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

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

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address www.wellcare.com

Statutory Statement Contact Michael Wasik (Name), 813-206-2725 (Area Code) (Telephone Number) (Extension)
michael.wasik@wellcare.com (E-Mail Address) 813-675-2899 (Fax Number)

OFFICERS

Name	Title	Name	Title
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

Goran Jankovic	Treasurer and Vice President	Michael Warren Haber	Secretary and Vice President

DIRECTORS OR TRUSTEES

Andrew Lynn Asher	Michael Troy Meyer	William Andrew Jones	

State of ....

County of .... ss

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	Michael Troy Meyer	Stephanie Ann Williams
President	Asst. Treasurer, VP and Chief Accounting Officer	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

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	468,265,277		468,265,277	274,633,290
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0		0	0
	2.2 Common stocks	0		0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ encumbrances)			0	0
	4.2 Properties held for the production of income (less $ encumbrances)			0	0
	4.3 Properties held for sale (less $ encumbrances)			0	0
5.	Cash ($ 98,541,341 , Schedule E-Part 1), cash equivalents ($ 16,642,662 , Schedule E-Part 2) and short-term investments ($ 50,685,572 , Schedule DA)	165,869,575		165,869,575	450,454,935
6.	Contract loans (including $ premium notes)			0	0
7.	Derivatives (Schedule DB)	0		0	0
8.	Other invested assets (Schedule BA)	0		0	0
9.	Receivables for securities	77,477		77,477	0
10.	Securities lending reinvested collateral assets (Schedule DL)			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	634,212,329	0	634,212,329	725,088,224
13.	Title plants less $ charged off (for Title insurers only)			0	0
14.	Investment income due and accrued	4,389,875		4,389,875	3,306,545
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	12,665,535		12,665,535	23,596,010
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums ($) and contracts subject to redetermination ($)	14,725,452		14,725,452	1,488,685
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	4,940,863		4,940,863	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans	25,486,444		25,486,444	3,661,931
18.1	Current federal and foreign income tax recoverable and interest thereon	0		0	946,534
18.2	Net deferred tax asset	10,638,660		10,638,660	3,278,174
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets ($)	0		0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates	13,172,580	0	13,172,580	3,267,228
24.	Health care ($ 43,282,191) and other amounts receivable	72,103,312	20,754,765	51,348,547	46,784,543
25.	Aggregate write-ins for other-than-invested assets	5,247,035	1,999,998	3,247,037	85,919
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	797,582,085	22,754,763	774,827,322	811,503,793
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	797,582,085	22,754,763	774,827,322	811,503,793
DETAILS OF WRITE-INS					
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.	Other non-admitted assets (prepaids)	789,146	789,146	0	0
2502.	ASO prepayments	1,171,275	1,171,275	0	85,919
2503.	Deposits with providers	39,577	39,577	0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page	3,247,037	0	3,247,037	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	5,247,035	1,999,998	3,247,037	85,919

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ 30,351,459 reinsurance ceded)	271,292,917		271,292,917	312,532,200
2. Accrued medical incentive pool and bonus amounts	14,989,942		14,989,942	7,851,964
3. Unpaid claims adjustment expenses	1,697,368		1,697,368	1,963,074
4. Aggregate health policy reserves, including the liability of $ .... for medical loss ratio rebate per the Public Health Service Act	9,606,254		9,606,254	13,820,946
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	63,741,438		63,741,438	0
9. General expenses due or accrued	37,756,929		37,756,929	37,287,324
10.1 Current federal and foreign income tax payable and interest thereon (including $ .... on realized capital gains (losses))	5,236,961		5,236,961	0
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	26,768,145		26,768,145	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	102,450		102,450	0
14. Borrowed money (including $ .... current) and interest thereon $ .... (including $ .... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	32,217,515		32,217,515	34,794,718
16. Derivatives		0	0	0
17. Payable for securities	0		0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ .... authorized reinsurers, $ .... unauthorized reinsurers and $ .... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($ ....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	7,491,566		7,491,566	39,973,101
23. Aggregate write-ins for other liabilities (including $ .... current)	289,333	0	289,333	330,972
24. Total liabilities (Lines 1 to 23)	471,190,818	0	471,190,818	448,554,299
25. Aggregate write-ins for special surplus funds	XXX	XXX	57,032,000	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	137,298,516	137,298,516
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	106,805,988	223,150,978
32. Less treasury stock, at cost:				
32.1 .... shares common (value included in Line 26 $ ....)	XXX	XXX		0
32.2 .... shares preferred (value included in Line 27 $ ....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	303,636,504	362,949,494
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	774,827,322	811,503,793
DETAILS OF WRITE-INS				
2301. Unclaimed property payable	289,333		289,333	330,972
2302.			0	0
2303.	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)	289,333	0	289,333	330,972
2501. Estimated ACA Industry Fee (following year)	XXX	XXX	57,032,000	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	57,032,000	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member Months	XXX	9,383,125	6,711,655
2. Net premium income (including $ 0 non-health premium income)	XXX	2,947,051,669	3,025,063,757
3. Change in unearned premium reserves and reserve for rate credits	XXX	(211,662)	(1,663,993)
4. Fee-for-service (net of $ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	2,946,840,007	3,023,399,764
Hospital and Medical:			
9. Hospital/medical benefits		1,421,222,359	1,466,477,025
10. Other professional services		237,941,327	215,757,865
11. Outside referrals			0
12. Emergency room and out-of-area		206,942,591	200,178,023
13. Prescription drugs		765,730,261	653,525,974
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	14,433,306	3,167,838
16. Subtotal (Lines 9 to 15)	0	2,646,269,844	2,539,106,725
Less:			
17. Net reinsurance recoveries	0	90,831,569	(260,628)
18. Total hospital and medical (Lines 16 minus 17)	0	2,555,438,275	2,539,367,353
19. Non-health claims (net)			0
20. Claims adjustment expenses, including $ 16,290,787 cost containment expenses		37,746,132	40,205,452
21. General administrative expenses		253,168,828	290,862,452
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	2,846,353,235	2,870,435,257
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	100,486,772	152,964,507
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		19,103,964	17,512,192
26. Net realized capital gains (losses) less capital gains tax of $		4,058,844	(227,836)
27. Net investment gains (losses) (Lines 25 plus 26)	0	23,162,808	17,284,356
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]		0	0
29. Aggregate write-ins for other income or expenses	0	(873,990)	(46,509)
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	122,775,590	170,202,354
31. Federal and foreign income taxes incurred	XXX	28,570,170	43,512,359
32. Net income (loss) (Lines 30 minus 31)	XXX	94,205,420	126,689,995
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901. Fines and penalties	0	(873,990)	(46,509)
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	(873,990)	(46,509)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	362,949,494	313,738,460
34.	Net income or (loss) from Line 32	94,205,420	126,689,995
35.	Change in valuation basis of aggregate policy and claim reserves		0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $	(192,204)	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax	7,354,441	(2,241,755)
39.	Change in nonadmitted assets	(20,680,647)	(237,206)
40.	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders	(140,000,000)	(75,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	(59,312,990)	49,211,034
49.	Capital and surplus end of reporting year (Line 33 plus 48)	303,636,504	362,949,494
DETAILS OF WRITE-INS			
4701.			0
4702.			0
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	3,030,825,480	2,947,965,207
2. Net investment income	20,617,188	18,114,380
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	3,051,442,668	2,966,079,587
5. Benefit and loss related payments	2,621,976,994	2,543,213,682
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	349,138,136	376,776,798
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of $ .... tax on capital gains (losses)	22,386,675	52,202,583
10. Total (Lines 5 through 9)	2,993,501,805	2,972,193,063
11. Net cash from operations (Line 4 minus Line 10)	57,940,863	(6,113,476)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	586,535,679	31,784,693
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	31,513	1,552
12.7 Miscellaneous proceeds	0	1
12.8 Total investment proceeds (Lines 12.1 to 12.7)	586,567,192	31,786,246
13. Cost of investments acquired (long-term only):		
13.1 Bonds	778,736,890	111,205,542
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	77,477	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	778,814,367	111,205,542
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(192,247,175)	(79,419,296)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	140,000,000	75,000,000
16.6 Other cash provided (applied)	(10,279,048)	(29,855,197)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(150,279,048)	(104,855,197)
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)	(284,585,360)	(190,387,969)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	450,454,935	640,842,904
19.2 End of year (Line 18 plus Line 19.1)	165,869,575	450,454,935

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	2,947,051,669	0	0	0	0	0	205,262,100	2,653,054,927	88,734,642	0
2. Change in unearned premium reserves and reserve for rate credit	(211,662)							1,588,083	(1,799,745)	
3. Fee-for-service (net of $ .... medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	2,946,840,007	0	0	0	0	0	205,262,100	2,654,643,010	86,934,897	0
8. Hospital/medical benefits	1,421,222,359						138,485,143	1,282,737,216		XXX
9. Other professional services	237,941,327						3,372,726	234,568,601		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	206,942,591						8,585,252	198,357,339		XXX
12. Prescription drugs	765,730,261						11,719,579	595,057,310	158,953,372	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	14,433,306						7,706,683	6,726,623	0	XXX
15. Subtotal (Lines 8 to 14)	2,646,269,844	0	0	0	0	0	169,869,383	2,317,447,089	158,953,372	XXX
16. Net reinsurance recoveries	90,831,569						(17,522)	656,097	90,192,994	XXX
17. Total hospital and medical (Lines 15 minus 16)	2,555,438,275	0	0	0	0	0	169,886,905	2,316,790,992	68,760,378	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 16,290,787 cost containment expenses	37,746,132						2,524,365	34,198,966	1,022,801	
20. General administrative expenses	253,168,828						21,268,569	220,366,338	11,533,921	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,846,353,235	0	0	0	0	0	193,679,839	2,571,356,296	81,317,100	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	100,486,772	0	0	0	0	0	11,582,261	83,286,714	5,617,797	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	205,249,307	19,530	6,737	205,262,100
7. Title XIX - Medicaid	2,653,268,884		213,957	2,653,054,927
8. Other health	210,954,415		122,219,773	88,734,642
9. Health subtotal (Lines 1 through 8)	3,069,472,606	19,530	122,440,467	2,947,051,669
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	3,069,472,606	19,530	122,440,467	2,947,051,669

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	2,670,898,897						161,767,127	2,383,832,709	125,299,061	
1.2 Reinsurance assumed	17,522						17,522			
1.3 Reinsurance ceded	55,556,769								55,556,769	
1.4 Net	2,615,359,650	0	0	0	0	0	161,784,649	2,383,832,709	69,742,292	0
2. Paid medical incentive pools and bonuses	7,295,328						5,151,195	2,144,133		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	301,644,376	0	0	0	0	0	21,943,261	243,936,295	35,764,820	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	30,351,459	0	0	0	0	0	0	0	30,351,459	0
3.4 Net	271,292,917	0	0	0	0	0	21,943,261	243,936,295	5,413,361	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	14,989,942						4,437,508	10,552,434		
6. Net healthcare receivables (a)	28,174,536						927,305	29,220,632	(1,973,401)	
7. Amounts recoverable from reinsurers December 31, current year	4,940,863							656,097	4,284,766	
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	312,532,200	0	0	0	0	0	20,620,383	287,827,907	4,083,910	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	312,532,200	0	0	0	0	0	20,620,383	287,827,907	4,083,910	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	7,851,964	0	0	0	0	0	1,882,020	5,969,944	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	2,631,836,537	0	0	0	0	0	162,162,700	2,310,720,465	158,953,372	0
12.2 Reinsurance assumed	17,522	0	0	0	0	0	17,522	0	0	0
12.3 Reinsurance ceded	90,849,091	0	0	0	0	0	0	656,097	90,192,994	0
12.4 Net	2,541,004,968	0	0	0	0	0	162,180,222	2,310,064,368	68,760,378	0
13. Incurred medical incentive pools and bonuses	14,433,306	0	0	0	0	0	7,706,683	6,726,623	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	137,865,247						6,002,454	96,097,973	35,764,820	
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	30,351,459								30,351,459	
1.4. Net	107,513,788	0	0	0	0	0	6,002,454	96,097,973	5,413,361	0
2. Incurred but Unreported:										
2.1. Direct	163,779,129						15,940,807	147,838,322		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	163,779,129	0	0	0	0	0	15,940,807	147,838,322	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	301,644,376	0	0	0	0	0	21,943,261	243,936,295	35,764,820	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	30,351,459	0	0	0	0	0	0	0	30,351,459	0
4.4. Net	271,292,917	0	0	0	0	0	21,943,261	243,936,295	5,413,361	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	17,263,634	149,534,945	3,005,608	18,937,653	20,269,242	20,620,383
7. Title XIX - Medicaid	207,855,273	2,180,063,473	29,317,105	214,619,190	237,172,378	287,827,907
8. Other health	3,481,131	88,082,750	261,736	5,151,625	3,742,867	4,083,910
9. Health subtotal (Lines 1 to 8)	228,600,038	2,417,681,168	32,584,449	238,708,468	261,184,487	312,532,200
10. Healthcare receivables (a)	130,796	63,906,160			130,796	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	41,346	7,253,983	3,820,015	11,169,927	3,861,361	7,851,965
13. Totals (Lines 9-10+11+12)	228,510,588	2,361,028,991	36,404,464	249,878,395	264,915,052	320,384,165

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

	Cumulative Net Amounts Paid				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	357,782	357,782	357,782	357,782	357,782
2. 2015	0	(149)	(149)	(149)	(149)
3. 2016	XXX	238	323	323	323
4. 2017	XXX	XXX	0	131	131
5. 2018	XXX	XXX	XXX	0	
6. 2019	XXX	XXX	XXX	XXX	

Section B – Incurred Health Claims - Hospital and Medical

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	358,332	358,122	358,122	358,122	357,782
2. 2015	0	51	(149)	(149)	(149)
3. 2016	XXX	245	455	323	323
4. 2017	XXX	XXX	0	131	131
5. 2018	XXX	XXX	XXX	0	0
6. 2019	XXX	XXX	XXX	XXX	0

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	(1,481)	(149)		0.0	(149)	10.1			(149)	10.1
2. 2016	(22)	323		0.0	323	(1,468.2)			323	(1,468.2)
3. 2017	(9)	131		0.0	131	(1,455.6)			131	(1,455.6)
4. 2018	0	0		0.0	0	0.0			0	0.0
5. 2019		0		0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Medicare

	Cumulative Net Amounts Paid				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	61,822	61,822	61,822	61,822	61,822
2. 2015	63,320	72,251	72,251	72,251	72,251
3. 2016	XXX	74,970	83,878	83,878	83,878
4. 2017	XXX	XXX	92,869	102,098	101,893
5. 2018	XXX	XXX	XXX	122,964	141,545
6. 2019	XXX	XXX	XXX	XXX	147,633

Section B - Incurred Health Claims - Medicare

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	62,068	61,822	61,822	61,822	61,822
2. 2015	73,310	72,681	72,251	72,251	72,251
3. 2016	XXX	86,291	84,326	83,878	83,878
4. 2017	XXX	XXX	106,746	103,306	102,434
5. 2018	XXX	XXX	XXX	144,258	144,621
6. 2019	XXX	XXX	XXX	XXX	170,396

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	81,687	72,251		0.0	72,251	88.4			72,251	88.4
2. 2016	101,647	83,878		0.0	83,878	82.5			83,878	82.5
3. 2017	122,110	101,893		0.0	101,893	83.4	541		102,434	83.9
4. 2018	181,667	141,545		0.0	141,545	77.9	3,076		144,621	79.6
5. 2019	205,262	147,633	2,527	1.7	150,160	73.2	22,763	167	173,090	84.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

	Cumulative Net Amounts Paid				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	3,460,605	3,460,605	3,460,605	3,460,605	3,460,605
2. 2015	1,942,749	2,133,482	2,133,482	2,133,482	2,133,482
3. 2016	XXX	2,080,675	2,258,299	2,258,299	2,258,299
4. 2017	XXX	XXX	2,093,270	2,286,081	2,302,927
5. 2018	XXX	XXX	XXX	2,157,903	2,347,711
6. 2019	XXX	XXX	XXX	XXX	2,149,446

Section B – Incurred Health Claims - Title XIX Medicaid

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	3,491,321	3,460,605	3,460,605	3,460,605	3,460,605
2. 2015	2,212,367	2,165,830	2,133,482	2,133,482	2,133,482
3. 2016	XXX	2,330,622	2,314,364	2,258,299	2,258,299
4. 2017	XXX	XXX	2,335,024	2,333,420	2,313,393
5. 2018	XXX	XXX	XXX	2,404,362	2,369,770
6. 2019	XXX	XXX	XXX	XXX	2,371,410

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	2,612,409	2,133,482		0.0	2,133,482	81.7			2,133,482	81.7
2. 2016	2,590,509	2,258,299		0.0	2,258,299	87.2			2,258,299	87.2
3. 2017	2,609,465	2,302,927		0.0	2,302,927	88.3	10,466		2,313,393	88.7
4. 2018	2,771,001	2,347,711		0.0	2,347,711	84.7	22,059		2,369,770	85.5
5. 2019	2,653,055	2,149,446	34,462	1.6	2,183,908	82.3	221,964	1,530	2,407,402	90.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Other

	Cumulative Net Amounts Paid				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	315,556	315,556	315,556	315,556	315,556
2. 2015	51,418	51,651	51,651	51,651	51,651
3. 2016	XXX	33,870	36,743	36,743	36,743
4. 2017	XXX	XXX	63,239	66,406	66,275
5. 2018	XXX	XXX	XXX	48,716	52,328
6. 2019	XXX	XXX	XXX	XXX	63,947

Section B – Incurred Health Claims - Other

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	315,556	315,556	315,556	315,556	315,556
2. 2015	52,573	51,651	51,651	51,651	51,651
3. 2016	XXX	36,787	36,743	36,743	36,743
4. 2017	XXX	XXX	66,902	66,878	66,536
5. 2018	XXX	XXX	XXX	52,328	52,328
6. 2019	XXX	XXX	XXX	XXX	69,098

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	70,564	51,651		0.0	51,651	73.2			51,651	73.2
2. 2016	61,265	36,743		0.0	36,743	60.0			36,743	60.0
3. 2017	80,338	66,275		0.0	66,275	82.5	262		66,537	82.8
4. 2018	72,396	52,328		0.0	52,328	72.3			52,328	72.3
5. 2019	88,735	63,947	1,023	1.6	64,970	73.2	5,152		70,122	79.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Grand Total

	Cumulative Net Amounts Paid				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	4,195,765	4,195,765	4,195,765	4,195,765	4,195,765
2. 2015	2,057,487	2,257,235	2,257,235	2,257,235	2,257,235
3. 2016	XXX	2,189,753	2,379,243	2,379,243	2,379,243
4. 2017	XXX	XXX	2,249,378	2,454,716	2,471,226
5. 2018	XXX	XXX	XXX	2,329,583	2,541,584
6. 2019	XXX	XXX	XXX	XXX	2,361,026

Section B - Incurred Health Claims - Grand Total

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
Year in Which Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	4,227,277	4,196,105	4,196,105	4,196,105	4,195,765
2. 2015	2,338,250	2,290,213	2,257,235	2,257,235	2,257,235
3. 2016	XXX	2,453,945	2,435,888	2,379,243	2,379,243
4. 2017	XXX	XXX	2,508,672	2,503,735	2,482,494
5. 2018	XXX	XXX	XXX	2,600,948	2,566,719
6. 2019	XXX	XXX	XXX	XXX	2,610,904

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	2,763,179	2,257,235	0	0.0	2,257,235	81.7	0	0	2,257,235	81.7
2. 2016	2,753,399	2,379,243	0	0.0	2,379,243	86.4	0	0	2,379,243	86.4
3. 2017	2,811,904	2,471,226	0	0.0	2,471,226	87.9	11,269	0	2,482,495	88.3
4. 2018	3,025,064	2,541,584	0	0.0	2,541,584	84.0	25,135	0	2,566,719	84.8
5. 2019	2,947,052	2,361,026	38,012	1.6	2,399,038	81.4	249,879	1,697	2,650,614	89.9

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ .... for investment income)	9,606,254								9,606,254
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	9,606,254	0	0	0	0	0	0	0	9,606,254
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	9,606,254	0	0	0	0	0	0	0	9,606,254
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $ .... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ .... for occupancy of own building)	349,712	460,579	5,303,277		6,113,568
2. Salaries, wages and other benefits	7,447,943	9,809,114	101,709,704		118,966,761
3. Commissions (less $ .... ceded plus $ .... assumed)			4,898,217		4,898,217
4. Legal fees and expenses	164,606	216,790	1,967,560		2,348,956
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	73,395	96,663	1,075,531		1,245,589
7. Traveling expenses	150,134	197,729	2,417,340		2,765,203
8. Marketing and advertising	91,221	120,140	3,530,053		3,741,414
9. Postage, express and telephone	502,589	661,922	6,944,523		8,109,034
10. Printing and office supplies	796,692	1,049,261	11,649,171		13,495,124
11. Occupancy, depreciation and amortization	434,334	572,028	5,265,251		6,271,613
12. Equipment	16,896	22,253	224,279		263,428
13. Cost or depreciation of EDP equipment and software	1,377,224	1,813,837	16,312,824		19,503,885
14. Outsourced services including EDP, claims, and other services	3,540,016	4,662,283	47,048,678		55,250,977
15. Boards, bureaus and association fees	775,450	1,021,286	10,159,005		11,955,741
16. Insurance, except on real estate	74,241	97,777	955,700		1,127,718
17. Collection and bank service charges	42,663	56,188	743,018		841,869
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			23,394		23,394
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			26,506,279		26,506,279
23.4 Payroll taxes	454,274	598,289	6,309,823		7,362,386
23.5 Other (excluding federal income and real estate taxes)	(603)	(794)	125,201		123,804
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	16,290,787	21,455,345	253,168,828	0	(a) 290,914,960
27. Less expenses unpaid December 31, current year		1,697,368	37,756,932		39,454,300
28. Add expenses unpaid December 31, prior year	0	1,963,074	37,287,323	0	39,250,397
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year			0		0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	16,290,787	21,721,051	252,699,219	0	290,711,057
DETAILS OF WRITE-INS					
2501.					0
2502.					0
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of $ 254,264,820 to affiliates and $ .... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 117,145	76,850
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 9,070,436	10,727,962
1.3	Bonds of affiliates	(a) 0	
2.1	Preferred stocks (unaffiliated)	(b) 0	
2.11	Preferred stocks of affiliates	(b) 0	
2.2	Common stocks (unaffiliated)	0	
2.21	Common stocks of affiliates	0	
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 11,429,607	8,299,152
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	20,617,188	19,103,964
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		19,103,964
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $ 380,555 accrual of discount less $ 2,784,906 amortization of premium and less $ 3,920,933 paid for accrued interest on purchases.
(b) Includes $ accrual of discount less $ amortization of premium and less $ 0 paid for accrued dividends on purchases.
(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ paid for accrued interest on purchases.
(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.
(e) Includes $ 307,158 accrual of discount less $ 348,245 amortization of premium and less $ paid for accrued interest on purchases.
(f) Includes $ accrual of discount less $ amortization of premium.
(g) Includes $ investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ interest on surplus notes and $ interest on capital notes.
(i) Includes $ depreciation on real estate and $ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	21,237		21,237	0	
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	3,650,581		3,650,581	(192,204)	
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	31,513		31,513	0	0
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	355,513	0	355,513	0	0
10.	Total capital gains (losses)	4,058,844	0	4,058,844	(192,204)	0
DETAILS OF WRITE-INS						
0901.	Other capital gains (losses)	355,513		355,513		
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	355,513	0	355,513	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	6,045	6,045
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	20,754,765	210,310	(20,544,455)
25. Aggregate write-ins for other-than-invested assets	1,999,998	1,857,761	(142,237)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	22,754,763	2,074,116	(20,680,647)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	22,754,763	2,074,116	(20,680,647)
DETAILS OF WRITE-INS			
1101.		0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Other non-admitted assets (prepaids)	789,146	489,828	(299,318)
2502. ASO prepayments	1,171,275	1,085,356	(85,919)
2503. Deposits with providers	39,577	282,577	243,000
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,999,998	1,857,761	(142,237)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

	Total Members at End of					6
Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	457,771	458,581	454,934	452,030	444,917	5,446,007
2. Provider Service Organizations	0					
3. Preferred Provider Organizations	0					
4. Point of Service	0					
5. Indemnity Only	0					
6. Aggregate write-ins for other lines of business	93,873	319,874	335,376	339,130	324,943	3,937,118
7. Total	551,644	778,455	790,310	791,160	769,860	9,383,125
DETAILS OF WRITE-INS						
0601. Medicare Part D	93,873	319,874	335,376	339,130	324,943	3,937,118
0602.	0					
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	93,873	319,874	335,376	339,130	324,943	3,937,118

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

		SSAP #	F/S Page	F/S Line #	2019	2018
	NET INCOME					
1	Company state basis (Page 4, Line 32, Columns 2 & 3)	xxx	xxx	xxx	$ 94,205,420	$ 126,689,995
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	$ 94,205,420	$ 126,689,995
	SURPLUS					
5	Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	$ 303,636,504	$ 362,949,494
6	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: None	—	—	—	—	—
7	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: None	—	—	—	—	—
8	NAIC SAP (5-6-7=8)	xxx	xxx	xxx	$ 303,636,504	$ 362,949,494

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

Net Premium Income
The Company earns net premium income through participation in Medicaid, Medicaid-related and Medicare programs, including both the Medicare Advantage ("MA") and the Medicare Part D prescription drug program ("PDP"). Medicaid contracts with state agencies generally are multi-year contracts subject to annual renewal provisions, while Medicare contracts with the Center for Medicare and Medicaid Services ("CMS") renew annually. Medicare and Medicaid contracts establish fixed, monthly premium rates per member, which are generally determined at the beginning of each new contract renewal period; however, premiums may be adjusted by CMS and state agencies throughout the terms of the contracts in certain cases. Premium rate changes are recognized in the period the change becomes effective, when the effect of the change in the rate is reasonably estimable, and collection is assured.

Medicare Risk-Adjusted Premiums
CMS provides risk-adjusted payments for MA Plans and PDPs based on the demographics and health severity of enrollees. The risk-adjusted premiums received are based on claims and encounter data submitted to CMS within prescribed deadlines. Estimates for risk-adjusted premiums are developed utilizing historical experience, or other data, and predictive models as sufficient member risk score data becomes available over the course of each CMS plan year. Periodic changes to risk-adjusted premiums are recognized as net premium income when the amounts are determinable and collection is reasonably assured, which is possible as additional diagnosis code information is reported to CMS, when the ultimate adjustment settlements are received from CMS, or we receive notification of such settlement amounts. CMS adjusts premiums on two separate occasions on a retrospective basis.

The first retrospective adjustment for a given plan year generally occurs during the third quarter of that year. This initial settlement represents the update of risk scores for the current plan year based on the severity of claims incurred in the prior plan year. CMS then issues a final retrospective risk adjusted premium settlement for that plan year in the following year. Historically, there have not been significant differences between estimates and amounts ultimately received. The data provided to CMS to determine members' risk scores is subject to audit by CMS even after the annual settlements occur. An audit may result in the refund of premiums to CMS. While experience to date has not resulted in a material refund, future refunds could materially reduce premium net premium income in the year in which CMS determines a refund is required and could be material to our financial statements.

Risk Corridor Provisions
MA and PDP premiums are subject to risk sharing through the CMS Medicare Part D risk corridor provisions. The risk corridor calculation compares actual experience to the target amount of prescription drug costs, limited to costs under the standard coverage as defined by CMS, less rebates included in the submitted plan year bid. The Company receives additional premium from CMS if actual experience is more than 5% above the target amount. The Company refunds premiums to CMS if actual experience is more than 5% below the target amount. Based on the risk corridor provision and PDP activity-to-date, an estimated risk-sharing receivable or payable is recorded as an adjustment to net premium income. After the close of the annual plan year, CMS performs the risk corridor calculation and any differences are settled between CMS and the Company. Historically, there have not been material differences between recorded estimates and the subsequent CMS settlement amounts.

Medicare Part D Settlements
The Company receives certain Part D prospective subsidy payments from CMS for MA and PDP members as a fixed monthly per member amount, based on the estimated costs of providing prescription drug benefits over the plan year, as reflected in bids. Approximately nine to ten months subsequent to the end of the plan year, or later in the case of the coverage gap discount subsidy, a settlement payment is made between CMS and the Company based on the difference between the prospective payments and actual claims experience. The subsidy components under Part D are described below:

Low-Income Cost Sharing Subsidy (“LICS”) - For qualifying low-income subsidy members, CMS reimburses the Company for all or a portion of the low income subsidy member's deductible, coinsurance and co-payment amounts above the out-of-pocket threshold.

Catastrophic Reinsurance Subsidy - CMS reimburses the Company for 80% of the drug costs after a member reaches his or her out-of-pocket catastrophic threshold through a catastrophic reinsurance subsidy.

Coverage Gap Discount Subsidy (“CGDS”) - CMS provides monthly prospective payments for pharmaceutical manufacturer discounts made available to members.

Catastrophic reinsurance subsidies and LICS subsidies represent cost reimbursements under the Medicare Part D program. The Company is fully reimbursed by CMS for costs incurred for these contract elements and, accordingly, there is no insurance risk to the Company. Therefore, amounts received for these subsidies are not considered net premium income, and are reported, net of the subsidy benefits paid, as deposits. Costs incurred over deposits received are recorded as a receivable for amounts paid for uninsured plans and deposits received in excess of costs incurred are recorded as liability for amounts held under uninsured plans. Historically, the settlement payments between the Company and CMS have not been materially different from our estimates.

CGDS advance payments are recorded as a receivable for amounts paid for uninsured plans. Receivables are set up for manufacturer-invoiced amounts. Manufacturer payments reduce the receivable as payments are received. After the end of the contract year, during the Medicare Part D Payment reconciliation process for the CGDS, CMS will perform a cost-based reconciliation to ensure the Medicare Part D sponsor is paid for gap discounts advanced at the point of sale, based on accepted prescription drug event data.

Medicare Minimum Medical Loss Ratio (“MLR”)
Beginning in 2014, the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively, the "ACA"), requires the establishment of a minimum MLR for MA and PDP plans, requiring them to spend not less than 85% of premiums on medical benefits. The rules implementing the minimum MLR impose financial and other penalties for failing to achieve the minimum MLR, including requirements to refund to CMS shortfalls in amounts spent on medical benefits and termination of a plan’s MA contract for prolonged failure to achieve the minimum MLR. Minimum MLR is determined by adding a plan’s spending for clinical services, prescription drugs and other direct patient benefits, plus its total spending on quality improvement activities and dividing the total by earned premiums (after subtracting specific identified taxes and other fees). At December 31, 2019, a premium refund of $1,799,745 was accrued. The Company had no refund due or payable to CMS for this provision for 2018.

Medicaid Minimum Medical Loss Ratio
The Company's Medicaid contract with the Kentucky Department of Medicaid Services ("KDMS") for ACA expansion members includes a provision whereby, for each of the separate periods a) Calendar Year 2014, b) Calendar Year 2015, c) January 1, 2016 - June 30, 2016 the Company shares the risk with KDMS for any minimum loss ratio outside the Risk Corridor of 82%-92% of the premiums received related to allowable medical benefits expense, as defined in the contract (“Risk Corridor provision”). To the extent that the Company expends less than the minimum or more than the maximum percentage of the premiums, offset by allowable taxes and assessments, on allowable medical benefits expense, including allowable quality improvement expenses, in any contract year as required by the Risk Corridor provision, the Company is required to share 80% of the difference between the minimum (or maximum) and the actual medical benefits expense with KDMS. The Company's Medicaid contract with KDMS for Non ACA expansion members includes

provision whereby, for the State Fiscal year 2016 (7/1/15 through 6/30/16), the Company shares the risk with KDMS for any minimum loss ratio less than 85% of the premiums received. To the extent that the Company expends less than the minimum percentage of the premiums, offset by allowable taxes and assessments, on allowable medical benefits expense, including allowable quality improvement expenses, in this period as required by the Minimum MLR provision, the Company is required to refund 80% of the difference between the minimum and our actual allowable medical benefits expense with KDMS. Beginning July 1, 2016, the Company is required to expend 90% of the premiums for ACA and Non-ACA populations combined. To the extent that the Company expends less than the minimum percentage of the premiums, offset by allowable taxes and assessments, on allowable medical benefits expense, including allowable quality improvement expenses, in any State Fiscal year as required by the Minimum MLR provision, the Company is required to share all or some portion of the difference between the minimum and our actual allowable medical benefits expense with KDMS. If the allowable medical benefits expense ratio to premiums is less than 90% but greater than 86%, the company is required to share 75% of the difference with KDMS. If the allowable medical benefits expense ratio to premiums is less than or equal to 86% then the company is required to refund 100% of the difference between 86% of the premiums and actual medical benefits expense and 75% of the difference between 86% to 90% of the premiums. The Company performs a calculation of the Risk Corridor provision each reporting period and accrues an estimate for amounts to be refunded or collected based on its current estimates of ultimate loss experience for the contract period. At December 31, 2019, no premium refund was due or accrued. At December 31, 2018, a premium refund of $1,588,083 was accrued.

1. *Short-term investments* - Short-term investments are stated at amortized cost.

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* - The Company had no common stocks.

4. *Preferred Stocks* - The Company had no preferred stocks.

5. *Mortgage Loans* - The Company had no mortgage loans.

6. *Loan-Backed Securities* - The Company had no loan-backed securities.

7. *Investment in Subsidiaries, Controlled and Affiliated Companies* - The Company had no investment in subsidiaries, controlled and affiliated companies.

8. *Investments in Joint Ventures, Partnerships and Limited Liability Companies("LLC")* - The Company had no investments in joint ventures, partnerships and LLC.

9. *Derivatives* - The Company had no derivatives.

10. *Premium Deficiency* ("PDR") - the Company's contracts are evaluated to determine if it is probable that a loss will be incurred. A PDR is established when it is probable that expected claims payments or incurred costs, claims adjustment expenses, and general administration expenses will exceed future premiums and reinsurance recoveries for the remainder of a contract period. For purposes of determining a PDR, investment income is excluded and contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. A PDR is recorded as an aggregate health policy reserves and as an increase in reserves for life and accident and health contracts. Once established, a PDR is reduced over the contract period as an offset to actual losses. The PDR estimates are re-evaluated each reporting period and, if estimated future losses differ from those in the current PDR estimate, the liability is adjusted through increase in reserves for life and accident and health contracts, as necessary. The Company had no PDR liability recorded within its liabilities as of December 31, 2019 and 2018.

11. *Unpaid Losses and Loss Adjustment Expenses* - The Company recognizes the cost of medical benefits in the period in which services are provided, including an estimate of the cost of medical benefits incurred but not reported ("IBNR"). Medical benefits incurred and claims adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members.

The Company also records direct medical expenses for estimated referral claims related to health care providers under contract with the Company who are financially troubled or insolvent and who may not be able to honor their obligations for the costs of medical services provided by others. In these instances, the Company may be required to honor these obligations for legal or business reasons. Based on the current assessment of providers under contract with the Company, such losses have not been and are not expected to be significant. The Company records direct medical expense for estimates of provider settlements due to clarification of contract terms, out-of-network reimbursement, claims payment differences and amounts due to contracted providers under risk-sharing arrangements.

Claims unpaid represents amounts for claims fully adjudicated but not yet paid and estimates for IBNR. The Company's estimate of IBNR is the most significant estimate included in the financial statements. The Company determines the best estimate of the base liability for IBNR utilizing consistent standard actuarial methodologies based upon key assumptions which vary by business segment. The assumptions include current payment experience, trend factors, and completion factors. Trend factors in standard actuarial methodologies include contractual requirements, historic utilization trends, the interval between the date services are rendered and the date claims are paid, denied claims activity, disputed claims activity, benefit changes, expected health care cost inflation, seasonality patterns, maturity of lines of business, changes in membership and other factors.

After determining an estimate of the base liability for IBNR, the Company makes an additional estimate, also using standard actuarial techniques, to account for adverse conditions that may cause actual claims to be higher than the estimated base reserve. This additional liability is referred to as the provision for moderately adverse conditions. The estimate of the provision for moderately adverse conditions captures the potential adverse development from factors such as:

- entry into new geographical markets;
- provision of services to new populations such as the aged, blind and disabled;
- variations in utilization of benefits and increasing medical costs, including higher drug costs;
- changes in provider reimbursement arrangements;
- variations in claims processing speed and patterns, claims payment and the severity of claims; and
- health epidemics or outbreaks of disease such as the flu or enterovirus.

The Company evaluates estimates of medical benefits payable claims unpaid as it obtains more complete claims information and medical expense trend data over time. The Company records differences between actual experience and estimates used to establish the liability, which is referred to as favorable and unfavorable prior period developments, as increases or decreases to medical benefits hospital and medical expense in the period the Company identifies the differences.

12. *Capitalization Policy* - The Company did not modify its capitalization policy from the prior period.

13. *Pharmacy Rebates* - Pharmacy rebates are recorded on an accrual basis and are estimated based on invoices that have been prepared using actual prescriptions filled, historical utilization of specific pharmaceuticals and contract terms and records such amounts as a reduction of total hospital and medical cost.

D. Going Concern - Management does not have any substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company had no changes in accounting principles or correction of errors.

3. Business Combinations and Goodwill

A. Statutory Purchase Method - The Company had no statutory purchases.

B. Statutory Merger - The Company had no statutory mergers.

C. Assumption Reinsurance - The Company had no assumption reinsurance.

D. Impairment Loss - The Company had no impairment losses.

4. Discontinued Operations

The Company had no discontinued operations.

5. Investments

A. The Company had no mortgage loans, including mezzanine real estate loans.

B. The Company had no debt restructuring.

C. The Company had no reverse mortgages.

D. Loan-back securities

1. The Company had no loan-back securities.

2. The Company had no OTTI to recognize.

3. The Company has not recognized OTTI based on cash flow analysis.

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

a. The aggregate amount of unrealized losses:

1.	Less than 12 Months	$	(159,049)
2.	12 Months or Longer	$	(50)

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

1.	Less than 12 Months	$	32,076,593
2.	12 Months or Longer	$	212,398

E. The Company did not have any pledged assets as collateral for repurchase agreements, securities lending transactions or dollar repurchase agreements.

F-I. The Company did not have any repurchase or reverse agreement transactions accounted for as secured borrowings or as a sale.

J. The Company did not engage in any retail land sale operations.

K. The Company did not engage in any low income housing tax credits.

L. Restricted Assets

1. Restricted Assets (Including Pledged):

The information on the Company's investment in restricted assets as of December 31, was as follows:

	Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	(3) Increase/ (Decrease) (1 minus 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Restricted (1 minus 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	(7) Admitted Restricted to Total Admitted Assets (b)
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	3,775,317	3,769,860	5,456	—	3,775,317	0.5%	0.5%
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	$ 3,775,317	$ 3,769,860	$ 5,456	$ —	$ 3,775,317	0.5%	0.5%

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

2. The Company did not have any assets pledged as collateral, or captured in other categories.

3. The Company did not have any other restricted assets.

4. The Company had no collateral received and reflected as assets.

M. The Company had no working capital financed investments.

N. The Company had no asset and liabilities which are offset and reported net in accordance with a valid right to offset.

O. The Company had no 5*GI securities.

P. The Company had no short sales.

Q. Prepayment Penalty and Acceleration Fees

(1) Number of CUSIPs - 14

(2) Aggregate Amount of Investment Income - $355,513

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company had no investments in any joint ventures, partnerships or limited liability companies that exceeds 10% of the admitted assets of the insurer.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to nonadmitted invested assets are considered nonadmitted.

B. There was no nonadmitted accrued interest income.

8. Derivative Instruments

The Company had no investment derivative instruments.

9. Income Taxes

A. Deferred Tax Assets ("DTAs")

The components of the net DTA as of December 31, are as follows:

		12/31/2019			12/31/2018		
	(1)	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross Deferred Tax Assets	$ 10,958,763	$ —	$ 10,958,763	$ 3,703,664	$ 6,185	$ 3,709,849
(b)	Statutory Valuation Allowance Adjustments	—	—	—	—	—	—
(c)	Adjusted Gross Deferred Tax Assets	10,958,763	—	10,958,763	3,703,664	6,185	3,709,849
(d)	Deferred Tax Assets Nonadmitted	—	—	—	—	6,045	6,045
(e)	Subtotal Net Admitted Deferred Tax Asset	10,958,763	—	10,958,763	3,703,664	140	3,703,804
(f)	Deferred Tax Liabilities	320,103	—	320,103	425,629	—	425,629
(g)	Net Admitted Deferred Tax Asset/Liability	$ 10,638,660	$ —	$ 10,638,660	$ 3,278,035	$ 140	$ 3,278,175
	(2)						
	Admission Calculation Components SSAP 101:						
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	$ 10,958,763	$ —	$ 10,958,763	$ 3,703,664	$ 140	$ 3,703,804
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	—	—	—	—	—	—
	1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	—	—	—	—	—	—
	2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	—	—	43,411,092	—	—	54,322,174
(c)	Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	—	—	—	—	—	—
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No 101	$ 10,958,763	$ —	$ 10,958,763	$ 3,703,664	$ 140	$ 3,703,804

(1)		Change Ordinary	Change Capital	Change Total
(a)	Gross Deferred Tax Assets	$ 7,255,099	$ (6,185)	$ 7,248,914
(b)	Statutory Valuation Allowance Adjustments	—	—	—
(c)	Adjusted Gross Deferred Tax Assets	7,255,099	(6,185)	7,248,914
(d)	Deferred Tax Assets Nonadmitted	—	(6,045)	(6,045)
(e)	Subtotal Net Admitted Deferred Tax Asset	7,255,099	(140)	7,254,959
(f)	Deferred Tax Liabilities	(105,526)	—	(105,526)
(g)	Net Admitted Deferred Tax Asset/Liability	$ 7,360,625	$ (140)	$ 7,360,485

(2) Admission Calculation Components SSAP 101:		Ordinary	Capital	Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	$ 7,255,099	$ (140)	$ 7,254,959
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	—	—	—
	1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	—	—	—
	2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	—	—	(10,911,083)
(c)	Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	—	—	—
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No 101	$ 7,255,099	$ (140)	$ 7,254,959

(3)		2019	2018
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	341%	335%
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	$ 289,407,278	$ 362,147,829

(4) Impact of Tax-Planning Strategies		12/31/2019 Ordinary	12/31/2019 Capital	12/31/2018 Ordinary	12/31/2018 Capital	Change Ordinary	Change Capital
(a)	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage						
	(1) Adjusted Gross DTA Amount From Note 9A1c	$ 10,958,763	$ —	$ 3,703,664	$ 6,185	$ 7,255,099	$ (6,185)
	(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
	(3) Net Admitted Adjusted Gross DTAs Amount From Note 9A1e	$ 10,958,763	$ —	$ 3,703,664	$ 140	$ 7,255,099	$ (140)
	(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
(b)	Does the Company's tax-planning strategies include the use of reinsurance?					Yes_______	No__X__

B. Unrecognized DTLs - The Company had no unrecognized DTLs.

C. Current income taxes incurred consist of the following major components as of December 31:

(1) Current Income Tax		12/31/2019	12/31/2018	Change
(a)	Federal	$ 27,771,843	$ 43,512,360	$ (15,740,517)
(b)	Foreign	—	—	—
(c)	Subtotal	$ 27,771,843	$ 43,512,360	$ (15,740,517)
(d)	Federal income tax on net capital gains	852,357	—	852,357
(e)	Utilization of capital loss carry-forwards	(54,030)	—	(54,030)
(f)	Other	—	—	—
(g)	Federal and foreign income taxes incurred	$ 28,570,170	$ 43,512,360	$ (14,942,190)

	(2) Deferred Tax Assets	12/31/2019	12/31/2018	Change
(a)	Ordinary			
	(1) Discounting of unpaid losses	$ 2,394,034	$ 2,143,635	$ 250,399
	(2) Unearned premium reserve	2,677,140	—	2,677,140
	(3) Policyholder reserves	—	—	—
	(4) Investments	—	—	—
	(5) Deferred acquisition costs	—	—	—
	(6) Policyholder dividends accrual	—	—	—
	(7) Fixed assets	—	—	—
	(8) Compensation and benefits accrual	1,073	1,073	—
	(9) Pension accrual	—	—	—
	(10) Receivables - nonadmitted	4,358,501	44,165	4,314,336
	(11) Net operating loss carry-forward	—	—	—
	(12) Tax credit carry-forward	—	—	—
	(13) Other	1,528,015	1,514,791	13,224
	Subtotal	$ 10,958,763	$ 3,703,664	$ 7,255,099
(b)	Statutory valuation allowance adjustment	—	—	—
(c)	Nonadmitted	—	—	—
(d)	Admitted ordinary deferred tax assets	$ 10,958,763	$ 3,703,664	$ 7,255,099
(e)	Capital			
	(1) Investments	—	—	—
	(2) Net capital loss carry-forward	—	6,185	(6,185)
	(3) Real estate	—	—	—
	(4) Other	—	—	—
	Subtotal	$ —	$ 6,185	$ (6,185)
(f)	Statutory valuation allowance adjustment	—	—	—
(g)	Nonadmitted	—	6,045	(6,045)
(h)	Admitted capital deferred tax assets	$ —	$ 140	$ (140)
(i)	Admitted deferred tax assets	$ 10,958,763	$ 3,703,804	$ 7,254,959

	(3) Deferred Tax Liabilities:			
(a)	Ordinary			
	(1) Investments	$ —	$ —	$ —
	(2) Fixed assets	—	—	—
	(3) Deferred and uncollected premium	—	—	—
	(4) Policyholder reserves	—	—	—
	(5) Other	320,103	425,629	(105,526)
	Subtotal	$ 320,103	$ 425,629	$ (105,526)
(b)	Capital			
	(1) Investments	—	—	—
	(2) Real estate	—	—	—
	(3) Other	—	—	—
	Subtotal	$ —	$ —	$ —
(c)	Deferred tax liabilities	$ 320,103	$ 425,629	$ (105,526)
	(4) Net deferred tax assets/liabilities	$ 10,638,660	$ 3,278,175	$ 7,360,485

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The sum of the income tax incurred is different from the result obtained by applying the federal statutory rate of 21% to pretax net income. The DTA was calculated by applying the federal statutory rate of 21%. The significant items causing the difference are as follows:

		2019	% of Pre-tax Income
Provision computed at statutory rate	$	25,782,874	21.00 %
Intangible tax amortization		(30,947)	(0.03)%
Change in non-admitted assets		(4,344,205)	(3.54)%
Non-deductible expenses		799	— %
Other		(192,791)	(0.16)%
Total statutory income tax	$	21,215,730	17.28 %

		2019	% of Pre-tax Income
Federal and foreign income taxes incurred	$	28,570,170	23.27 %
Change in net deferred income taxes		(7,354,440)	(5.99)%
Total statutory income tax	$	21,215,730	17.28 %

E. Net Operating Loss Carryforwards:

1. At December 31, 2019, the Company had no federal operating loss carryforwards.

2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

12/31/2019 (current year)	$	28,523,935
12/31/2018 (first prior year)	$	46,372,376

3. There were no aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.

F. Consolidated Federal Income Tax Return

1. The Company and its affiliated entities (as listed on Schedule Y, Part 1) are included in the consolidated federal income tax return of WellCare Health Plans, Inc. ("WellCare").

2. Federal Income Tax Allocation - The Company is included in the consolidated federal income tax return of WellCare and its includable subsidiaries. Estimated tax payments are made quarterly, at which time intercompany tax settlements are made. In the subsequent year, additional settlements are made on the unextended due date of the return and at the time that the return is filed. The method of allocation among affiliates of the Company is subject to a written agreement approved by the Board of Directors and based upon separate tax return calculation with current credit for net losses to the extent the losses provide a benefit in the consolidated tax return.

G. The Company has no federal or foreign income tax loss contingencies as of December 31, 2019. The Company is not expecting any increase in its income tax loss contingency within the next 12 months.

H. The Company does not have any repatriation transition tax.

I. The Company does not have any alternative minimum tax credit.

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

A., B., and C. Relationship/Transactions and Amounts

Dividends
The Company paid a $65,000,000 and a $75,000,000 extraordinary cash dividend to the parent company, The WellCare Management Group, Inc. (“WMG”) on June 28, 2019 and December 26, 2019, respectively. The Company paid a $50,000,000 and $25,000,000 extraordinary cash dividend to WCMG on September 18, 2018 and December 13, 2018, respectively.

Comprehensive Health Management Inc. (“CHMI”)
The Company has an affiliated management agreement with CHMI to provide certain management, administrative services and claims processing services, utilization review, payroll services and the majority of the administrative functions of the Company, excluding certain sales and marketing functions and other professional consulting expenses. Additionally, CHMI is responsible for maintaining the claims related data processing equipment and software.

In 2019, the Company’s agreement with CHMI was amended. The indirect cost charge for Medicare gross premium was revised from 6.8% in 2018 to 7.7% in 2019, and the indirect cost charge for Medicaid gross premium earned was revised from 6.8% in 2018 to 8.0%

in 2019; and the indirect cost charge for Medicare Part D gross premium earned was revised from 9.2% in 2018 to 8.5% in 2019, with all changes being retroactive to January 1, 2019. The agreement was approved by the Department on July 30, 2019.

The Company will also reimburse CHMI for expenses it pays which are directly allocable to the Company. Additionally, the agreement includes a true-up mechanism where the management fee charged is compared to the actual cost of services provided and any difference is settled between CHMI and the Company. The true-up will occur on an annual basis for the prior year's activity. Management believes rates charged by CHMI to be an approximation of current market rates; however, future adjustments to this rate may be necessary as changes in regulations, scopes of services and market dynamics occur.

During 2019, the Company's 2018 management fee true-up was calculated and recorded. The true-up resulted in a $4,258,423 decrease in management fees charged to the Company based on actual cost of services provided during 2018. During 2018, the Company's 2017 management fee true-up was calculated and booked. The true-up resulted in a $2,483,666 decrease in management fees charged to the Company based on actual cost of services provided during 2017.

During 2019 and 2018, the Company incurred $254,264,820 and $235,048,950, respectively, for services under the management agreement with CHMI. The total amounts due from CHMI were $13,172,580 and $3,267,228, as of December 31, 2019 and 2018, respectively. Amounts due to or from CHMI are normally settled within 30 days.

Affiliated Agreements
The Company has a reinsurance agreement with an affiliated company, WellCare of Texas, Inc. ("WCTX"), to assume risk to cover out-of-network claims on its MA point-of-service plans.

The Company has an affiliated joint enterprise agreement with WellCare Prescription Insurance, Inc ("WPI"). The two Parties to this agreement provide Medicare prescription drug plan services to Medicare Part D beneficiaries in their respective service areas.

Amounts due to/from affiliates resulting from intercompany arrangements are non-interest bearing and are generally settled within 30 days.

D. Intercompany Balances - As of December 31, 2019 and 2018, the Company reported a balance of $13,172,580 and $3,267,228, receivable from parent, subsidiaries and affiliates and a $37,737,067 and $34,794,718, payable to parent, subsidiaries and affiliates, respectively.

E. Guarantees on Undertakings for the Benefit of an Affiliate - The Company does not have guarantees or undertakings for the benefit of an affiliate or related party that would result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

F. Management/Cost Sharing Agreements - See Note 10 A., B., and C. above.

G. Control/Ownership - All outstanding shares of the Company are owned by the Parent Company, The WellCare Management Group, Inc., which is owned by WCG Health Management, Inc., which is in turned owned by WellCare Health Plans, Inc., an insurance holding company domiciled in the State of Delaware.

H. - L. Controlled Entities/Investments in SCA/Foreign Insurance Subsidiary/Downstream Noninsurance Holding Company - The Company did not have any controlled entities, investments in SCC/foreign subsidiaries or noninsurance holding companies.

M. - O. All SCA Investments, Investments in Insurance SCAs and SCA and SSAP No. 48 Loss Tracking - The Company did not have any SCA investments, investments in insurance and SCA losses.

11. Debt

The Company did not have any debt or Federal Home Loan Bank agreements.

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

The Company did not sponsor any retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement benefits plan.

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

1. *Number of Shares* - The Company has 2,500,000 shares of $1 par value common stock issued and outstanding.

2. *Preferred Stock Issues* - The Company has no preferred stock.

3. *Dividend Restrictions* - Without prior approval of its domiciliary commissioner or department of insurance, dividends to shareholders must be paid from earned surplus amounts and are limited to the lessor of ten percent of the companies surplus or the net income for the 12 month period ending as of the prior year as set forth in the laws of the Company's state of incorporation, Kentucky.

4. *Dividends Paid* - Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholder.

5. *Dividend Capacity and Required Minimum Capital* - The amount available for ordinary dividend distribution during 2020 is $30,363,650, which is 10% of surplus. Kentucky Statutes require that each Kentucky Health entity maintain a minimum surplus equal to the greater of the Company Action Level Risk Based Capital ("RBC") Calculation or $1,500,000. As of December 31, 2019, the Company's required minimum capital and surplus was $190,909,638, based on RBC, compared to the total actual capital and surplus of $303,636,504.

6. *Restrictions on Unassigned Funds* - There were no restrictions on unassigned funds (surplus).

7. *Amount of Advances to Surplus, Not Repaid* - There were no advances on surplus.

8. *Stock Held of Affiliated Entities* - There were no stock held of affiliated entities.

9. *Changes in Balances of Any Special Surplus Funds* - Changes in balances of special surplus funds from prior year is due to the estimated health insurance industry fee.

10. *Unrealized Gains and Losses* - The Company had $(192,204) for unrealized gains and (losses).

11. *Surplus Notes* - There were no surplus notes.

12. *Quasi-Reorganizations* - There were no quasi-reorganizations.

13. *Effective Date of Quasi-Reorganization* - There were no date of quasi-reorganization.

14. Liabilities, Contingencies and Assessments

A. There were no contingent commitments.

B. There were no assessments.

C. There were no gain contingencies.

D. There were no claims related extra contractual obligations and bad faith losses stemming from lawsuits.

E. There were no joint and several liabilities.

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

15. Leases

The Company did not have any leases.

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

The Company did not have any off-balance sheet risk and concentration of credit risk for financial instruments.

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

A. Transfers of Receivables Reported as Sales

The Company did not have any transfer of receivables reported as sales.

B. Transfer and Servicing of Financial Assets

The Company did not have any transfer and servicing of financial assets and extinguishments of liabilities.

C. Wash Sales

The Company had no wash sales with an NAIC designation 3 or below or unrated securities.

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

A. - B. The Company had no ASO or ASC plans.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

1. There were no major components of revenue by payor.

2. At December 31, 2019 and 2018, the Company had recorded receivables of $25,486,444 and $3,649,315, respectively, from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 100% and 99.7%, respectively, of the Company's amounts receivable from uninsured accident and health plans.

3. There were no recorded allowances or reserves for adjustment of recorded revenues.

4. There were no adjustments to revenue resulting from audit of receivables related to revenue recorded in prior periods.

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

The Company has no direct premiums written or reduced by managing general agents or third party administrators.

20. Fair Value Measurements

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition.

1. Fair Value Measurements Reporting Date:

Description of each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalents					
Exempt Money Market Funds	$ —	$ —	$ —	$ —	$ —
Other Money Market Funds	16,642,662	—	—	—	16,642,662
Total Cash Equivalents	$ 16,642,662	$ —	$ —	$ —	$ 16,642,662
Perpetual Preferred Stock					
Industrial & Misc	$ —	$ —	$ —	$ —	$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Perpetual Preferred Stocks	$ —	$ —	$ —	$ —	$ —
Bonds					
U.S. Government	$ —	$ —	$ —	$ —	
Industrial & Misc.	—	14,321,049	—	—	14,321,049
Exchange Traded Fund	9,933,402	—	—	—	9,933,402
Hybrid Securities	—	—	—	—	—
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Bonds	$ 9,933,402	$ 14,321,049	$ —	$ —	$ 24,254,451
Common Stock					
Industrial & Misc.					$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Common Stock	$ —	$ —	$ —	$ —	$ —
Derivatives Assets					
Interest rate contracts	$ —	$ —	$ —	$ —	$ —
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total Derivatives	$ —	$ —	$ —	$ —	$ —
Separate account assets					—
Total assets at fair value/NAV	$ 26,576,064	$ 14,321,049	$ —	$ —	$ 40,897,113
b. Liabilities at fair value					
Total liabilities at fair value	$ —	$ —	$ —	$ —	$ —

B. Assets Measured on a Fair Value on a Nonrecurring Basis:

The Company's financial statements include certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items. The Company has no assets or liabilities measured or reported at fair value as of December 31, 2019 and 2018.

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 - Quoted (unadjusted) prices for identical assets or liabilities in active markets: Investments included in Level 1 consist of cash, money market funds, and U.S. government securities. The carrying amounts of money market funds and cash approximate fair value because of the short-term nature of these instruments. Fair values of the other investments included in Level 1 are based on unadjusted quoted market prices for identical securities in active markets.

Level 2 - Inputs other than quoted prices in active markets: Investments in Level 2 consist of certain certificates of deposit, commercial paper, corporate debt, asset-backed and other municipal securities for which fair market valuations are based on quoted prices for identical securities in markets that are not active, quoted prices for similar securities in active markets, broker or dealer quotations, or alternative pricing sources or for which all significant inputs are observable, either directly or indirectly, including interest rates and yield curves observable at commonly quoted intervals, volatilities, prepayment speeds, loss severities, credit risks, and default rates.

In addition to using market data, the Company makes assumptions when valuing assets and liabilities, including assumptions about risks inherent in the inputs to the valuation technique. When there is not an observable market price for an identical or similar asset or liability, management uses an income approach reflecting their best assumptions regarding expected cash flows, discounted using a commensurate risk-adjusted discount rate. The fair value of the future payments related to investigation resolution is estimated using a discounted cash flow analysis and these amounts are recorded at fair value in the financial statements.

Level 3 - Unobservable inputs that cannot be corroborated by observable market data: The Company does not have any level 3 for estimated fair value of the assets or liabilities.

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
U.S. Government	$ 8,135,888	$ 8,166,836	$ 5,892,177	$ 2,243,711	$ —	$ —	$ —
Political subdivision of states, territories & possessions	10,739,643	10,582,163	—	10,739,643	—	—	—
U.S. Special revenue & special assessment, non-guaranteed agencies & government	71,490,011	71,156,325	—	71,490,011	—	—	—
Exchange Traded Fund	9,933,402	9,933,402	9,933,402	—	—	—	
Industrial & miscellaneous	370,227,397	368,426,551	—	370,227,397	—	—	—
Total Bonds	$ 470,526,341	$ 468,265,277	$ 15,825,579	$ 454,700,762	$ —	$ —	$ —
Short Term Investments	50,697,062	50,685,572	4,097,923	46,599,139	—		—
Cash Equivalents	16,642,662	16,642,662	16,642,662	—	—		—
Total Investments	$ 537,866,065	$ 535,593,511	$ 36,566,164	$ 501,299,901	$ —	$ —	$ —

D. The Company had no investments where it was not practicable to estimate fair value.

21. Other Items

A. The Company did not have any unusual or infrequent items.

B. The Company did not have any troubled debt restructuring.

C. Other Disclosures and Unusual Items

Medicare and Medicaid Contracts
The Company offers stand-alone prescription drug coverage under the Medicare Part D program ("PDP") to beneficiaries pursuant to a contract with the Centers for Medicare & Medicaid Services ("CMS"). Through an affiliated joint enterprise agreement with WellCare Prescription Insurance, Inc., both companies agreed to provide stand-alone PDP plans to Medicare Part D beneficiaries in their respective service areas, which for the Company includes Alabama, Arkansas, Colorado, Connecticut, Minnesota, Montana and Rhode Island. The Company's PDP contract with CMS is renewable for successive one-year terms unless CMS notifies the Company of its decision not to renew by May 1 of the current contract year, or the Company notifies CMS of a decision not to renew by the first Monday in June of the contract year. The Company's current PDP contract expires on December 31, 2020.

The Company expects that its Medicare contract, which expires on December 31, 2020, will be renewed. The Company's operating results could be significantly constrained in the event that the compensation provided under its Medicare contract is adjusted or if the contract is not renewed.

The Company provides managed care services to Medicaid recipients through its contract with KDMS to serve the Commonwealth's Medicaid program. Under this program, we coordinate medical, behavioral and dental health care for eligible beneficiaries in Kentucky's Temporary Assistance for Needy Families and Child Health Plus programs. The Company's Medicaid contract expires on June 30, 2020. The Company's operating results could be significantly constrained in the event that the compensation provided under its Medicaid contract is adjusted or if the contract is not renewed.

Aetna Acquisition

In November 2018, an affiliate, WPI, completed an asset purchase of Aetna Inc.'s ("Aetna") entire standalone Medicare Part D prescription drug plan business ("Aetna Part D business"), which Aetna divested as part of CVS Health Corporation's acquisition of Aetna. Per the terms of the agreements, Aetna will provide administrative services to, and retain financial risk of, the Aetna Part D business through 2019. Per the terms of the joint enterprise agreement between the Company and WPI, the companies report the Aetna Part D business within their respective service areas, which for the Company is: Alabama, Arkansas, Colorado, Connecticut, Minnesota, Montana and Rhode Island.

D. There were no business interruption insurance recoveries.

E. There were no state transferable and non-transferable tax credits.

F. There were no subprime mortgage related risk exposure.

G. There were no retained assets.

H. There were no insurance-linked securities ILS contracts.

I. There were no amounts that could be realized on life insurance where the Company is owner and beneficiary or has otherwise obtained rights to control the policy.

22. Events Subsequent

ACA Annual Fee

The Company is subject to the annual industry fee under section 9010 of ACA. The industry fee is being levied on certain health insurers that provide insurance in the assessment year, and is allocated to health insurers based on each health insurer's share of net premiums for all U.S health insurers in the year preceding the assessment. In December 2015, President Obama signed the Consolidated Appropriations Act, 2016 which, among other provisions, included a one-year moratorium on the ACA industry fee for 2017 (payable in 2018). Additionally, in January 2018, Congress approved an additional one-year moratorium of the ACA industry fee for 2019 (payable in 2020). The 116th Congress passed a permanent repeal of the ACA industry fee starting in 2021 and repealed the other two ACA taxes, Medical Device Tax and Excise Tax, immediately.

The liability and expense are recognized once the Company provides health insurance for any U.S. health risk in the assessment year. The Company paid and expensed $0 and $54,785,186 in 2019 and 2018, respectively. Additionally, the estimate for the following year's fee is accrued monthly and separately segregated within surplus as an aggregate write-in in accordance with Statutory accounting guidance.

The Company has an agreement with its state Medicaid customer in Kentucky which provides for them to reimburse the Company for the portion of the ACA industry fee attributable to the Medicaid program in the state, including its non-deductibility for income tax purposes. The execution of the agreement enabled the Company to recognize approximately $0 and $82,921,205 reimbursement as premium revenue for the years ending December 31, 2019 and 2018, respectively.

		2019	2018
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act?	Yes	Yes
B.	ACA fee assessment payable for the upcoming year	$ 57,032,000	$ —
C.	ACA fee assessment paid	$ —	$ 54,785,186
D.	Premium written subject to ACA 9010 assessment	$ 2,963,100,320	$ —
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	$ 303,636,504	
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	$ 246,604,504	
G.	Authorized Control Level (Five-Year Historical Line 15)	$ 95,457,568	
H.	Would reporting the ACA assessment as of December 31, 2019 have triggered an RBC action level?	No	

Centene Acquisition
On March 26, 2019, WellCare Health Plans, Inc. (“WellCare”) entered into an Agreement and Plan of Merger (the “Merger Agreement”) with Centene Corporation ("Centene"). On June 24, 2019, stockholders of both companies approved all proposals of the pending transaction. On January 23, 2020, upon satisfaction of all required regulatory approvals and customary closing conditions, WellCare became a wholly-owned subsidiary of Centene.

Besides the event listed above there were no additional events occurring subsequent to December 31, 2019, requiring disclosure. Subsequent events have been considered through February 28, 2020, for the Statutory statement issued on February 28, 2020.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company?

   Yes ( ) No (X) If yes, give full details.

2. Have any policies issued by the company been reinsured with a Company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

   Yes ( ) No (X) If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

   Yes ( ) No (X) If yes, give full details.

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the Company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate $0.
b. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability for these agreements in this statement? $0

2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

   Yes ( ) No (X) If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate $0.

2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement?

   Yes ( ) No (X) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments?

B. The Company has no uncollectible reinsurance.

C. The Company had no commutation of ceded reinsurance.

D. The Company had no certified reinsurer rating downgraded or subject to revocation.

24. Retrospectively Rated Contracts

A. The Company estimates accrued retrospective premium adjustments for its Medicaid and Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with its governmental partners.

B. The Company records accrued retrospective premium as an adjustment to earned premiums.

C. The amount of net premiums written by the Company as of December 31, 2019, that are subject to retrospective rating features was $2,947,048,543 or 100% of the total net premiums written.

D. The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act.

E. The Company did not write any accident and health insurance premiums subject to ACA risk-sharing provision.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims expense attributable to insured events of the prior year decreased by $55,469,113 during 2019. This is approximately 17.3% of unpaid claims expenses of $320,384,164 as of December 31, 2018. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending December 31, 2019, was affected by approximately $35,514,795 of net favorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.

B. The Company has not changed its methodology and assumptions used in calculating the liability for unpaid losses and loss adjustments expenses during 2019.

26. Intercompany Pooling Arrangements

The Company has no intercompany pooling arrangements.

27. Structured Settlements

The Company had no structured settlement.

28. Health Care Receivables

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable as of December 31, 2019, were $36,311,269, of which $0 is aged ninety days or older and is nonadmitted.

The following is a summary of pharmacy rebates by quarter:

Quarter Ending	Estimated Rebates	Rebates Invoiced	Collected Within 90 days of Invoicing	Collected Within 91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
12/31/2019	$ 42,268,778	$ —	$ 5,499,213	$ —	$ —
9/30/2019	42,775,972	43,255,654	40,730,219	—	—
6/30/2019	41,442,164	43,662,063	42,138,597	(650,113)	—
3/31/2019	39,242,254	40,549,963	45,811,040	(6,256,293)	(578,635)
12/31/2018	37,173,943	39,424,679	35,228,234	1,352,578	3,341,808
9/30/2018	36,981,771	38,597,763	33,701,278	1,012,239	5,482,210
6/30/2018	35,302,434	37,708,231	31,619,919	4,716,197	2,320,581
3/31/2018	32,552,575	34,712,611	28,294,238	4,432,172	1,686,221
12/31/2017	31,390,658	34,612,910	31,158,593	4,611,730	(57,340)
9/30/2017	30,769,711	32,283,493	29,032,267	3,044,823	499,889
6/30/2017	29,420,493	31,698,662	28,709,053	2,647,102	517,107
3/31/2017	23,221,109	27,887,687	23,375,449	4,619,143	511,313

B. The Company had no risk sharing receivables billed, received and accrued for three years.

29. Participating Policies

The Company had no participating policies.

30. Premium Deficiency Reserves

The following table summarizes the Company’s premium deficiency reserves as of December 31, 2019:

1. Liability carried for premium deficiency reserves - $0
2. Date of most recent evaluation of this liability - December 31, 2019
3. Was anticipated investment income utilized in the calculation? No

31. Anticipated Salvage and Subrogation

The Company had no anticipated salvage and subrogation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State Regulating? Kentucky

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No [ ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001279363

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/18/2019

3.4 By what department or departments? Kentucky Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control 0.0 %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, 201 N. Franklin Street, Suite 3600, Tampa FL 33602

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Larry Smart (Employee), WellCare Health Plans, Inc, 8735 Henderson Road, Tampa FL 33634

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 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 [X] 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.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [X] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
Minor revisions and clarifications of existing provisions were adopted by the parent company board of directors on May 23, 2019, as summarized in the Code of Conduct and Business Ethics. The subsidiary board of directors approved the changes on July 15, 2019.

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

- 20.11 To directors or other officers $ 0
- 20.12 To stockholders not officers $ 0
- 20.13 Trustees, supreme or grand (Fraternal only) $ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

- 20.21 To directors or other officers $ 0
- 20.22 To stockholders not officers $ 0
- 20.23 Trustees, supreme or grand (Fraternal only) $ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

- 21.21 Rented from others $
- 21.22 Borrowed from others $
- 21.23 Leased from others $
- 21.24 Other $

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

- 22.21 Amount paid as losses or risk adjustment $
- 22.22 Amount paid as expenses $
- 22.23 Other amounts paid $

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No [ ]

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

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
- 24.103 Total payable for securities lending reported on the liability page $ 0

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	$
25.22	Subject to reverse repurchase agreements	$
25.23	Subject to dollar repurchase agreements	$
25.24	Subject to reverse dollar repurchase agreements	$
25.25	Placed under option agreements	$
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	$
25.27	FHLB Capital Stock	$
25.28	On deposit with states	$ 3,775,317
25.29	On deposit with other regulatory bodies	$
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	$
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	$
25.32	Other	$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41	Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
26.42	Permitted accounting practice	Yes [ ] No [ ]
26.43	Other accounting guidance	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. $

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

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

1 Name of Custodian(s)	2 Custodian's Address
Hancock Bank	DENHAM SPRINGS, LA
U.S. Bank	PHILADELPHIA, PA
Goldman Sachs	NEW YORK, NY

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [X] No [ ]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
N/A	Goldman Sachs	09/13/2019	
Suntrust		11/13/2019	

GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation
Deutsche Bank	U
WellCare Treasury Department	I
Oppenheimer & Co	U
SunTrust	U
Wells Capital Managment	U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [X] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104518	Deutsche Bank	CZ83K4EEX8QVCT3B128	SEC	DS
N/A	WellCare Treasury Department	N/A	N/A	DS
0571	Oppenheimer & Co	254900VH02JQR2L8XD64	SEC	DS
N/A	SunTrust	7E1PDLW1JL6TS0BS1G03	State Securities Authority	NO
104973	Wells Capital Managment	549300B3H21002L85190	SEC	DS

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	518,950,849	520,986,018	2,035,169
30.2 Preferred Stocks	0		0
30.3 Totals	518,950,849	520,986,018	2,035,169

30.4 Describe the sources or methods utilized in determining the fair values:

Fair market values are obtained from a third party pricing source.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Fair market values are obtained from a third party pricing source.

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
    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 5GI securities? Yes [ ] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
    a. The security was purchased prior to January 1, 2018.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
    d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

    Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
    a. The shares were purchased prior to January 1, 2019.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
    d. The fund only or predominantly holds bonds in its portfolio.
    e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
    f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

    Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

OTHER

36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 0

36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$

37.1 Amount of payments for legal expenses, if any? $ 0

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? $ 0

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only. $ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 2,947,048,543	$ 3,028,969,132
2.2	Premium Denominator	$ 2,947,051,669	$ 3,025,063,757
2.3	Premium Ratio (2.1/2.2)	1.000	1.001
2.4	Reserve Numerator	$ 290,369,560	$ 334,205,110
2.5	Reserve Denominator	$ 295,889,113	$ 334,205,110
2.6	Reserve Ratio (2.4/2.5)	0.981	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $

5.32 Medical Only $ 2,750,000

5.33 Medicare Supplement $

5.34 Dental and Vision $

5.35 Other Limited Benefit Plan $

5.36 Other $

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

The Company is required by the Department of Insurance to have a restricted bank account funded for the specific event of insolvency. Additionally, all provider contracts include provisions for continuity of care to its subscribers.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 47,400

8.2 Number of providers at end of reporting year 54,500

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses $ 16,629,219

10.22 Amount actually paid for year bonuses $ 3,927,763

10.23 Maximum amount payable withholds $

10.24 Amount actually paid for year withholds $

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [ ] No [X]

11.14 A Mixed Model (combination of above) ? Yes [ ] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Kentucky

11.4 If yes, show the amount required. $ 190,915,136

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation

Minimum Net Worth = Greater of $1,500,000 or Company Action Level Risk Based Capital ("RBC") Calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maryland
Massachusetts
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Jersey
New Mexico
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin
Wyoming

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. $

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [X N/A [ ]

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written	$
15.2 Total Incurred Claims	$
15.3 Number of Covered Lives	

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No [ ]

16.1 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 [ ]

FIVE - YEAR HISTORICAL DATA

	1 2019	2 2018	3 2017	4 2016	5 2015
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	774,827,322	811,503,793	908,119,470	682,887,079	691,837,382
2. Total liabilities (Page 3, Line 24)	471,190,818	448,554,299	594,381,010	399,655,447	390,493,170
3. Statutory minimum capital and surplus requirement	190,915,136	190,174,386	193,920,762	181,014,066	170,817,224
4. Total capital and surplus (Page 3, Line 33)	303,636,504	362,949,494	313,738,460	283,231,632	301,344,212
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,946,840,007	3,023,399,764	2,815,182,486	2,753,399,048	2,763,192,173
6. Total medical and hospital expenses (Line 18)	2,555,438,275	2,539,367,353	2,457,637,327	2,374,736,614	2,281,731,002
7. Claims adjustment expenses (Line 20)	37,746,132	40,205,452	34,483,811	31,867,704	50,786,879
8. Total administrative expenses (Line 21)	253,168,828	290,862,452	199,670,270	259,034,543	220,615,018
9. Net underwriting gain (loss) (Line 24)	100,486,772	152,964,507	123,391,078	87,760,187	210,059,274
10. Net investment gain (loss) (Line 27)	23,162,808	17,284,356	8,362,193	3,465,435	2,627,363
11. Total other income (Lines 28 plus 29)	(873,990)	(46,509)	(2,291,581)	(3,595,318)	(1,280,689)
12. Net income or (loss) (Line 32)	94,205,420	126,689,995	80,168,696	42,197,819	118,976,118
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	57,940,863	(6,113,476)	206,427,768	89,814,723	249,053,061
Risk-Based Capital Analysis					
14. Total adjusted capital	303,636,504	362,949,494	313,738,460	283,231,632	301,344,212
15. Authorized control level risk-based capital	95,457,568	95,087,193	96,960,381	90,507,033	85,408,612
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	769,860	551,644	559,161	528,762	525,443
17. Total members months (Column 6, Line 7)	9,383,125	6,711,655	6,653,438	6,359,416	6,285,380
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	86.7	84.0	87.3	86.2	82.6
20. Cost containment expenses	0.6	0.6	0.5	0.5	0.8
21. Other claims adjustment expenses	0.7	0.8	0.7	0.6	1.1
22. Total underwriting deductions (Line 23)	96.6	94.9	95.6	96.8	92.4
23. Total underwriting gain (loss) (Line 24)	3.4	5.1	4.4	3.2	7.6
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	264,915,052	254,357,167	246,135,196	232,726,606	230,717,598
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	320,384,165	315,938,392	297,169,827	311,935,033	287,236,907
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of *SSAP No. 3 - Accounting Changes and Correction of Errors*? Yes [ ] No [ ]

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

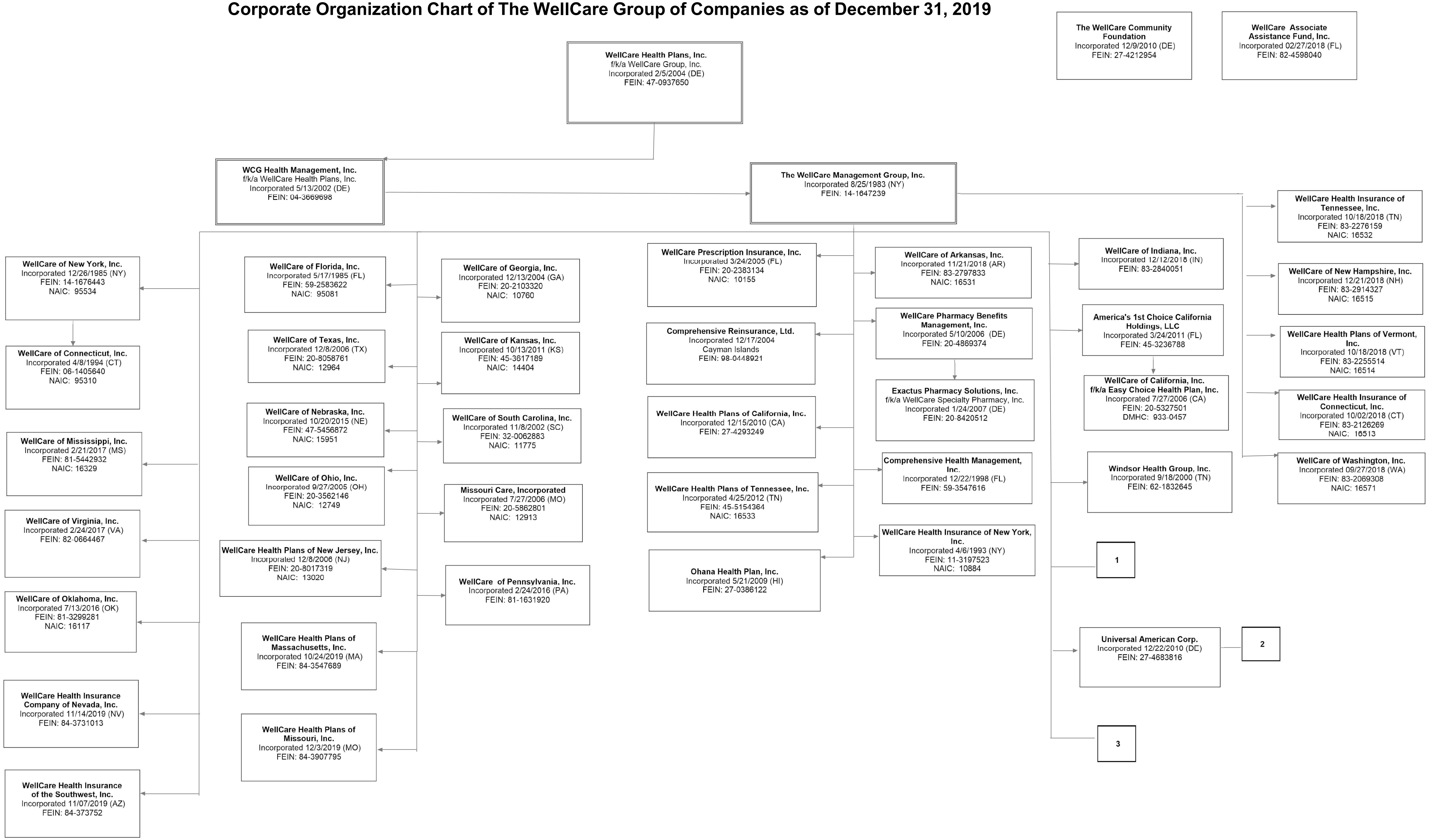
Allocated by States and Territories

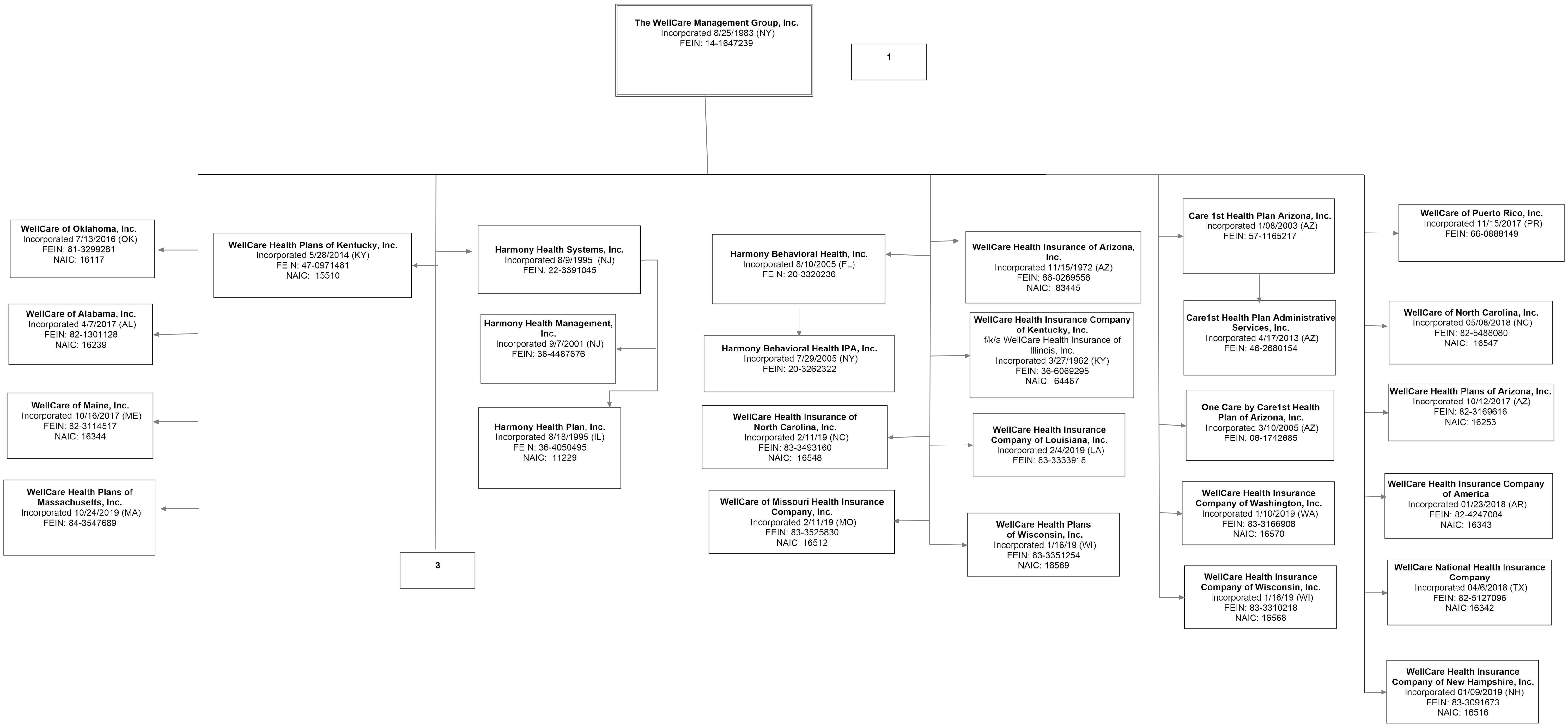
	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama AL	L	44,275,656						44,275,656	0
2. Alaska AK	L							0	0
3. Arizona AZ	L							0	0
4. Arkansas AR	L	41,765,085						41,765,085	0
5. California CA	L							0	0
6. Colorado CO	L	35,563,529						35,563,529	0
7. Connecticut CT	L	30,012,697						30,012,697	0
8. Delaware DE	L							0	0
9. District of Columbia DC	L							0	0
10. Florida FL	N							0	0
11. Georgia GA	L							0	0
12. Hawaii HI	L							0	0
13. Idaho ID	L							0	0
14. Illinois IL	L							0	0
15. Indiana IN	L							0	0
16. Iowa IA	L							0	0
17. Kansas KS	L							0	0
18. Kentucky KY	L		205,249,307	2,653,268,884				2,858,518,191	0
19. Louisiana LA	L							0	0
20. Maine ME	N							0	0
21. Maryland MD	L							0	0
22. Massachusetts MA	L							0	0
23. Michigan MI	N							0	0
24. Minnesota MN	L	37,283,290						37,283,290	0
25. Mississippi MS	L							0	0
26. Missouri MO	L							0	0
27. Montana MT	L	13,911,213						13,911,213	0
28. Nebraska NE	L							0	0
29. Nevada NV	L							0	0
30. New Hampshire NH	N							0	0
31. New Jersey NJ	L							0	0
32. New Mexico NM	L							0	0
33. New York NY	N							0	0
34. North Carolina NC	N							0	0
35. North Dakota ND	L							0	0
36. Ohio OH	L							0	0
37. Oklahoma OK	L							0	0
38. Oregon OR	L							0	0
39. Pennsylvania PA	L							0	0
40. Rhode Island RI	L	8,142,945						8,142,945	0
41. South Carolina SC	L							0	0
42. South Dakota SD	L							0	0
43. Tennessee TN	L							0	0
44. Texas TX	N							0	0
45. Utah UT	L							0	0
46. Vermont VT	N							0	0
47. Virginia VA	L							0	0
48. Washington WA	L							0	0
49. West Virginia WV	L							0	0
50. Wisconsin WI	L							0	0
51. Wyoming WY	L							0	0
52. American Samoa AS	N							0	0
53. Guam GU	N							0	0
54. Puerto Rico PR	N							0	0
55. U.S. Virgin Islands VI	N							0	0
56. Northern Mariana Islands MP	N							0	0
57. Canada CAN	N							0	0
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	210,954,415	205,249,307	2,653,268,884	0	0	0	3,069,472,606	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	210,954,415	205,249,307	2,653,268,884	0	0	0	3,069,472,606	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

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

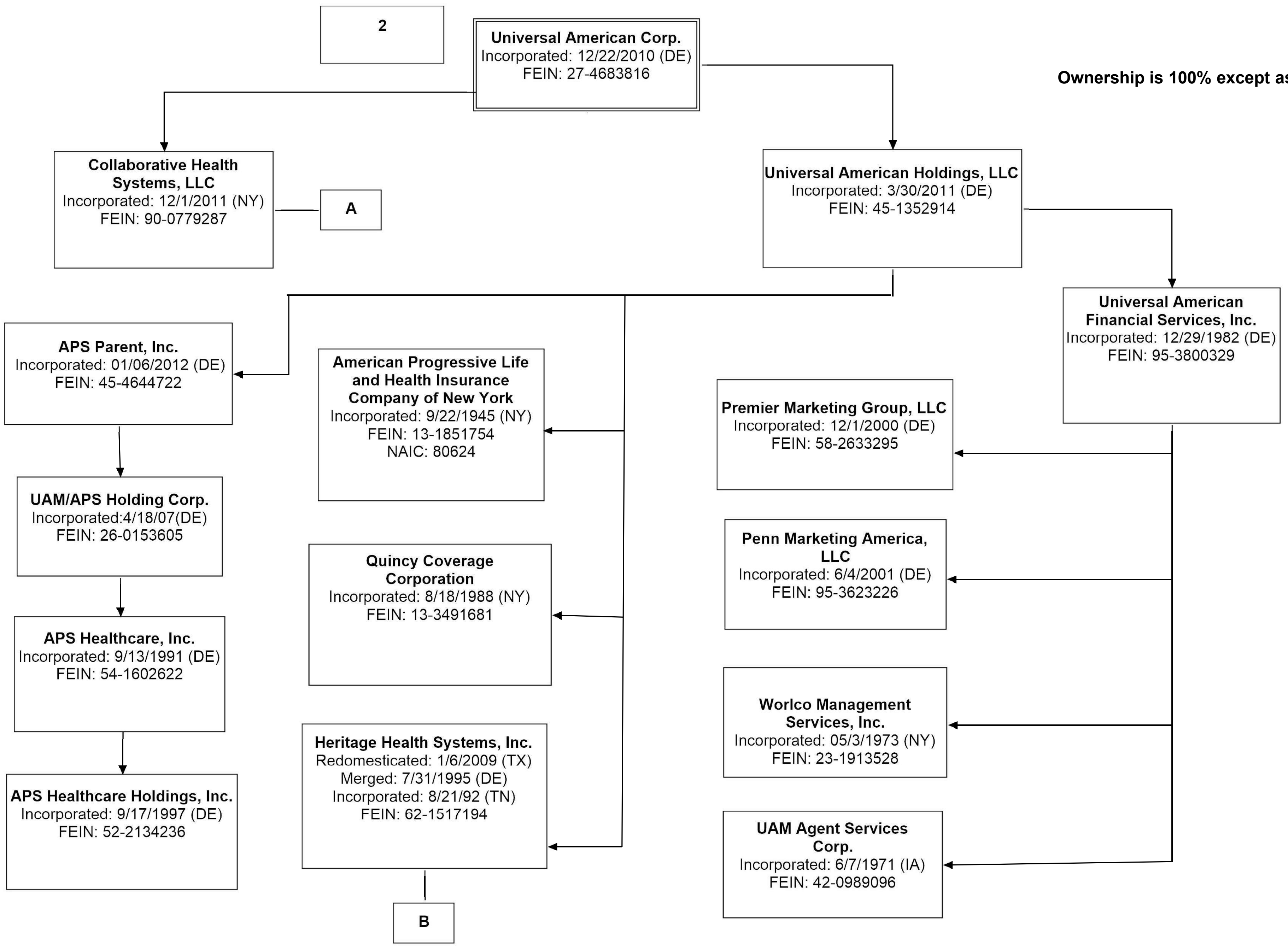
(b) Explanation of basis of allocation of premiums by states, etc.
Allocated according to benefit state

Corporate Organization Chart of The WellCare Group of Companies as of December 31, 2019




The WellCare Management Group, Inc.
Incorporated 8/25/1983 (NY)
FEIN: 14-1647239
1
WellCare of Oklahoma, Inc.
Incorporated 7/13/2016 (OK)
FEIN: 81-3299281
NAIC: 16117
WellCare of Alabama, Inc.
Incorporated 4/7/2017 (AL)
FEIN: 82-1301128
NAIC: 16239
WellCare of Maine, Inc.
Incorporated 10/16/2017 (ME)
FEIN: 82-3114517
NAIC: 16344
WellCare Health Plans of Massachusetts, Inc.
Incorporated 10/24/2019 (MA)
FEIN: 84-3547689
WellCare Health Plans of Kentucky, Inc.
Incorporated 5/28/2014 (KY)
FEIN: 47-0971481
NAIC: 15510
3
Harmony Health Systems, Inc.
Incorporated 8/9/1995 (NJ)
FEIN: 22-3391045
Harmony Health Management, Inc.
Incorporated 9/7/2001 (NJ)
FEIN: 36-4467676
Harmony Health Plan, Inc.
Incorporated 8/18/1995 (IL)
FEIN: 36-4050495
NAIC: 11229
Harmony Behavioral Health, Inc.
Incorporated 8/10/2005 (FL)
FEIN: 20-3320236
Harmony Behavioral Health IPA, Inc.
Incorporated 7/29/2005 (NY)
FEIN: 20-3262322
WellCare Health Insurance of North Carolina, Inc.
Incorporated 2/11/19 (NC)
FEIN: 83-3493160
NAIC: 16548
WellCare of Missouri Health Insurance Company, Inc.
Incorporated 2/11/19 (MO)
FEIN: 83-3525830
NAIC: 16512
WellCare Health Insurance of Arizona, Inc.
Incorporated 11/15/1972 (AZ)
FEIN: 86-0269558
NAIC: 83445
WellCare Health Insurance Company of Kentucky, Inc.
f/k/a WellCare Health Insurance of Illinois, Inc.
Incorporated 3/27/1962 (KY)
FEIN: 36-6069295
NAIC: 64467
WellCare Health Insurance Company of Louisiana, Inc.
Incorporated 2/4/2019 (LA)
FEIN: 83-3333918
WellCare Health Plans of Wisconsin, Inc.
Incorporated 1/16/19 (WI)
FEIN: 83-3351254
NAIC: 16569
Care 1st Health Plan Arizona, Inc.
Incorporated 1/08/2003 (AZ)
FEIN: 57-1165217
Care1st Health Plan Administrative Services, Inc.
Incorporated 4/17/2013 (AZ)
FEIN: 46-2680154
One Care by Care1st Health Plan of Arizona, Inc.
Incorporated 3/10/2005 (AZ)
FEIN: 06-1742685
WellCare Health Insurance Company of Washington, Inc.
Incorporated 1/10/2019 (WA)
FEIN: 83-3166908
NAIC: 16570
WellCare Health Insurance Company of Wisconsin, Inc.
Incorporated 1/16/19 (WI)
FEIN: 83-3310218
NAIC: 16568
WellCare of Puerto Rico, Inc.
Incorporated 11/15/2017 (PR)
FEIN: 66-0888149
WellCare of North Carolina, Inc.
Incorporated 05/08/2018 (NC)
FEIN: 82-5488080
NAIC: 16547
WellCare Health Plans of Arizona, Inc.
Incorporated 10/12/2017 (AZ)
FEIN: 82-3169616
NAIC: 16253
WellCare Health Insurance Company of America
Incorporated 01/23/2018 (AR)
FEIN: 82-4247084
NAIC: 16343
WellCare National Health Insurance Company
Incorporated 04/6/2018 (TX)
FEIN: 82-5127096
NAIC:16342
WellCare Health Insurance Company of New Hampshire, Inc.
Incorporated 01/09/2019 (NH)
FEIN: 83-3091673
NAIC: 16516

Ownership is 100% except as noted



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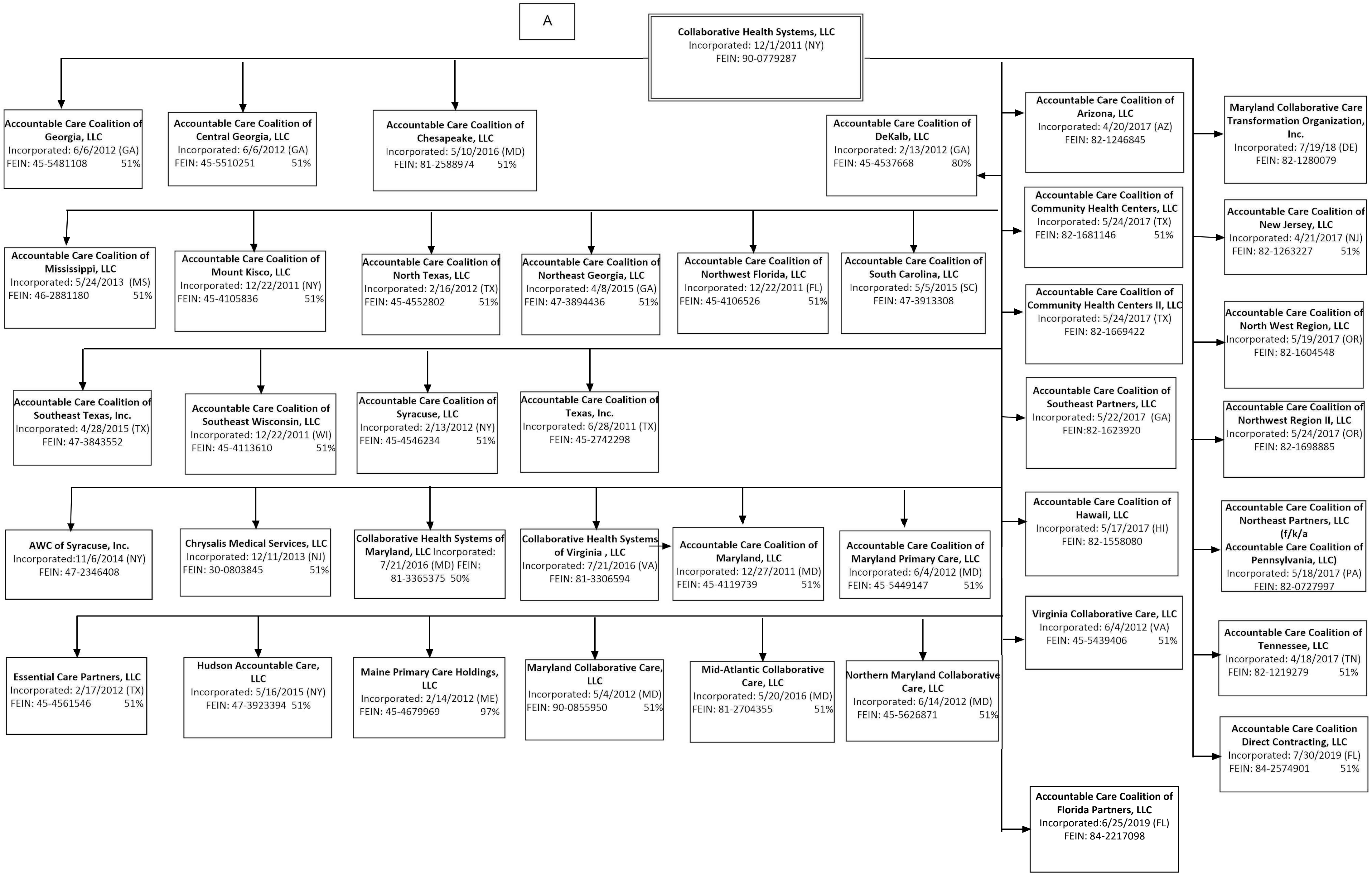
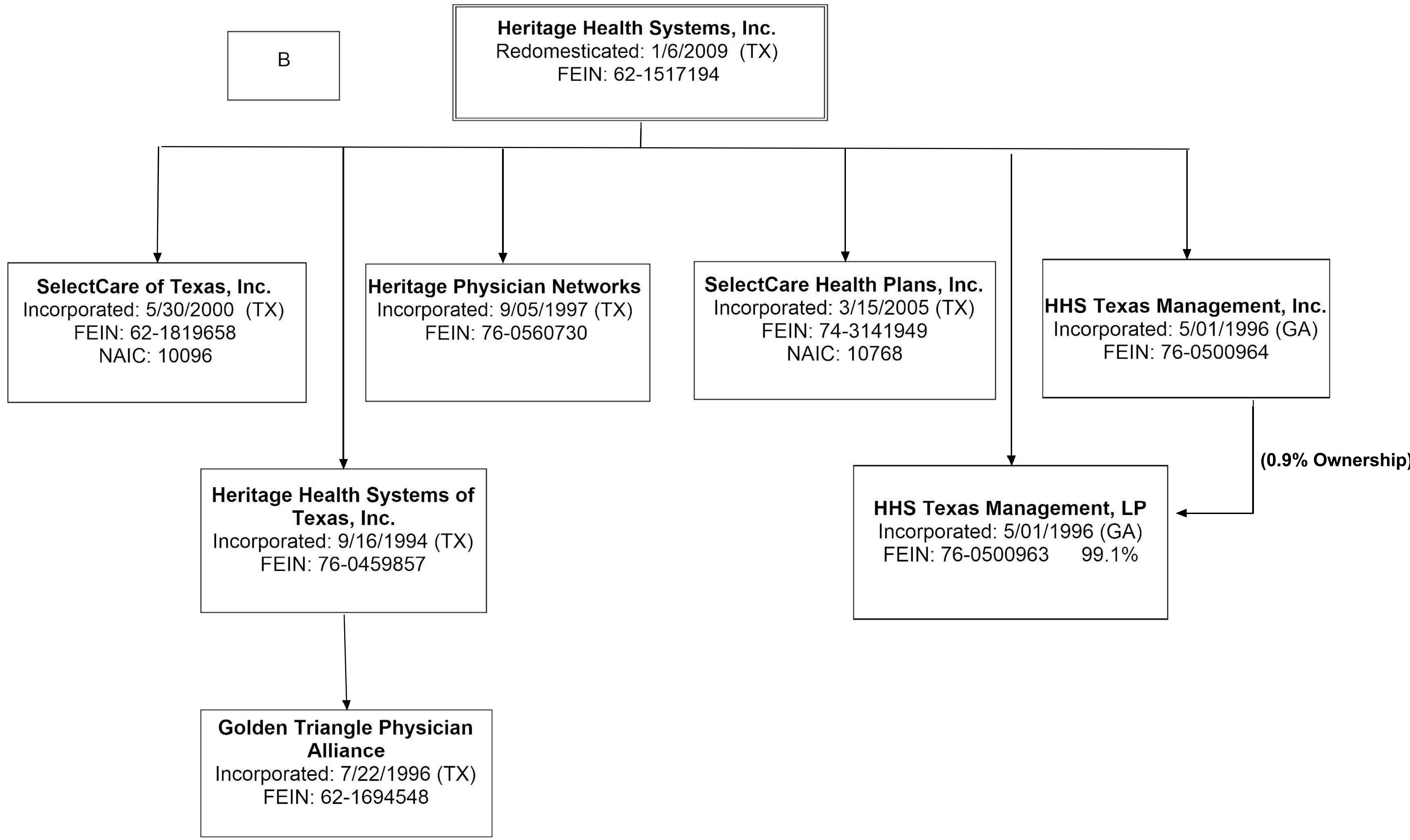

A
Collaborative Health Systems, LLC Incorporated: 12/1/2011 (NY) FEIN: 90-0779287
Accountable Care Coalition of Georgia, LLC Incorporated: 6/6/2012 (GA) FEIN: 45-5481108 51%
Accountable Care Coalition of Central Georgia, LLC Incorporated: 6/6/2012 (GA) FEIN: 45-5510251 51%
Accountable Care Coalition of Chesapeake, LLC Incorporated: 5/10/2016 (MD) FEIN: 81-2588974 51%
Accountable Care Coalition of DeKalb, LLC Incorporated: 2/13/2012 (GA) FEIN: 45-4537668 80%
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 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
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 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%
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 Arizona, LLC Incorporated: 4/20/2017 (AZ) FEIN: 82-1246845
Accountable Care Coalition of Community Health Centers, LLC Incorporated: 5/24/2017 (TX) FEIN: 82-1681146 51%
Accountable Care Coalition of Community Health Centers II, LLC Incorporated: 5/24/2017 (TX) FEIN: 82-1669422
Accountable Care Coalition of Southeast Partners, LLC Incorporated: 5/22/2017 (GA) FEIN:82-1623920
Accountable Care Coalition of Hawaii, LLC Incorporated: 5/17/2017 (HI) FEIN: 82-1558080
Virginia Collaborative Care, LLC Incorporated: 6/4/2012 (VA) FEIN: 45-5439406 51%
Accountable Care Coalition of Florida Partners, LLC Incorporated:6/25/2019 (FL) FEIN: 84-2217098
Maryland Collaborative Care Transformation Organization, Inc. Incorporated: 7/19/18 (DE) FEIN: 82-1280079
Accountable Care Coalition of New Jersey, LLC Incorporated: 4/21/2017 (NJ) FEIN: 82-1263227 51%
Accountable Care Coalition of North West Region, LLC Incorporated: 5/19/2017 (OR) FEIN: 82-1604548
Accountable Care Coalition of Northwest Region II, LLC Incorporated: 5/24/2017 (OR) FEIN: 82-1698885
Accountable Care Coalition of Northeast Partners, LLC (f/k/a Accountable Care Coalition of Pennsylvania, LLC) Incorporated: 5/18/2017 (PA) FEIN: 82-0727997
Accountable Care Coalition of Tennessee, LLC Incorporated: 4/18/2017 (TN) FEIN: 82-1219279 51%
Accountable Care Coalition Direct Contracting, LLC Incorporated: 7/30/2019 (FL) FEIN: 84-2574901 51%



B
Heritage Health Systems, Inc.
Redomesticated: 1/6/2009 (TX)
FEIN: 62-1517194
SelectCare of Texas, Inc.
Incorporated: 5/30/2000 (TX)
FEIN: 62-1819658
NAIC: 10096
Heritage Physician Networks
Incorporated: 9/05/1997 (TX)
FEIN: 76-0560730
SelectCare Health Plans, Inc.
Incorporated: 3/15/2005 (TX)
FEIN: 74-3141949
NAIC: 10768
HHS Texas Management, Inc.
Incorporated: 5/01/1996 (GA)
FEIN: 76-0500964
(0.9% Ownership)
Heritage Health Systems of Texas, Inc.
Incorporated: 9/16/1994 (TX)
FEIN: 76-0459857
HHS Texas Management, LP
Incorporated: 5/01/1996 (GA)
FEIN: 76-0500963 99.1%
Golden Triangle Physician Alliance
Incorporated: 7/22/1996 (TX)
FEIN: 62-1694548

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- **The WellCare Management Group, Inc.**
  Incorporated: 08/25/1983 (NY)
  FEIN: 14-1647239
  - **Meridian Management Company, LLC**
    f/k/a Caidan Management Company, LLC
    Incorporated: 07/22/2004 (MI)
    FEIN: 26-4004494
    ** **a/k/a Meridian Administration Company, LLC**
    - **Meridian Network Services, LLC**
      f/k/a Caidan Network Services, LLC
      Incorporated: 01/26/2018
  - **MeridianRx, LLC**
    Incorporated: 11/10/2009 (MI)
    FEIN: 27-1339224
    - **MeridianRx IPA, LLC**
      Incorporated: 03/28/2013
    - **MeridianRx of Indiana, LLC**
      Incorporated: 2/13/2019
      FEIN: 83-3612209
  - **WellCare of Michigan Holding Company**
    f/k/a Caidan Holding Company
    Incorporated:12/31/2008 (MI)
    FEIN 26-4004578
    - **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

** a/k/a Meridian Administration Company, LLC in these jurisdictions: AR, FL, IL, IN, NY, ND, NV, OH, OR, TN, TX, VA, WA

ALPHABETICAL INDEX

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ANNUAL STATEMENT BLANK (Continued)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)