



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 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
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
Main Administrative Office 8735 Henderson Road, Tampa, FL, US 33634
Mail Address P.O. Box 31391, Tampa, FL, US 33631-3391
Primary Location of Books and Records 8735 Henderson Road, Tampa, FL, US 33634
Internet Web Site Address www.wellcare.com
Statutory Statement Contact Mike Wasik, 813-206-2725
michael.wasik@wellcare.com, 813-675-2899

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Rows include Kelly Ann Munson (President), Michael Troy Meyer (Asst. Treasurer, VP and Corporate Controller), Richard Charles Fisher # (CFO and Vice President), Tammy Lynn Meyer # (Assistant Secretary and Vice President).

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Row includes Goran Jankovic # (Treasurer and Vice President), Michael Warren Haber (Secretary and Vice President).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Row includes Andrew Lynn Asher, Michael Troy Meyer, Kelly Ann Munson.

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

Richard Charles Fisher
CFO and Vice President

Subscribed and sworn to before me this
day of

- a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	28,219,157	90,264,500		29,160,725	28,219,157	23,132,759
2. Claim overpayment receivables .....	.0		.59,585	.218,332	.59,585	.0
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	28,219,157	90,264,500	59,585	29,379,057	28,278,742	23,132,759

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	121,836,666	.5.0	559,161	100.0		121,836,666
2. Intermediaries	0	.0.0		0.0		
3. All other providers	0	.0.0		0.0		
4. Total capitation payments	121,836,666	.5.0	559,161	100.0	0	121,836,666
Other Payments:						
5. Fee-for-service	0	.0.0	XXX	XXX		
6. Contractual fee payments	2,322,723,501	95.0	XXX	XXX		2,322,723,501
7. Bonus/withhold arrangements - fee-for-service	0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	.0.0	XXX	XXX		
9. Non-contingent salaries	0	.0.0	XXX	XXX		
10. Aggregate cost arrangements	0	.0.0	XXX	XXX		
11. All other payments	0	.0.0	XXX	XXX		
12. Total other payments	2,322,723,501	95.0	XXX	XXX	0	2,322,723,501
13. Total (Line 4 plus Line 12)	2,444,560,167	100 %	XXX	XXX	0	2,444,560,167

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	20,598									20,598	
2. First Quarter	34,433									34,433	
3. Second Quarter	34,283									34,283	
4. Third Quarter	34,372									34,372	
5. Current Year	34,261									34,261	
6. Current Year Member Months	411,935									411,935	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	29,608,940									29,608,940	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	29,608,940									29,608,940	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	25,684,559									25,684,559	
18. Amount Incurred for Provision of Health Care Services	23,742,300									23,742,300	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 29,608,940

30.AL



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.AK



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.AZ



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	26,299									26,299	
2. First Quarter	28,150									28,150	
3. Second Quarter	27,740									27,740	
4. Third Quarter	27,706									27,706	
5. Current Year	27,554									27,554	
6. Current Year Member Months	334,119									334,119	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	19,207,307									19,207,307	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	19,207,307									19,207,307	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	17,167,716									17,167,716	
18. Amount Incurred for Provision of Health Care Services	15,869,499									15,869,499	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$19,207,307

30.AR



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF California

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.CA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	5,278									5,278
2. First Quarter	5,898									5,898
3. Second Quarter	6,496									6,496
4. Third Quarter	7,035									7,035
5. Current Year	7,429									7,429
6. Current Year Member Months	78,401									78,401
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									0
12. Health Premiums Written (b)	5,422,372									5,422,372
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									0
15. Health Premiums Earned	5,422,372									5,422,372
16. Property/Casualty Premiums Earned	0									0
17. Amount Paid for Provision of Health Care Services	5,594,803									5,594,803
18. Amount Incurred for Provision of Health Care Services	5,171,726									5,171,726

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,422,372

30.CO



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	14,968									14,968	
2. First Quarter	15,806									15,806	
3. Second Quarter	15,761									15,761	
4. Third Quarter	15,920									15,920	
5. Current Year	15,930									15,930	
6. Current Year Member Months	189,984									189,984	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	13,894,244									13,894,244	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	13,894,244									13,894,244	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	13,369,839									13,369,839	
18. Amount Incurred for Provision of Health Care Services	12,358,816									12,358,816	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 13,894,244

30.CT



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.DE



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.DC



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.ID



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.1L



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.IN



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.1A



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.KS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2017				NAIC Company Code		64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	448,444							8,590	439,854	
2. First Quarter	454,861							8,549	446,312	
3. Second Quarter	455,260							8,789	446,471	
4. Third Quarter	454,820							9,115	445,705	
5. Current Year	457,395							9,304	448,091	
6. Current Year Member Months	5,454,271							106,569	5,347,702	
Total Member Ambulatory Encounters for Year:										
7. Physician	2,841,879							141,370	2,700,509	
8. Non-Physician	2,689,015							68,833	2,620,182	
9. Total	5,530,894	0	0	0	0	0	0	210,203	5,320,691	0
10. Hospital Patient Days Incurred	332,146							29,304	302,842	
11. Number of Inpatient Admissions	54,409							3,818	50,591	
12. Health Premiums Written (b)	2,731,819,886							122,098,183	2,609,721,703	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,735,098,304							122,098,183	2,613,000,121	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,372,232,167	85,432						101,894,258	2,270,252,477	
18. Amount Incurred for Provision of Health Care Services	2,390,164,267	9,506						104,048,534	2,286,106,227	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$122,098,183

30.KY



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.LA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.MD



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.MA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	5,824									5,824	
2. First Quarter	6,758									6,758	
3. Second Quarter	7,422									7,422	
4. Third Quarter	8,022									8,022	
5. Current Year	8,524									8,524	
6. Current Year Member Months	89,632									89,632	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	5,941,736									5,941,736	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	5,941,736									5,941,736	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	4,653,694									4,653,694	
18. Amount Incurred for Provision of Health Care Services	4,301,783									4,301,783	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,941,736

30.MN



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.MS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.MO



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2017

NAIC Company Code 64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	2,134									2,134
2. First Quarter	2,728									2,728
3. Second Quarter	2,929									2,929
4. Third Quarter	3,082									3,082
5. Current Year	3,184									3,184
6. Current Year Member Months	35,190									35,190
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,122,162									2,122,162
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,122,162									2,122,162
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,742,549									1,742,549
18. Amount Incurred for Provision of Health Care Services	1,610,778									1,610,778

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,122,162

30.MT



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.NE



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.NV



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0									0	
2. First Quarter	0									0	
3. Second Quarter	0									0	
4. Third Quarter	0									0	
5. Current Year	0									0	
6. Current Year Member Months	0									0	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.NM



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.ND



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.OH



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.OK



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30. OR



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.PA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	5,217									5,217	
2. First Quarter	5,298									5,298	
3. Second Quarter	4,790									4,790	
4. Third Quarter	4,980									4,980	
5. Current Year	4,884									4,884	
6. Current Year Member Months	59,906									59,906	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	4,141,244									4,141,244	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	4,141,244									4,141,244	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	4,114,840									4,114,840	
18. Amount Incurred for Provision of Health Care Services	3,803,678									3,803,678	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4,141,244

30.RI



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.S.C



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.SD



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.TN



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.UT



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.VA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.WA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2017						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.WV



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.W1



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2017

NAIC Company Code

64467

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.WY



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017							(LOCATION)	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
				2	3								NAIC Company Code	64467
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
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	0	0	0	0	0	0	9,115	445,705	101,117		
5. Current Year	559,161	0	0	0	0	0	0	9,304	448,091	101,766		
6. Current Year Member Months	6,653,438	0	0	0	0	0	0	106,569	5,347,702	1,199,167		
Total Member Ambulatory Encounters for Year:												
7. Physician	2,841,879	0	0	0	0	0	0	141,370	2,700,509	0		
8. Non-Physician	2,689,015	0	0	0	0	0	0	68,833	2,620,182	0		
9. Total	5,530,894	0	0	0	0	0	0	210,203	5,320,691	0		
10. Hospital Patient Days Incurred	332,146	0	0	0	0	0	0	29,304	302,842	0		
11. Number of Inpatient Admissions	54,409	0	0	0	0	0	0	3,818	50,591	0		
12. Health Premiums Written (b)	2,812,157,891	0	0	0	0	0	0	122,098,183	2,609,721,703	80,338,005		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	2,815,436,309	0	0	0	0	0	0	122,098,183	2,613,000,121	80,338,005		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,444,560,167	85,432	0	0	0	0	0	101,894,258	2,270,252,477	72,328,000		
18. Amount Incurred for Provision of Health Care Services	2,457,022,847	9,506	0	0	0	0	0	104,048,534	2,286,106,227	66,858,580		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 202,436,188

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I/A	MR	5,239						
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I/A	MC	256,637						
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I/A	SCHIP	9,150						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							271,026	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							271,026	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							271,026	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							271,026	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							271,026	0	0	0	0	0	0
9999999 Totals							271,026	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	9	22	195	1,210	831
2. Title XVIII-Medicare.....	5	6	2	30	11
3. Title XIX-Medicaid.....	257	302	364	1,827	1,032
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	114	889	1,597	2,156	2,199
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	114	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	837,990,555		837,990,555
2. Accident and health premiums due and unpaid (Line 15).....	11,384,745		11,384,745
3. Amounts recoverable from reinsurers (Line 16.1).....	113,882		113,882
4. Net credit for ceded reinsurance.....	XXX	113,882	113,882
5. All other admitted assets (Balance).....	58,630,288		58,630,288
6. Total assets (Line 28)	908,119,470	113,882	908,233,352
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	315,938,392	0	315,938,392
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	64,057,249		64,057,249
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	214,385,369		214,385,369
15. Total liabilities (Line 24).....	594,381,010	0	594,381,010
16. Total capital and surplus (Line 33).....	313,738,460	XXX	313,738,460
17. Total liabilities, capital and surplus (Line 34)	908,119,470	0	908,119,470
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	113,882		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	113,882		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	113,882		

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 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	Ownership	0.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	04-3669698				WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	10760	20-2103320				WellCare of Georgia Inc	GA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	98-0448921				Comprehensive Reinsurance Ltd	CYM	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	10155	20-2383134				WellCare Prescription Insurance Inc	FL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	12749	20-3562146				WellCare of Ohio Inc	OH	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	20-3262322				Harmony Behavioral Health IPA Inc	NY	NIA	Harmony Behavioral Health, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	20-4869374				WellCare Pharmacy Benefits Management In	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	83445	86-0269558				WellCare Health Insurance of Arizona Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	64467	36-6069295				WellCare Health 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

ANNUAL STATEMENT FOR THE YEAR 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	Windsor Health Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	15510	47-0971481				WellCare Health Plans of Kentucky, Inc	KY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	15951	47-5456872				WellCare of Nebraska, Inc	NE	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	81-1631920				WellCare of Pennsylvania, Inc	PA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	16117	81-3299281				WellCare of Oklahoma, Inc	OK	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	06-1742685				One Care by Care 1st Health Plan of Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	57-1165217				Care 1st Health Plan Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	46-2680154				Care 1st Health Plan Administrative Services, Inc	AZ	NIA	Care 1st Health Plan Arizona, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	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	16239	82-1301128				WellCare of Alabama, Inc	AL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1246845				Accountable Care Coalition of Arizona, LLC	AZ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4112652				Accountable Care Coalition of Caldwell County, LLC	NC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5510251				Accountable Care Coalition of Central Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	81-2588974				Accountable Care Coalition of Chesapeake, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0

ANNUAL STATEMENT FOR THE YEAR 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	45-4113655				Accountable Care Coalition of Coastal Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1681146				Accountable Care Coalition of Community Health Centers, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1669422				Accountable Care Coalition of Community Health Centers II, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4537668				Accountable Care Coalition of DeKalb, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	80.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	81-2629752				Accountable Care Coalition of Eastern Wisconsin, LLC	WI	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5481108				Accountable Care Coalition of Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1623920				Accountable Care Coalition of Georgia Community Health Centers, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1558080				Accountable Care Coalition of Hawaii, LLC	HI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-0746336				Accountable Care Coalition of Indiana, LLC	IN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1637625				Accountable Care Coalition of Louisiana, LLC	LA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5449147				Accountable Care Coalition of Maryland Primary Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4119739				Accountable Care Coalition of Maryland, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	46-2881180				Accountable Care Coalition of Mississippi, LLC	MS	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4105836				Accountable Care Coalition of Mount Kisco, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1263227				Accountable Care Coalition of New Jersey, LLC	NJ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4552802				Accountable Care Coalition of North Texas, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47-3894436				Accountable Care Coalition of Northeast Georgia, LLC	GA	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4106526				Accountable Care Coalition of Northwest Florida, LLC	FL	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1604548				Accountable Care Coalition of North West Region, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-1698885				Accountable Care Coalition of North West Region II, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-0727997				Accountable Care Coalition of Pennsylvania, LLC	PA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47-3913308				Accountable Care Coalition of South Carolina, LLC	SC	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47-3843552				Accountable Care Coalition of Southeast Texas, Inc	TX	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0

ANNUAL STATEMENT FOR THE YEAR 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	.0
01199	WellCare Health Plans Inc	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-1219279				Accountable Care Coalition of Tennessee, LLC	TN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-2742298				Accountable Care Coalition of Texas, Inc	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4537584				Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	80624	13-1851754				American Progressive Life & Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	52-2134236				APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	54-1602622				APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4644722				APS Parent, Inc	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-3365375				Collaborative Health Systems of Maryland, Inc	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-3306594				Collaborative Health Systems of Virginia, Inc	VA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	90-0779287				Collaborative Health Systems, LLC	NY	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4561546				Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritages Health Systems of Texas Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0459857				Heritage Health Systems of Texas, Inc	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	62-1517194				Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc	Ownership	99.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0

ANNUAL STATEMENT FOR THE YEAR 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	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-4679969				Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems LLC	Ownership	97.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5626871				Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	58-2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	10768	74-3141949				SelectCare Health Plans, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	10096	62-1819658				SelectCare of Texas, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	42-0989096				UAM Agent Services Corp	IA	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	26-0153605				UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	27-4683816				Universal American Corp	DE	UIP	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	95-3800329				Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-1352914				Universal American Holdings, LLC	DE	UIP	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5439406				Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	23-1913528				Worlco Management Services, Inc	NY	NIA	Worlco Management Services	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-2497115				WellCare of New Mexico	NM	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47-2346408				AWC of Syracuse, Inc	NY	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-3169616				WellCare Health Plans of Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-3114517				WellCare of Maine, Inc	ME	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	66-0888149				WellCare of Puerto Rico, Inc	PR	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0

41.4

Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95081	59-2583622	WellCare of Florida, Inc.	125,000,000				(380,635,126)				(255,635,126)	
95334	14-1676443	WellCare of New York, Inc.					(99,032,886)				(99,032,886)	
95310	06-1405640	WellCare of Connecticut, Inc.					(11,794,429)				(11,794,429)	
11229	36-4050495	Harmony Health Plan, Inc.		(30,000,000)			(144,095,644)				(174,095,644)	
10760	20-2103320	WellCare of Georgia, Inc.	60,000,000				(175,120,426)				(115,120,426)	
10155	20-2383134	WellCare Prescription Insurance, Inc.					(86,904,221)				(86,904,221)	
00000	59-3547616	Comprehensive Health Management, Inc.					1,478,091,168				1,478,091,168	
00000	76-0500964	HHS Texas Management Inc.					93,477,907				93,477,907	
83445	86-0269558	WellCare Health Insurance of Arizona Inc.	40,000,000				(76,703,677)				(36,703,677)	
64467	36-6069295	WellCare Health Ins Co of Kentucky, Inc.	50,000,000				(199,693,594)	17,203			(149,676,391)	
00000	20-8420512	Exactus Pharmacy Solutions, Inc.					(20,756,686)				(20,756,686)	
13020	20-8017319	WellCare Health Plans of New Jersey, Inc.					(69,066,921)				(69,066,921)	
12964	20-8058761	WellCare of Texas, Inc.	10,000,000				(41,304,959)	(17,203)			(31,322,162)	
00000	14-1647239	The WellCare Management Group, Inc.	(335,000,000)	91,468,925							(243,531,075)	
00000	20-5327501	Easy Choice Health Plan, Inc.					(27,289,394)				(27,289,394)	
11775	32-0062883	WellCare of South Carolina, Inc.	10,000,000				(28,013,599)				(18,013,599)	
12913	20-5862801	Missouri Care, Inc.					(49,527,481)				(86,527,481)	
00000	46-2078909	WellCare of Nevada, Inc.					2,016,035				2,016,035	
15951	47-5456872	WellCare of Nebraska, Inc.					(15,000,000)				(46,784,683)	
00000	81-5442932	WellCare of Mississippi, Inc.					(2,000,000)				(2,000,000)	
16117	82-0664467	WellCare of Oklahoma, Inc.					(2,000,000)				(2,000,000)	
16239	82-1301128	WellCare of Alabama, Inc.					(484,960)				(484,960)	
00000	57-1165217	Care 1st Health Plan Arizona, Inc.	30,000,000				(32,612,373)				(2,612,373)	
00000	06-1742685	OneCare by Care 1st Health Plan of AZ					(4,776,768)				(9,776,768)	
10768	74-3141949	SelectCare Health Plans, Inc.	10,000,000				(2,189,149)				7,810,851	
00000	82-3169616	WellCare Health Plans of Arizona, Inc.					(2,000,000)				(2,000,000)	
10096	62-1819658	SelectCare of Texas, Inc.					(90,267,060)				(90,267,060)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

	<u>Responses</u>
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....

JUNE FILING

8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....

AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?YES.....
---	---------------

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

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....YES.....
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....

AUGUST FILING

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

11.

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Bar code:

11.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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12.



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13.



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18.



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19.



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20.



6 4 4 6 7 2 0 1 7 3 0 6 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Deposits with providers.....	183,227	183,227	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	183,227	183,227	0	0



**SUPPLEMENT FOR THE YEAR 2017 OF THE WellCare Health Insurance Company of Kentucky, Inc.
 MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)
 (To Be Filed By March 1)

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					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....		XXX		XXX	.0
1.12 Without Reinsurance Coverage.....	78,607,050	XXX	(8,599)	XXX	78,598,451
1.13 Risk-Corridor Payment Adjustments.....	(4,167,680)	XXX		XXX	(4,167,680)
1.2 Supplemental Benefits.....		XXX		XXX	.0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....	110,248	XXX	8,599	XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	5,788,387	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....	78,717,299	XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	1,620,707	XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....	80,338,006	XXX	0	XXX	74,430,771
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....		XXX		XXX	.0
7.12 Without Reinsurance Coverage.....	72,328,000	XXX		XXX	72,328,000
7.2 Supplemental Benefits.....		XXX		XXX	.0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....	746,187	XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....	6,215,607	XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	66,858,580	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims	66,858,580	XXX	0	XXX	72,328,000
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX		XXX		.0
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		.0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	(5,079,721)	XXX		XXX	(5,079,721)
15. Expenses Incurred.....	9,113,263	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	4,366,163	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	7,182,492

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

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

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

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



LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The WellCare Health Insurance Company of Kentucky, Inc. Insurance Company
 Address (City, State and Zip Code) Tampa, FL 33634
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