



QUARTERLY STATEMENT

AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Insurance Company of Kentucky, Inc.

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

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 [X] 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 813-290-6200
 (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 813-290-6200
 (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>CFO, Treasurer, VP and Corporate Controller</u>
<u>Michael Warren Haber</u>	<u>Secretary and Vice President</u>	<u>Phillip Paul Bisesi</u>	<u>Assistant Secretary and Vice President</u>

OTHER OFFICERS

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 ss
 County of Hillsborough

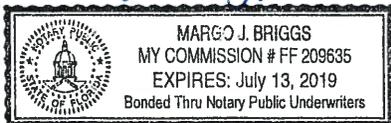
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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 Michael Troy Meyer Michael Warren Haber
 President CFO, Treasurer, VP and Corporate Controller Secretary and Vice President

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

Subscribed and sworn to before me this 19th day of April 2017

b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____



STATEMENT AS OF MARCH 31, 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	107,750,096		107,750,096	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 (\$497,845,743), cash equivalents (\$0) and short-term investments (\$56,136,114)	553,981,856		553,981,856	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)	661,731,952	0	661,731,952	626,145,418
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,115,425		1,115,425	458,210
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	14,065,583		14,065,583	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 (\$)	5,821,416		5,821,416	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	342,283		342,283	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	2,854,932		2,854,932	4,180,338
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	6,616,085		6,616,085	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	4,111,049		4,111,049	3,749,674
24. Health care (\$24,965,137) and other amounts receivable	31,169,892	3,736	31,166,156	28,846,404
25. Aggregate write-ins for other-than-invested assets	3,604,650	1,599,337	2,005,313	1,845,427
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	731,433,267	1,603,073	729,830,194	682,887,079
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	731,433,267	1,603,073	729,830,194	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)	444,799	444,799	0	0
2502. ASO prepayments	1,171,275	1,071,311	99,964	49,306
2503. State and other taxes recoverable	1,905,349		1,905,349	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)	3,604,650	1,599,337	2,005,313	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).....	292,991,866		292,991,866	297,169,827
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	1,684,108		1,684,108	1,667,939
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	15,388,229		15,388,229	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	27,494,928		27,494,928	0
9. General expenses due or accrued	13,158,807		13,158,807	31,885,582
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	7,148,903		7,148,903	8,465,766
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable	0		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	17,470,626		17,470,626	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	59,659,434		59,659,434	35,203,424
23. Aggregate write-ins for other liabilities (including \$ current)	919,082	0	919,082	899,483
24. Total liabilities (Lines 1 to 23).....	435,915,983	0	435,915,983	399,655,447
25. Aggregate write-ins for special surplus funds	XXX	XXX	13,444,169	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	140,671,526	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	293,914,211	283,231,632
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	729,830,194	682,887,079
DETAILS OF WRITE-INS				
2301. Unclaimed property payable.....	919,082		919,082	899,483
2302.				
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)	919,082	0	919,082	899,483
2501. Estimated ACA Industry Fee (following year).....	XXX	XXX	13,444,169	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	13,444,169	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	1,655,586	1,589,857	6,359,416
2. Net premium income (including \$ non-health premium income).....	XXX	696,515,599	694,418,888	2,753,399,048
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	696,515,599	694,418,888	2,753,399,048
Hospital and Medical:				
9. Hospital/medical benefits		362,263,797	333,043,223	1,419,280,704
10. Other professional services		52,756,977	50,338,949	199,067,948
11. Outside referrals			0	0
12. Emergency room and out-of-area		36,583,522	43,087,633	165,353,588
13. Prescription drugs		167,938,931	144,968,459	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
16. Subtotal (Lines 9 to 15)	0	619,543,227	571,438,264	2,374,554,014
Less:				
17. Net reinsurance recoveries		(167,771)	(554,194)	(182,600)
18. Total hospital and medical (Lines 16 minus 17)	0	619,710,998	571,992,458	2,374,736,614
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 3,718,272 cost containment expenses.....		8,693,320	12,269,367	31,867,704
21. General administrative expenses.....		53,115,933	91,636,933	259,034,543
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	681,520,251	675,898,758	2,665,638,861
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	14,995,348	18,520,130	87,760,187
25. Net investment income earned		1,431,355	871,982	3,465,035
26. Net realized capital gains (losses) less capital gains tax of \$.....		281	0	400
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,431,636	871,982	3,465,435
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
29. Aggregate write-ins for other income or expenses	0	(22,798)	(833,256)	(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	16,404,186	18,558,856	87,630,304
31. Federal and foreign income taxes incurred	XXX	7,383,688	22,256,477	45,432,485
32. Net income (loss) (Lines 30 minus 31)	XXX	9,020,498	(3,697,621)	42,197,819
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX			
0603.	XXX			
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			
0702.	XXX			
0703.	XXX			
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.				
1402.				
1403.				
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.....		(22,798)	(833,256)	(3,595,318)
2902.				
2903.				
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	(22,798)	(833,256)	(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	9,020,498	(3,697,621)	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	1,709,136	13,865,015	(2,716,970)
39. Change in nonadmitted assets	(47,055)	(41,919,657)	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		0	(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)	10,682,579	(31,752,263)	(18,112,580)
49. Capital and surplus end of reporting period (Line 33 plus 48)	293,914,211	269,591,949	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.....	715,071,217	681,199,261	2,718,814,009
2. Net investment income	921,322	1,204,767	4,209,041
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	715,992,539	682,404,028	2,723,023,050
5. Benefit and loss related payments	625,666,212	579,821,273	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	54,870,469	53,192,522	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).....	8,700,551	(2,107,854)	22,016,500
10. Total (Lines 5 through 9)	689,237,232	630,905,941	2,633,208,327
11. Net cash from operations (Line 4 minus Line 10)	26,755,307	51,498,087	89,814,723
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,748,787	17,500,000	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)	4,748,787	17,500,000	31,311,400
13. Cost of investments acquired (long-term only):			
13.1 Bonds	88,715,411	137,569	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)	88,715,411	137,569	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)	(83,966,624)	17,362,431	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	0	0	60,000,000
16.6 Other cash provided (applied).....	8,978,127	(43,172,495)	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).....	8,978,127	(43,172,495)	(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)	(48,233,190)	25,688,023	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)	553,981,856	572,321,881	602,215,046

STATEMENT AS OF MARCH 31, 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 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	1,655,586							25,558	1,333,905	296,123
Total Member Ambulatory Encounters for Period:										
7. Physician	777,772							34,786	742,986	
8. Non-Physician	727,197							16,433	710,764	
9. Total	1,504,969	0	0	0	0	0	0	51,219	1,453,750	0
10. Hospital Patient Days Incurred	90,116							8,220	81,896	0
11. Number of Inpatient Admissions	17,543							1,176	16,367	
12. Health Premiums Written (a).....	696,575,506							29,772,621	644,464,289	22,338,596
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	696,575,506							29,772,621	644,464,289	22,338,596
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	625,557,303	3,882						24,862,199	579,011,864	21,679,358
18. Amount Incurred for Provision of Health Care Services	619,543,227	(85,457)						25,089,413	572,312,533	22,226,738

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 52,111,217

STATEMENT AS OF MARCH 31, 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)	3,881		117,786		121,667	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	7,615,923	19,476,203	2,090,014	9,716,048	9,705,937	11,750,399
7. Title XIX - Medicaid	150,792,661	434,793,753	93,103,867	181,373,798	243,896,528	282,295,188
8. Other health	2,917,117	33,258,292		6,590,354	2,917,117	2,917,116
9. Health subtotal (Lines 1 to 8).....	161,329,582	487,528,248	95,311,667	197,680,200	256,641,249	297,169,827
10. Health care receivables (a)	3,736	24,965,137			3,736	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	161,325,846	462,563,111	95,311,667	197,680,200	256,637,513	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	\$ 9,020,498	\$ 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>\$ 9,020,498</u>	<u>\$ 42,197,819</u>
SURPLUS					
5. Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 293,914,211	\$ 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>\$ 293,914,211</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
- K. Structured Notes – None
- L. 5* Securities - None

6. Joint Ventures, Partnerships and Limited Liability Companies
None

NOTES TO FINANCIAL STATEMENTS

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

No significant change.

11. Debt

A. Debt – None

B. Federal Home Loan Bank Agreements – None

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

None

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

No significant change.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments – None

B. Assessments – None

C. Gain Contingencies – None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits – 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

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 of March 31, 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

NOTES TO FINANCIAL STATEMENTS

- 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 March 31, 2017 requiring disclosure. Subsequent events have been considered through May 10, 2017 for the Statutory statement issued on May 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 \$40,568,304 during 2017. This is approximately 13.7% 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 March 31, 2017 was affected by approximately \$30,940,882 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).

- 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
	SunTrust Bank.....	01/23/2017.....	New agreement.....

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.....	CZ83K4EEEEX8QVCT3B128.....	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.....	89.5	%
	1.2 A&H cost containment percent	0.5	%
	1.3 A&H expense percent excluding cost containment expenses.....	8.3	%
	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

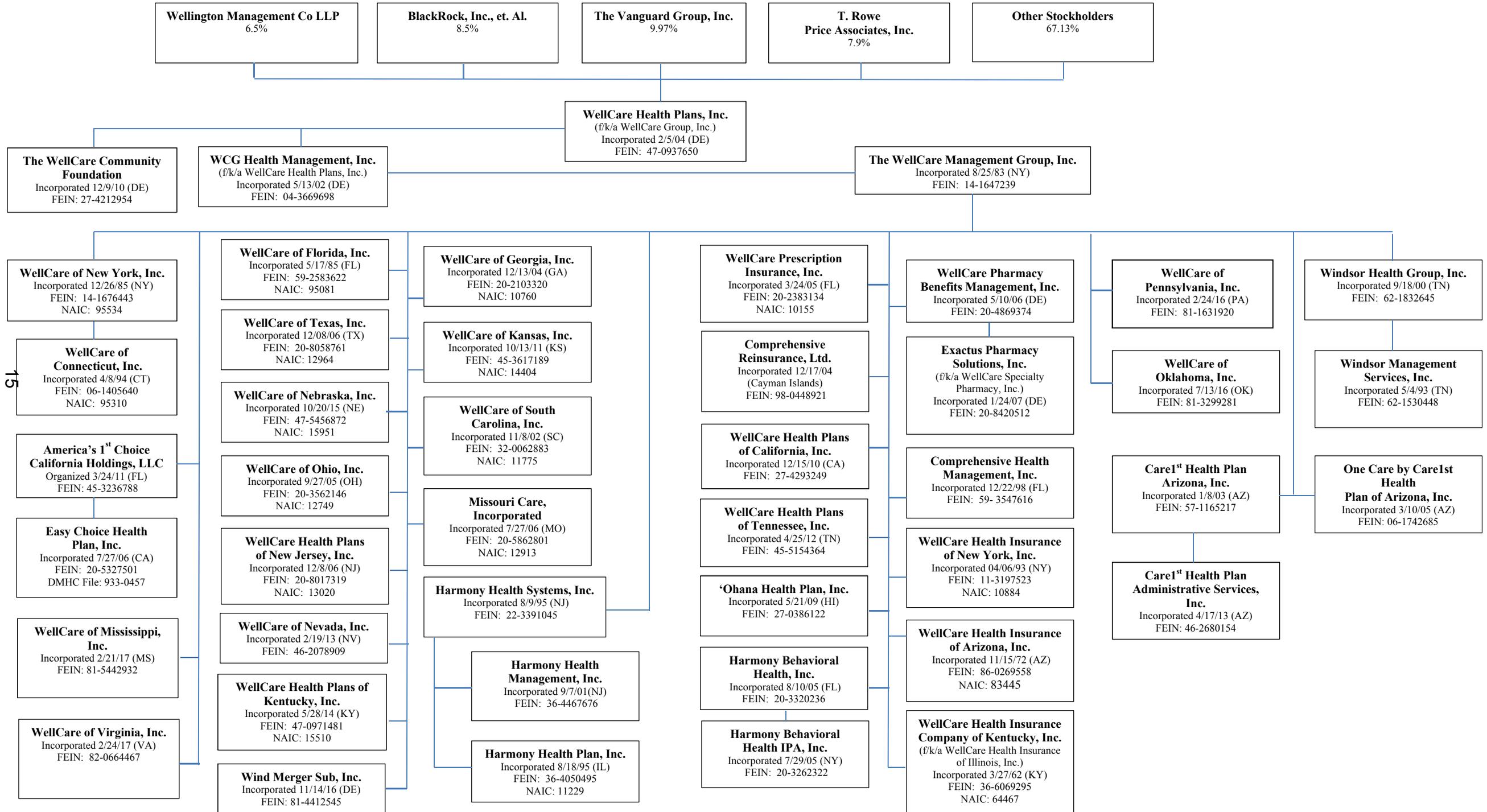
Current Year to Date - Allocated by States and Territories

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	8,766,728						8,766,728	
2. Alaska	AK	L							0	
3. Arizona	AZ	L							0	
4. Arkansas	AR	L	5,321,078						5,321,078	
5. California	CA	L							0	
6. Colorado	CO	L	1,267,913						1,267,913	
7. Connecticut	CT	L	3,951,212						3,951,212	
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		29,772,621	644,464,289				674,236,910	
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	1,305,290						1,305,290	
25. Mississippi	MS	L							0	
26. Missouri	MO	L							0	
27. Montana	MT	L	483,763						483,763	
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	1,242,612						1,242,612	
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		22,338,596	29,772,621	644,464,289	0	0	0	696,575,506	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 43		22,338,596	29,772,621	644,464,289	0	0	0	696,575,506	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 March 31, 2017



STATEMENT AS OF MARCH 31, 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	14-1647239				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 MARCH 31, 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	16118	46-2078909				WellCare of Nevada, Inc	NV	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	12913	20-5862801				Missouri Care, Incorporated	MO	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	27-4212954				The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	62-1832645				Windsor Health Group, Inc	TN	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	62-1530448				Windsor Management Services, Inc	TN	NIA	Windsor Health Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	15510	47-0971481				WellCare Health Plans of Kentucky, Inc	KY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-4412545				Wind Merger Sub, Inc	DE	NIA	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

16.1

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	88,715,411	7,277,358
3. Accrual of discount	3,768	541
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	281	400
6. Deduct consideration for bonds and stocks disposed of	4,748,787	31,311,400
7. Deduct amortization of premium	150,951	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)	107,750,096	23,930,372
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	107,750,096	23,930,372

STATEMENT AS OF MARCH 31, 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).....	63,600,695	484,025,449	429,795,137	(155,280)	117,675,726	0	0	63,600,695
2. NAIC 2 (a).....	633,713	45,649,355	0	(72,584)	46,210,483	0	0	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	64,234,408	529,674,804	429,795,137	(227,865)	163,886,209	0	0	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	64,234,408	529,674,804	429,795,137	(227,865)	163,886,209	0	0	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 \$41,141,612 ; NAIC 2 \$14,994,501 ;
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	56,136,114	XXX	56,216,610	26,980	75,979

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	440,959,392	1,271,992,390
3. Accrual of discount	268	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	425,046,631	1,272,454,012
7. Deduct amortization of premium.....	80,951	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).....	56,136,114	40,304,035
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	56,136,114	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 MARCH 31, 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-C6-5	UNITED STATES TREASURY		03/22/2017	VARIOUS		1,207,367	1,200,000	8,955	1
912828-U9-9	UNITED STATES TREASURY		03/16/2017	CITIGROUP GLOBAL MARKETS INC		499,592	500,000	1,312	1
912828-UQ-1	UNITED STATES TREASURY		03/16/2017	VARIOUS		692,862	700,000	268	1
912828-UZ-1	UNITED STATES TREASURY		03/22/2017	DIRECT		796,096	800,000	1,975	1
0599999 - Bonds - U.S. Governments						3,195,917	3,200,000	12,511	XXX
Bonds - U.S. States, Territories and Possessions									
13062R-G3-6	CALIFORNIA ST		01/30/2017	Citigroup Global Markets, Inc.		1,500,000	1,500,000	672	1FE
13063C-4B-3	CALIFORNIA ST		02/14/2017	CHASE SECURITIES INC		775,969	775,000	444	1FE
882723-YT-0	TEXAS ST		01/31/2017	J.P. MORGAN SECURITIES INC		1,500,000	1,500,000	785	1FE
1799999 - Bonds - U.S. States, Territories and Possessions						3,775,969	3,775,000	1,901	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
60534T-X6-7	MISSISSIPPI DEV BK SPL OBLIG		02/01/2017	US Bank		702,200	625,000	10,851	1FE
64966J-QF-6	NEW YORK N Y		01/30/2017	BARCLAYS CAPITAL INC FIXED INC		1,500,000	1,500,000	684	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						2,202,200	2,125,000	11,535	XXX
Bonds - U.S. Special Revenue									
038127-AW-6	APPLETON WIS REDEV AUTH REDEV REV		01/31/2017	WELLS FARGO BANK N.A.		1,500,000	1,500,000	803	1FE
040507-JU-0	ARIZONA HEALTH FACS AUTH REV		01/30/2017	BARCLAYS CAPITAL INC FIXED INC		1,500,000	1,500,000	709	1FE
072024-KV-3	BAY AREA TOLL AUTH CALIF TOLL BRDG REV		01/30/2017	Citigroup Global Markets, Inc.		1,500,000	1,500,000	667	1FE
072024-UL-4	BAY AREA TOLL AUTH CALIF TOLL BRDG REV		02/15/2017	MERRILL LYNCH PIERCE FENNER SMITH INC		775,000	775,000	0	1FE
112732-AA-0	BROOKFIELD ILL REV		01/30/2017	US BANCORP INVESTMENTS INC		1,500,000	1,500,000	746	1FE
13034A-FL-9	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEV		01/31/2017	MORGAN STANLEY & CO. LLC		1,000,000	1,000,000	3,154	1FE
13034A-SU-5	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEV		03/17/2017	MERRILL LYNCH PIERCE FENNER SMITH INC		500,000	500,000	0	1FE
167593-KX-9	CHICAGO ILL O HARE INTL ARPT REV		03/10/2017	Citigroup Global Markets, Inc.		505,415	500,000	4,111	1FE
186352-MX-5	CLEVELAND OHIO ARPT SYS REV		01/30/2017	US BANCORP INVESTMENTS INC		1,500,000	1,500,000	738	1FE
25484J-AJ-9	DISTRICT COLUMBIA UNIV REV		01/31/2017	RBC CAPITAL MARKETS, LLC		1,500,000	1,500,000	770	1FE
26822L-MG-6	E-470 PUB HWY AUTH COLO REV		02/17/2017	CHASE SECURITIES INC		1,000,000	1,000,000	0	1FE
283484-DY-6	EL PASO CNTY COLO SCH DIST NO 49 FALCON		02/08/2017	STIFEL NICOLAUS & COMPANY INC		679,604	575,000	0	1FE
454795-FE-0	INDIANA HEALTH & EDL FAC FING AUTH REV		02/01/2017	US Bank		687,650	700,000	2,635	1FE
64972F-K6-2	NEW YORK N Y CITY MUN WTR FIN AUTH WTR &		01/31/2017	BARCLAYS CAPITAL INC FIXED INC		1,500,000	1,500,000	382	1FE
696543-RH-2	PALM BEACH CNTY FLA PUB IMPT REV		02/13/2017	Citigroup Global Markets, Inc.		1,183,680	1,000,000	14,583	1FE
914183-BA-5	UNIVERSITY COLO HOSP AUTH REV		02/01/2017	Citigroup Global Markets, Inc.		1,125,910	1,000,000	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						17,957,259	17,550,000	29,298	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
00206R-CC-4	AT&T INC		03/13/2017	US BANCORP INVESTMENTS INC		801,992	800,000	256	2FE
00287Y-AT-6	ABBVIE INC		02/16/2017	GOLDMAN, SACHS & CO.		602,166	600,000	4,083	2FE
02587A-AJ-3	AMXCA 171 A - ABS		02/13/2017	RBC CAPITAL MARKETS, LLC		809,809	810,000	0	1FE
0258M0-EE-5	AMERICAN EXPRESS CREDIT CORP		02/28/2017	MLPFS INC FIXED INCOME		998,960	1,000,000	0	1FE
026874-DG-9	AMERICAN INTERNATIONAL GROUP INC		02/21/2017	WELLS FARGO SECURITIES LLC		819,200	800,000	12,687	2FE
03065D-AD-9	AMCAR 163 A3 - ABS		02/28/2017	MLPFS INC FIXED INCOME		996,953	1,000,000	1,014	1FE
03065F-AD-4	AMCAR 171 A3 - ABS		02/13/2017	JP MORGAN SECURITIES LLC		329,989	330,000	0	1FE
04010L-AP-8	ARES CAPITAL CORP		02/13/2017	MERRILL LYNCH PIERCE FENNER SMITH INC		509,645	500,000	1,668	2FE
055657-AB-6	BMWLT 171 A2 - ABS		03/15/2017	BARCLAYS CAPITAL INC		529,945	530,000	0	1FE
075887-AW-9	BECTON DICKINSON & CO		02/17/2017	CITIGROUP GLOBAL MARKETS INC		722,624	700,000	6,383	2FE
10112R-AS-3	BOSTON PROPERTIES LP		02/21/2017	U.S. Bank		845,048	800,000	9,075	2FE
126117-AR-1	CNA FINANCIAL CORP		02/27/2017	WELLS FARGO SECURITIES LLC		898,216	800,000	2,172	2FE
126650-CT-5	CYS HEALTH CORP		02/28/2017	JP MORGAN SECURITIES LLC		590,532	600,000	3,258	2FE
13645R-AP-9	CANADIAN PACIFIC RAILWAY CO		02/24/2017	KEYBANC CAPITAL MARKETS INC		757,078	700,000	4,025	2FE
139738-AD-0	AFIN 152 A3 - ABS		02/23/2017	WELLS FARGO SECURITIES LLC		1,203,000	1,200,000	461	1FE
13976A-AD-2	AFIN 163 A3 - ABS		02/24/2017	2730		1,717,908	1,721,000	810	1FE
14042R-FH-9	CAPITAL ONE NA		02/10/2017	Morgan Stanley		601,062	600,000	588	2FE
14149Y-AZ-1	CARDINAL HEALTH INC		03/13/2017	JP MORGAN SECURITIES LLC		803,696	800,000	6,453	2FE
14314J-AC-4	CARMX 171 A3 - ABS		02/27/2017	WELLS FARGO SECURITIES LLC		1,004,688	1,000,000	935	1FE
14912L-6E-6	CATERPILLAR FINANCIAL SERVICES CORP		02/23/2017	MLPFS INC FIXED INCOME		308,209	305,000	186	1FE
172967-JJ-1	CITIGROUP INC		02/10/2017	JP Morgan Chase		701,701	700,000	8,260	2FE
17401Q-AG-6	CITIZENS BANK NA		02/27/2017	Morgan Stanley		754,283	755,000	0	2FE
198280-AD-1	COLUMBIA PIPELINE GROUP INC		02/17/2017	KEYBANC CAPITAL MARKETS INC		715,064	700,000	5,262	2FE
20826F-AE-6	CONOCOPHILLIPS CO		02/27/2017	GOLDMAN, SACHS & CO.		913,842	900,000	7,691	1FE
22546Q-AT-4	CREDIT SUISSE AG (NEW YORK BRANCH)	C	01/23/2017	OPPENHEIMER & CO. INC		3,508,260	3,500,000	170	1FE

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STATEMENT AS OF MARCH 31, 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)	
25746U-BL-2	DOMINION RESOURCES INC		02/16/2017	GOLDMAN, SACHS & CO.		1,066,990	1,000,000	19,407	2FE	
264411-AD-1	DUKE REALTY LP		02/21/2017	US BANCORP INVESTMENTS INC		1,042,020	1,000,000	969	2FE	
26441C-AR-6	DUKE ENERGY CORP		02/28/2017	MLPFS INC FIXED INCOME		679,497	700,000	70	2FE	
29379V-BK-8	ENTERPRISE PRODUCTS OPERATING LLC		02/22/2017	GOLDMAN, SACHS & CO.		707,301	700,000	7,315	2FE	
30219G-AF-5	EXPRESS SCRIPTS HOLDING CO		02/23/2017	MLPFS INC FIXED INCOME		727,440	700,000	986	2FE	
316770-BF-5	FIFTH THIRD BANK (OHIO)		02/28/2017	CREDIT SUISSE SECURITIES (USA)		605,892	600,000	6,440	1FE	
34531C-AD-2	FORDO 16C A3 - ABS		02/27/2017	2730		1,259,731	1,270,000	732	1FE	
345397-VR-1	FORD MOTOR CREDIT CO LLC		02/13/2017	2730		883,536	800,000	1,917	2FE	
36253W-AB-3	GMALT 171 A2A - ABS		03/07/2017	WELLS FARGO SECURITIES LLC		639,927	640,000	0	1FE	
38141E-A5-8	GOLDMAN SACHS GROUP INC		02/10/2017	2730		429,361	395,000	8,846	1FE	
38141G-RC-0	GOLDMAN SACHS GROUP INC		01/17/2017	OPPENHEIMER & CO. INC		1,290,483	1,280,000	15,031	1FE	
38141G-VP-6	GOLDMAN SACHS GROUP INC		03/01/2017	WELLS FARGO SECURITIES LLC		503,790	500,000	6,531	1FE	
40414L-AH-2	HCP INC		03/01/2017	SUNTRUST ROBINSON HUMPHREY INC		703,311	700,000	1,786	2FE	
406216-AZ-4	HALLIBURTON CO		02/24/2017	KEYBANC CAPITAL MARKETS INC		823,576	800,000	7,656	2FE	
41283L-AN-5	HARLEY-DAVIDSON FINANCIAL SERVICES INC		03/07/2017	CITIGROUP GLOBAL MARKETS INC		799,776	800,000	0	1FE	
416515-AZ-7	HARTFORD FINANCIAL SERVICES GROUP INC		02/23/2017	KEYBANC CAPITAL MARKETS INC		208,880	191,000	4,319	2FE	
42217K-AY-2	WELLTOWER INC		03/06/2017	WELLS FARGO SECURITIES LLC		725,935	700,000	12,673	2FE	
428236-BF-9	HP INC		02/15/2017	CITIGROUP GLOBAL MARKETS INC		932,544	900,000	7,500	2FE	
43814M-AD-9	HAROT 153 A4 - ABS		02/27/2017	BONY/TORONTO DOMINION SECURITI		1,049,631	1,050,000	637	1FE	
43814R-AC-0	HAROT 164 A3 - ABS		02/27/2017	2730		1,289,539	1,300,000	612	1FE	
446150-AK-0	HUNTINGTON BANCSHARES INC		02/23/2017	KEYBANC CAPITAL MARKETS INC		780,728	800,000	2,249	2FE	
44931P-AB-2	HART 17A A2A - ABS		03/22/2017	SG AMERICAS SECURITIES, LLC		999,996	1,000,000	0	1FE	
49326E-EF-6	KEYCORP		02/17/2017	CITIGROUP GLOBAL MARKETS INC		814,968	800,000	10,182	2FE	
524901-AS-4	LEGG MASON INC		02/28/2017	U.S. Bank		709,884	700,000	2,520	2FE	
539830-AY-5	LOCKHEED MARTIN CORP		02/15/2017	U.S. Bank		422,423	410,000	5,952	2FE	
56585A-AL-6	MARATHON PETROLEUM CORP		02/21/2017	Morgan Stanley		819,624	800,000	5,213	2FE	
61166W-AT-8	MONSANTO CO		02/23/2017	GOLDMAN, SACHS & CO		702,261	700,000	2,299	1FE	
61747Y-CJ-2	MORGAN STANLEY		02/10/2017	2730		759,262	700,000	15,531	1FE	
65339K-AL-4	NEXTERA ENERGY CAPITAL HOLDINGS INC		03/15/2017	U.S. Bank		704,704	700,000	233	2FE	
654730-AY-9	NISOURCE FINANCE CORP		02/21/2017	SUNTRUST ROBINSON HUMPHREY INC		533,610	500,000	5,130	2FE	
718172-BW-8	PHILIP MORRIS INTERNATIONAL INC		02/15/2017	CREDIT SUISSE, NEW YORK (CSUS)		668,298	670,000	0	1FE	
744320-BM-6	PRUDENTIAL FINANCIAL INC		02/10/2017	WELLS FARGO SECURITIES LLC		769,090	700,000	5,644	1FE	
74834L-AW-0	QUEST DIAGNOSTICS INC		02/22/2017	KEYBANC CAPITAL MARKETS INC		803,232	800,000	8,167	2FE	
806851-AC-5	SCHLUMBERGER HOLDINGS CORP		02/10/2017	Merrill Lynch		715,491	700,000	3,150	1FE	
816851-AX-7	SEMPRA ENERGY		02/24/2017	WELLS FARGO SECURITIES LLC		815,088	800,000	6,713	2FE	
832696-AB-4	J M SMUCKER CO		02/27/2017	US BANCORP INVESTMENTS INC		627,000	600,000	7,992	2FE	
843646-AL-4	SOUTHERN POWER CO		02/24/2017	VARIOUS		601,849	600,000	3,563	2FE	
87165L-AK-7	GEINT 152 A - ABS		02/16/2017	BONY/TORONTO DOMINION SECURITI		810,348	810,000	252	1FE	
87165L-AP-6	GEINT 153 A - ABS		03/01/2017	HILLTOP SECURITIES INC		1,000,156	1,000,000	1,015	1FE	
871829-BB-2	SYSCO CORP		02/28/2017	MLPFS INC FIXED INCOME		601,632	600,000	4,813	2FE	
883556-AX-0	THERMO FISHER SCIENTIFIC INC		02/16/2017	VARIOUS		853,541	800,000	17,100	2FE	
887317-AN-5	TIME WARNER INC		02/13/2017	WELLS FARGO SECURITIES LLC		625,596	600,000	2,067	2FE	
92276M-AW-5	VENTAS REALTY LP		02/17/2017	UBS FINANCIAL SERVICES INC		859,200	800,000	8,656	2FE	
92343V-CN-2	VERIZON COMMUNICATIONS INC		02/16/2017	MERRILL LYNCH PIERCE FENNER SMITH INC		805,904	800,000	7,400	2FE	
92867R-AD-1	VALET 141 A4 - ABS		02/24/2017	VARIOUS		1,189,215	1,190,000	527	1FE	
981464-CW-8	WFMNT 12A A - ABS		02/16/2017	JP Morgan Chase		1,025,859	1,000,000	611	1FE	
981464-DS-6	WFMNT 13A A - ABS		02/16/2017	Merrill Lynch		505,473	505,000	158	1FE	
981600-AE-2	WOART 14B A4 - ABS		02/27/2017	WELLS FARGO SECURITIES LLC		1,001,055	1,000,000	793	1FE	
98160Y-AD-7	WOART 15B A3 - ABS		02/27/2017	JP Morgan Chase		639,900	640,000	450	1FE	
982526-AU-9	WM WRIGLEY JR CO		02/10/2017	JP MORGAN SECURITIES LLC		605,652	600,000	4,560	2FE	
3899999	- Bonds - Industrial and Miscellaneous (Unaffiliated)						61,584,067	60,502,000	311,803	XXX
8399997	- Subtotals - Bonds - Part 3						88,715,411	87,152,000	367,048	XXX
8399999	- Subtotals - Bonds						88,715,411	87,152,000	367,048	XXX
9999999	Totals						88,715,411	XXX	367,048	XXX

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

E04.1

STATEMENT AS OF MARCH 31, 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. Governments																					
912828-UJ-1	UNITED STATES TREASURY		03/23/2017	NOMURA SECURITIES/FIXED INCOME		148,787	150,000	148,483	0	0	23	0	23	0	148,506	0	281	281	122	02/29/2020	1
0599999 - Bonds - U.S. Governments																					
						148,787	150,000	148,483	0	0	23	0	23	0	148,506	0	281	281	122	XXX	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																					
64966J-QF-6	NEW YORK N.Y.		03/13/2017	BARCLAYS CAPITAL INC FIXED INC.		100,000	100,000	100,000	0	0	0	0	0	0	100,000	0	0	0	110	08/01/2035	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions																					
						100,000	100,000	100,000	0	0	0	0	0	0	100,000	0	0	0	110	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																					
038127-AW-6	APPLETON WIS REDEV AUTH REDEV REV.		02/21/2017	SSB-CUSTODIAN		1,500,000	1,500,000	1,500,000	0	0	0	0	0	0	1,500,000	0	0	0	1,368	06/01/2036	1FE
040507-JU-0	ARIZONA HEALTH FACS AUTH REV.		03/20/2017	SSB-CUSTODIAN		1,500,000	1,500,000	1,500,000	0	0	0	0	0	0	1,500,000	0	0	0	2,006	07/01/2035	1FE
112732-AA-0	BROOKFIELD ILL REV.		03/01/2017	VARIOUS		1,500,000	1,500,000	1,500,000	0	0	0	0	0	0	1,500,000	0	0	0	1,298	06/01/2038	1FE
796253-5Y-4	SAN ANTONIO TEX ELEC & GAS REV.		01/01/2017	Adjustment		0	0	0	0	0	1,508	0	1,508	0	0	0	0	0	0	02/01/2033	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																					
						4,500,000	4,500,000	4,500,000	0	0	1,508	0	1,508	0	4,500,000	0	0	0	4,672	XXX	XXX
8399997 - Subtotals - Bonds - Part 4																					
						4,748,787	4,750,000	4,748,483	0	0	1,532	0	1,532	0	4,748,506	0	281	281	4,904	XXX	XXX
8399999 - Subtotals - Bonds																					
						4,748,787	4,750,000	4,748,483	0	0	1,532	0	1,532	0	4,748,506	0	281	281	4,904	XXX	XXX
9999999 Totals																					
						4,748,787	XXX	4,748,483	0	0	1,532	0	1,532	0	4,748,506	0	281	281	4,904	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues 0.

E05

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: 48pt; margin: 0;">NONE</p>							
8699999 Total Cash Equivalents					0	0	0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 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.....	15,533,509	XXX		XXX	15,533,509
2. Earned Premiums	29,003,991	XXX		XXX	XXX
3. Claims Paid.....	21,679,358	XXX		XXX	21,679,358
4. Claims Incurred.....	22,226,738	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.....	6,665,395	XXX		XXX	XXX
7. Expenses Paid.....	1,811,323	XXX		XXX	1,811,323
8. Expenses Incurred.....	1,811,323	XXX		XXX	XXX
9. Underwriting Gain or Loss.....	(1,699,465)	XXX	.0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	(7,957,172)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$2,854,932 due from CMS or \$59,659,434 due to CMS