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QUARTERLY STATEMENT

AS OF MARCH 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Insurance Company of America

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

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [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 01/23/2018 Commenced Business 01/01/2019

Statutory Home Office 124 West Capitol Avenue, Suite 1900 (Street and Number), Little Rock, AZ, US 72201 (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)

Internet Web Site Address www.wellcare.com

Statutory Statement Contact Mike 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
Frederic Joseph McGrath	President	Michael Troy Meyer	Asst. Treasurer, VP and Corporate Controller
Richard Charles Fisher	CFO and Vice President	Tammy Lynn Meyer	Assistant Secretary and Vice President

OTHER OFFICERS

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

DIRECTORS OR TRUSTEES

Andrew Lynn Asher	Michael Troy Meyer	Frederic Joseph McGrath	

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.

Frederic Joseph McGrath President	Michael Troy Meyer Asst. Treasurer, VP and Corporate Controller	Richard Charles Fisher CFO and Vice President

Subscribed and sworn to before me this
_____ day of _____, _____

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

b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds	111,351		111,351	111,727
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less $ encumbrances)			0	0
4.2 Properties held for the production of income (less $ encumbrances)			0	0
4.3 Properties held for sale (less $ encumbrances)			0	0
5. Cash ($ 2,100,789), cash equivalents ($ 0) and short-term investments ($ 0)	2,100,788		2,100,788	2,006,183
6. Contract loans (including $ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,212,139	0	2,212,139	2,117,910
13. Title plants less $ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	2,984		2,984	2,286
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,256		8,256	0
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 ($) and contracts subject to redetermination ($)	182		182	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	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	707		707	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	812		812	0
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 ($)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	1,610	1,610	0	870
24. Health care ($ 8,647) and other amounts receivable	9,948		9,948	0
25. Aggregate write-ins for other-than-invested assets	22	22	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,236,660	1,632	2,235,028	2,121,066
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	2,236,660	1,632	2,235,028	2,121,066
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)	22	22	0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	22	22	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	60,471		60,471	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	376		376	0
4. Aggregate health policy reserves including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	5,384		5,384	163
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses))	8,451		8,451	1,357
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	4,100		4,100	70
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	13,133		13,133	0
23. Aggregate write-ins for other liabilities (including $ ..... current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	91,915	0	91,915	1,590
25. Aggregate write-ins for special surplus funds	XXX	XXX	10,000	0
26. Common capital stock	XXX	XXX	800,000	800,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	1,313,124	1,313,124
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	19,989	6,352
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	2,143,113	2,119,476
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,235,028	2,121,066
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. Estimated ACA Industry Fee (following year)	XXX	XXX	10,000	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	10,000	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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	198	0	0
2. Net premium income (including $ non-health premium income)	XXX	171,739	0	0
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of $ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	171,739	0	0
Hospital and Medical:				
9. Hospital/medical benefits		108,093	0	0
10. Other professional services		1,683	0	0
11. Outside referrals			0	0
12. Emergency room and out-of-area		4,791	0	0
13. Prescription drugs		14,418	0	0
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0	0
16. Subtotal (Lines 9 to 15)	0	128,985	0	0
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	0	128,985	0	0
19. Non-health claims (net)			0	0
20. Claims adjustment expenses, including $ 871 cost containment expenses		2,408	0	0
21. General administrative expenses		15,234	0	199
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	146,627	0	199
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	25,112	0	(199)
25. Net investment income earned		6,434	234	8,243
26. Net realized capital gains (losses) less capital gains tax of $			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	6,434	234	8,243
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	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	31,546	234	8,044
31. Federal and foreign income taxes incurred	XXX	7,095	49	1,689
32. Net income (loss) (Lines 30 minus 31)	XXX	24,451	185	6,355
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.			0	0
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	2,119,476	0	0
34.	Net income or (loss) from Line 32	24,452	185	6,355
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax	813	41	0
39.	Change in nonadmitted assets	(1,628)	0	(3)
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		800,000	800,000
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		1,313,124	1,313,124
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	23,637	2,113,350	2,119,476
49.	Capital and surplus end of reporting period (Line 33 plus 48)	2,143,113	2,113,350	2,119,476
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	163,301	0	0
2. Net investment income	6,112	(121)	7,233
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	169,413	(121)	7,233
5. Benefit and loss related payments	78,462	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	(383)	0	37
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)		0	332
10. Total (Lines 5 through 9)	78,079	0	369
11. Net cash from operations (Line 4 minus Line 10)	91,334	(121)	6,864
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	113,003	113,003
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	113,003	113,003
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	(113,003)	(113,003)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	2,113,124	2,113,124
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	3,271	0	(802)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	3,271	2,113,124	2,112,322
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)	94,605	2,000,000	2,006,183
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,006,183	0	0
19.2 End of period (Line 18 plus Line 19.1)	2,100,788	2,000,000	2,006,183

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	63	0	0	0	0	0	0	63	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	198							198		
Total Member Ambulatory Encounters for Period:										
7. Physician	137							137		
8. Non-Physician	57							57		
9. Total	194	0	0	0	0	0	0	194	0	0
10. Hospital Patient Days Incurred	10							10		
11. Number of Inpatient Admissions	4							4		
12. Health Premiums Written (a)	171,747							171,747		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	171,747							171,747		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	77,161							77,161		
18. Amount Incurred for Provision of Health Care Services	128,985							128,985		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 171,747

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	17,020	1,178	490	0	0	18,688
0499999 Subtotals	17,020	1,178	490	0	0	18,688
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	41,783
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	60,471
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	0

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 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 Dec. 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		77,161		60,471	0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	0	77,161	0	60,471	0	0
10. Health care receivables (a)		8,647			0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	0	68,514	0	60,471	0	0

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

NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

		SSAP #	F/S Page	F/S Line #	2019	2018
	NET INCOME					
1	Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	$ 24,451	$ 6,355
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	$ 24,451	$ 6,355
	SURPLUS					
5	Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	$ 2,143,113	$ 2,119,476
6	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
	None	—	—	—	—	—
7	State Permitted Practices that are an increase/ (decrease) from NAIC SAP:					
	None	—	—	—	—	—
8	NAIC SAP (5-6-7=8)	xxx	xxx	xxx	$ 2,143,113	$ 2,119,476

B. Uses of Estimates in the Preparation of the Financial Statements
No significant change.

C. Accounting Policy
No significant change.

D. Going Concern - None

2. Accounting Changes and Corrections of Errors
None

3. Business Combinations and Goodwill
None

4. Discontinued Operations
None

5. Investments
A. Mortgage Loans, including Mezzanine Real Estate Loans - None
B. Debt Restructuring - None
C. Reverse Mortgages - None
D. Loan-Backed Securities - None
E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
F. Repurchase Agreement Transactions Accounted for as Secured Borrowing - None
G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
H. Repurchase Agreements Transactions Accounted for as a Sale - None
I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate - None
K. Low-Income Housing Tax Credits (LIHTC) - None
L. Restricted Assets (Including Pledged)
1. No significant change
2. None
3. None
4. None
M. Working Capital Finance Investments - None
N. Offsetting and Netting of Assets and Liabilities - None
O. Structured Notes - None
P. 5* GI Securities - None
Q. Short Sales - None
R. Prepayment Penalty and Acceleration Fees
(1) Number of CUSIPS - None
(2) Aggregate Amount of Investment Income - None

6. Joint Ventures, Partnerships and Limited Liability Companies
None

7. Investment Income
No significant change.

8. Derivative Instruments
None

9. Income Taxes
No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties
No significant change.

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

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No significant change.

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

15. Leases
None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
A. Transfers of Receivables Reported as Sales - None
B. Transfer and Servicing of Financial Assets - None
C. Wash Sales - None

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

A. ASO Plans - None

B. ASC Plans - None

C. Medicare of Similarly Structured Cost Based Reimbursement Contract

1. None
2. No significant change.
3. None
4. None

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

None

20. Fair Value Measurements

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

1. Fair Value Measurements Reporting Date - None

B. None

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
US Government	$ 111,100	$ 111,351	$ 111,100	$ —	$ —	$ —	$ —
U.S. States, territories & possessions	—	—	—	—	—	—	—
Political subdivision of states, territories & possessions	—	—	—	—	—	—	—
U.S. Special revenue & special assessment, non-guaranteed agencies & government	—	—	—	—	—	—	—
Industrial & miscellaneous	—	—	—	—	—	—	—
Total Bonds	111,100	111,351	111,100	—	—	—	—
Short Term Investments	—	—	—	—	—	—	—
Total Bonds and Short Term Investments	$ 111,100	$ 111,351	$ 111,100	$ —	$ —	$ —	$ —

D. None

21. Other Items

A. Extraordinary Items - None

B. Troubled Debt Restructuring - None

C. Other Disclosures and Unusual Items - On March 26, 2019, WellCare Health Plans, Inc. entered into an Agreement and Plan of Merger (the "Merger Agreement") with Centene Corporation. The closing of the Merger Agreement is subject to customary closing conditions, including, but not limited to, the approval of the Merger Agreement by our stockholders, the approval of the share issuance of Centene stock by Centene's stockholders, and the receipt of U. S. federal antitrust clearance and certain other required regulatory approvals. The transaction is expected to close in the first half of 2020. Currently management does not know what, if any, effect the transaction will have on the Company.

D. Business Interruption Insurance Recoveries - None

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

F. Subprime Mortgage Related Risk Exposure - None

G. Retained Assets - None

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

22. Events Subsequent

There were no events occurring subsequent to March 31, 2019 requiring disclosure. Subsequent events have been considered through March 31, 2019 for the Statutory statement issued on May 10, 2019.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. No significant change.

B. No significant change.

C. No significant change.

D. Not applicable

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses
None

26. Intercompany Pooling Arrangements
None

27. Structured Settlements
None

28. Health Care Receivables
No significant change.

29. Participating Policies
None

30. Premium Deficiency Reserves
None

31. Anticipated Salvage and Subrogation
None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

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

2.2 If yes, date of change: .....

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

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

.....

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group..... 0001279363

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

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....

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

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

6.4 By what department or departments?

.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] NA [X]

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

7.2 If yes, give full information:

.....

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

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

.....

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

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

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

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [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.

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

.....

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

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

.....

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

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

.....

FINANCIAL

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

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

INVESTMENT

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

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

.....

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

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

GENERAL INTERROGATORIES

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

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

1 Name of Custodian(s)	2 Custodian Address

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

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

18.2 If no, list exceptions:

.....

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

Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or
a. 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]

20. 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.
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is
c. 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	75.6 %
1.2 A&H cost containment percent	0.5 %
1.3 A&H expense percent excluding cost containment expenses	9.8 %
2.1 Do you act as a custodian for health savings accounts?	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	$
2.3 Do you act as an administrator for health savings accounts?	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	$
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [ ] No [X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [ ] No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
			LIFE & ANNUITY – AFFILIATES					
			LIFE & ANNUITY – NON-AFFILIATES					
			ACCIDENT & HEALTH – AFFILIATES					
11835	04-1590940	01/01/2019	ACCIDENT & HEALTH – NON-AFFILIATES PARTNERRE AMER INS CO	DE	SSL/I/A	Authorized		
			PROPERTY/CASUALTY – AFFILIATES					
			PROPERTY/CASUALTY – NON-AFFILIATES					

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

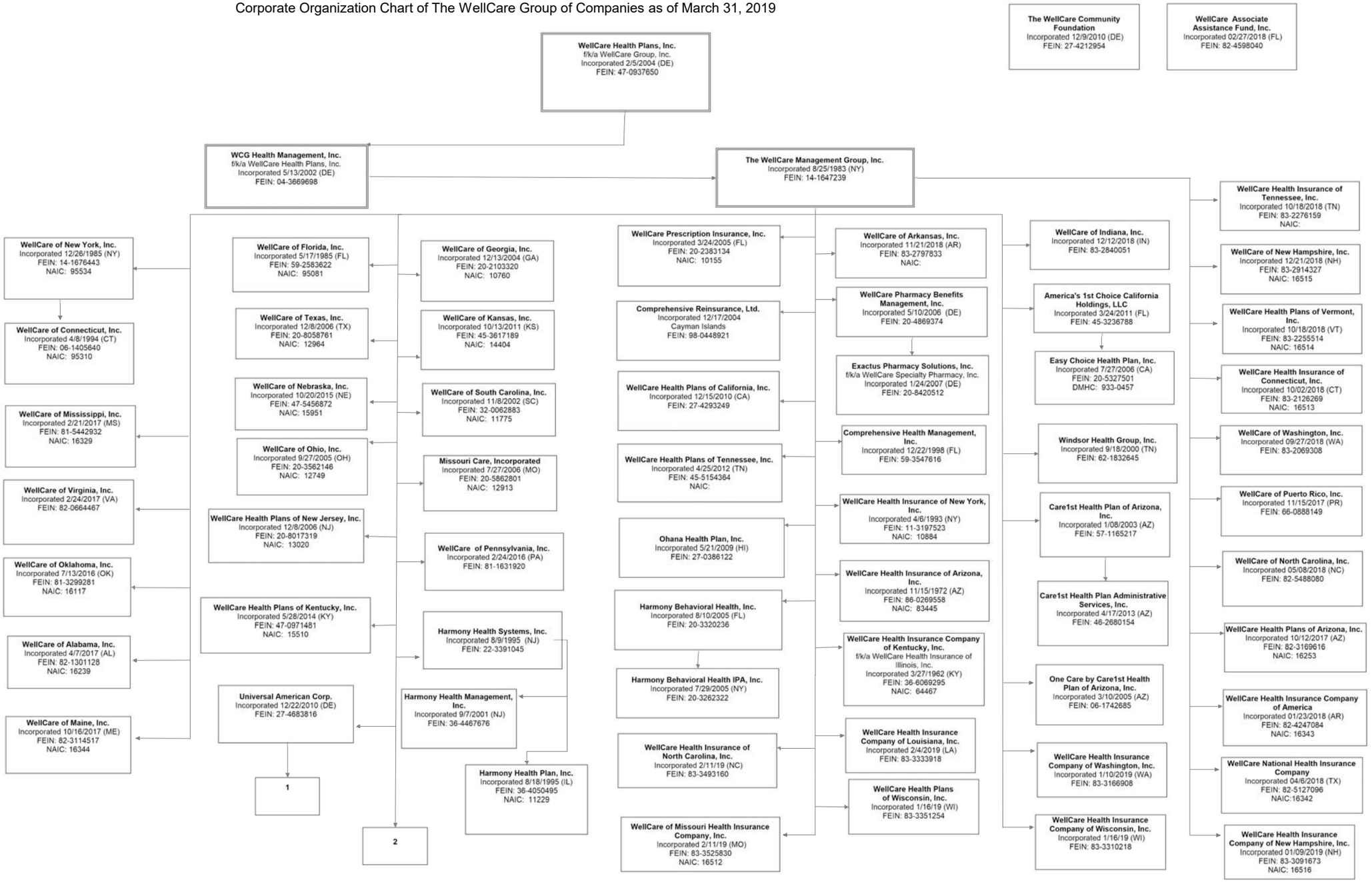
Current Year to Date - Allocated by States and Territories

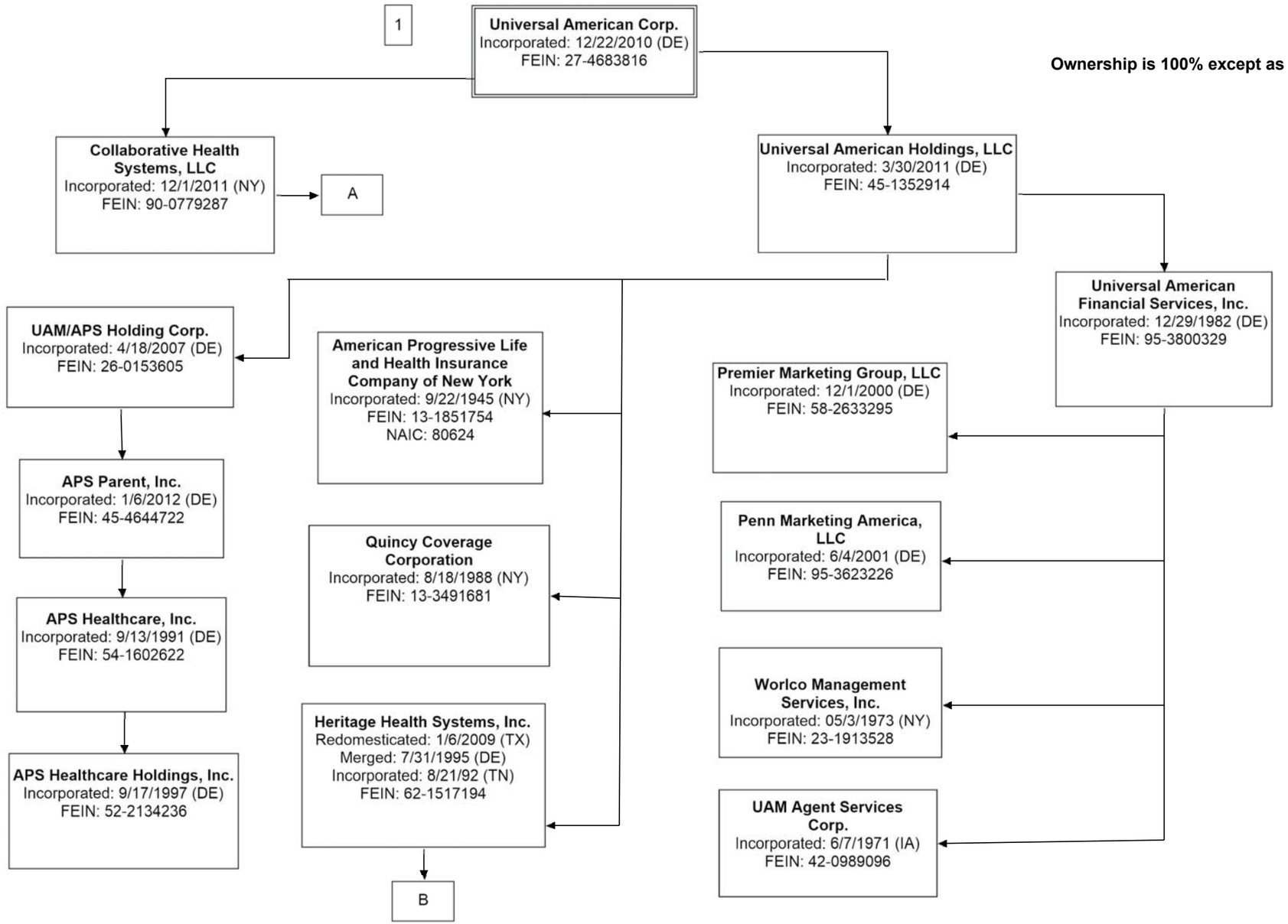
States, Etc.	1 Active Status (a)	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	L		171,747					171,747	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. Dist. Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	N							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	171,747	0	0	0	0	171,747	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	0	171,747	0	0	0	0	171,747	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

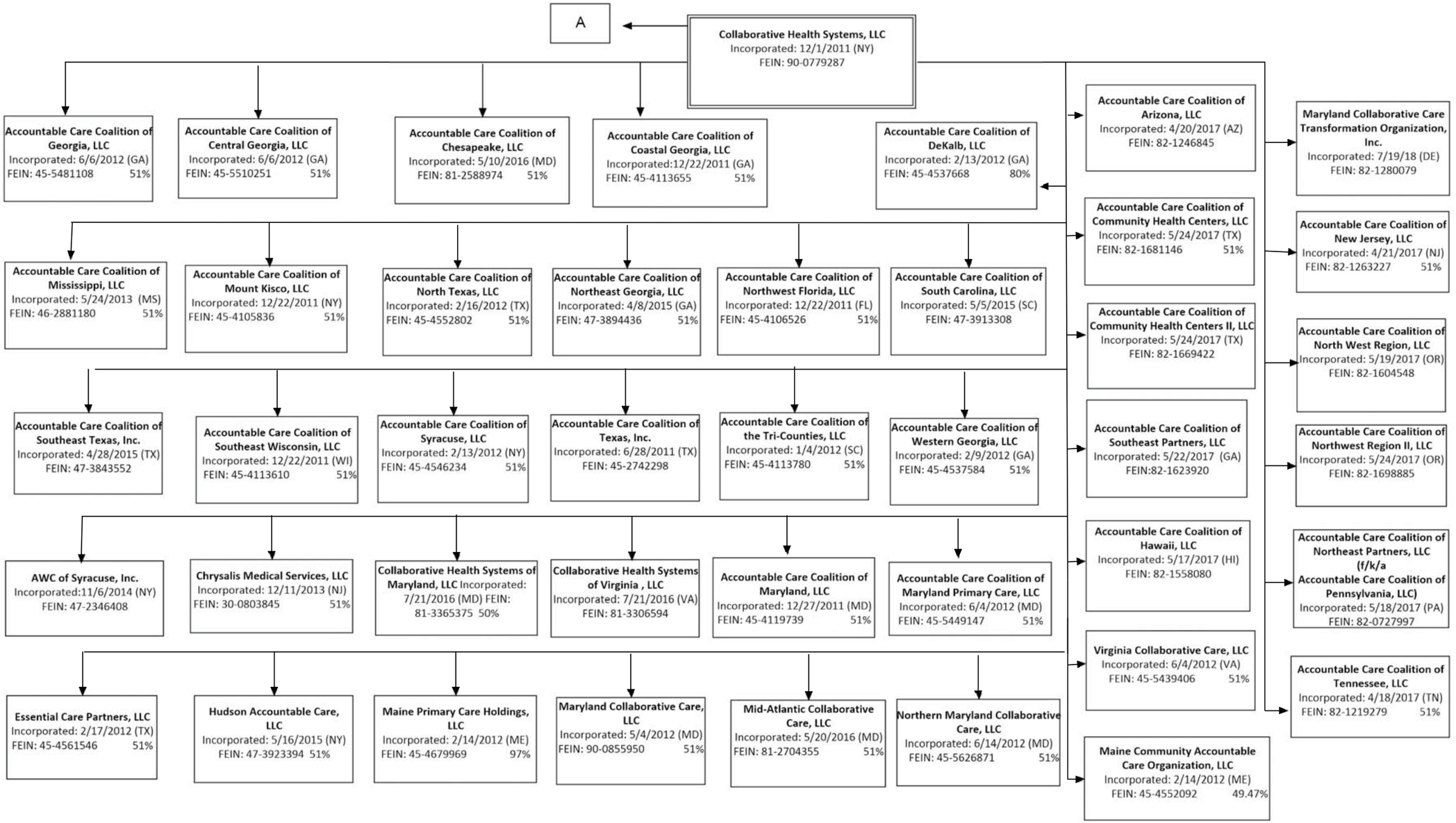
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0
N – None of the above – Not allowed to write business in the state 56
R – Registered – Non-domiciled RRGs 0
Q – Qualified – Qualified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

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

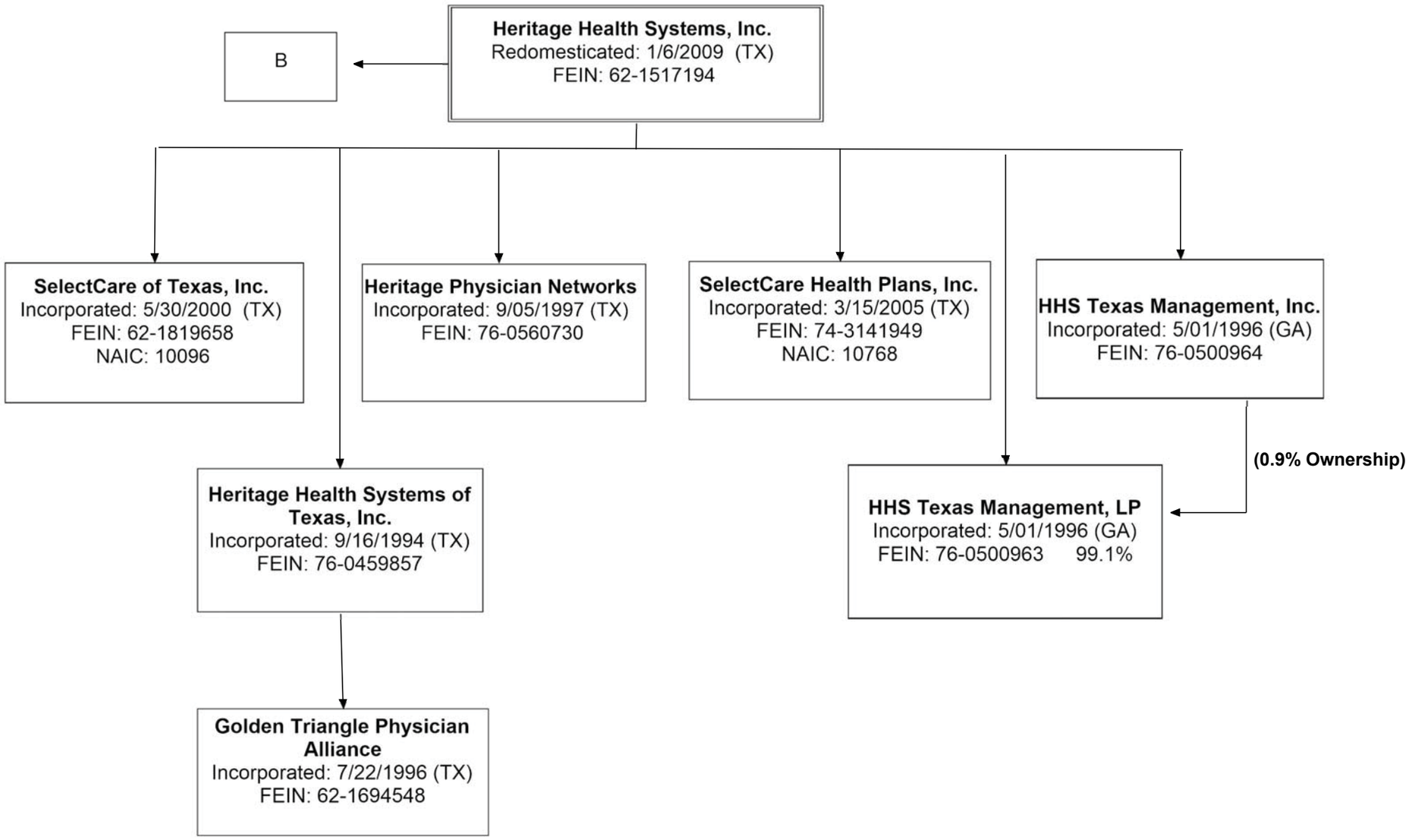


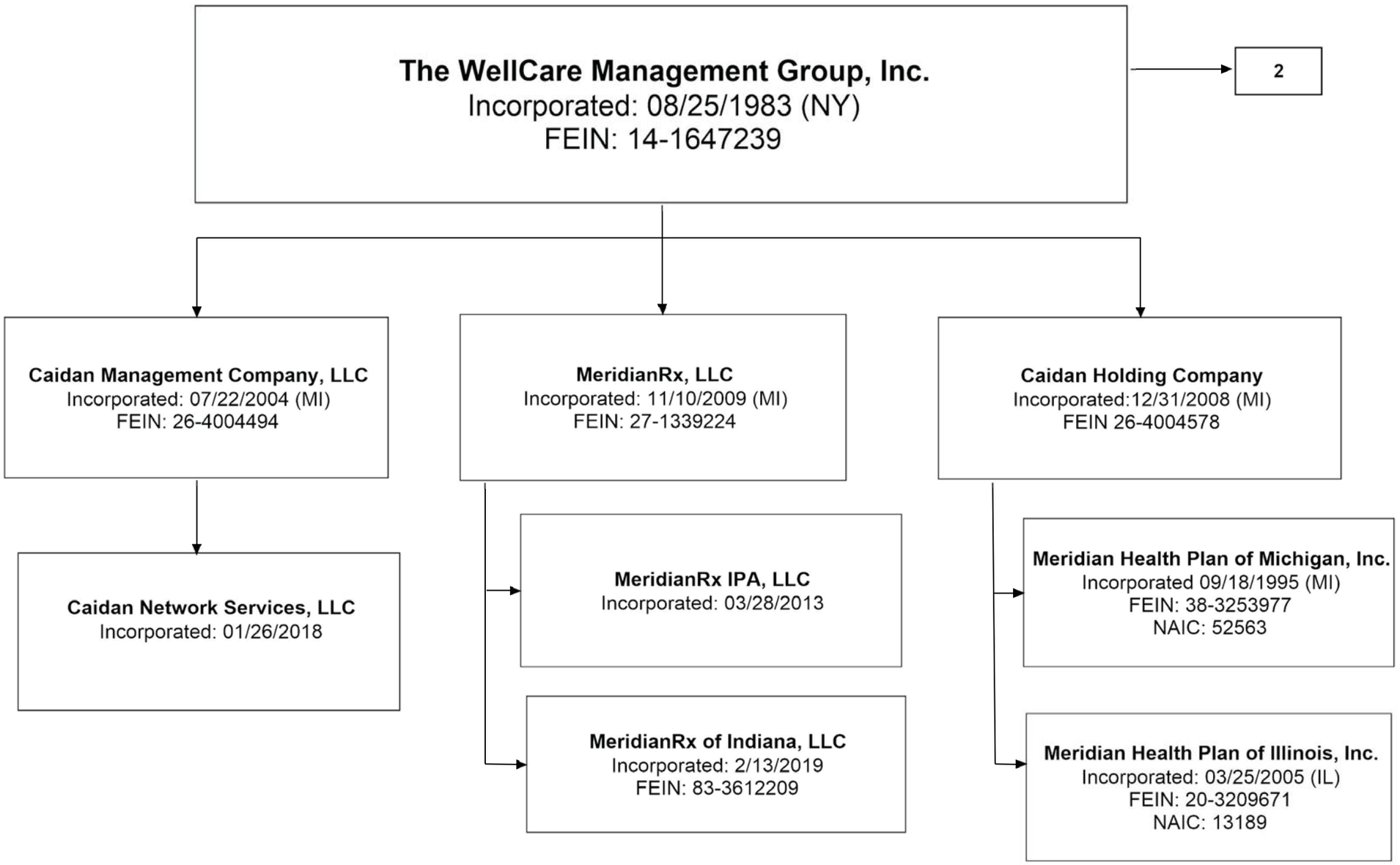

1
Universal American Corp.
Incorporated: 12/22/2010 (DE)
FEIN: 27-4683816
Ownership is 100% except as noted
Collaborative Health Systems, LLC
Incorporated: 12/1/2011 (NY)
FEIN: 90-0779287
A
Universal American Holdings, LLC
Incorporated: 3/30/2011 (DE)
FEIN: 45-1352914
Universal American Financial Services, Inc.
Incorporated: 12/29/1982 (DE)
FEIN: 95-3800329
UAM/APS Holding Corp.
Incorporated: 4/18/2007 (DE)
FEIN: 26-0153605
American Progressive Life and Health Insurance Company of New York
Incorporated: 9/22/1945 (NY)
FEIN: 13-1851754
NAIC: 80624
Premier Marketing Group, LLC
Incorporated: 12/1/2000 (DE)
FEIN: 58-2633295
APS Parent, Inc.
Incorporated: 1/6/2012 (DE)
FEIN: 45-4644722
Quincy Coverage Corporation
Incorporated: 8/18/1988 (NY)
FEIN: 13-3491681
Penn Marketing America, LLC
Incorporated: 6/4/2001 (DE)
FEIN: 95-3623226
APS Healthcare, Inc.
Incorporated: 9/13/1991 (DE)
FEIN: 54-1602622
Heritage Health Systems, Inc.
Redomesticated: 1/6/2009 (TX)
Merged: 7/31/1995 (DE)
Incorporated: 8/21/92 (TN)
FEIN: 62-1517194
Worlco Management Services, Inc.
Incorporated: 05/3/1973 (NY)
FEIN: 23-1913528
APS Healthcare Holdings, Inc.
Incorporated: 9/17/1997 (DE)
FEIN: 52-2134236
UAM Agent Services Corp.
Incorporated: 6/7/1971 (IA)
FEIN: 42-0989096
B

15.1


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 Coastal Georgia, LLC
Incorporated:12/22/2011 (GA)
FEIN: 45-4113655 51%
Accountable Care Coalition of DeKalb, LLC
Incorporated: 2/13/2012 (GA)
FEIN: 45-4537668 80%
Accountable Care Coalition of 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
Accountable Care Coalition of the Tri-Counties, LLC
Incorporated: 1/4/2012 (SC)
FEIN: 45-4113780 51%
Accountable Care Coalition of Western Georgia, LLC
Incorporated: 2/9/2012 (GA)
FEIN: 45-4537584 51%
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%
Maine Community Accountable Care Organization, LLC
Incorporated: 2/14/2012 (ME)
FEIN: 45-4552092 49.47%
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%

15.2


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


The WellCare Management Group, Inc.
Incorporated: 08/25/1983 (NY)
FEIN: 14-1647239
2
Caidan Management Company, LLC
Incorporated: 07/22/2004 (MI)
FEIN: 26-4004494
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
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

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

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01199	WellCare Health Plans Inc.	95310	06-1405640				WellCare of Connecticut Inc.	CT	IA	WellCare of New York, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	95081	59-2583622				WellCare of Florida Inc.	FL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	59-3547616				Comprehensive Health Management Inc.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	14-1647239				The WellCare Management Group, Inc.	NY	UDP	WCG Health Management, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	95534	14-1676443				WellCare of New York Inc.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	20-3320236				Harmony Behavioral Health Inc.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	11229	36-4050495				Harmony Health Plan Inc.	IL	IA	Harmony Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	22-3391045				Harmony Health Systems Inc.	IL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	36-4467676				Harmony Health Management Inc.	IL	NIA	Harmony Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	47-0937650		0001279363	NYSE	WellCare Health Plans Inc.	FL	UIP	Shareholders		0.0		N	0
01199	WellCare Health Plans Inc.	00000	04-3669698				WCG Health Management Inc.	FL	UIP	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	10760	20-2103320				WellCare of Georgia Inc.	GA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	98-0448921				Comprehensive Reinsurance Ltd.	CYM	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	10155	20-2383134				WellCare Prescription Insurance Inc.	FL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	12749	20-3562146				WellCare of Ohio Inc.	OH	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	20-3262322				Harmony Behavioral Health IPA Inc.	NY	NIA	Harmony Behavioral Health, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	20-4869374				WellCare Pharmacy Benefits Management In	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	83445	86-0269558				WellCare Health Insurance of Arizona Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	64467	36-6069295				WellCare Health Insurance Company of Kentucky Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	10884	11-3197523				WellCare Health Insurance of New York Inc.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	13020	20-8017319				WellCare Health Plans of New Jersey Inc.	NJ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	12964	20-8058761				WellCare of Texas Inc.	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	20-8420512				Exactus Pharmacy Solutions, Inc.	DE	NIA	WellCare Pharmacy Benefits Management	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	27-0386122				Ohana Health Plans, Inc.	HI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0

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01199	WellCare Health Plans Inc.	00000	27-4293249				WellCare Health Plans of California, Inc.	CA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	14404	45-3617189				WellCare of Kansas, Inc.	KS	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16533	45-5154364				WellCare Health Plans of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-3236788				America's 1st Choice California Holdings, LLC	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	20-5327501				Easy Choice Health Plan, Inc.	CA	IA	America's 1st Choice California Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	11775	32-0062883				WellCare of South Carolina, Inc.	SC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	12913	20-5862801				Missouri Care, Incorporated	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	27-4212954				The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	62-1832645				Windsor Health Group, Inc.	TN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	15510	47-0971481				WellCare Health Plans of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	15951	47-5456872				WellCare of Nebraska, Inc.	NE	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	81-1631920				WellCare of Pennsylvania, Inc.	PA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16117	81-3299281				WellCare of Oklahoma, Inc.	OK	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	06-1742685				One Care by Care 1st Health Plan of Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	57-1165217				Care 1st Health Plan Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	46-2680154				Care 1st Health Plan Administrative Services, Inc.	AZ	NIA	Care 1st Health Plan Arizona, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16329	81-5442932				WellCare of Mississippi, Inc.	MS	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-0664467				WellCare of Virginia, Inc.	VA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16239	82-1301128				WellCare of Alabama, Inc.	AL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1246845				Accountable Care Coalition of Arizona, LLC	AZ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-5510251				Accountable Care Coalition of Central Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	81-2588974				Accountable Care Coalition of Chesapeake, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4113655				Accountable Care Coalition of Coastal Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0

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01199	WellCare Health Plans Inc.	00000	82-1681146				Accountable Care Coalition of Community Health Centers, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1669422				Accountable Care Coalition of Community Health Centers II, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4537668				Accountable Care Coalition of DeKalb, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	80.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-5481108				Accountable Care Coalition of Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1623920				Accountable Care Coalition of Southeast Partners, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1558080				Accountable Care Coalition of Hawaii, LLC	HI	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-5449147				Accountable Care Coalition of Maryland Primary Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4119739				Accountable Care Coalition of Maryland, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	46-2881180				Accountable Care Coalition of Mississippi, LLC	MS	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4105836				Accountable Care Coalition of Mount Kisco, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1263227				Accountable Care Coalition of New Jersey, LLC	NJ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4552802				Accountable Care Coalition of North Texas, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	47-3894436				Accountable Care Coalition of Northeast Georgia, LLC	GA	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4106526				Accountable Care Coalition of Northwest Florida, LLC	FL	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1604548				Accountable Care Coalition of North West Region, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1698885				Accountable Care Coalition of North West Region II, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-0727997				Accountable Care Coalition of Northeast Partners, LLC	PA	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	47-3913308				Accountable Care Coalition of South Carolina, LLC	SC	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	47-3843552				Accountable Care Coalition of Southeast Texas, Inc.	TX	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4113610				Accountable Care Coalition of Southeast Wisconsin	WI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1219279				Accountable Care Coalition of Tennessee, LLC	TN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-2742298				Accountable Care Coalition of Texas, Inc.	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0

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01199	WellCare Health Plans Inc.	00000	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4537584				Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	80624	13-1851754				American Progressive Life & Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	52-2134236				APS Healthcare Holdings, Inc.	DE	NIA	APS Healthcare, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	54-1602622				APS Healthcare, Inc.	DE	NIA	UAM/APS Holding Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4644722				APS Parent, Inc.	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc.	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	81-3365375				Collaborative Health Systems of Maryland, Inc.	MD	NIA	Collaborative Health Systems, LLC	Ownership	50.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	81-3306594				Collaborative Health Systems of Virginia, Inc.	VA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	90-0779287				Collaborative Health Systems, LLC	NY	NIA	Universal American Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4561546				Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritages Health Systems of Texas Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	76-0459857				Heritage Health Systems of Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	62-1517194				Heritage Health Systems, Inc.	TX	NIA	Universal American Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	76-0500964				HHS Texas Management, Inc.	GA	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc.	Ownership	99.1	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	49.5	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-4679969				Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems LLC	Ownership	97.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0

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01199	WellCare Health Plans Inc.	00000	45-5626871				Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	58-2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	10768	74-3141949				SelectCare Health Plans, Inc.	TX	IA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	10096	62-1819658				SelectCare of Texas, Inc.	TX	IA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	42-0989096				UAM Agent Services Corp.	IA	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	26-0153605				UAM/APS Holding Corp.	DE	NIA	APS Parent, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	27-4683816				Universal American Corp.	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	95-3800329				Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-1352914				Universal American Holdings, LLC	DE	NIA	Universal American Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	45-5439406				Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	23-1913528				Worlco Management Services, Inc.	NY	NIA	Worlco Management Services	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	47-2346408				AWC of Syracuse, Inc.	NY	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16253	82-3169616				WellCare Health Plans of Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16344	82-3114517				WellCare of Maine, Inc.	ME	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	66-0888149				WellCare of Puerto Rico, Inc.	PR	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-4598040				WellCare Associate Assistance Fund, Inc.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16343	82-4247084				WellCare Health Insurance Company of America	AR	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16342	82-5127096				WellCare National Health Insurance Company	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16547	82-5488080				WellCare of North Carolina, Inc.	NC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	26-4004494				Caidan Management Company, LLC	MI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	26-4004494				Caidan Network Services, LLC	MI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
01200	WellCare Health Plans Inc.	00000	26-4004578				Caidan Holding Company	MI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1280079				Maryland Collaborative Care Transformation Organization, Inc.	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	13189	20-3209671				Meridian Health Plan of Illinois, Inc.	IL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	52563	38-3253977				Meridian Health Plan of Michigan, Inc.	MI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-2069308				WellCare of Washington, Inc.	WA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	27-1339224				MeridianRx, LLC	MI	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	32-0408908				MeridianRX IPA, LLC	NY	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16513	83-2126269				WellCare Health Insurance of Connecticut, Inc.	CT	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16532	83-2276159				WellCare Health Insurance of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16514	83-2255514				WellCare Health Plans of Vermont, Inc.	VT	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16531	83-2797833				WellCare of Arkansas, Inc.	AR	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-2840051				WellCare of Indiana, Inc.	IN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16515	83-2914327				WellCare of New Hampshire, Inc.	NH	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-3612209				MeridianRx of Indiana, LLC	IN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-3333918				WellCare Health Insurance Company of Louisiana, Inc.	LA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16516	83-3091673				WellCare Health Insurance Company of New Hampshire, Inc.	NH	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-3166908				WellCare Health Insurance Company of Washington, Inc.	WA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-3310218				WellCare Health Insurance Company of Wisconsin, Inc.	WI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16548	83-3493160				WellCare Health Insurance of North Carolina, Inc.	NC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	83-3351254				WellCare Health Plans of Wisconsin, Inc.	WI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16512	83-3525830				WellCare of Missouri Health Insurance Company, Inc.	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

Bar Code:

1. 

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	111,727	0
2. Cost of bonds and stocks acquired	0	113,003
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	0	0
7. Deduct amortization of premium	376	1,276
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	111,351	111,727
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	111,351	111,727

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	111,727	0	0	(376)	111,351	0	0	111,727
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	111,727	0	0	(376)	111,351	0	0	111,727
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	111,727	0	0	(376)	111,351	0	0	111,727

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

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Part 2 - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Wells Fargo-2663 Florida		0.000	0	0	2,027,997	2,026,539	2,098,146	XXX
Wells Fargo-1089 Florida		0.000	0	0	(228)	(295)	(348)	XXX
Regions Bank Louisiana		0.000	0	0	1,994	3,988	2,990	XXX
0199998 Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999 Total Open Depositories	XXX	XXX	0	0	2,029,762	2,030,231	2,100,789	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	2,029,762	2,030,231	2,100,789	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
0599999 Total	XXX	XXX	0	0	2,029,762	2,030,231	2,100,789	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
8899999 Total Cash Equivalents						0	0	0

NONE