines 1 to 23).....	402,759,815	0	402,759,815	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	58,370,511	(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	226,531,221	133,828,822
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	629,291,036	468,587,727
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed property payable.....	727,934		727,934	1,427,973
2302. ....			0	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) .....	727,934	0	727,934	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 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	2,698,680	2,020,839	2,674,578
2. Net premium income (including \$ non-health premium income).....	XXX	1,224,284,260	918,178,723	1,209,274,612
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	(17,880,329)	290,434	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	.0	.0
7. Aggregate write-ins for other non-health revenues .....	XXX	.0	.0	.0
8. Total revenues (Lines 2 to 7) .....	XXX	1,207,590,979	918,469,157	1,209,565,046
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		784,502,064	640,344,106	872,946,279
10. Other professional services .....		18,505,099	12,846,574	17,867,301
11. Outside referrals .....			.0	.0
12. Emergency room and out-of-area .....		60,620,340	42,066,838	56,953,201
13. Prescription drugs .....		112,525,647	78,123,733	101,196,640
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....		15,131,457	232,500	123,849
16. Subtotal (Lines 9 to 15) .....	.0	991,284,607	773,613,751	1,049,087,270
<b>Less:</b>				
17. Net reinsurance recoveries .....			.0	.0
18. Total hospital and medical (Lines 16 minus 17) .....	.0	991,284,607	773,613,751	1,049,087,270
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$ 5,947,708 cost containment expenses.....		14,514,970	11,109,137	15,051,250
21. General administrative expenses.....		169,722,402	121,419,328	163,691,958
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(39,701,280)	.0	45,579,968
23. Total underwriting deductions (Lines 18 through 22) .....	.0	1,135,820,699	906,142,216	1,273,410,446
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	71,770,280	12,326,941	(63,845,400)
25. Net investment income earned .....		4,721,880	1,223,933	1,798,146
26. Net realized capital gains (losses) less capital gains tax of \$ .....			.0	.0
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	4,721,880	1,223,933	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)	(199,397)	(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	75,759,908	13,351,477	(62,329,851)
31. Federal and foreign income taxes incurred .....	XXX	12,645,631	9,232,584	(5,152,170)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	63,114,277	4,118,893	(57,177,681)
<b>DETAILS OF WRITE-INS</b>				
0601. Other income.....	XXX	1,187,048	.0	.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	0	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)	(199,397)	(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)	(199,397)	(282,597)

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	133,828,822	151,660,518	151,660,518
34. Net income or (loss) from Line 32 .....	63,114,277	4,118,893	(57,177,681)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(101)	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(7,462,369)	5,455,431	8,659,745
39. Change in nonadmitted assets .....	(2,949,408)	(2,590,282)	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
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....	40,000,000	0	30,000,000
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		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) .....	92,702,399	6,984,042	(17,831,696)
49. Capital and surplus end of reporting period (Line 33 plus 48)	226,531,221	158,644,560	133,828,822
<b>DETAILS OF WRITE-INS</b>			
4701. ....		0	0
4702. ....		0	0
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	1,233,889,014	910,593,484	1,211,853,838
2. Net investment income .....	4,093,723	1,336,166	1,793,748
3. Miscellaneous income .....	1,187,049	0	0
4. Total (Lines 1 to 3) .....	1,239,169,786	911,929,650	1,213,647,586
5. Benefit and loss related payments .....	914,705,764	734,969,470	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 .....	179,159,533	116,194,062	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).....	10,589,245	9,603,391	7,925,612
10. Total (Lines 5 through 9) .....	1,104,454,542	860,766,923	1,168,429,048
11. Net cash from operations (Line 4 minus Line 10) .....	134,715,244	51,162,727	45,218,538
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	7,505,000	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	7,505,000	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)	5,272,929	7,072,929
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	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).....	(11,488,373)	4,834,384	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).....	28,511,627	4,834,384	30,670,495
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	161,430,873	61,270,040	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) .....	445,733,826	262,611,032	284,302,954

STATEMENT AS OF SEPTEMBER 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 .....	333,444							86,593	246,851	
5. Current Year	0									
6. Current Year Member Months	2,698,680							759,901	1,938,779	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	1,309,740							761,451	548,289	
8. Non-Physician .....	670,704							339,926	330,778	
9. Total	1,980,444	0	0	0	0	0	0	1,101,377	879,067	0
10. Hospital Patient Days Incurred	255,398							157,544	97,854	
11. Number of Inpatient Admissions	38,696							21,258	17,438	
12. Health Premiums Written (a).....	1,224,418,804							727,637,373	496,582,118	199,313
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	1,206,538,475							709,462,513	496,876,649	199,313
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	913,591,398							562,095,030	351,324,324	172,044
18. Amount Incurred for Provision of Health Care Services	991,284,607							556,363,491	434,513,290	407,826

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 727,637,373



STATEMENT AS OF SEPTEMBER 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 .....	74,117,099	500,122,561	5,005,049	98,455,620	79,122,148	108,514,973
7. Title XIX - Medicaid .....	44,962,769	307,260,899	34,653,159	135,237,430	79,615,928	87,336,901
8. Other health .....	(188,954)	360,998	349,251	46,829	160,297	160,297
9. Health subtotal (Lines 1 to 8).....	118,890,914	807,744,458	40,007,459	233,739,879	158,898,373	196,012,171
10. Health care receivables (a) .....	870,085	27,347,303			870,085	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....	(4,983,500)	9,784,361	4,120,380	6,644,064	(863,120)	433,848
13. Totals (Lines 9-10+11+12)	113,037,329	790,181,516	44,127,839	240,383,943	157,165,168	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
<b>NET INCOME (LOSS)</b>					
1. Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	\$ 63,114,277	\$ (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>\$ 63,114,277</u>	<u>\$ (57,177,681)</u>
<b>SURPLUS</b>					
5. Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 226,531,221	\$ 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>\$ 226,531,221</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.

In 2018, the Company’s Agreement with CHMI was amended. The indirect cost charge for Medicaid gross premium earned was revised from 11.5% to 11.8%, the indirect cost charge for Medicare gross premium earned was revised from 8.7% to 7.2%, and both changes are retroactive to January 1, 2018; the indirect cost charge for Medicare Part D gross premium was removed from the management agreement since that contract ended December 31, 2016. The agreement was approved by the Department on August 23, 2018 and the new rates, including retroactivity, were put into effect in the third quarter of 2018.

### 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

## NOTES TO FINANCIAL STATEMENTS

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

None

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

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

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

- A. ASO Plans – None
- B. ASC Plans – None
- C. Medicare of Similarly Structured Cost Based Reimbursement Contract
  - 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. Assets that are measured at fair value on a recurring basis subsequent to initial recognition.

Description of each class of asset or liability	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) included in Level 2
a. Assets at fair value					
<u>Cash Equivalents</u>					
Exempt Money Market Funds	\$ 97,225,120	\$ -	\$ -	\$ 97,225,120	\$ -
Other Money Market Funds	235,262,287	-	-	235,262,287	-
Total Cash Equivalents	\$ 332,487,407	\$ -	\$ -	\$ 332,487,407	\$ -
<u>Perpetual Preferred Stock</u>					
Industrial & Misc.	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
<u>Bonds</u>					
U.S. Government	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial & Misc.	-	-	-	-	-
Hybrid Securities	-	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -	\$ -

## NOTES TO FINANCIAL STATEMENTS

Common Stock

Industrial & Misc.	\$	-	\$	-	\$	-	\$	-
Parent, Subsidiaries and Affiliates								
Total Common Stock	\$	-	\$	-	\$	-	\$	-

Derivatives Assets

Interest rate contracts	\$	-	\$	-	\$	-	\$	-
Foreign exchange contracts		-		-		-		-
Credit contracts		-		-		-		-
Commodity futures contracts		-		-		-		-
Commodity futures contracts		-		-		-		-
Total Derivatives	\$	-	\$	-	\$	-	\$	-

Separate account assets

Total assets at fair value	\$	332,487,407	\$	-	\$	332,487,407	\$	-
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b. Liabilities at fair value	\$	-	\$	-	\$	-	\$	-
Total liabilities at fair value	\$	-	\$	-	\$	-	\$	-

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)
<u>Bonds</u>						
US Government	\$ 5,416,158	\$ 5,453,156	\$ 5,416,158	\$ -	\$ -	\$ -
Total Bonds	\$ 5,416,158	\$ 5,453,156	\$ 5,416,158	\$ -	\$ -	\$ -

**21. Other Items**

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

In Q3 2018, as a result of WellCare Health Plan Inc.'s acquisition of Meridian (inclusive of Meridian Health Plans of Illinois, Inc. ("Meridian IL")), management has an agreement with the Illinois Department of Healthcare and Family Services ("HFS") to terminate the Company's IL Medicaid contract on a date mutually agreeable and, upon termination, HFS will transfer these members onto the Meridian IL Medicaid contract. During the same quarter, management notified HFS that it intends to terminate the Company's Medicaid contract, effective December 31, 2018 at 11:59 PM EST such that the members will transfer to the Meridian IL Medicaid contract on January 1, 2019 ("integration date"). On the integration date, new blended premium capitation rates will be assigned to the Meridian IL contract.

- 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 September 30, 2018 requiring disclosure. Subsequent events have been considered through November 9, 2018 for the Statutory statement issued on November 9, 2018.

**23. Reinsurance**

No significant change.

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

- A. No significant change.

## NOTES TO FINANCIAL STATEMENTS

- 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 \$39,280,850 during 2018. This is approximately 20.0% 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 September 30, 2018 was affected by approximately \$24,338,523 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

### 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 September 30, 2018:

1. Liability carried for premium deficiency reserves	\$5,878,688
2. Date of most recent evaluation of this liability	September 30, 2018
3. Was anticipated investment income utilized in the calculation?	No

For the merged Illinois Medicaid contract discussed in Note 21C, the management, servicing and financial accountability of the two populations are aligned such that aggregation would be appropriate as of 9/30/2018 for premium deficiency reserve ("PDR") purposes. Accordingly, the total Illinois (combined) PDR model was updated based on existing known and projected factors from October 1, 2018 through December 31, 2021 (end of the contract period) for the combined businesses. The Company's standalone PDR model was updated to account for the last 3 months of 2018 (up to the integration date). This allowed for a statutory bifurcation of the remaining PDR liability, on the Company through January 1, 2019 (the expected integration date), for the Company as a standalone contract. The difference between the combined model, noted above, and the Company's standalone model was recorded as a liability on Meridian IL (the ultimate holder of the combined business). The combined PDR was \$20.6M, with \$5.9M recorded on the Company and \$14.7M recorded on Meridian IL.

### 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 [X] No [ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
WellCare Health Plans completed its acquisition of Meridian which resulted in seven Meridian legal entities being added to Schedule Y ..... Yes [X] No [ ]
- 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 [X] No [ ] 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: ..... \$ .....0

**INVESTMENT**

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

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	2
	Prior Year-End Book/Adjusted Carrying Value	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.....  | 79.4 %         |  |
| 1.2 A&H cost containment percent .....   | 0.5 %          |  |
| 1.3 A&H expense percent excluding cost containment expenses.....   | 14.8 %         |  |
| 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
<div data-bbox="1139 751 1478 857" data-label="Text"> <p>NONE</p> </div>								

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

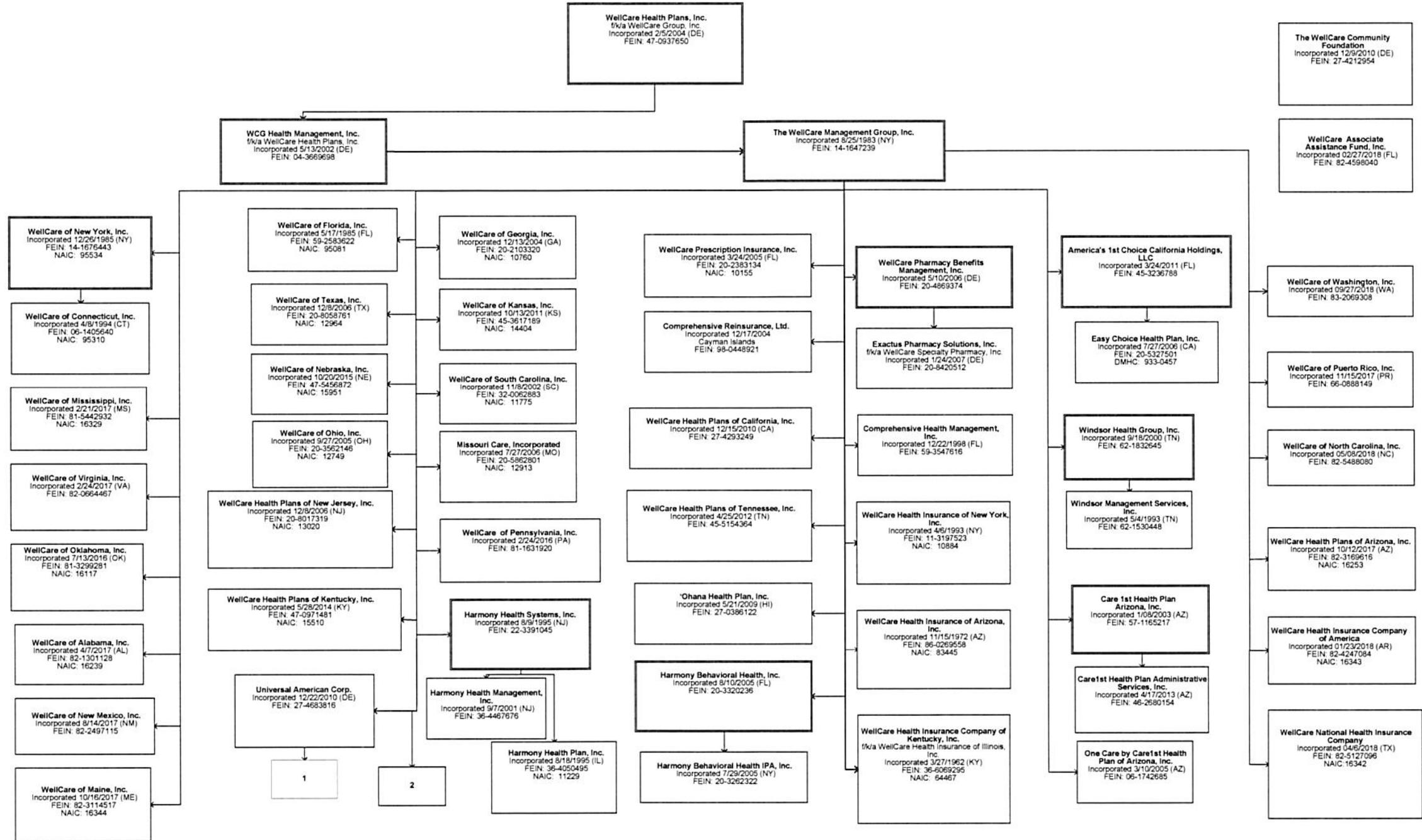
Current Year to Date - Allocated by States and Territories

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	135,439,350					135,444,571	
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		145,852,825	496,582,118				642,434,943	
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	246,740,693					246,771,724	
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	95,974,015					95,981,131	
42. South Dakota	SD	N							0	
43. Tennessee	TN	L	75,571	103,630,489					103,706,060	
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	727,637,372	496,582,118	0	0	0	1,224,418,804	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX		199,314	727,637,372	496,582,118	0	0	0	1,224,418,804	0
<b>DETAILS OF WRITE-INS</b>										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .....12 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 state .....45

Corporate Organization Chart of The WellCare Group of Companies as of September 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

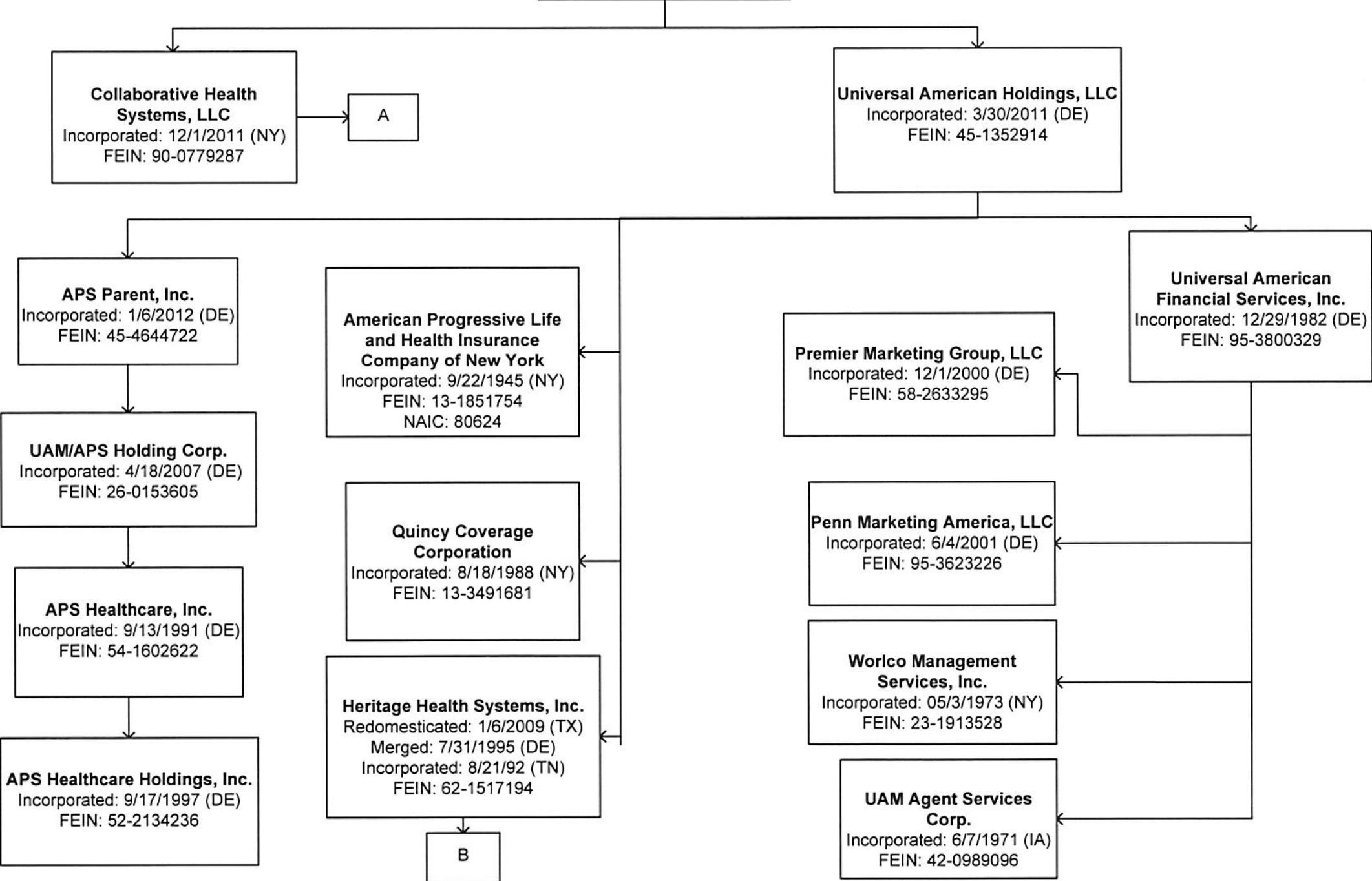
**Heritage Health Systems, Inc.**  
Redomesticated: 1/6/2009 (TX)  
Merged: 7/31/1995 (DE)  
Incorporated: 8/21/92 (TN)  
FEIN: 62-1517194

**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

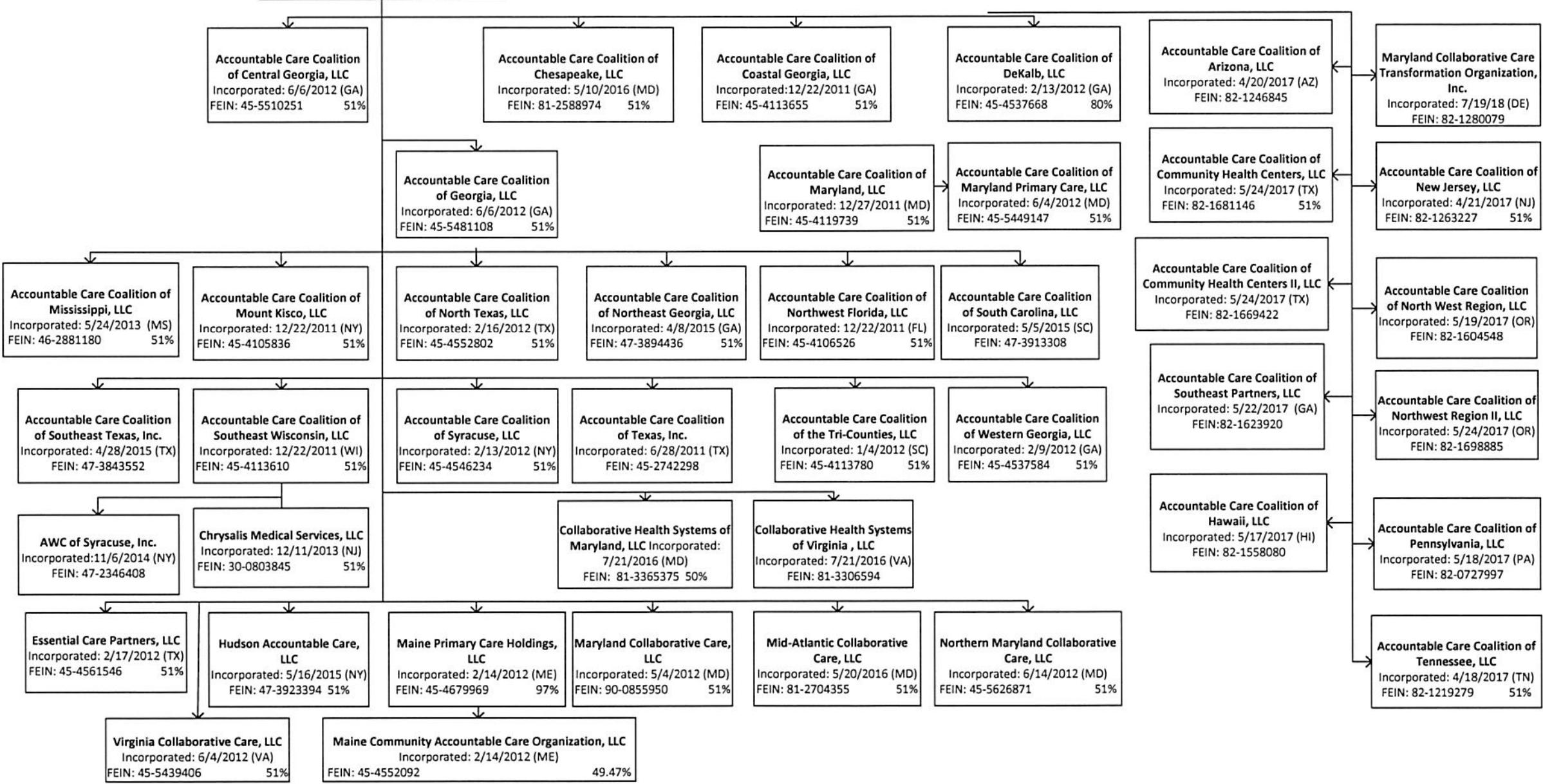


15.2

A

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

Ownership is 100% except as noted





**The WellCare Management Group, Inc.**  
Incorporated: 08/25/1983 (NY)  
FEIN: 14-1647239

2

100%

**Caidan Management Company, LLC**  
Incorporated: 07/22/2004 (MI)  
FEIN: 26-4064494

100%

**MeridianRx, LLC**  
Incorporated: 11/10/2009 (MI)  
FEIN: 27-1339224

100%

**Caidan Holding Company**  
Incorporated: 12/31/2008 (MI)  
FEIN 26-4004578

15.4

**Caidan Network Services, LLC**  
Incorporated: 01/26/2018 (MI)

**MeridianRx IPA, LLC**  
Incorporated: 03/28/2013 (NY)

**Meridian Health Plan of Michigan, Inc.**  
Incorporated 09/18/1995 (MI)  
FEIN: 38-3253977  
NAIC 52563

**Meridian Health Plan of Illinois, Inc.**  
Incorporated: 03/25/2005 (IL)  
FEIN: 20-3209671  
NAIC: 13189

STATEMENT AS OF SEPTEMBER 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	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	20-3320236				Harmony Behavioral Health Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	11229	36-4050495				Harmony Health Plan Inc	IL	IA	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	22-3391045				Harmony Health Systems Inc	IL	UDP	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	36-4467676				Harmony Health Management Inc	IL	NIA	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	47-0937650		0001279363	NYSE	WellCare Health Plans Inc	FL	UIP	Shareholders	Ownership	0.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	04-3669698				WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	10760	20-2103320				WellCare of Georgia Inc	GA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	98-0448921				Comprehensive Reinsurance Ltd	CYM	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	10155	20-2383134				WellCare Prescription Insurance Inc	FL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	12749	20-3562146				WellCare of Ohio Inc	OH	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	20-3262322				Harmony Behavioral Health IPA Inc	NY	NIA	Harmony Behavioral Health, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	20-4869374				WellCare Pharmacy Benefits Management In	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	83445	86-0269558				WellCare Health Insurance of Arizona Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	64467	36-6069295				WellCare Health Ins Company of Kentucky In	KY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	12956	11-3197523				WellCare Health Insurance of New York In	NY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	13020	20-8017319				WellCare Health Plans of New Jersey Inc	NJ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	12964	20-8058761				WellCare of Texas Inc	TX	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	20-8420512				Exactus Pharmacy Solutions, Inc	DE	NIA	WellCare Pharmacy Benefits Management	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	27-0386122				Ohana Health Plans, Inc	HI	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0

STATEMENT AS OF SEPTEMBER 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 SEPTEMBER 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	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
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

STATEMENT AS OF SEPTEMBER 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	45-2742298				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	Heritages Health Systems of Texas Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0459857				Heritage Health Systems of Texas, Inc	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	62-1517194				Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc	Ownership	99.0	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
01199	WellCare Health Plans Inc	00000	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0

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STATEMENT AS OF SEPTEMBER 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	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, LLC	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
01199	WellCare Health Plans Inc	00000	26-4064494				Caidan Management Company, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0



## 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**

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**SCHEDULE A – VERIFICATION**

**Real Estate**

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

**SCHEDULE B – VERIFICATION**

**Mortgage Loans**

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

**SCHEDULE BA – VERIFICATION**

**Other Long-Term Invested Assets**

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

**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 .....	7,849	85
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration for bonds and stocks disposed of .....	0	9,305,000
7. Deduct amortization of premium .....	4,945	141,427
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other-than-temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	5,453,155	3,654,253
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	5,453,155	3,654,253

STATEMENT AS OF SEPTEMBER 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
<b>BONDS</b>								
1. NAIC 1 (a).....	5,451,682	49,931,000	0	49,474	5,450,208	5,451,681	55,432,156	3,654,253
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	5,451,682	49,931,000	0	49,474	5,450,208	5,451,681	55,432,156	3,654,253
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	5,451,682	49,931,000	0	49,474	5,450,208	5,451,681	55,432,156	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 \$ .....49,979,000 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

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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	0	XXX	0	0	0

## 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 .....	952,357,089	596,110,605
3. Accrual of discount .....	48,000	0
4. Unrealized valuation increase (decrease) .....	(101)	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals .....	759,239,185	406,810,000
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) .....	382,466,408	189,300,605
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	382,466,408	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**



