



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2017
OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Insurance Company of Kentucky, Inc.

NAIC Group Code 01199 , 01199 NAIC Company Code 64467 Employer's ID Number 36-6069295
(Current Period) (Prior Period)

Organized under the Laws of Kentucky , State of Domicile or Port of Entry Kentucky

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 []
 Other [] Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 03/27/1962 Commenced Business 08/31/1962

Statutory Home Office 13551 Triton Park Blvd, Suite 1800 , Louisville, KY, US 40223
(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>Kelly Ann Munson</u>	<u>President</u>	<u>Michael Troy Meyer</u>	<u>Asst. Treasurer, VP and Corporate Controller</u>
<u>Michael Warren Haber</u>	<u>Secretary and Vice President</u>	<u>Tammy Lynn Meyer #</u>	<u>Assistant Secretary and Vice President</u>

OTHER OFFICERS

<u>Richard Charles Fisher #</u>	<u>CFO and Vice President</u>	<u>Goran Jankovic #</u>	<u>Treasurer and Vice President</u>
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DIRECTORS OR TRUSTEES

<u>Andrew Lynn Asher</u>	<u>Michael Troy Meyer</u>	<u>Kelly Ann Munson</u>
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State of Florida

County of Hillsborough

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

Kelly Ann Munson
President

Michael Troy Meyer
Asst. Treasurer, VP and Corporate Controller

Michael Warren Haber
Secretary and Vice President

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

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

b. If no:

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

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, 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	109,131,072		109,131,072	23,930,372
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 (\$597,312,816), cash equivalents (\$0) and short-term investments (\$55,538,183)	652,850,999		652,850,999	602,215,046
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)	761,982,071	0	761,982,071	626,145,418
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,361,887		1,361,887	458,210
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,775,709		7,775,709	11,866,141
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 (\$)	3,534,386		3,534,386	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	342,459		342,459	888,518
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	2,968,477		2,968,477	4,180,338
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	9,659,762		9,659,762	4,906,949
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	10,942,104		10,942,104	3,749,674
24. Health care (\$29,294,371) and other amounts receivable	36,679,589	1,381,013	35,298,576	28,846,404
25. Aggregate write-ins for other-than-invested assets	3,552,913	1,638,319	1,914,594	1,845,427
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	838,799,357	3,019,332	835,780,025	682,887,079
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	838,799,357	3,019,332	835,780,025	682,887,079
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
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. Other non-admitted assets (prepaids)	454,160	454,160	0	0
2502. ASO prepayments	1,171,275	1,100,932	70,343	49,306
2503. State and other taxes recoverable	1,844,251	0	1,844,251	1,796,121
2598. Summary of remaining write-ins for Line 25 from overflow page	83,227	83,227	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,552,913	1,638,319	1,914,594	1,845,427

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	314,297,639		314,297,639	297,169,827
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	1,851,605		1,851,605	1,667,939
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	12,568,644		12,568,644	16,232,208
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	60,257,485		60,257,485	0
9. General expenses due or accrued	27,419,935		27,419,935	31,885,582
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	9,631,675		9,631,675	8,465,766
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	74,473
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	1,911		1,911	8,056,745
16. Derivatives.....		0	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	106,999,221		106,999,221	35,203,424
23. Aggregate write-ins for other liabilities (including \$ current)	741,415	0	741,415	899,483
24. Total liabilities (Lines 1 to 23).....	533,769,530	0	533,769,530	399,655,447
25. Aggregate write-ins for special surplus funds	XXX	XXX	41,349,000	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	137,298,516	137,298,516
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	120,862,979	143,433,116
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	302,010,495	283,231,632
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	835,780,025	682,887,079
DETAILS OF WRITE-INS				
2301. Unclaimed property payable.....	741,415		741,415	899,483
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)	741,415	0	741,415	899,483
2501. Estimated ACA Industry Fee (following year).....	XXX	XXX	41,349,000	0
2502.	XXX	XXX		
2503.	XXX	XXX		
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	41,349,000	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
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	4,981,601	4,772,497	6,359,416
2. Net premium income (including \$ non-health premium income).....	XXX	2,083,944,179	2,079,161,466	2,753,399,048
3. Change in unearned premium reserves and reserve for rate credits	XXX	3,278,418	0	0
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	2,087,222,597	2,079,161,466	2,753,399,048
Hospital and Medical:				
9. Hospital/medical benefits		1,079,777,520	1,059,913,665	1,419,280,704
10. Other professional services		152,875,017	151,161,833	199,067,948
11. Outside referrals		0	0	0
12. Emergency room and out-of-area		150,110,525	122,599,460	165,353,588
13. Prescription drugs		471,494,052	446,814,097	590,851,774
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		0	0	0
16. Subtotal (Lines 9 to 15)	0	1,854,257,114	1,780,489,055	2,374,554,014
Less:				
17. Net reinsurance recoveries		(266,695)	(533,677)	(182,600)
18. Total hospital and medical (Lines 16 minus 17)	0	1,854,523,809	1,781,022,732	2,374,736,614
19. Non-health claims (net).....		0	0	0
20. Claims adjustment expenses, including \$ 11,127,143 cost containment expenses.....		26,147,055	23,558,779	31,867,704
21. General administrative expenses.....	0	141,686,857	206,000,545	259,034,543
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0	0
23. Total underwriting deductions (Lines 18 through 22)	0	2,022,357,721	2,010,582,056	2,665,638,861
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	64,864,876	68,579,410	87,760,187
25. Net investment income earned	0	5,631,900	2,669,698	3,465,035
26. Net realized capital gains (losses) less capital gains tax of \$	0	(19,136)	0	400
27. Net investment gains (losses) (Lines 25 plus 26)	0	5,612,764	2,669,698	3,465,435
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0	0
29. Aggregate write-ins for other income or expenses	0	(1,940,713)	(2,455,092)	(3,595,318)
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	68,536,927	68,794,016	87,630,304
31. Federal and foreign income taxes incurred	XXX	28,047,562	41,281,594	45,432,485
32. Net income (loss) (Lines 30 minus 31)	XXX	40,489,365	27,512,422	42,197,819
DETAILS OF WRITE-INS				
0601. Other income.....	XXX	0	0	0
0602.	XXX	0	0	0
0603.	XXX	0	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	0	0	0
0701.	XXX	0	0	0
0702.	XXX	0	0	0
0703.	XXX	0	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	0
1402.		0	0	0
1403.		0	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.....		(1,940,713)	(2,455,092)	(3,595,318)
2902.		0	0	0
2903.		0	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	(1,940,713)	(2,455,092)	(3,595,318)

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.....	283,231,632	301,344,212	301,344,212
34. Net income or (loss) from Line 32	40,489,365	27,512,422	42,197,819
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 \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	4,752,813	238,988	(2,716,970)
39. Change in nonadmitted assets	(1,463,315)	841,736	2,406,571
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		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		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders	(25,000,000)	(60,000,000)	(60,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	18,778,863	(31,406,854)	(18,112,580)
49. Capital and surplus end of reporting period (Line 33 plus 48)	302,010,495	269,937,358	283,231,632
DETAILS OF WRITE-INS			
4701.		0	0
4702.			
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
Cash from Operations			
1. Premiums collected net of reinsurance.....	2,144,298,091	2,086,241,751	2,718,814,009
2. Net investment income	5,279,786	3,328,500	4,209,041
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	2,149,577,877	2,089,570,251	2,723,023,050
5. Benefit and loss related payments	1,844,665,048	1,807,351,806	2,390,069,951
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	101,097,080	186,858,564	221,121,876
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	26,881,654	24,749,464	22,016,500
10. Total (Lines 5 through 9)	1,972,643,782	2,018,959,834	2,633,208,327
11. Net cash from operations (Line 4 minus Line 10)	176,934,095	70,610,417	89,814,723
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	25,578,586	29,761,000	31,311,400
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)	25,578,586	29,761,000	31,311,400
13. Cost of investments acquired (long-term only):			
13.1 Bonds	111,349,984	5,698,473	7,277,358
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)	111,349,985	5,698,473	7,277,358
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)	(85,771,398)	24,062,527	24,034,042
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.....	0	0	0
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	25,000,000	60,000,000	60,000,000
16.6 Other cash provided (applied).....	(15,526,744)	(12,628,512)	1,732,423
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(40,526,744)	(72,628,512)	(58,267,577)
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)	50,635,953	22,044,432	55,581,188
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	602,215,046	546,633,858	546,633,858
19.2 End of period (Line 18 plus Line 19.1)	652,850,999	568,678,290	602,215,046

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, 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	528,762	.0	.0	.0	.0	.0	.0	8,590	439,854	80,318
2. First Quarter	553,932	.0	.0	.0	.0	.0	.0	8,549	446,312	99,071
3. Second Quarter	554,681	.0	.0	.0	.0	.0	.0	8,789	446,471	99,421
4. Third Quarter	555,937							9,115	445,705	101,117
5. Current Year	0									
6. Current Year Member Months	4,981,601							78,784	4,008,216	894,601
Total Member Ambulatory Encounters for Period:										
7. Physician	2,166,256							105,304	2,060,952	
8. Non-Physician	2,004,797							50,726	1,954,071	
9. Total	4,171,053	0	0	0	0	0	0	156,030	4,015,023	0
10. Hospital Patient Days Incurred	305,775							26,923	278,852	
11. Number of Inpatient Admissions	54,586							3,527	51,059	
12. Health Premiums Written (a).....	2,084,132,788							90,259,110	1,931,477,456	62,396,222
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	2,087,411,206							90,259,110	1,934,755,874	62,396,222
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	1,844,671,928	85,432						75,688,736	1,707,146,570	61,751,190
18. Amount Incurred for Provision of Health Care Services	1,854,257,114	(4,031)						76,433,730	1,723,815,408	54,012,007

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 152,655,332

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, 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)	85,432		117,661		203,093	207,124
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	8,799,141	69,218,623	348,523	12,616,406	9,147,664	11,750,399
7. Title XIX - Medicaid	180,066,863	1,533,654,083	52,822,895	246,443,235	232,889,758	282,295,188
8. Other health	2,892,168	73,355,074		1,948,919	2,892,168	2,917,116
9. Health subtotal (Lines 1 to 8).....	191,843,604	1,676,227,780	53,289,079	261,008,560	245,132,683	297,169,827
10. Health care receivables (a)	913,594	29,761,794			913,594	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	190,930,010	1,646,465,986	53,289,079	261,008,560	244,219,089	297,169,827

(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 WellCare Health Insurance Company of Kentucky, Inc. (the “Company”), domiciled in the state of Kentucky, are presented on the basis of accounting practices prescribed or permitted by the Kentucky Department of Insurance (the “Department”).

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

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

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
1. Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	\$ 40,489,365	\$ 42,197,819
2. State Prescribed Practices that increase/(decrease) NAIC SAP:					
None	-	-	-	-	-
3. State Permitted Practices that increase/(decrease) NAIC SAP:					
None	-	-	-	-	-
4. NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 40,489,365</u>	<u>\$ 42,197,819</u>
SURPLUS					
5. Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 302,010,495	\$ 283,231,632
6. State Prescribed Practices that increase/(decrease) NAIC SAP:					
None	-	-	-	-	-
7. State Permitted Practices that increase/(decrease) NAIC SAP:					
None	-	-	-	-	-
8. NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 302,010,495</u>	<u>\$ 283,231,632</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

None

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. Repurchase Agreements and/or Securities Lending Transactions – None
- F. Real Estate – None
- G. Low Income Housing Tax Credits - None
- H. Restricted Assets – No significant change.
- I. Working Capital Finance Investments – None
- J. Offsetting and Netting of Assets and Liabilities – None

NOTES TO FINANCIAL STATEMENTS

K. Structured Notes – None

L. 5* Securities - 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

Dividends

On July 3, 2017 the Company paid a \$25,000,000 extraordinary cash dividend to the Parent Company, The WellCare Management Group, Inc.

Management Fee

The Company has an affiliated management agreement with CHMI to provide certain management, administrative services and claims processing services, utilization review, payroll services and the majority of the administrative functions of the Company, excluding certain sales and marketing functions and other professional consulting expenses. Additionally, CHMI is responsible for maintaining the claims related data processing equipment and software. The Company will also reimburse CHMI for expenses it pays which are directly allocable to the Company. Additionally, the agreement includes a true-up mechanism where the management fee charged is compared to the actual cost of services provided and any difference is settled between CHMI and the Company. The true-up will occur on an annual basis for the prior year's activity. During Q2 2017, the Company's 2016 true-up was calculated and booked. The true-up resulted in a \$18,276,878 reduction in management fees charged to the Company based on actual cost of services provided during 2016.

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

Dividends

On July 3, 2017 the Company paid a \$25,000,000 extraordinary cash dividend to the Parent Company, The WellCare Management Group, Inc.

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 – None

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 effect 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

The Company has no assets or liabilities measured or reported at fair value as September 30, 2017.

21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures and Unusual Items
- 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. Insurance-Linked Securities (ILS) Contracts – None

22. Events Subsequent

There were no events occurring subsequent to September 30, 2017 requiring disclosure. Subsequent events have been considered through November 10, 2017 for the Statutory statement issued on November 10, 2017.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

25. Change in Incurred Claims and Claim Adjustment Expenses

The estimated cost of claims expense attributable to insured events of the prior year decreased by \$53,086,217 during 2017. This is approximately 17.9% of unpaid claims expenses of \$297,169,827 as of December 31, 2016. 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, 2017 was affected by approximately \$40,119,374 of net favorable development related to prior periods.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Healthcare Receivables

No significant change.

29. Participating Policies

None

30. Premium Deficiency Reserves

None

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.
.....
- 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.12/31/2012
- 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 Board of Directors on July 17, 2017.....

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 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
U.S. Bank.....	Jacksonville, FL.....
Oppenheimer & Co.....	New York, NY.....
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
Deutsche Bank.....	U.....
Wells Capital Management.....	U.....

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
104518.....	Deutsche Bank.....	CZ83K4EEEX8QVCT3B128.....	SEC.....	DS.....
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	DS.....

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:

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- | | |
|--|--------|
| 1.1 A&H loss percent..... | 89.4 % |
| 1.2 A&H cost containment percent | 0.5 % |
| 1.3 A&H expense percent excluding cost containment expenses..... | 7.5 % |
- 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..... \$ _____

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

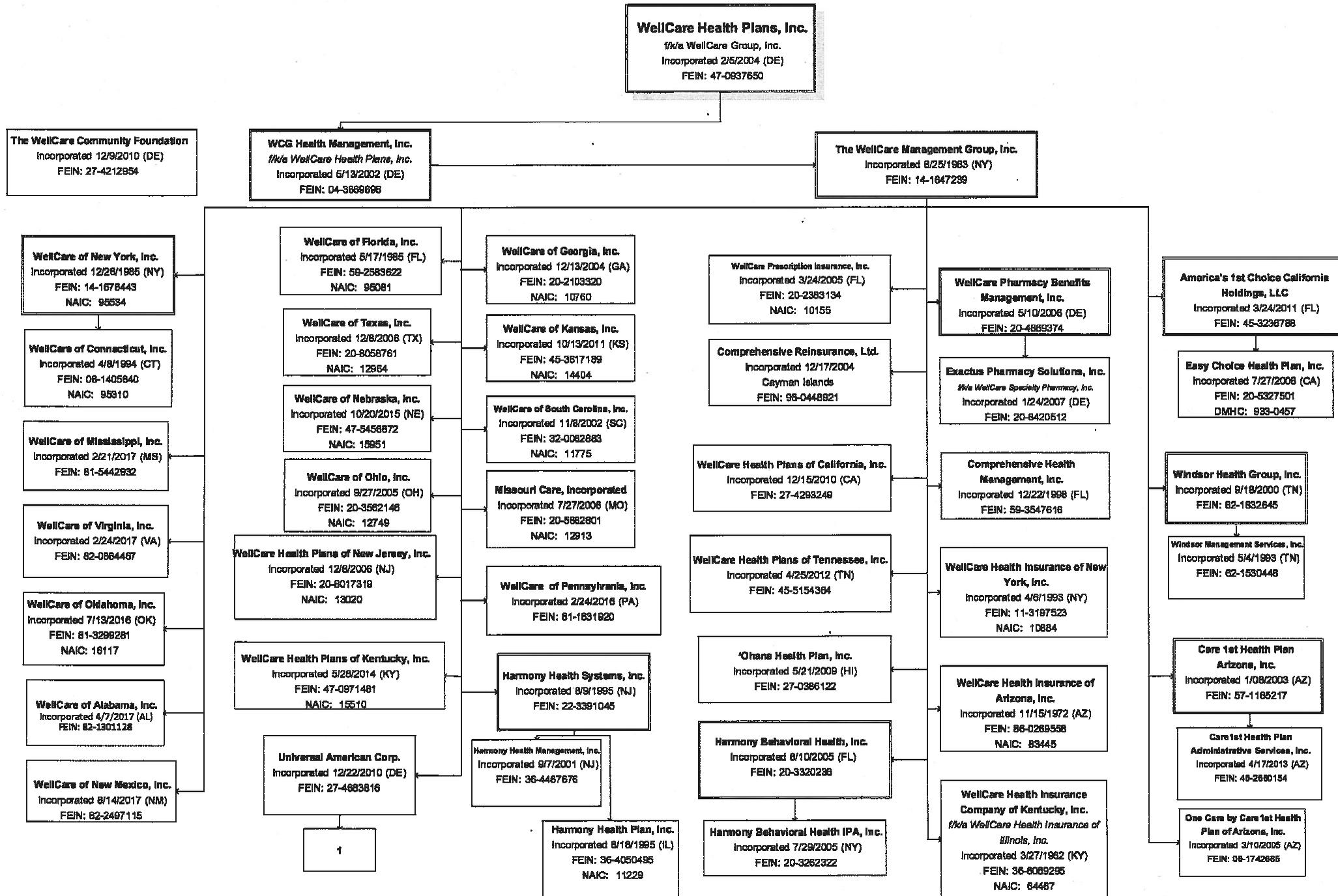
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	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	22,826,724						22,826,724	
2. Alaska	AK	L							0	
3. Arizona	AZ	L							0	
4. Arkansas	AR	L	14,829,929						14,829,929	
5. California	CA	L							0	
6. Colorado	CO	L	4,220,124						4,220,124	
7. Connecticut	CT	L	11,089,740						11,089,740	
8. Delaware	DE	L							0	
9. Dist. Columbia	DC	L							0	
10. Florida	FL	N							0	
11. Georgia	GA	L							0	
12. Hawaii	HI	L							0	
13. Idaho	ID	L							0	
14. Illinois	IL	L							0	
15. Indiana	IN	L							0	
16. Iowa	IA	L							0	
17. Kansas	KS	L							0	
18. Kentucky	KY	L		90,259,110	1,931,477,456				2,021,736,566	
19. Louisiana	LA	L							0	
20. Maine	ME	N							0	
21. Maryland	MD	L							0	
22. Massachusetts	MA	L							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	L	4,486,815						4,486,815	
25. Mississippi	MS	L							0	
26. Missouri	MO	L							0	
27. Montana	MT	L	1,620,638						1,620,638	
28. Nebraska	NE	L							0	
29. Nevada	NV	L							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	L							0	
32. New Mexico	NM	L							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	L							0	
36. Ohio	OH	L							0	
37. Oklahoma	OK	L							0	
38. Oregon	OR	L							0	
39. Pennsylvania	PA	L							0	
40. Rhode Island	RI	L	3,322,252						3,322,252	
41. South Carolina	SC	L							0	
42. South Dakota	SD	L							0	
43. Tennessee	TN	L							0	
44. Texas	TX	N							0	
45. Utah	UT	L							0	
46. Vermont	VT	N							0	
47. Virginia	VA	L							0	
48. Washington	WA	L							0	
49. West Virginia	WV	L							0	
50. Wisconsin	WI	L							0	
51. Wyoming	WY	L							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		62,396,222	90,259,110	1,931,477,456	0	0	0	2,084,132,788	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 43		62,396,222	90,259,110	1,931,477,456	0	0	0	2,084,132,788	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

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

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

The WellCare Group of Companies as of September 30, 2017



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

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

Workco 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

15.1

A

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

Ownership is 100% except as noted

Accountable Care Coalition of
Caldwell County, LLC
Incorporated: 12/23/2011 (NC)
FEIN: 45-4112652 51%

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

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 51%

Accountable Care Coalition of
Louisiana, LLC
Incorporated: 5/24/2017 (LA)
FEIN: 82-1637625 51%

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 51%

Accountable Care Coalition
of North West Region, LLC
Incorporated: 2/13/2012 (OR)
FEIN: 82-1604548 51%

Accountable Care Coalition
of Southeast Texas, LLC
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
Georgia Community Health
Centers, LLC
Incorporated: 5/22/2017 (GA)
FEIN: 82-1623920 51%

Accountable Care Coalition of
Northwest Region II, LLC
Incorporated: 5/24/2017 (OR)
FEIN: 82-1698885 51%

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

Empire Collaborative Care,
LLC
Incorporated: 5/11/2016 (NY)
FEIN: 81-2602493

Accountable Care Coalition of
Hawaii, LLC
Incorporated: 5/17/2017 (HI)
FEIN: 82-1558080 51%

Accountable Care Coalition of
Pennsylvania, LLC
Incorporated: 5/18/2017 (PA)
FEIN: 82-0727997 51%

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

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 51%

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%

15.2

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

Heritage Health Systems of New York, Inc.
Incorporated: 7/12/2016 (NY)
FEIN: 81-3227707
NAIC: 16134

Today's Options of Texas, Inc.
Incorporated: 4/27/2011 (TX)
FEIN: 45-2042253
NAIC: 15483

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%

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STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, 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	UDP	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	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.		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 Insurance Company of Kentucky Inc.	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 Inc.	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, 2017 OF THE WellCare Health Insurance Company of Kentucky, 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	WellCare Health Plans of Kentucky, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	15510	47-0971481				WellCare Health Plans of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	15951	47-5456872				WellCare of Nebraska, Inc.	NE	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	81-1631920				WellCare of Pennsylvania, Inc.	PA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16117	81-3299281				WellCare of Oklahoma, Inc.	OK	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	06-1742685				One Care by Care 1st Health Plan of Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	57-1165217				Care 1st Health Plan Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	46-2680154				Care 1st Health Plan Administrative Services, Inc.	AZ	NIA	Care 1st Health Plan Arizona, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	81-5442932				WellCare of Mississippi, Inc.	MS	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-0664467				WellCare of Virginia, Inc.	VA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	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, 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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01199	WellCare Health Plans Inc.	00000	45-4113655				Accountable Care Coalition of Coastal Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-1681146				Accountable Care Coalition of Community Health Centers, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-1669422				Accountable Care Coalition of Community Health Centers II, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4537668				Accountable Care Coalition of DeKalb, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	80.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	81-2629752				Accountable Care Coalition of Eastern Wisconsin, LLC	WI	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-5481108				Accountable Care Coalition of Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-1623920				Accountable Care Coalition of Georgia Community Health Centers, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-1558080				Accountable Care Coalition of Hawaii, LLC	HI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-0746336				Accountable Care Coalition of Indiana, LLC	IN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
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	
01199	WellCare Health Plans Inc.	00000	45-5449147				Accountable Care Coalition of Maryland Primary Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4119739				Accountable Care Coalition of Maryland, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	46-2881180				Accountable Care Coalition of Mississippi, LLC	MS	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4105836				Accountable Care Coalition of Mount Kisco, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-1263227				Accountable Care Coalition of New Jersey, LLC	NJ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4552802				Accountable Care Coalition of North Texas, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	47-3894436				Accountable Care Coalition of Northeast Georgia, LLC	GA	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4106526				Accountable Care Coalition of Northwest Florida, LLC	FL	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-1604548				Accountable Care Coalition of North West Region, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-1698885				Accountable Care Coalition of North West Region II, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-0727997				Accountable Care Coalition of Pennsylvania, LLC	PA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	47-3913308				Accountable Care Coalition of South Carolina, LLC	SC	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	47-3843552				Accountable Care Coalition of Southeast Texas, Inc.	TX	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc.	00000	45-4113610				Accountable Care Coalition of Southeast Wisconsin	WI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	82-1219279				Accountable Care Coalition of Tennessee, LLC	TN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-2742298				Accountable Care Coalition of Texas, Inc.	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4537584				Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	80624	13-1851754				American Progressive Life & Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	52-2134236				APS Healthcare Holdings, Inc.	DE	NIA	APS Healthcare, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	54-1602622				APS Healthcare, Inc.	DE	NIA	UAM/APS Holding Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4644722				APS Parent, Inc.	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	81-3365375				Collaborative Health Systems of Maryland, Inc.	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	81-3306594				Collaborative Health Systems of Virginia, Inc.	VA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	90-0779287				Collaborative Health Systems, LLC	NY	NIA	Universal American Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	45-4561546				Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritage Health Systems of Texas Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	16134	81-3227707				Heritage Health Systems of New York, Inc.	NY	IA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	76-0459857				Heritage Health Systems of Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	62-1517194				Heritage Health Systems, Inc.	TX	NIA	Universal American Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	76-0500964				HHS Texas Management, Inc.	GA	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	WellCare Health Plans Inc.	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc.	Ownership	99.0	WellCare Health Plans, Inc.	N	

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STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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01199	WellCare Health Plans Inc	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4679969				Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems, LLC	Ownership	97.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5626871				Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	58-2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	10768	74-3141949				SelectCare Health Plans, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	10096	62-1819658				SelectCare of Texas, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	15483	45-2042253				Today's Options of Texas, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	42-0989096				UAM Agent Services Corp	IA	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	26-0153605				UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	27-4683816				Universal American Corp	DE	UIP	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	95-3800329				Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-1352914				Universal American Holdings, LLC	DE	UIP	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5439406				Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	23-1913528				Worlco Management Services, Inc	NY	NIA	Worlco Management Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-2497115				WellCare of New Mexico	NM	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-2346408				AWC of Syracuse, Inc	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	

16.4

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?

.....YES.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2504. Deposits with providers.....	83,227	83,227	0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	83,227	83,227	0	0

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	23,930,372	48,595,089
2. Cost of bonds and stocks acquired	111,349,984	7,277,358
3. Accrual of discount	26,020	541
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals	4,349	400
6. Deduct consideration for bonds and stocks disposed of	25,578,586	31,311,400
7. Deduct amortization of premium	601,068	631,616
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)	109,131,072	23,930,372
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	109,131,072	23,930,372

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, 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).....	116,653,592	12,077,519	13,379,211	(204,405)	117,675,726	116,653,592	115,147,495	63,600,695
2. NAIC 2 (a).....	47,832,385	2,417,638	603,610	(124,652)	46,210,483	47,832,385	49,521,761	633,713
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	164,485,976	14,495,157	13,982,820	(329,058)	163,886,209	164,485,976	164,669,255	64,234,408
PREFERRED STOCK								
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	164,485,976	14,495,157	13,982,820	(329,058)	163,886,209	164,485,976	164,669,255	64,234,408

(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 \$41,185,098 ; NAIC 2 \$14,353,085 ;
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	55,538,183	XXX	55,819,022	545,803	76,860

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.....	40,304,035	40,769,871
2. Cost of short-term investments acquired	459,021,909	1,271,992,390
3. Accrual of discount	1,012	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	(23,485)	0
6. Deduct consideration received on disposals	443,471,685	1,272,454,012
7. Deduct amortization of premium.....	293,603	4,213
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).....	55,538,183	40,304,035
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	55,538,183	40,304,035

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 - Verification

NONE

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

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828-XW-5	UNITED STATES TREASURY		09/28/2017	JP MORGAN CHASE BANK/HSBCS1		696,010	700,000	3,029	1
0599999 - Bonds - U.S. Governments						696,010	700,000	3,029	XXX
Bonds - U.S. States, Territories and Possessions									
57582P-50-9	MASSACHUSETTS ST		07/20/2017	BARCLAYS CAPITAL INC FIXED INC		500,000	500,000	0	1FE
1799999 - Bonds - U.S. States, Territories and Possessions						500,000	500,000	0	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
580458-GX-9	MC FARLAND WIS SCH DIST		07/24/2017	Citigroup Global Markets, Inc.		602,560	500,000	0	1FE
755638-YT-4	READING PA SCH DIST		08/01/2017	RBC CAPITAL MARKETS, LLC		284,800	250,000	0	1FE
755638-YU-1	READING PA SCH DIST		08/01/2017	RBC CAPITAL MARKETS, LLC		301,332	260,000	0	1FE
888514-JQ-0	TITUS CNTY TEX		07/19/2017	Unknown		390,592	325,000	361	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						1,579,284	1,335,000	361	XXX
Bonds - U.S. Special Revenue									
190813-QT-5	COBB CNTY GA KENNESTONE HOSP AUTH REV		07/14/2017	MERRILL LYNCH PIERCE FENNER SMITH INC		477,008	400,000	0	1FE
19648A-4R-3	COLORADO HEALTH FACS AUTH REV		08/14/2017	US Bank		335,463	300,000	5,667	2FE
19986T-AW-4	COMANCHE CNTY OKLA EDL FACS AUTH EDL FAC		07/19/2017	D. A. DAVIDSON & CO		477,564	400,000	0	1FE
36005G-AK-9	FULTON CNTY GA DEV AUTH HOSP REV		07/14/2017	Unknown		298,130	250,000	0	1FE
45203H-YM-8	ILLINOIS FIN AUTH REV		07/25/2017	US Bank		222,429	205,000	615	1FE
507152-AK-2	LAGRANGE-TROUP CNTY GA HOSP REV		07/14/2017	MERRILL LYNCH PIERCE FENNER SMITH INC		238,504	200,000	0	1FE
709224-XB-0	PENNSYLVANIA ST TPK COMMN TPK REV		07/14/2017	Citigroup Global Markets, Inc.		1,189,060	1,000,000	0	1FE
717893-E3-1	PHILADELPHIA PA WTR & WASTWTR REV		07/26/2017	BARCLAYS CAPITAL INC		490,580	400,000	0	1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						3,728,738	3,155,000	6,282	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
06051G-GU-7	BANK OF AMERICA CORP		09/13/2017	MLPFS INC FIXED INCOME		900,000	900,000	0	2FE
345397-VU-4	FORD MOTOR CREDIT CO LLC		08/24/2017	SG AMERICAS SECURITIES, LLC		670,170	600,000	2,644	2FE
7591EP-AK-6	REGIONS FINANCIAL CORP		09/20/2017	US Bank		512,005	500,000	1,956	2FE
981464-DS-6	WFNMT 13A A - ABS		09/01/2017	Merrill Lynch		(505,473)	(505,000)	(158)	1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,576,702	1,495,000	4,441	XXX
8399997 - Subtotals - Bonds - Part 3						8,080,734	7,185,000	14,113	XXX
8399999 - Subtotals - Bonds						8,080,734	7,185,000	14,113	XXX
9999999 Totals						8,080,734	XXX	14,113	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

E04

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U.S. States, Territories and Possessions																					
13062R-G3-6	CALIFORNIA ST		07/25/2017	471	500,000	500,000	500,000	500,000	0	0	0	0	0	0	500,000	0	0	0	2,027	05/01/2040	1FE
882723-YT-0	TEXAS ST		08/15/2017	WELLS FARGO BANK N.A.	1,400,000	1,400,000	1,400,000	1,400,000	0	0	0	0	0	0	1,400,000	0	0	0	6,456	06/01/2046	1FE
1799999 - Bonds - U.S. States, Territories and Possessions					1,900,000	1,900,000	1,900,000	1,900,000	0	0	0	0	0	0	1,900,000	0	0	0	8,482	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
00037C-PP-9	ABAG FIN AUTH FOR NONPROFIT CORPS CALIF CLEVELAND OHIO ARPT SYS		08/17/2017	WELLS FARGO BANK N.A.	150,000	150,000	150,000	150,000	0	0	0	0	0	0	150,000	0	0	0	763	08/01/2035	1FE
186352-MX-5	REV NASSAU CNTY N Y LOC		07/31/2017	VARIOUS	1,500,000	1,500,000	1,500,000	1,500,000	0	0	0	0	0	0	1,500,000	0	0	0	6,324	01/01/2024	1FE
63166L-BL-4	ECONOMIC ASSISTANCE		07/01/2017	Maturity @ 100.011	660,000	660,000	731,359	671,130	0	(11,130)	0	(11,130)	0	0	660,000	0	0	0	33,000	07/01/2017	1FE
79642B-E6-6	SAN ANTONIO TEX WTR REV		08/18/2017	GOLDMAN, SACHS & CO	500,000	500,000	500,000	500,000	0	0	0	0	0	0	500,000	0	0	0	4,192	05/01/2044	1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions					2,810,000	2,810,000	2,881,359	1,321,130	0	(11,130)	0	(11,130)	0	0	2,810,000	0	0	0	44,280	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
139738-AD-0	AFTN T52 A3 - ABS		09/20/2017	Paydown, BONY/TORONTO DOMINION SECURITI	196,785	196,785	197,277	0	0	(492)	0	(492)	0	0	196,785	0	0	0	1,639	09/20/2019	1FE
316770-BF-5	FIFTH THIRD BANK (OHIO)		09/20/2017	Paydown	604,332	600,000	605,892	0	0	(1,652)	0	(1,652)	0	0	604,240	0	92	92	14,068	03/15/2019	1FE
36253W-AB-3	GMALT 171 A2A - ABS		09/20/2017	Paydown	6,785	6,785	6,784	0	0	1	0	1	0	0	6,785	0	0	0	49	09/20/2019	1FE
718172-BW-8	PHILIP MORRIS INTERNATIONAL INC		08/24/2017	GOLDMAN, SACHS & CO	499,410	500,000	498,730	0	0	327	0	327	0	0	499,057	0	353	353	4,243	02/21/2019	1FE
92867R-AD-1	VALET 141 A4 - ABS		09/20/2017	Paydown, J.P. MORGAN SECURITIES INC	172,436	172,436	172,322	0	0	114	0	114	0	0	172,436	0	0	0	1,199	09/21/2020	1FE
982526-AU-9	WM WRIGLEY JR CO		09/13/2017		604,434	600,000	605,652	0	0	(2,042)	0	(2,042)	0	0	603,610	0	824	824	12,960	10/21/2018	2FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)					2,084,182	2,076,006	2,086,658	0	0	(3,745)	0	(3,745)	0	0	2,082,913	0	1,269	1,269	34,158	XXX	XXX
8399997 - Subtotals - Bonds - Part 4					6,794,182	6,786,006	6,868,017	1,321,130	0	(14,875)	0	(14,875)	0	0	6,792,913	0	1,269	1,269	86,920	XXX	XXX
8399999 - Subtotals - Bonds					6,794,182	6,786,006	6,868,017	1,321,130	0	(14,875)	0	(14,875)	0	0	6,792,913	0	1,269	1,269	86,920	XXX	XXX
9999999 Totals					6,794,182	6,786,006	6,868,017	1,321,130	0	(14,875)	0	(14,875)	0	0	6,792,913	0	1,269	1,269	86,920	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

EO5

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

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<p style="font-size: 48px; margin: 0;">NONE</p>							
8699999 Total Cash Equivalents					0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....01199

NAIC Company Code.....64467

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	61,043,800	XXX	(8,599)	XXX	61,035,201
2. Earned Premiums	54,838,260	XXX		XXX	XXX
3. Claims Paid.....	61,751,190	XXX		XXX	61,751,190
4. Claims Incurred.....	54,012,007	XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		.0
6. Aggregate Policy Reserves - Change.....	(7,557,962)	XXX		XXX	XXX
7. Expenses Paid.....	(3,022,234)	XXX		XXX	(3,022,234)
8. Expenses Incurred.....	7,364,091	XXX		XXX	XXX
9. Underwriting Gain or Loss.....	1,020,124	XXX	.0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	2,306,245

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$2,955,861 due from CMS or \$106,999,221 due to CMS