



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Insurance Company of Kentucky, Inc.

(Name)

NAIC Group Code 01199, 01199 NAIC Company Code 64467 Employer's ID Number 36-6069295

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

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

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

Statutory Home Office 13551 Triton Park Blvd, Suite 1800, Louisville, KY, US 40223

Main Administrative Office 8735 Henderson Road, Tampa, FL, US 33634 813-206-6200

Mail Address P.O. Box 31391, Tampa, FL, US 33631-3391

Primary Location of Books and Records 8735 Henderson Road, Tampa, FL, US 33634 813-206-6200

Internet Web Site Address www.wellcare.com

Statutory Statement Contact Michael Wasik, 813-206-2725
michael.wasik@wellcare.com, 813-675-2899

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes William Andrew Jones (President), Michael Troy Meyer (Asst. Treasurer, VP and Chief Accounting Officer), Stephanie Ann Williams (CFO and Vice President), Tammy Lynn Meyer (Assistant Secretary and Vice President).

OTHER OFFICERS

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

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Includes Andrew Lynn Asher, Michael Troy Meyer, William Andrew Jones.

State of ... ss
County of ...

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

William Andrew Jones (President), Michael Troy Meyer (Asst. Treasurer, VP and Chief Accounting Officer), Stephanie Ann Williams (CFO and Vice President)

Subscribed and sworn to before me this day of

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





**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	46,013,385	126,694,029		36,311,269	46,013,385	35,670,540
2. Claim overpayment receivables .....	61,083		130,796	27,594,891	191,879	191,879
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	46,074,468	126,694,029	130,796	63,906,160	46,205,264	35,862,419

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	70,427,732	3,975,211	3,057,487	2,137,684	58,267,133	137,865,247
0499999 Subtotals	70,427,732	3,975,211	3,057,487	2,137,684	58,267,133	137,865,247
0599999 Unreported claims and other claim reserves						163,779,129
0699999 Total amounts withheld						
0799999 Total claims unpaid						301,644,376
0899999 Accrued medical incentive pool and bonus amounts						14,989,942





**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

**EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	112,890,534	4.2	769,860	100.0		112,890,534
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	112,890,534	4.2	769,860	100.0	0	112,890,534
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	2,558,008,363	95.5	XXX	XXX		2,558,008,363
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	7,295,329	0.3	XXX	XXX		7,295,329
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	2,565,303,692	95.8	XXX	XXX	0	2,565,303,692
13. Total (Line 4 plus Line 12)	2,678,194,226	100 %	XXX	XXX	0	2,678,194,226

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

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

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

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



**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Alabama	DURING THE YEAR 2019							NAIC Company Code		64467
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			30,847									30,847
2. First Quarter .....			63,019									63,019
3. Second Quarter .....			64,689									64,689
4. Third Quarter .....			64,746									64,746
5. Current Year .....			62,297									62,297
6. Current Year Member Months .....			762,565									762,565
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									0
8. Non-Physician .....			0									0
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									0
11. Number of Inpatient Admissions .....			0									0
12. Health Premiums Written (b) .....			43,590,271									43,590,271
13. Life Premiums Direct .....			0									0
14. Property/Casualty Premiums Written .....			0									0
15. Health Premiums Earned .....			44,275,656									44,275,656
16. Property/Casualty Premiums Earned .....			0									0
17. Amount Paid for Provision of Health Care Services .....			28,319,116									28,319,116
18. Amount Incurred for Provision of Health Care Services .....			33,514,974									33,514,974

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....43,590,271

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2019						NAIC Company Code 64467	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	23,679									23,679	
2. First Quarter .....	68,067									68,067	
3. Second Quarter .....	70,896									70,896	
4. Third Quarter .....	71,201									71,201	
5. Current Year .....	67,745									67,745	
6. Current Year Member Months	830,924									830,924	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	40,871,914									40,871,914	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	41,765,085									41,765,085	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	24,869,584									24,869,584	
18. Amount Incurred for Provision of Health Care Services	31,618,097									31,618,097	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....40,871,914

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF California		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	8,175									8,175	
2. First Quarter .....	51,351									51,351	
3. Second Quarter .....	54,660									54,660	
4. Third Quarter .....	55,652									55,652	
5. Current Year .....	53,727									53,727	
6. Current Year Member Months .....	641,108									641,108	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total .....	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred .....	0										
11. Number of Inpatient Admissions .....	0										
12. Health Premiums Written (b) .....	34,606,894									34,606,894	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	35,563,529									35,563,529	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	19,778,862									19,778,862	
18. Amount Incurred for Provision of Health Care Services .....	26,360,040									26,360,040	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....34,606,894

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	14,306									14,306	
2. First Quarter .....	45,257									45,257	
3. Second Quarter .....	47,360									47,360	
4. Third Quarter .....	47,664									47,664	
5. Current Year .....	45,203									45,203	
6. Current Year Member Months .....	554,387									554,387	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total .....	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred .....	0										
11. Number of Inpatient Admissions .....	0										
12. Health Premiums Written (b) .....	29,391,741									29,391,741	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	30,012,697									30,012,697	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	18,032,094									18,032,094	
18. Amount Incurred for Provision of Health Care Services .....	22,682,973									22,682,973	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....29,391,741

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**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Delaware	DURING THE YEAR 2019								NAIC Company Code	64467
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8		
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year			0									
2. First Quarter			0									
3. Second Quarter			0									
4. Third Quarter			0									
5. Current Year			0									
6. Current Year Member Months			0									
Total Member Ambulatory Encounters for Year:												
7. Physician			0									
8. Non-Physician			0									
9. Total			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b)			0									
13. Life Premiums Direct			0									
14. Property/Casualty Premiums Written			0									
15. Health Premiums Earned			0									
16. Property/Casualty Premiums Earned			0									
17. Amount Paid for Provision of Health Care Services			0									
18. Amount Incurred for Provision of Health Care Services			0									

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

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.GA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Hawaii		DURING THE YEAR 2019						NAIC Company Code 64467	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.HI



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.ID



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.1L



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.IN



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

301A



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.KS



**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Kentucky	DURING THE YEAR 2019							NAIC Company Code		64467
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year			457,771							13,777	443,994	
2. First Quarter			458,581							13,889	444,692	
3. Second Quarter			454,934							14,036	440,898	
4. Third Quarter			452,030							14,186	437,844	
5. Current Year			444,917							14,043	430,874	
6. Current Year Member Months			5,446,007							168,430	5,277,577	
Total Member Ambulatory Encounters for Year:												
7. Physician			2,828,756							221,563	2,607,193	
8. Non-Physician			3,349,878							127,363	3,222,515	
9. Total			6,178,634	0	0	0	0	0	0	348,926	5,829,708	0
10. Hospital Patient Days Incurred			449,710							56,359	393,351	
11. Number of Inpatient Admissions			73,294							7,425	65,869	
12. Health Premiums Written (b)			2,860,106,274							205,249,307	2,654,856,967	
13. Life Premiums Direct			0									
14. Property/Casualty Premiums Written			0									
15. Health Premiums Earned			2,858,518,191							205,249,307	2,653,268,884	
16. Property/Casualty Premiums Earned			0									
17. Amount Paid for Provision of Health Care Services			2,552,895,165							166,918,322	2,385,976,843	
18. Amount Incurred for Provision of Health Care Services			2,487,316,472							169,869,383	2,317,447,089	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....205,249,307

30.KY



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.LA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.MD



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2019						NAIC Company Code		64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year .....	0											
2. First Quarter .....	0											
3. Second Quarter .....	0											
4. Third Quarter .....	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician .....	0											
8. Non-Physician .....	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b).....	0											
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	0											
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services .....	0											
18. Amount Incurred for Provision of Health Care Services	0											

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

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

30.MA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	9,429									9,429	
2. First Quarter .....	58,860									58,860	
3. Second Quarter .....	62,327									62,327	
4. Third Quarter .....	63,425									63,425	
5. Current Year .....	60,530									60,530	
6. Current Year Member Months .....	730,151									730,151	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total .....	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred .....	0										
11. Number of Inpatient Admissions .....	0										
12. Health Premiums Written (b) .....	36,355,678									36,355,678	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	37,283,290									37,283,290	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	21,227,566									21,227,566	
18. Amount Incurred for Provision of Health Care Services .....	28,221,607									28,221,607	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....36,355,678

30.MN



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.MS



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.MO



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	3,447									3,447	
2. First Quarter .....	21,363									21,363	
3. Second Quarter .....	22,884									22,884	
4. Third Quarter .....	23,636									23,636	
5. Current Year .....	22,989									22,989	
6. Current Year Member Months .....	269,723									269,723	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total .....	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred .....	0										
11. Number of Inpatient Admissions .....	0										
12. Health Premiums Written (b) .....	13,575,407									13,575,407	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	13,911,213									13,911,213	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	8,011,857									8,011,857	
18. Amount Incurred for Provision of Health Care Services .....	10,410,378									10,410,378	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....13,575,407

30.MT



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.NE



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.NV



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.NM



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.ND



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.OH



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.OK



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30. OR



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.PA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	3,990									3,990	
2. First Quarter .....	11,957									11,957	
3. Second Quarter .....	12,560									12,560	
4. Third Quarter .....	12,806									12,806	
5. Current Year .....	12,452									12,452	
6. Current Year Member Months .....	148,260									148,260	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total .....	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred .....	0										
11. Number of Inpatient Admissions .....	0										
12. Health Premiums Written (b) .....	7,996,748									7,996,748	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	8,142,945									8,142,945	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	5,059,982									5,059,982	
18. Amount Incurred for Provision of Health Care Services .....	6,145,302									6,145,302	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....7,996,748

30.RI



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.S.C



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.SD



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.TN



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.UT



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.VA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.WA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2019						NAIC Company Code 64467	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.WV



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.WI



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2019						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.WY



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2019					NAIC Company Code		64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	551,644	0	0	0	0	0	0	13,777	443,994	93,873	
2. First Quarter	778,455	0	0	0	0	0	0	13,889	444,692	319,874	
3. Second Quarter	790,310	0	0	0	0	0	0	14,036	440,898	335,376	
4. Third Quarter	791,160	0	0	0	0	0	0	14,186	437,844	339,130	
5. Current Year	769,860	0	0	0	0	0	0	14,043	430,874	324,943	
6. Current Year Member Months	9,383,125	0	0	0	0	0	0	168,430	5,277,577	3,937,118	
Total Member Ambulatory Encounters for Year:											
7. Physician	2,828,756	0	0	0	0	0	0	221,563	2,607,193	0	
8. Non-Physician	3,349,878	0	0	0	0	0	0	127,363	3,222,515	0	
9. Total	6,178,634	0	0	0	0	0	0	348,926	5,829,708	0	
10. Hospital Patient Days Incurred	449,710	0	0	0	0	0	0	56,359	393,351	0	
11. Number of Inpatient Admissions	73,294	0	0	0	0	0	0	7,425	65,869	0	
12. Health Premiums Written (b)	3,066,494,927	0	0	0	0	0	0	205,249,307	2,654,856,967	206,388,653	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	3,069,472,606	0	0	0	0	0	0	205,249,307	2,653,268,884	210,954,415	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,678,194,226	0	0	0	0	0	0	166,918,322	2,385,976,843	125,299,061	
18. Amount Incurred for Provision of Health Care Services	2,646,269,843	0	0	0	0	0	0	169,869,383	2,317,447,089	158,953,371	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....411,637,960

30.GT





**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
60054	06-6033492	01/01/2019	AETNA LIFE INS CO	CT	OTH/I	OH	94,034,182		27,368,499				
90328	38-2242132	01/01/2019	FIRST HLTH LIFE & HLTH INS CO	TX	OTH/I	OH	28,185,591		2,982,960				
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I	MC	213,957						
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I	MR	6,737						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							122,440,467	0	30,351,459	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							122,440,467	0	30,351,459	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							122,440,467	0	30,351,459	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							122,440,467	0	30,351,459	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							122,440,467	0	30,351,459	0	0	0	0
9999999 Totals							122,440,467	0	30,351,459	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**SCHEDULE S – PART 6**

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

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	122,220	.0	9	22	195
2. Title XVIII-Medicare.....	7	.8	5	.6	2
3. Title XIX-Medicaid.....	214	275	257	302	364
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		.0	.0	.0	.0
7. Claims payable.....		.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	4,941	.0	114	889	1,597
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	0	.0	.0	.0	114
12. Offset for reinsurance with Certified Reinsurers.....	0	.0	.0	.0	.0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	.0	.0	.0	.0
14. Letters of credit (L).....	0	.0	.0	.0	.0
15. Trust agreements (T).....	0	.0	.0	.0	.0
16. Other (O).....	0	.0	.0	.0	.0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	.0	.0	.0	.0
18. Funds deposited by and withheld from (F).....	0	.0	.0	.0	.0
19. Letters of credit (L).....	0	.0	.0	.0	.0
20. Trust agreements (T).....	0	.0	.0	.0	.0
21. Other (O).....	0	.0	.0	.0	.0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	634,212,329		634,212,329
2. Accident and health premiums due and unpaid (Line 15).....	27,390,987		27,390,987
3. Amounts recoverable from reinsurers (Line 16.1).....	4,940,863	(4,940,863)	0
4. Net credit for ceded reinsurance.....	XXX	35,292,322	35,292,322
5. All other admitted assets (Balance).....	108,283,143		108,283,143
6. Total assets (Line 28)	774,827,322	30,351,459	805,178,781
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	271,292,917	30,351,459	301,644,376
8. Accrued medical incentive pool and bonus payments (Line 2).....	14,989,942		14,989,942
9. Premiums received in advance (Line 8).....	63,741,438		63,741,438
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	121,166,521		121,166,521
15. Total liabilities (Line 24).....	471,190,818	30,351,459	501,542,277
16. Total capital and surplus (Line 33).....	303,636,504	XXX	303,636,504
17. Total liabilities, capital and surplus (Line 34)	774,827,322	30,351,459	805,178,781
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	30,351,459		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	4,940,863		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	35,292,322		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	35,292,322		

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

Allocated By States and Territories

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

NONE

**ANNUAL STATEMENT FOR THE YEAR 2019 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	DIP	Shareholders.	Ownership	0.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	04-3669698				WCG Health Management Inc.	FL	DIP	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.	10884	11-3197523				WellCare Health Insurance of New York Inc.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	13020	20-8017319				WellCare Health Plans of New Jersey Inc.	NJ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	12964	20-8058761				WellCare of Texas Inc.	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	20-8420512				Exactus Pharmacy Solutions, Inc.	DE	NIA	WellCare Pharmacy Benefits Management.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	27-0386122				Ohana Health Plans, Inc.	HI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0

**ANNUAL STATEMENT FOR THE YEAR 2019 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.	16533	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				WellCare of California, 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.	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	The WellCare Management Group, 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	45-5510251				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
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

**ANNUAL STATEMENT FOR THE YEAR 2019 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	82-1669422				Accountable Care Coalition of Community Health Centers II, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	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	100.0	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	100.0	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	100.0	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	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	82-0727997				Accountable Care Coalition of Northeast Partners, LLC	PA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	47-3913308				Accountable Care Coalition of South Carolina, LLC	SC	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	47-3843552				Accountable Care Coalition of Southeast Texas, Inc	TX	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	45-4113610				Accountable Care Coalition of Southeast Wisconsin	WI	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	82-1219279				Accountable Care Coalition of Tennessee, LLC	TN	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.0
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.	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

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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01199	WellCare Health Plans Inc.	00000	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	51.0	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	50.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	81-3306594				Collaborative Health Systems of Virginia, Inc.	VA	NIA	Collaborative Health Systems, LLC.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	90-0779287				Collaborative Health Systems, LLC.	NY	NIA	Universal American Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	81-2602493				Empire Collaborative Care, LLC.	NY	NIA	Collaborative Health Systems, LLC.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	45-4561546				Essential Care Partners, LLC.	TX	NIA	Collaborative Health Systems, LLC.	Ownership	51.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	62-1694548				Golden Triangle Physician Alliance.	TX	NIA	Heritages Health Systems of Texas Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	76-0459857				Heritage Health Systems of Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	62-1517194				Heritage Health Systems, Inc.	TX	NIA	Universal American Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	76-0560730				Heritage Physician Networks.	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	76-0500964				HHS Texas Management, Inc.	GA	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	76-0500963				HHS Texas Management, LP.	GA	NIA	Heritage Health Systems, Inc.	Ownership	99.1	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	51.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	45-4679969				Maine Primary Care Holdings, LLC.	ME	NIA	Collaborative Health Systems, LLC.	Ownership	97.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	90-0855950				Maryland Collaborative Care, LLC.	MD	NIA	Collaborative Health Systems, LLC.	Ownership	51.0	WellCare Health Plans, Inc.	N	.0
01199	WellCare Health Plans Inc.	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC.	MD	NIA	Collaborative Health Systems, LLC.	Ownership	51.0	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

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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01199	WellCare Health Plans Inc.	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	NIA	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	NIA	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	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.	16547	82-5488080				WellCare of North Carolina, Inc.	NC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	26-4004494				Meridian Management Company, LLC	MI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	26-4004494				Meridian Network Services, LLC	MI	NIA	Meridian Management Company, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	26-4004578				WellCare of Michigan Holding Company	MI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1280079				Maryland Collaborative Care Transformation Organization, Inc.	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	13189	20-3209671				Meridian Health Plan of Illinois, Inc.	IL	IA	WellCare of Michigan Holding Company	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	52563	38-3253977				Meridian Health Plan of Michigan, Inc.	MI	IA	WellCare of Michigan Holding Company	Ownership	100.0	WellCare Health Plans, Inc.	N	0

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

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

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01199	WellCare Health Plans Inc.	16571	83-2069308				WellCare of Washington, Inc.	WA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	27-1339224				MeridianRX, LLC	MI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	32-0408908				MeridianRX IPA, LLC	NY	NIA	MeridianRX, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16513	83-2126269				WellCare Health Insurance of Connecticut, Inc.	CT	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16532	83-2276159				WellCare Health Insurance of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16514	83-2255514				WellCare Health Plans of Vermont, Inc.	VT	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16531	83-2797833				WellCare of Arkansas, Inc.	AR	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-2840051				WellCare of Indiana, Inc.	IN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16515	83-2914327				WellCare of New Hampshire, Inc.	NH	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-3612209				MeridianRX of Indiana, LLC	IN	NIA	MeridianRX, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-3333918				WellCare Health Insurance Company of Louisiana, Inc.	LA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16516	83-3091673				WellCare Health Insurance Company of New Hampshire, Inc.	NH	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16570	83-3166908				WellCare Health Insurance Company of Washington, Inc.	WA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16568	83-3310218				WellCare Health Insurance Company of Wisconsin, Inc.	WI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16548	83-3493160				WellCare Health Insurance of North Carolina, Inc.	NC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16569	83-3351254				WellCare Health Plans of Wisconsin, Inc.	WI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16512	83-3525830				WellCare of Missouri Health Insurance Company, Inc.	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	84-2217098				Accountable Care Coalition of Florida Partners, LLC	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	84-2574901				Accountable Care Coalition Direct Contracting, LLC	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	84-3731013				WellCare Health Insurance Company of Nevada, Inc.	NV	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	84-3739752				WellCare Health Insurance of the Southwest, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	84-3547689				WellCare Health Plans of Massachusetts, Inc.	MA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	84-3907795				WellCare Health Plans of Missouri, Inc.	MO	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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	59-3547616	Comprehensive Health Management, Inc.					1,989,891,418				1,989,891,418	
00000	26-4004494	Meridian Management Company LLC					435,357,872				435,357,872	
00000	20-8420512	Exactus Pharmacy Solutions, Inc.					(31,123,933)				(31,123,933)	
95081	59-2583622	WellCare of Florida, Inc.	(138,132,011)				(530,489,789)				(668,621,800)	
95334	14-1676443	WellCare of New York, Inc.					(95,849,839)				(95,849,839)	
95310	06-1405640	WellCare of Connecticut, Inc.					(12,736,225)				(12,736,225)	
11229	36-4050495	Harmony Health Plan of Illinois, Inc.	(195,000,000)				(106,336,512)				(301,336,512)	
10760	20-2103320	WellCare of Georgia, Inc.	(85,000,000)				(213,927,387)				(298,927,387)	
10155	20-2383134	WellCare Prescription Insurance, Inc.					(114,849,792)				(114,849,792)	
12749	20-3562146	WellCare of Ohio, Inc.	(10,000,000)								(10,000,000)	
83445	86-0269558	WellCare Health Insurance of AZ, Inc.		15,000,000			(89,935,833)				(74,935,833)	
64467	36-6069295	WellCare Health Insurance of IL, Inc.	(140,000,000)				(254,264,820)	(19,530)			(394,284,350)	(4,762)
10884	11-3197523	WellCare Health Insurance of NY, Inc.					(140,605)				(140,605)	
13020	20-8017319	WellCare Health Plans of NJ, Inc.		15,000,000			(101,095,378)				(86,095,378)	
12964	20-8058761	WellCare of Texas, Inc.	(32,000,000)				(40,109,113)	19,530			(72,089,583)	4,762
11775	32-0062883	WellCare of South Carolina, Inc.	(10,000,000)				(36,885,185)				(46,885,185)	
16533	45-5154364	WellCare Health Plans of Tennessee, Inc.		918,171							918,171	
00000	20-5327501	WellCare of California Inc.	(12,000,000)				(37,004,253)				(49,004,253)	
12913	20-5862801	Missouri Care, Incorporated	(8,250,000)				(82,172,995)				(90,422,995)	
15951	47-5456872	WellCare of Nebraska, Inc.					(36,414,965)				(36,414,965)	
00000	57-1165217	Care1st Health Plan Arizona, Inc.					(60,312,326)				(60,312,326)	
00000	06-1742685	ONECare by Care1st Health Plan AZ, Inc.	(5,000,000)				(608,881)				(5,608,881)	
80624	13-1851754	American Progressive L&H Ins. Co. of NY	(11,980,373)				(49,700,577)				(61,680,950)	
10096	62-1819658	SelectCare of Texas, Inc.	(45,000,000)				(74,030,923)				(119,030,923)	
10768	74-3141949	SelectCare Health Plans, Inc.					(1,868,732)				(1,868,732)	
16239	82-1301128	WellCare of Alabama		1,200,000			(23,358)				1,176,642	
16253	82-3169616	WellCare Health Plans of Arizona Inc.					(1,606,441)				(1,606,441)	
16343	82-4247084	WellCare Health Ins. Co. of America		1,000,000			(75,767)				924,233	
16342	82-5127096	WellCare National Health Insurance Co.		2,000,000							2,000,000	
16344	82-3114517	Wellcare of Maine					(3,055,359)				(3,055,359)	
52563	38-3253977	Meridian Health Plan of Michigan Inc.		75,000,000			(557,824,519)				(482,824,519)	
13189	20-3209671	Meridian Health Plan of Illinois Inc.		300,000,000			(966,214,441)				(666,214,441)	
00000	83-3333918	WellCare Health Insurance Co. of LA Inc.					3,124,164				3,124,164	
16571	83-2069308	WellCare of Washington Inc.					3,750,000				3,750,000	
16570	83-3166908	WellCare Health Ins. Co. of WA Inc.					4,750,000				4,750,000	
16531	83-2797833	WellCare of Arkansas Inc.					621,642				621,642	
16513	83-2126269	WellCare Health Insurance of CT Inc.					1,200,000				1,200,000	
16512	83-3525830	WellCare of MI Health Ins. Co. Inc.					3,617,256				3,617,256	
16515	83-2914327	WellCare of New Hampshire Inc.					11,205,914				11,205,914	
16516	83-3091673	WellCare Health Insurance Co. of NH Inc.					3,500,000				3,500,000	
16547	82-5488080	WellCare of North Carolina Inc.					137,118,978				137,118,978	
16548	83-3493160	WellCare Health Insurance of NC Inc.					4,922,954				4,922,954	
16532	83-2126269	WellCare Health Insurance of TN Inc.					973,339				973,339	

**SCHEDULE Y**

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

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16514	83-2255514	WellCare Health Plans of Vermont Inc.		322,827							322,827	
16569	83-3351254	WellCare Health Plans of Wisconsin Inc.		1,125,000							1,125,000	
16568	83-3310218	WellCare Health Insurance Co. of WI Inc.		2,000,000							2,000,000	
00000	84-3739752	WellCare Health Ins. of the SW, Inc.		600,000							600,000	
00000	27-1339224	Meridian Rx LLC	(50,000,000)				1,073,408,658				1,023,408,658	
00000	14-1647239	The WellCare Management Group, Inc.	742,362,384	(588,950,245)							153,412,139	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**MARCH FILING**

**Responses**

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

**APRIL FILING**

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

**JUNE FILING**

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

**AUGUST FILING**

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

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

**MARCH FILING**

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

**APRIL FILING**

- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....NO.....
- 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....YES.....
- 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....YES.....
- 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? .....YES.....
- 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....YES.....
- 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? .....YES.....

**AUGUST FILING**

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

**Explanation:**

**Bar code:**



**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

17.   
6 4 4 6 7 2 0 1 9 2 2 4 0 0 0 0 0

18.   
6 4 4 6 7 2 0 1 9 2 2 5 0 0 0 0 0

19.   
6 4 4 6 7 2 0 1 9 2 2 6 0 0 0 0 0

20.   
6 4 4 6 7 2 0 1 9 3 0 6 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. State and other tax recoverable.....	3,247,037		3,247,037	0
2597. Summary of remaining write-ins for Line 25 from Page 2	3,247,037	0	3,247,037	0



**SUPPLEMENT FOR THE YEAR 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.  
 MEDICARE PART D COVERAGE SUPPLEMENT**

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

NAIC Group Code

01199

NAIC Company Code

64467

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....		XXX		XXX	.0
1.12 Without Reinsurance Coverage.....	84,447,472	XXX		XXX	84,447,472
1.13 Risk-Corridor Payment Adjustments.....	(17,622,088)	XXX		XXX	(17,622,088)
1.2 Supplemental Benefits.....		XXX		XXX	.0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....	(782,862)	XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	22,692,120	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....	83,664,610	XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	5,070,031	XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....	88,734,641	XXX	0	XXX	66,825,384
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....		XXX		XXX	.0
7.12 Without Reinsurance Coverage.....	65,457,527	XXX		XXX	65,457,527
7.2 Supplemental Benefits.....		XXX		XXX	.0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....	1,329,451	XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....	(1,973,401)	XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	68,760,379	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims.....	68,760,379	XXX	0	XXX	65,457,527
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX		XXX		.0
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		.0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	(10,299,944)	XXX		XXX	(10,299,944)
15. Expenses Incurred.....	12,556,724	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	7,417,538	XXX	0	XXX	XXX
17. Cash Flow Result.....	XXX	XXX	XXX	XXX	11,667,801

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# LIFE SUPPLEMENTS

For The Year Ended December 31, 2019

(To Be Filed By March 1)

Of The WellCare Health Insurance Company of Kentucky, Inc. Insurance Company  
 Address (City, State and Zip Code) Tampa, FL 33634  
 NAIC Group Code 01199 NAIC Company Code 64467 Employer's ID Number 36-6069295

# NONE