



QUARTERLY STATEMENT

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

WellCare Health Insurance Company of America

NAIC Group Code 01199 (Current Period) , 01199 (Prior Period) NAIC Company Code 16343 Employer's ID Number 82-4247084

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

Country of Domicile United States

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

Incorporated/Organized 01/23/2018 Commenced Business 01/01/2019

Statutory Home Office 124 West Capitol Avenue, Suite 1900 , Little Rock, AZ, US 72201
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Web Site Address www.wellcare.com

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

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

OFFICERS

Name	Title	Name	Title
<u>Frederic Joseph McGrath #</u>	<u>President</u>	<u>Michael Troy Meyer #</u>	<u>Asst. Treasurer, VP and Corporate Controller</u>
<u>Richard Charles Fisher #</u>	<u>CFO and Vice President</u>	<u>Tammy Lynn Meyer #</u>	<u>Assistant Secretary and Vice President</u>

OTHER OFFICERS

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

<u>Andrew Lynn Asher #</u>	<u>Michael Troy Meyer #</u>	<u>Frederic Joseph McGrath #</u>
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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.

Frederic Joseph McGrath
President

Michael Troy Meyer
Asst. Treasurer, VP and Corporate Controller

Richard Charles Fisher
CFO and Vice President

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

b. If no:

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

Subscribed and sworn to before me this _____ day of _____

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE WellCare Health Insurance Company of America

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	112,106	0	112,106	0
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$2,002,630), cash equivalents (\$0) and short-term investments (\$0)	2,002,630	0	2,002,630	0
6. Contract loans (including \$ premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,114,736	0	2,114,736	0
13. Title plants less \$ charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	1,199	0	1,199	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	2,202	2,202	0	0
24. Health care (\$) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,118,137	2,202	2,115,935	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	2,118,137	2,202	2,115,935	0
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.	0	0	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	0	0	0	0
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	0	0	0	0
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	0	0	0	0
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	0	0	0	0
9. General expenses due or accrued	97	0	97	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	808	0	808	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	80	0	80	0
16. Derivatives.....	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	985	0	985	0
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	800,000	0
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	1,313,124	0
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1,826	0
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,114,950	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,115,935	0
DETAILS OF WRITE-INS				
2301.	0	0	0	0
2302.	0	0	0	0
2303.	0	0	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX	0	0
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	.0	.0	.0
2. Net premium income (including \$ non-health premium income).....	XXX	.0	.0	.0
3. Change in unearned premium reserves and reserve for rate credits	XXX	.0	.0	.0
4. Fee-for-service (net of \$ medical expenses)	XXX	.0	.0	.0
5. Risk revenue	XXX	.0	.0	.0
6. Aggregate write-ins for other health care related revenues	XXX	.0	.0	.0
7. Aggregate write-ins for other non-health revenues	XXX	.0	.0	.0
8. Total revenues (Lines 2 to 7)	XXX	.0	.0	.0
Hospital and Medical:				
9. Hospital/medical benefits .....	.0	.0	.0	.0
10. Other professional services .....	.0	.0	.0	.0
11. Outside referrals .....	.0	.0	.0	.0
12. Emergency room and out-of-area .....	.0	.0	.0	.0
13. Prescription drugs .....	.0	.0	.0	.0
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....	.0	.0	.0	.0
16. Subtotal (Lines 9 to 15) .....	.0	.0	.0	.0
Less:				
17. Net reinsurance recoveries .....	.0	.0	.0	.0
18. Total hospital and medical (Lines 16 minus 17) .....	.0	.0	.0	.0
19. Non-health claims (net).....	.0	.0	.0	.0
20. Claims adjustment expenses, including \$ cost containment expenses.....	.0	.0	.0	.0
21. General administrative expenses.....	.0	127	.0	.0
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....	.0	.0	.0	.0
23. Total underwriting deductions (Lines 18 through 22) .....	.0	127	.0	.0
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(127)	.0	.0
25. Net investment income earned .....	.0	5,225	.0	.0
26. Net realized capital gains (losses) less capital gains tax of \$.....	.0	.0	.0	.0
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	5,225	.0	.0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ )] .....	.0	.0	.0	.0
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	5,098	.0	.0
31. Federal and foreign income taxes incurred	XXX	1,071	.0	.0
32. Net income (loss) (Lines 30 minus 31)	XXX	4,027	0	0
DETAILS OF WRITE-INS				
0601.	XXX	.0		
0602.	XXX	.0		
0603.	XXX	.0		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX	.0		
0702.	XXX	.0		
0703.	XXX	.0		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	.0	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401. ....	.0	.0		
1402. ....	.0	.0		
1403. ....	.0	.0		
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. ....	.0	.0		
2902. ....	.0	.0		
2903. ....	.0	.0		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	0	0	0
34. Net income or (loss) from Line 32	4,027	0	0
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	(2,202)	0	0
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	800,000	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	1,313,125	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	2,114,950	0	0
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,114,950	0	0
DETAILS OF WRITE-INS			
4701.	0		
4702.	0		
4703.	0		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	0	0	0
2. Net investment income	4,924	0	0
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	4,924	0	0
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	30	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	263	0	0
10. Total (Lines 5 through 9)	293	0	0
11. Net cash from operations (Line 4 minus Line 10)	4,631	0	0
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	113,003	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	113,003	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(113,003)	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	2,113,124	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	(2,122)	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	2,111,002	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	2,002,630	0	0
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	0	0	0
19.2 End of period (Line 18 plus Line 19.1)	2,002,630	0	0

Prem., Enrollment

NONE

Claims Unpaid

NONE

Underwriting and Investment Exhibit

NONE

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
1. Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	\$ 4,027	\$ -
2. State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
None	-	-	-	-	-
3. State Permitted Practices that are an increase/ (decrease) from NAIC SAP:					
None	-	-	-	-	-
4. NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 4,027</u>	<u>\$ -</u>
SURPLUS					
5. Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 2,114,950	\$ -
6. State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
None	-	-	-	-	-
7. State Permitted Practices that are an increase/ (decrease) from NAIC SAP:					
None	-	-	-	-	-
8. NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 2,114,950</u>	<u>\$ -</u>

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

The preparation of financial statements in accordance with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The primary use of estimates are related to the Company’s reserve for claims unpaid. Actual results could differ significantly from those estimates.

C. Accounting Policy

1. *Short-term investments* – None.
2. *Bonds* – Bonds not backed by other loans are stated at amortized cost using the scientific/constant yield method of amortization (accretion) of discounts or premiums.
3. *Common Stocks* – None
4. *Preferred Stocks* – None
5. *Mortgage Loans* – None
6. *Loan-Backed Securities* – None
7. *Investment in Subsidiaries, Controlled and Affiliated Companies* – None
8. *Investments in Joint Ventures, Partnerships and Limited Liability Companies* – None
9. *Derivatives* – None
10. *Premium Deficiency* – None
11. *Unpaid Losses and Loss Adjustment Expenses* – None
12. *Capitalization Policy* – N/A
13. *Pharmacy Rebates* – None

NOTES TO FINANCIAL STATEMENTS

D. Going Concern – None

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

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

B. Debt Restructuring – None

C. Reverse Mortgages – None

D. Loan-Backed Securities – None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None

F. Repurchase Agreement Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

H. Repurchase Agreements Transactions Accounted for as a Sale - None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate – None

K. Low-Income Housing Tax Credits (LIHTC) – None

L. Restricted Assets

1. Restricted Assets (Including Pledged):

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/Decrease (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	-	-
b. Collateral held under security lending agreements	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	114,099	-	114,099	114,099	5.1%	5.1%
k. On deposit with other regulatory bodies	-	-	-	-	-	-
l. Pledged as collateral to FHLB	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-
o. Total restricted assets	\$ 114,099	\$ -	\$ 114,099	\$ 114,099	5.1%	5.1%

2. None

3. None

4. None

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. Structured Notes – None

P. 5* Securities – None

Q. Short Sales - None

R. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due is considered non-admitted.

B. At September 30, 2018 there was no non-admitted accrued interest income.

8. Derivative Instruments

None

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

Income taxes are not material as of September 30, 2018.

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

Capital Contributions

The Company received capital contributions of \$2,000,000 and \$113,124 on February 15, 2018 and February 27, 2018, respectively, from its Parent Company, The WellCare Management Group, Inc. (“WCMG”).

11. Debt

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

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

None

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

Number of Shares

The Company has 1,000,000 shares of \$10 par value common stock authorized. There are 80,000 shares issued and outstanding.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments – None
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – The Company’s ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an effect on the Company’s financial position.

15. Leases

None

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

None

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

- A. Transfers of Receivables Reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales – None

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

None

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

None

20. Fair Value Measurements

- A. None
- B. None
- C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds						
US Government	\$ 111,285	\$ 112,106	\$ 111,285	\$ -	\$ -	\$ -
Total Bonds	111,285	112,106	111,285	-	-	-
Short Term Investments	-	-	-	-	-	-
Total Bonds and Short Term Investments	\$ 111,285	\$ 112,106	\$ 111,285	\$ -	\$ -	\$ -

D. None

21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures and Unusual Items - None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-Transferable Tax Credits – None
- F. Subprime Mortgage Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance-Linked Securities (ILS) Contracts - None

22. Events Subsequent

There were no events occurring subsequent to September 30, 2018 requiring disclosure. Subsequent events have been considered through November 9, 2018 for the statutory statement issued on November 9, 2018.

23. Reinsurance

None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

25. Change in Incurred Claims and Claim Adjustment Expenses

None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Healthcare Receivables

None

- B. Risk sharing receivables billed, received and accrued for three years – None

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

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

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

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

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

GENERAL INTERROGATORIES

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

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

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

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

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

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

FINANCIAL

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

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

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

GENERAL INTERROGATORIES

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

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

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

1 Name of Custodian(s)	2 Custodian Address

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

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

18.2 If no, list exceptions:

.....

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

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

Has the reporting entity self-designated 5*GI securities?..... Yes No

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|--|----------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent..... | 0.0 % |
| 1.2 A&H cost containment percent | 0.0 % |
| 1.3 A&H expense percent excluding cost containment expenses..... | 0.0 % |
| 2.1 Do you act as a custodian for health savings accounts?..... | Yes [] No [X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... | \$ _____ |
| 2.3 Do you act as an administrator for health savings accounts?..... | Yes [] No [X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... | \$ _____ |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... | Yes [] No [X] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... | Yes [] No [X] |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

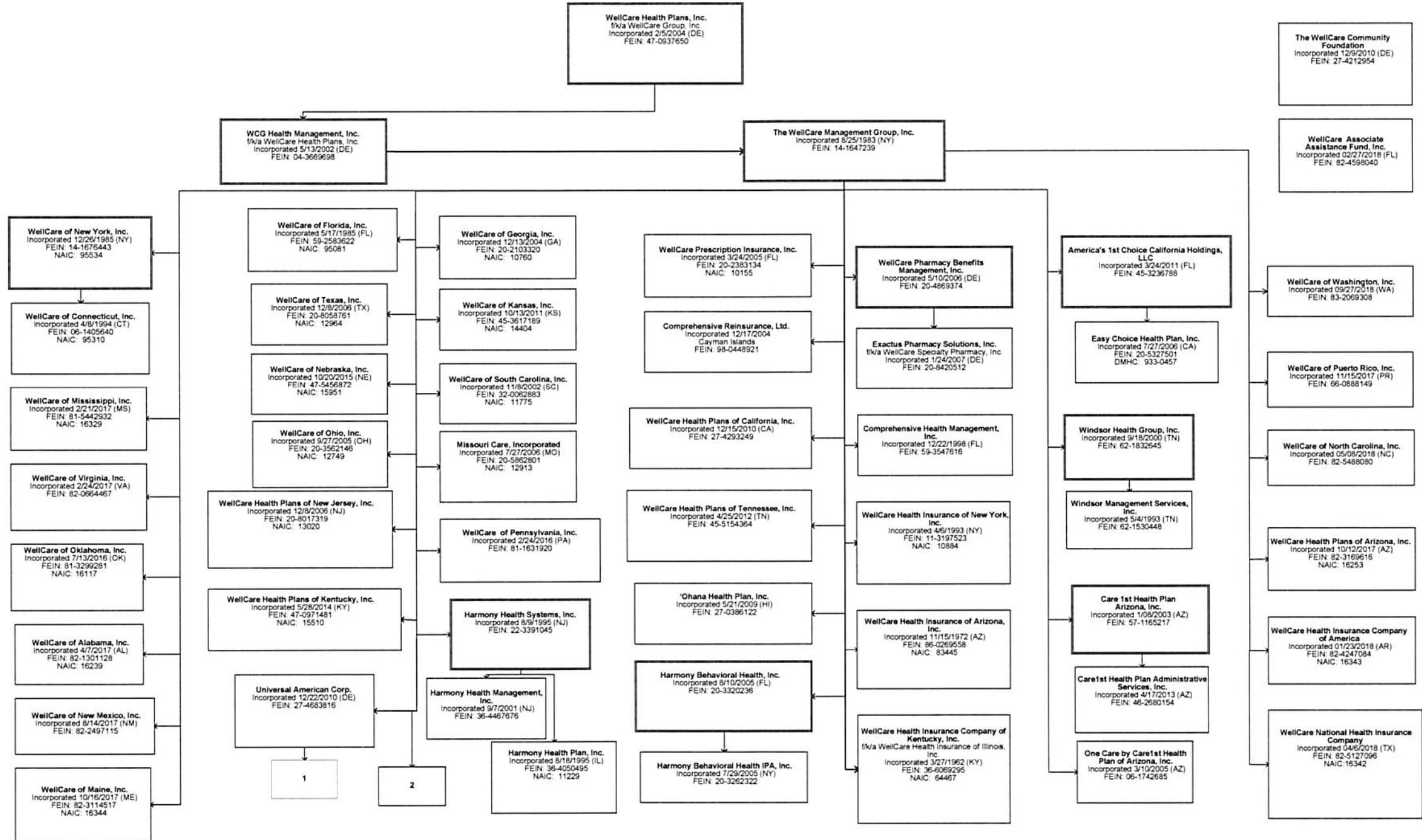
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	L							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	0	0	0	0	0	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
 N – None of the above – Not allowed to write business in the state 56

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



1

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

Ownership is 100% except as noted

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

A

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

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

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

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

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

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

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

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

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

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

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

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

B

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

15.1

A

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

Ownership is 100% except as noted

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

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

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

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

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

Maryland Collaborative Care Transformation Organization, Inc.
Incorporated: 7/19/18 (DE)
FEIN: 82-1280079

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

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

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

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

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

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

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

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

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

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

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

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

Accountable Care Coalition of North West Region, LLC
Incorporated: 5/19/2017 (OR)
FEIN: 82-1604548

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

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

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

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

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

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

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

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

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

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

Collaborative Health Systems of Maryland, LLC
Incorporated: 7/21/2016 (MD)
FEIN: 81-3365375 50%

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

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

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

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

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

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

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

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

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

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

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

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

15.2

The WellCare Management Group, Inc.
Incorporated: 08/25/1983 (NY)
FEIN: 14-1647239

2

100%

Caidan Management Company, LLC
Incorporated: 07/22/2004 (MI)
FEIN: 26-4064494

100%

MeridianRx, LLC
Incorporated: 11/10/2009 (MI)
FEIN: 27-1339224

100%

Caidan Holding Company
Incorporated: 12/31/2008 (MI)
FEIN 26-4004578

15.4

Caidan Network Services, LLC
Incorporated: 01/26/2018 (MI)

MeridianRx IPA, LLC
Incorporated: 03/28/2013 (NY)

Meridian Health Plan of Michigan, Inc.
Incorporated 09/18/1995 (MI)
FEIN: 38-3253977
NAIC 52563

Meridian Health Plan of Illinois, Inc.
Incorporated: 03/25/2005 (IL)
FEIN: 20-3209671
NAIC: 13189

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE WellCare Health Insurance Company of America

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	
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	
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	
01199	WellCare Health Plans Inc	00000	14-1647239				The WellCare Management Group, Inc	NY	UIP	WCG Health Management, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	95534	14-1676443				WellCare of New York Inc	NY	UDP	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	
01199	WellCare Health Plans Inc	00000	47-0937650		0001279363	NYSE	WellCare Health Plans Inc	FL	UIP	Shareholders	Ownership	0.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	04-3669698				WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	
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	
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	
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	
01199	WellCare Health Plans Inc	64467	36-6069295				WellCare Health Ins Company of Kentucky In	KY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	12956	11-3197523				WellCare Health Insurance of New York In	NY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE WellCare Health Insurance Company of America

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	
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	
01199	WellCare Health Plans Inc	00000	45-5154364				WellCare Health Plans of Tennessee, Inc	TN	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
01199	WellCare Health Plans Inc	00000	20-5327501				Easy Choice Health Plan, Inc	CA	IA	America's 1st Choice California Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	
01199	WellCare Health Plans Inc	00000	62-1530448				Windsor Management Services, Inc	TN	NIA	Windsor Health Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	
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	
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	
01199	WellCare Health Plans Inc	00000	46-2680154				Care 1st Health Plan Administrative Services, Inc	AZ	NIA	Care 1st Health Plan Arizona, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	
01199	WellCare Health Plans Inc	00000	45-4112652				Accountable Care Coalition of Caldwell County, LLC	NC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
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	
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	

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE WellCare Health Insurance Company of America

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	45-4113655				Accountable Care Coalition of Coastal Georgia, LLC	.GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1681146				Accountable Care Coalition of Community Health Centers, LLC	.TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1669422				Accountable Care Coalition of Community Health Centers II, LLC	.TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4537668				Accountable Care Coalition of DeKalb, LLC	.GA	NIA	Collaborative Health Systems LLC	Ownership	80.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5481108				Accountable Care Coalition of Georgia, LLC	.GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1623920				Accountable Care Coalition of Southeast Partners, LLC	.GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1558080				Accountable Care Coalition of Hawaii, LLC	.HI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5449147				Accountable Care Coalition of Maryland Primary Care, LLC	.MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4119739				Accountable Care Coalition of Maryland, LLC	.MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	46-2881180				Accountable Care Coalition of Mississippi, LLC	.MS	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4105836				Accountable Care Coalition of Mount Kisco, LLC	.NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1263227				Accountable Care Coalition of New Jersey, LLC	.NJ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4552802				Accountable Care Coalition of North Texas, LLC	.TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-3894436				Accountable Care Coalition of Northeast Georgia, LLC	.GA	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4106526				Accountable Care Coalition of Northwest Florida, LLC	.FL	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1604548				Accountable Care Coalition of North West Region, LLC	.OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1698885				Accountable Care Coalition of North West Region II, LLC	.OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-0727997				Accountable Care Coalition of Pennsylvania, LLC	.PA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-3913308				Accountable Care Coalition of South Carolina, LLC	.SC	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-3843552				Accountable Care Coalition of Southeast Texas, Inc	.TX	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4113610				Accountable Care Coalition of Southeast Wisconsin	.WI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	.NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1219279				Accountable Care Coalition of Tennessee, LLC	.TN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	

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STATEMENT AS OF SEPTEMBER 30, 2018 OF THE WellCare Health Insurance Company of America

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	45-2742298				Accountable Care Coalition of Texas, Inc	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4537584				Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	80624	13-1851754				American Progressive Life & Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	52-2134236				APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	54-1602622				APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4644722				APS Parent, Inc	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-3365375				Collaborative Health Systems of Maryland, Inc	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-3306594				Collaborative Health Systems of Virginia, Inc	VA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	90-0779287				Collaborative Health Systems, LLC	NY	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4561546				Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritage Health Systems of Texas Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	76-0459857				Heritage Health Systems of Texas, Inc	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	62-1517194				Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc	Ownership	99.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4679969				Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems, LLC	Ownership	97.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	

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STATEMENT AS OF SEPTEMBER 30, 2018 OF THE WellCare Health Insurance Company of America

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

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01199	WellCare Health Plans Inc	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5626871				Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	58-2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	10768	74-3141949				SelectCare Health Plans, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	10096	62-1819658				SelectCare of Texas, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	42-0989096				UAM Agent Services Corp	IA	NIA	Universal American Financial Services, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	26-0153605				UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	27-4683816				Universal American Corp	DE	UIP	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	95-3800329				Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-1352914				Universal American Holdings, LLC	DE	UIP	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5439406				Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	23-1913528				Worlco Management Services, Inc	NY	NIA	Worlco Management Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-2497115				WellCare of New Mexico	NM	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-2346408				AWC of Syracuse, Inc	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
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	
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	
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	
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	
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	
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	
01199	WellCare Health Plans Inc	00000	82-5488080				WellCare of North Carolina, Inc	NC	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	26-4064494				Caidan Management Company, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....NO.....

Explanation:

1. NA

Bar Code:

1. 
1 6 3 4 3 2 0 1 8 3 6 5 0 0 0 0 3

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	.0	.0
2. Cost of bonds and stocks acquired	113,003	.0
3. Accrual of discount .....	.0	.0
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals .....	.0	.0
6. Deduct consideration for bonds and stocks disposed of .....	.0	.0
7. Deduct amortization of premium	897	.0
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.0	.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	112,106	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	112,106	0

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE WellCare Health Insurance Company of America

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	112,485	0	0	(380)	112,862	112,485	112,106	0
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	112,485	0	0	(380)	112,862	112,485	112,106	0
PREFERRED STOCK								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	112,485	0	0	(380)	112,862	112,485	112,106	0

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

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Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Part 2 - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
NONE								
8899999 Total Cash Equivalents						0	0	0