



# QUARTERLY STATEMENT

AS OF JUNE 30, 2018  
OF THE CONDITION AND AFFAIRS OF THE

## WellCare Health Insurance Company of Kentucky, Inc.

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

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [  ] Property/Casualty [  ] Hospital, Medical & Dental Service or Indemnity [  ]  
 Dental Service Corporation [  ] Vision Service Corporation [  ] Health Maintenance Organization [  ]  
 Other [  ] Is HMO Federally Qualified? Yes [  ] No [  ]

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

Statutory Home Office 13551 Triton Park Blvd, Suite 1800 , Louisville, KY, US 40223  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 8735 Henderson Road Tampa, FL, US 33634 813-206-6200  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 31391 , Tampa, FL, US 33631-3391  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8735 Henderson Road Tampa, FL, US 33634 813-206-6200  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.wellcare.com

Statutory Statement Contact Mike Wasik 813-206-2725  
(Name) (Area Code) (Telephone Number) (Extension)

michael.wasik@wellcare.com 813-675-2899  
(E-Mail Address) (FAX Number)

### OFFICERS

Name	Title	Name	Title
<u>Kelly Ann Munson</u>	<u>President</u>	<u>Michael Troy Meyer</u>	<u>Asst. Treasurer, VP and Corporate Controller</u>
<u>Richard Charles Fisher</u>	<u>CFO and Vice President</u>	<u>Tammy Lynn Meyer</u>	<u>Assistant Secretary and Vice President</u>

### OTHER OFFICERS

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

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

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County of Hillsborough

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

Kelly Ann Munson  
President

Michael Troy Meyer  
Asst. Treasurer, VP and Corporate Controller

Richard Charles Fisher  
CFO and Vice President

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

b. If no:

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

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

STATEMENT AS OF JUNE 30, 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	209,687,636		209,687,636	197,147,651
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....300,628,758 ), cash equivalents (\$ .....325,712,178 ) and short-term investments (\$ ..... 54,561,248 ) .....	680,902,184		680,902,184	640,842,904
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	890,589,820	0	890,589,820	837,990,555
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	2,948,085		2,948,085	2,202,912
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	11,247,759	0	11,247,759	9,378,789
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....	4,625,371		4,625,371	2,005,956
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	113,882
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	3,686,844		3,686,844	7,517,134
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0		0	0
18.2 Net deferred tax asset .....	5,384,484	0	5,384,484	5,525,974
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	4,238,907	0	4,238,907	4,708,526
24. Health care (\$ .....36,861,224 ) and other amounts receivable .....	46,235,662	543,780	45,691,882	38,582,520
25. Aggregate write-ins for other-than-invested assets .....	2,108,645	1,974,002	134,643	93,222
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	971,065,577	2,517,782	968,547,795	908,119,470
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	971,065,577	2,517,782	968,547,795	908,119,470
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Other non-admitted assets (prepaids) .....	854,143	854,143	0	0
2502. ASO prepayments .....	1,171,275	1,036,632	134,643	93,222
2503. Deposits with providers .....	83,227	83,227	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	2,108,645	1,974,002	134,643	93,222

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	317,330,917		317,330,917	315,938,392
2. Accrued medical incentive pool and bonus amounts .....	6,923,079		6,923,079	0
3. Unpaid claims adjustment expenses .....	1,872,451		1,872,451	1,753,563
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	12,335,752		12,335,752	11,498,305
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	51,792,583		51,792,583	64,057,249
9. General expenses due or accrued .....	22,900,162		22,900,162	34,723,254
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	6,133,544		6,133,544	7,743,689
10.2 Net deferred tax liability.....	0		0	0
11. Ceded reinsurance premiums payable .....	0		0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....	0		0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	37,909,401		37,909,401	65,664,462
16. Derivatives.....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	122,216,979		122,216,979	92,264,269
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	55,126,489	0	55,126,489	737,827
24. Total liabilities (Lines 1 to 23).....	634,541,357	0	634,541,357	594,381,010
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	55,232,000
26. Common capital stock .....	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	137,298,516	137,298,516
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	194,207,922	118,707,944
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	334,006,438	313,738,460
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	968,547,795	908,119,470
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed property payable.....	512,915		512,915	737,827
2302. 2018 ACA Industry Fee Payable.....	54,613,574		54,613,574	0
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	55,126,489	0	55,126,489	737,827
2501. Estimated ACA Industry Fee (following year).....	XXX	XXX		55,232,000
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	0	55,232,000
3001. ....	XXX	XXX	0	
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	3,377,555	3,315,931	6,653,438
2. Net premium income (including \$ non-health premium income).....	XXX	1,485,818,300	1,385,049,885	2,811,904,068
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	(75,910)	3,278,418	3,278,418
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	1,485,742,390	1,388,328,303	2,815,182,486
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		740,697,905	730,346,390	1,429,428,603
10. Other professional services .....		104,649,275	103,788,471	206,158,673
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		100,715,759	87,951,356	196,686,809
13. Prescription drugs .....		318,161,125	324,877,453	624,748,762
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		413,495	0	0
16. Subtotal (Lines 9 to 15) .....	0	1,264,637,559	1,246,963,670	2,457,022,847
<b>Less:</b>				
17. Net reinsurance recoveries .....		(6,908)	(205,162)	(614,480)
18. Total hospital and medical (Lines 16 minus 17) .....	0	1,264,644,467	1,247,168,832	2,457,637,327
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 7,587,867 cost containment expenses.....		17,815,347	17,513,251	34,483,811
21. General administrative expenses.....		170,231,931	88,076,803	199,670,270
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	1,452,691,745	1,352,758,885	2,691,791,408
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	33,050,645	35,569,418	123,391,078
25. Net investment income earned .....		7,719,362	3,244,819	8,391,643
26. Net realized capital gains (losses) less capital gains tax of \$ .....		(88,958)	(20,405)	(29,450)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	7,630,404	3,224,414	8,362,193
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	(28,487)	(42,404)	(2,291,581)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	40,652,562	38,751,428	129,461,690
31. Federal and foreign income taxes incurred .....	XXX	19,562,222	15,982,448	49,292,994
32. Net income (loss) (Lines 30 minus 31) .....	XXX	21,090,340	22,768,980	80,168,696
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX		0	0
0603. ....	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX		0	0
0702. ....	XXX		0	0
0703. ....	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....			0	0
1402. ....			0	0
1403. ....			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. Fines and penalties.....		(28,487)	(42,404)	(2,291,581)
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	(28,487)	(42,404)	(2,291,581)

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	313,738,460	283,231,632	283,231,632
34. Net income or (loss) from Line 32 .....	21,090,340	22,768,980	80,168,696
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	(141,490)	3,118,212	619,025
39. Change in nonadmitted assets .....	(680,872)	(1,680,651)	(280,893)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....	0	0	0
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend) .....	0	0	0
44.3 Transferred to surplus .....	0	0	0
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	(25,000,000)	(50,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	20,267,978	(793,459)	30,506,828
49. Capital and surplus end of reporting period (Line 33 plus 48)	334,006,438	282,438,173	313,738,460
<b>DETAILS OF WRITE-INS</b>			
4701. ....		0	0
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	1,469,826,785	1,199,104,301	2,874,912,755
2. Net investment income .....	7,875,429	3,012,380	7,488,710
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	1,477,702,214	1,202,116,681	2,882,401,465
5. Benefit and loss related payments .....	1,263,740,995	1,255,826,681	2,447,956,430
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	111,383,396	56,487,213	178,002,196
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	21,172,367	16,278,565	50,015,071
10. Total (Lines 5 through 9) .....	1,396,296,758	1,328,592,459	2,675,973,697
11. Net cash from operations (Line 4 minus Line 10) .....	81,405,456	(126,475,778)	206,427,768
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	12,152,257	18,784,404	39,230,958
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	12,152,257	18,784,404	39,230,958
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	25,682,440	103,269,251	213,319,456
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	1	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	25,682,441	103,269,251	213,319,456
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(13,530,184)	(84,484,847)	(174,088,498)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	50,000,000
16.6 Other cash provided (applied).....	(27,815,993)	(12,615,379)	56,288,588
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(27,815,993)	(12,615,379)	6,288,588
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	40,059,279	(223,576,004)	38,627,858
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	640,842,904	602,215,046	602,215,046
19.2 End of period (Line 18 plus Line 19.1) .....	680,902,184	378,639,042	640,842,904

STATEMENT AS OF JUNE 30, 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	559,161	.0	.0	.0	.0	.0	.0	9,304	448,091	101,766
2. First Quarter .....	565,678	.0	.0	.0	.0	.0	.0	12,060	458,682	94,936
3. Second Quarter .....	561,448	.0	.0	.0	.0	.0	.0	12,865	454,935	93,648
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	3,377,555							73,142	2,738,928	565,485
Total Member Ambulatory Encounters for Period:										
7. Physician .....	1,453,670							93,581	1,360,089	
8. Non-Physician .....	1,489,182							48,664	1,440,518	
9. Total	2,942,852	0	0	0	0	0	0	142,245	2,800,607	0
10. Hospital Patient Days Incurred	206,527							23,807	182,720	
11. Number of Inpatient Admissions	36,699							3,111	33,588	
12. Health Premiums Written (a).....	1,485,948,182							86,671,530	1,360,128,576	39,148,076
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	1,485,872,272							86,671,530	1,360,052,666	39,148,076
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	1,264,288,316							60,512,139	1,166,156,958	37,619,219
18. Amount Incurred for Provision of Health Care Services	1,264,637,559							66,772,113	1,166,029,315	31,836,131

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 125,819,606



STATEMENT AS OF JUNE 30, 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	131,198				131,198	131,198
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....	9,058,799	54,157,325	1,882,107	19,237,443	10,940,906	14,324,749
7. Title XIX - Medicaid .....	191,512,809	987,052,443	63,980,757	229,563,995	255,493,566	297,819,141
8. Other health .....	3,078,742	55,252,136	556,737	2,109,878	3,635,479	3,663,304
9. Health subtotal (Lines 1 to 8).....	203,781,548	1,096,461,904	66,419,601	250,911,316	270,201,149	315,938,392
10. Health care receivables (a) .....	422,900	36,982,105			422,900	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....	(6,512,839)	3,255	5,737,075	1,186,004	(775,764)	.0
13. Totals (Lines 9-10+11+12)	196,845,809	1,059,483,054	72,156,676	252,097,320	269,002,485	315,938,392

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

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2018	2017
<b>NET INCOME</b>					
1. Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	\$ 21,090,340	\$ 80,168,696
2. State Prescribed Practices that increase/(decrease) NAIC SAP:					
None	-	-	-	-	-
3. State Permitted Practices that increase/(decrease) NAIC SAP:					
None	-	-	-	-	-
4. NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 21,090,340</u>	<u>\$ 80,168,696</u>
<b>SURPLUS</b>					
5. Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 334,006,438	\$ 313,738,460
6. State Prescribed Practices that increase/(decrease) NAIC SAP:					
None	-	-	-	-	-
7. State Permitted Practices that increase/(decrease) NAIC SAP:					
None	-	-	-	-	-
8. NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 334,006,438</u>	<u>\$ 313,738,460</u>

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

No significant change.

#### C. Accounting Policy

No significant change.

#### D. Going Concern – None

### 2. Accounting Changes and Corrections of Errors

None

### 3. Business Combinations and Goodwill

None

### 4. Discontinued Operations

None

### 5. Investments

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

B. Debt Restructuring – None

C. Reverse Mortgages – None

D. Loan-Backed Securities

1, 2, 3 - Not applicable

4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

## NOTES TO FINANCIAL STATEMENTS

1. Less than 12 Months	\$	(310,330)
2. 12 Months or Longer	\$	-

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$	41,495,027
2. 12 Months or Longer	\$	-

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreement Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate – None
- K. Low-Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets
  - 1. No significant change
  - 2. None
  - 3. None
  - 4. None
- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. Structured Notes – None
- P. 5\* Securities – None
- Q. Short Sales - None
- R. Prepayment Penalty and Acceleration Fees - None

### 6. Joint Ventures, Partnerships and Limited Liability Companies

None

### 7. Investment Income

No significant change.

### 8. Derivative Instruments

None

### 9. Income Taxes

No significant change.

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

*Comprehensive Health Management Inc. ("CHMI")*

During Q1 2018, the Company's 2017 management fee true-up was calculated and booked. The true-up resulted in a \$1,176,000 decrease in management fees charged to the Company based on actual cost of services provided during 2017.

### 11. Debt

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

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

None

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

No significant change.

### 14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments – None
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits – None
- E. Joint and Several Liabilities – None

## NOTES TO FINANCIAL STATEMENTS

F. All Other Contingencies – The Company’s ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an affect on the Company’s financial position.

### 15. Leases

None

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

None

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

A. Transfers of Receivables Reported as Sales – None

B. Transfer and Servicing of Financial Assets – None

C. Wash Sales – None

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

A. ASO Plans – None

B. ASC Plans – None

C. Medicare of Similarly Structured Cost Based Reimbursement Contract

1. None

2. No significant change.

3. None

4. None

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

None

### 20. Fair Value Measurements

A. None

B. None

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
<b>Bonds</b>						
US Government	\$ 3,664,655	\$ 3,699,058	\$ 3,664,655	\$ -	\$ -	\$ -
U.S. States, territories & possessions	4,321,576	4,334,466	-	4,321,576	-	-
Political subdivision of states, territories & possessions	18,534,360	18,695,343	-	18,534,360	-	-
U.S. Special revenue & special assessment, non-guaranteed agencies & government	66,757,621	67,212,739	-	66,757,621	-	-
Industrial & miscellaneous	114,079,477	115,746,030	-	114,079,477	-	-
<b>Total Bonds</b>	<b>207,357,689</b>	<b>209,687,636</b>	<b>3,664,655</b>	<b>203,693,034</b>	<b>-</b>	<b>-</b>
Short Term Investments	55,436,562	54,561,248	-	55,436,562	-	-
<b>Total Bonds and Short Term Investments</b>	<b>\$ 262,794,251</b>	<b>\$ 264,248,884</b>	<b>\$ 3,664,655</b>	<b>\$ 259,129,596</b>	<b>\$ -</b>	<b>\$ -</b>

D. None

### 21. Other Items

A. Extraordinary Items – None

B. Troubled Debt Restructuring – None

C. Other Disclosures and Unusual Items – No significant change.

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-Transferable Tax Credits – None

F. Subprime Mortgage Related Risk Exposure – None

G. Retained Assets – None

H. Insurance-Linked Securities (ILS) Contracts - None

### 22. Events Subsequent

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

## NOTES TO FINANCIAL STATEMENTS

### 23. Reinsurance

No significant change.

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

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

### 25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims expense attributable to insured events of the prior year decreased by \$46,935,908 during 2018. This is approximately 14.9% of unpaid claims expenses of \$315,938,392 as of December 31, 2017. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending June 30, 2018 was affected by approximately \$24,897,674 of net favorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.

B. None

### 26. Intercompany Pooling Arrangements

None

### 27. Structured Settlements

None

### 28. Health Care Receivables

No significant change.

### 29. Participating Policies

None

### 30. Premium Deficiency Reserves

None

### 31. Anticipated Salvage and Subrogation

None

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

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

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

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

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

## GENERAL INTERROGATORIES

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

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

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 .....

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

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

### FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....0

### INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

**GENERAL INTERROGATORIES**

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

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

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

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank.....	Jacksonville, FL.....
SunTrust Bank.....	Nashville, TN.....

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Wells Capital Management.....	U.....
Oppenheimer & Co.....	U.....
Deutsche Bank.....	U.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104518.....	Deutsche Bank.....	CZ83K4EEX8QVCT3B128.....	SEC.....	DS.....
0571.....	Oppenheimer & Co.....	254900VH02JQR2L8XD64.....	SEC.....	DS.....
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	DS.....

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

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

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

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

Has the reporting entity self-designated 5\*GI securities?..... Yes [ ] No [X]

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

- |  |                |
|--|----------------|
| 1. Operating Percentages:  |                |
| 1.1 A&H loss percent.....  | 85.6 %         |
| 1.2 A&H cost containment percent .....   | 0.5 %          |
| 1.3 A&H expense percent excluding cost containment expenses.....   | 12.1 %         |
| 2.1 Do you act as a custodian for health savings accounts?.....  | Yes [ ] No [X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....  | \$ .....       |
| 2.3 Do you act as an administrator for health savings accounts?.....   | Yes [ ] No [X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date.....   | \$ .....       |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....   | Yes [X] No [ ] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... | Yes [ ] No [ ] |

### SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

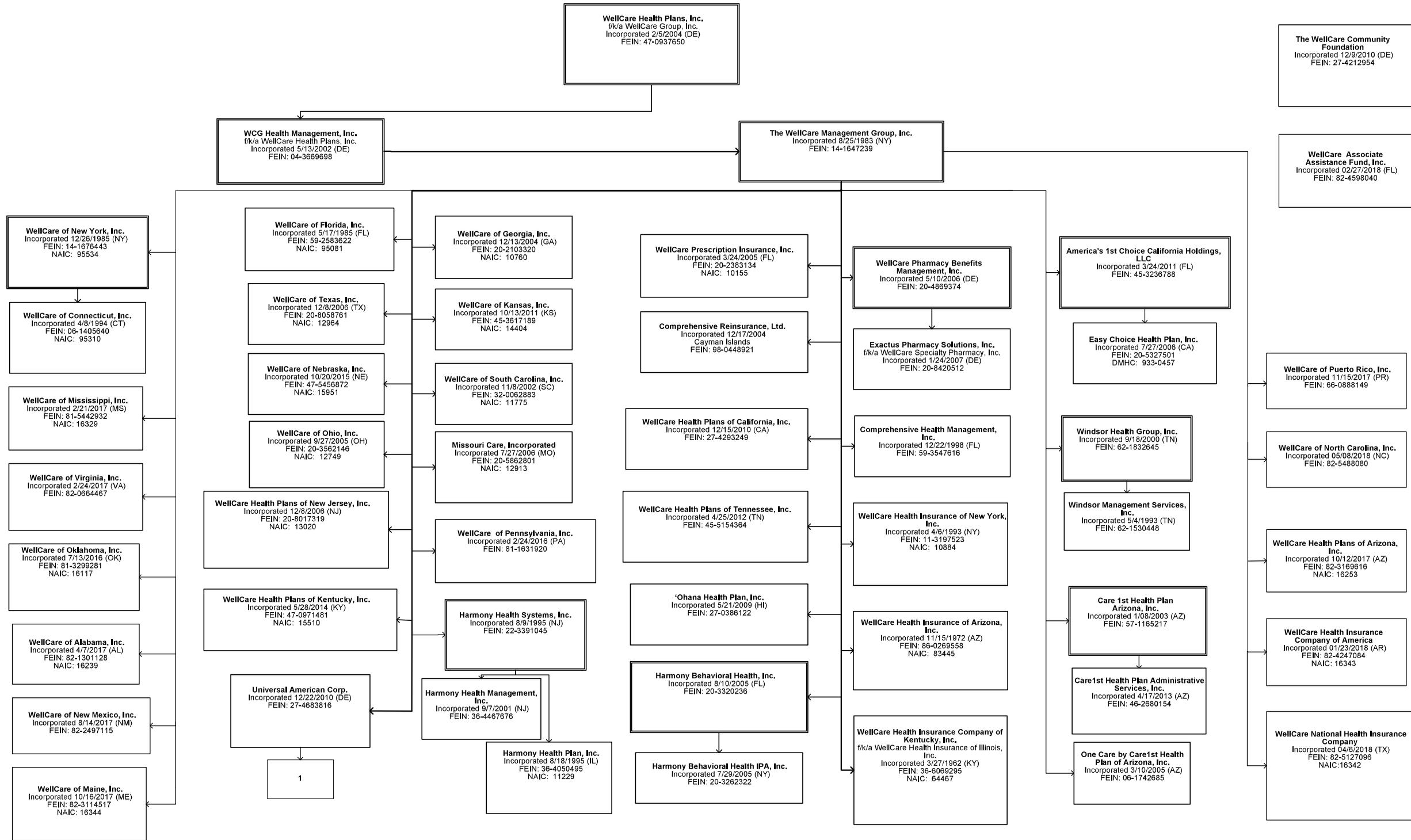
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	13,914,269						13,914,269		
2. Alaska	AK							0		
3. Arizona	AZ							0		
4. Arkansas	AR	8,496,346						8,496,346		
5. California	CA							0		
6. Colorado	CO	3,078,476						3,078,476		
7. Connecticut	CT	6,814,496						6,814,496		
8. Delaware	DE							0		
9. Dist. 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		86,671,530	1,360,128,576				1,446,800,106		
19. Louisiana	LA							0		
20. Maine	ME							0		
21. Maryland	MD							0		
22. Massachusetts	MA							0		
23. Michigan	MI							0		
24. Minnesota	MN	3,618,778						3,618,778		
25. Mississippi	MS							0		
26. Missouri	MO							0		
27. Montana	MT	1,311,139						1,311,139		
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	1,914,572						1,914,572		
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. U.S. Virgin Islands	VI							0		
56. Northern Mariana Islands	MP							0		
57. Canada	CAN							0		
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0	
59. Subtotal	XXX	39,148,076	86,671,530	1,360,128,576	0	0	0	1,485,948,182	0	
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	XXX	39,148,076	86,671,530	1,360,128,576	0	0	0	1,485,948,182	0	
<b>DETAILS OF WRITE-INS</b>										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .....43 R – Registered – Non-domiciled RRGs ..... 0  
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0 Q – Qualified – Qualified or accredited reinsurer ..... 0  
 N – None of the above – Not allowed to write business in the state .....14

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



1

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

Ownership is 100% except as noted

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

A

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

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

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

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

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

15.1

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

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

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

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

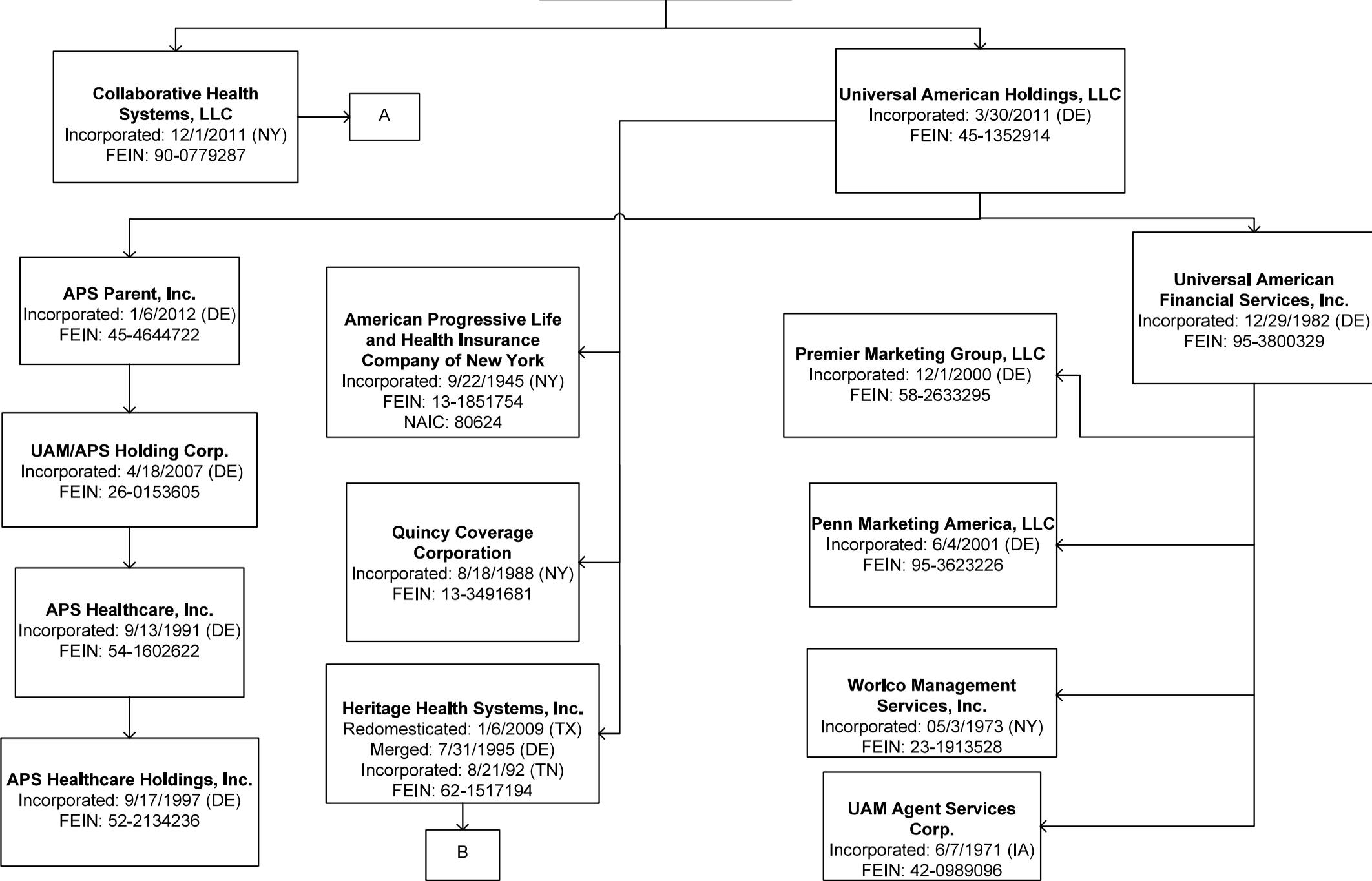
**Heritage Health Systems, Inc.**  
Redomesticated: 1/6/2009 (TX)  
Merged: 7/31/1995 (DE)  
Incorporated: 8/21/92 (TN)  
FEIN: 62-1517194

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

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

B

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



A

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

Ownership is 100% except as noted

15.2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B

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

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

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

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

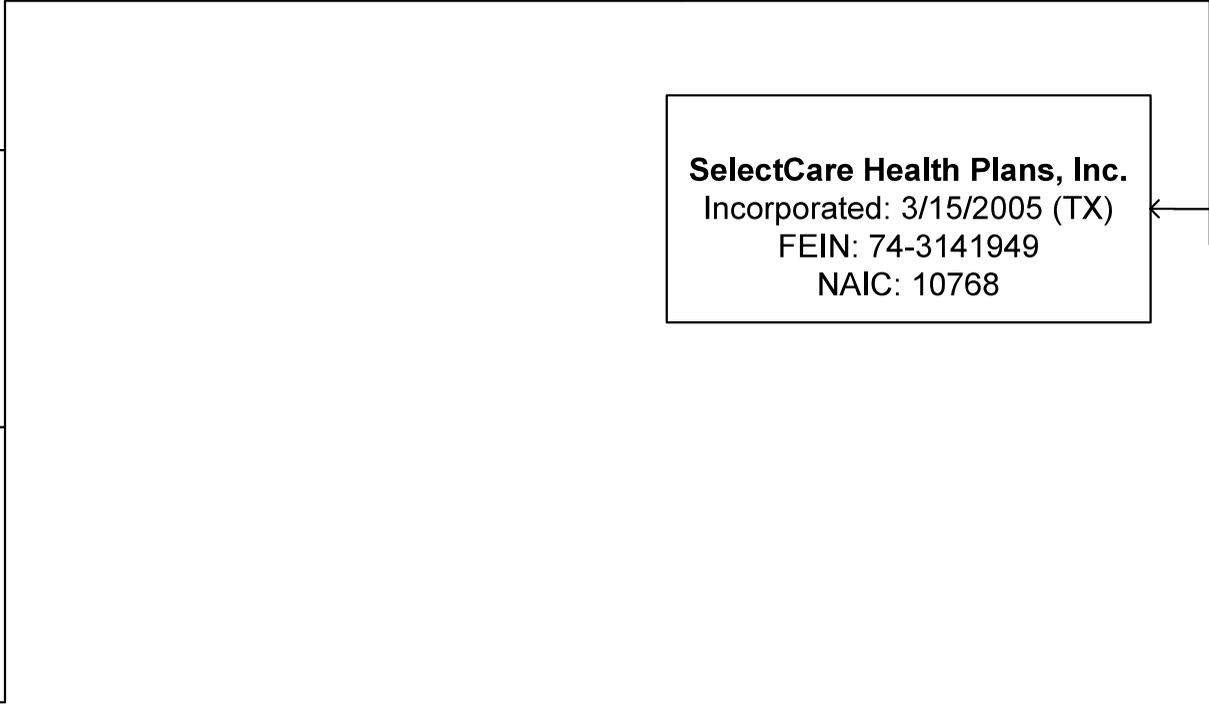
**Golden Triangle Physician Alliance**  
Incorporated: 7/22/1996 (TX)  
FEIN: 62-1694548

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

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

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

15.3



STATEMENT AS OF JUNE 30, 2018 OF THE 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

STATEMENT AS OF JUNE 30, 2018 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	16329	81-5442932				WellCare of Mississippi, Inc	MS	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-0664467				WellCare of Virginia, Inc	VA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	16239	82-1301128				WellCare of Alabama, Inc	AL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-1246845				Accountable Care Coalition of Arizona, LLC	AZ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4112652				Accountable Care Coalition of Caldwell County, LLC	NC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-5510251				Accountable Care Coalition of Central Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-2588974				Accountable Care Coalition of Chesapeake, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0

STATEMENT AS OF JUNE 30, 2018 OF THE 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	45-5481108				Accountable Care Coalition of Georgia, LLC	.GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-1623920				Accountable Care Coalition of Southeast Partners, LLC	.GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-1558080				Accountable Care Coalition of Hawaii, LLC	.HI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-1637625				Accountable Care Coalition of Louisiana, LLC	.LA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-5449147				Accountable Care Coalition of Maryland Primary Care, LLC	.MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4119739				Accountable Care Coalition of Maryland, LLC	.MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	46-2881180				Accountable Care Coalition of Mississippi, LLC	.MS	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4105836				Accountable Care Coalition of Mount Kisco, LLC	.NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-1263227				Accountable Care Coalition of New Jersey, LLC	.NJ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4552802				Accountable Care Coalition of North Texas, LLC	.TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	47-3894436				Accountable Care Coalition of Northeast Georgia, LLC	.GA	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4106526				Accountable Care Coalition of Northwest Florida, LLC	.FL	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-1604548				Accountable Care Coalition of North West Region, LLC	.OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-1698885				Accountable Care Coalition of North West Region II, LLC	.OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	82-0727997				Accountable Care Coalition of Pennsylvania, LLC	.PA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	47-3913308				Accountable Care Coalition of South Carolina, LLC	.SC	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	47-3843552				Accountable Care Coalition of Southeast Texas, Inc	.TX	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4113610				Accountable Care Coalition of Southeast Wisconsin	.WI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	.NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0

STATEMENT AS OF JUNE 30, 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	82-1219279				Accountable Care Coalition of Tennessee, LLC	TN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-2742298				Accountable Care Coalition of Texas, Inc	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4537584				Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	80624	13-1851754				American Progressive Life & Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	52-2134236				APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	54-1602622				APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4644722				APS Parent, Inc	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-3365375				Collaborative Health Systems of Maryland, Inc	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-3306594				Collaborative Health Systems of Virginia, Inc	VA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	90-0779287				Collaborative Health Systems, LLC	NY	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4561546				Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritage Health Systems of Texas Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0459857				Heritage Health Systems of Texas, Inc	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	62-1517194				Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc	Ownership	99.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	.0
01199	WellCare Health Plans Inc	00000	45-4679969				Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems, LLC	Ownership	97.0	WellCare Health Plans, Inc	N	.0

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STATEMENT AS OF JUNE 30, 2018 OF THE 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	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5626871				Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	58-2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	10768	74-3141949				SelectCare Health Plans, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	10096	62-1819658				SelectCare of Texas, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	42-0989096				UAM Agent Services Corp	IA	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	26-0153605				UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	27-4683816				Universal American Corp	DE	UIP	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	95-3800329				Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-1352914				Universal American Holdings, LLC	DE	UIP	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	45-5439406				Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	23-1913528				Worlco Management Services, Inc	NY	NIA	Worlco Management Services	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-2497115				WellCare of New Mexico	NM	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47-2346408				AWC of Syracuse, Inc	NY	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	16253	82-3169616				WellCare Health Plans of Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	16344	82-3114517				WellCare of Maine, Inc	ME	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	66-0888149				WellCare of Puerto Rico, Inc	PR	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-4598040				WellCare Associate Assistance Fund, Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	16343	82-4247084				WellCare Health Insurance Company of America	AR	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	16342	82-5127096				WellCare National Health Insurance Company	TX	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	82-5488080				WellCare of North Carolina, Inc	NC	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0

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

Asterisk	Explanation

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....YES.....

**Explanation:**

**Bar Code:**

**OVERFLOW PAGE FOR WRITE-INS**

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## SCHEDULE A – VERIFICATION

### Real Estate

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

## SCHEDULE B – VERIFICATION

### Mortgage Loans

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

## SCHEDULE BA – VERIFICATION

### Other Long-Term Invested Assets

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

## SCHEDULE D – VERIFICATION

### Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	197,147,651	23,930,372
2. Cost of bonds and stocks acquired .....	25,682,440	213,319,456
3. Accrual of discount .....	53,732	43,188
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....	(65,851)	95
6. Deduct consideration for bonds and stocks disposed of .....	12,152,257	39,230,958
7. Deduct amortization of premium .....	1,019,738	914,503
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	41,659	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	209,687,636	197,147,651
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	209,687,636	197,147,651

STATEMENT AS OF JUNE 30, 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	179,887,024	33,275,184	24,448,617	1,459,885	179,887,024	190,173,475	0	155,328,470
2. NAIC 2 (a).....	82,361,773	5,674,740	10,297,062	(2,044,992)	82,361,773	75,694,459	0	74,981,783
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	262,248,797	38,949,924	34,745,679	(585,107)	262,248,797	265,867,935	0	230,310,253
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	262,248,797	38,949,924	34,745,679	(585,107)	262,248,797	265,867,935	0	230,310,253

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....50,582,731 ; NAIC 2 \$ .....5,597,568 ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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## SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	54,561,248	XXX	30,564,969	295,625	259,797

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	23,242,630	40,304,035
2. Cost of short-term investments acquired .....	47,197,641	49,235,310
3. Accrual of discount .....	23,897	1,976
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....	(24,621)	(28,231)
6. Deduct consideration received on disposals .....	15,698,337	65,892,452
7. Deduct amortization of premium.....	179,962	378,007
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	54,561,248	23,242,630
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	54,561,248	23,242,630

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

## SCHEDULE E – PART 2 – VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	317,207,771	0
2. Cost of cash equivalents acquired .....	857,483,079	1,173,495,680
3. Accrual of discount .....	5,428	39
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....	1,514	(1,314)
6. Deduct consideration received on disposals .....	848,920,465	856,280,959
7. Deduct amortization of premium .....	65,149	5,675
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	325,712,178	317,207,771
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	325,712,178	317,207,771

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

STATEMENT AS OF JUNE 30, 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. States, Territories and Possessions</b>									
13063B-ZJ-4	CALIFORNIA ST		06/01/2018	MERRILL LYNCH, PIERCE, FENNER &	XXX	750,000	750,000		1FE
13063D-GB-8	CALIFORNIA ST		04/18/2018	CHASE SECURITIES INC	XXX	503,720	500,000		1FE
<b>1799999 - Bonds - U.S. States, Territories and Possessions</b>						1,253,720	1,250,000	0	XXX
<b>Bonds - U.S. Special Revenue</b>									
010053-BC-9	AKRON OHIO ECONOMIC DEV REV		04/12/2018	U.S. Bank	XXX	502,715	500,000	5,906	1FE
64577B-JL-9	NEW JERSEY ECONOMIC DEV AUTH REV		05/07/2018	RAYMOND JAMES/FI	XXX	519,900	500,000	4,722	2FE
749845-UK-7	RACINE CNTY WIS.		04/30/2018	CHASE SECURITIES INC	XXX	635,135	650,000	5,124	2FE
759911-3H-1	REGIONAL TRANSN AUTH ILL		05/09/2018	Loop Capital Markets	XXX	300,000	300,000		1FE
880461-LU-0	TENNESSEE HSG DEV AGY RESIDENTIAL FIN PR		04/13/2018	RAYMOND JAMES/FI	XXX	541,921	550,000	2,826	1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						2,499,670	2,500,000	18,579	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
05578D-AN-2	BPCE SA	C	05/07/2018	CIBC OPPENHEIMER	XXX	1,344,816	1,350,000	10,688	1FE
07274N-AC-7	BAYER US FINANCE II LLC	C	06/18/2018	JP MORGAN SECURITIES LLC	XXX	1,030,000	1,030,000		2FE
13607R-AB-6	CANADIAN IMPERIAL BANK OF COMMERCE		06/04/2018	CIBC OPPENHEIMER	XXX	1,232,275	1,250,000	5,000	1FE
136451-AB-7	CPART 181 A2A - ABS	A	04/18/2018	United States Treasury Note/Bond	XXX	239,998	240,000		1FE
14161G-BU-3	CARD2 182A A - ABS	A	05/04/2018	US Bank	XXX	730,000	730,000		1FE
22546Q-AN-7	CREDIT SUISSE AG (NEW YORK BRANCH)	C	05/15/2018	OPPENHEIMER & CO. INC.	XXX	2,142,833	2,150,000	22,693	1FE
233851-CF-9	DAIMLER FINANCE NORTH AMERICA LLC	C	04/30/2018	OPPENHEIMER & CO. INC.	XXX	469,412	476,000	2,301	1FE
36255K-AB-7	GMALT 182 A2A - ABS		06/19/2018	BARCLAYS CAPITAL INC	XXX	409,991	410,000		1FE
40428Q-BS-7	HSBC HOLDINGS PLC	C	05/10/2018	US Bank	XXX	203,000	203,000		1FE
42786G-AZ-1	HERSHEY CO		05/03/2018	CitiGroup	XXX	999,580	1,000,000		1FE
44935Q-AD-2	HALST 18B A3 - ABS		06/05/2018	CitiGroup	XXX	289,956	290,000		1FE
609207-AQ-8	MONDELEZ INTERNATIONAL INC		05/03/2018	MIZUHO SECURITIES USA INC. NEW YORK	XXX	997,420	1,000,000		2FE
78471Q-AB-1	SSM HEALTH CARE CORP		04/25/2018	Citigroup Global Markets, Inc	XXX	650,000	650,000		1FE
80283L-AH-6	SANTANDER UK PLC	C	05/02/2018	CIBC OPPENHEIMER	XXX	719,744	725,000	2,556	1FE
80285G-AD-4	SDART 183 A3 - ABS		06/20/2018	US Bank	XXX	409,990	410,000		1FE
961214-CY-7	WESTPAC BANKING CORP	C	06/04/2018	CIBC OPPENHEIMER	XXX	394,540	400,000	1,902	1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						12,263,554	12,314,000	45,139	XXX
<b>8399997 - Subtotals - Bonds - Part 3</b>						16,016,944	16,064,000	63,718	XXX
<b>8399999 - Subtotals - Bonds</b>						16,016,944	16,064,000	63,718	XXX
<b>9999999 Totals</b>						16,016,944	XXX	63,718	XXX

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

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STATEMENT AS OF JUNE 30, 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>																					
659155-JE-6	NORTH EAST INDPT SCH DIST TEX		04/20/2018	Morgan Stanley	XXX	999,710	1,000,000	1,009,820	1,009,747		(636)		(636)		1,009,111		(9,401)	(9,401)	8,247	08/01/2047	1FE
<b>2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>						999,710	1,000,000	1,009,820	1,009,747	0	(636)	0	(636)	0	1,009,111	0	(9,401)	(9,401)	8,247	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
762244-EV-9	RHODE IS ST HEALTH & EDL BLDG CORP REV		05/15/2018	Maturity @ 100.00	XXX	250,000	250,000	266,818	253,559		(3,559)		(3,559)		250,000				6,250	05/15/2018	2FE
88256C-AW-9	TEXAS MUN GAS ACQUISITION & SUPPLY CORP		05/01/2018	MERRILL LYNCH PIERCE & FENNER SMITH INC	XXX	246,500	250,000	237,500	238,231		439		439		238,670		7,830	7,830	1,800	12/15/2026	1FE
92707U-AW-6	VILLAGE CMNTY DEV DIST NO 6 FLA SPL ASSM		05/01/2018	Call @ 100.00	XXX	5,000	5,000	5,392	5,351		(20)		(20)		5,331		(331)	(331)		05/01/2023	1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						501,500	505,000	509,710	497,141	0	(3,140)	0	(3,140)	0	494,001	0	7,499	7,499	8,050	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
03065D-AD-9	AMCAR 163 A3 - ABS		06/08/2018	Paydown	XXX	193,119	193,119	192,531	192,799				320		193,119				988	05/10/2021	1FE
055657-AB-6	BWMLT 171 A2 - ABS		06/20/2018	Paydown	XXX	121,266	121,266	121,253	121,261				4		121,266		0	0	742	07/22/2019	1FE
05584P-AB-3	BWMLT 172 A2 - ABS		06/20/2018	Paydown	XXX	29,536	29,536	29,534	29,534				2		29,536		0	0	212	02/20/2020	1FE
12636W-AB-2	CNH 17A A2 - ABS		06/15/2018	Paydown	XXX	157,647	157,647	157,431	157,429				218		157,647				949	07/15/2020	1FE
139738-AD-2	AFIN 152 A3 - ABS		06/20/2018	Paydown	XXX	276,088	276,088	276,779	276,324				(236)		276,088		0	0	2,273	09/20/2019	1FE
13976A-AD-2	AFIN 163 A3 - ABS		06/20/2018	Paydown	XXX	429,163	429,163	428,392	428,767				397		429,163		0	0	2,311	08/20/2020	1FE
36253W-AB-3	GMALT 171 A2A - ABS		06/20/2018	Paydown	XXX	163,635	163,635	163,617	163,636				(1)		163,635		0	0	1,003	09/20/2019	1FE
<b>KEYBANC CAPITAL MARKETS</b>																					
38141E-A5-8	GOLDMAN SACHS GROUP INC		06/25/2018	INC	XXX	408,999	395,000	429,361	419,794		(5,343)		(5,343)		414,451		(5,452)	(5,452)	16,631	03/15/2020	1FE
43813F-AB-9	HAROT 174 A2 - ABS		06/21/2018	Paydown	XXX	59,728	59,728	59,724	59,725				3		59,728		0	0	448	01/21/2020	1FE
43814M-AD-9	HAROT 153 A4 - ABS		06/18/2018	Paydown	XXX	15,023	15,023	15,017	15,020				3		15,023		0	0	98	10/18/2021	1FE
<b>CITIGROUP GLOBAL MARKETS</b>																					
44891Q-AB-8	HALST 17C A2A - ABS		05/07/2018	INC	XXX	337,875	340,000	339,973	339,976				9		339,985		(2,110)	(2,110)	2,570	03/16/2020	1FE
44931P-AB-2	HART 17A A2A - ABS		06/15/2018	Paydown	XXX	216,328	216,328	216,327	216,327				1		216,328		0	0	1,173	02/18/2020	1FE
80285A-AC-9	SRT 17A A2A - ABS		06/20/2018	Paydown	XXX	31,036	31,036	31,033	31,033				3		31,036		0	0	261	03/20/2020	1FE
<b>KEYBANC CAPITAL MARKETS</b>																					
832696-AQ-1	J M SMUCKER CO		05/07/2018	INC	XXX	989,680	1,000,000	999,220	999,246		135		135		999,381		(9,701)	(9,701)	9,289	12/06/2019	2FE
87165L-AK-7	SYNCT 152 A - ABS		04/16/2018	VARIOUS	XXX	810,000	810,000	810,348	810,089		(89)		(89)		810,000		0	0	4,320	04/15/2021	1FE
98160Y-AD-7	WOART 15B A3 - ABS		06/15/2018	Paydown	XXX	119,485	119,485	119,466	119,475				9		119,485		0	0	642	12/15/2020	1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						4,358,609	4,357,055	4,390,006	4,380,435	0	(4,563)	0	(4,563)	0	4,375,872	0	(17,263)	(17,263)	43,909	XXX	XXX
<b>8399997 - Subtotals - Bonds - Part 4</b>						5,859,819	5,862,055	5,909,536	5,887,323	0	(8,339)	0	(8,339)	0	5,878,984	0	(19,165)	(19,165)	60,206	XXX	XXX
<b>8399999 - Subtotals - Bonds</b>						5,859,819	5,862,055	5,909,536	5,887,323	0	(8,339)	0	(8,339)	0	5,878,984	0	(19,165)	(19,165)	60,206	XXX	XXX
<b>9999999 Totals</b>						5,859,819	XXX	5,909,536	5,887,323	0	(8,339)	0	(8,339)	0	5,878,984	0	(19,165)	(19,165)	60,206	XXX	XXX

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

EOS

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**







**SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

**MEDICARE PART D COVERAGE SUPPLEMENT**

**(Net of Reinsurance)**

NAIC Group Code.....01199

NAIC Company Code.....64467

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	52,620,797	XXX		XXX	52,620,797
2. Earned Premiums	47,926,240	XXX		XXX	XXX
3. Claims Paid.....	37,619,219	XXX		XXX	37,619,219
4. Claims Incurred.....	31,836,131	XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		.0
6. Aggregate Policy Reserves - Change.....	8,778,163	XXX		XXX	XXX
7. Expenses Paid.....	(2,934,860)	XXX		XXX	(2,934,860)
8. Expenses Incurred.....	5,819,913	XXX		XXX	XXX
9. Underwriting Gain or Loss.....	1,492,033	XXX	.0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	17,936,438

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ .....3,674,228 due from CMS or \$ .....122,216,979 due to CMS