

ANNUAL STATEMENT

OF THE

**WellCare Health Insurance Company of
Kentucky, Inc.**

2018

of

Louisville

in the state of

Kentucky

TO THE

Insurance Department

OF THE

STATE OF Kentucky

FOR THE YEAR ENDED

DECEMBER 31, 2018

HEALTH

2018



ANNUAL STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2018 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 KRS 61.878(1)(a)

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

OFFICERS

Table of officers: William Andrew Jones #, President; Michael Troy Meyer, Asst. Treasurer, VP and Corporate Controller; 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 Kentucky, County of Jefferson

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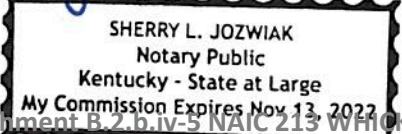
The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.

Signatures of William Andrew Jones (President), Michael Troy Meyer (Asst. Treasurer, VP and Corporate Controller), and Stephanie Ann Williams (CFO and Vice President)

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

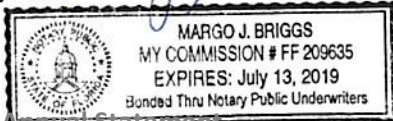
State of Kentucky, County of Jefferson, Subscribed and Sworn to before me this 11th day of January 2019

Notary Public signature



State of Florida, County of Hillsborough, Subscribed and Sworn to before me this 23 day of January 2019

Notary Public signature



State of Florida, County of Hillsborough, Subscribed and Sworn to before me this 31 day of January 2019

Notary Public signature





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).....	274,633,290		274,633,290	197,147,651
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 (\$300,241,454 , Schedule E-Part 1), cash equivalents (\$49,720,745 , Schedule E-Part 2) and short-term investments (\$100,492,736 , Schedule DA).....	450,454,935		450,454,935	640,842,904
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 .....	.0		.0	.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)	725,088,224	.0	725,088,224	837,990,555
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued	3,306,545		3,306,545	2,202,912
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	23,596,010		23,596,010	9,378,789
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	1,488,685		1,488,685	2,005,956
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	.0		.0	113,882
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans	3,661,931		3,661,931	7,517,134
18.1 Current federal and foreign income tax recoverable and interest thereon	946,534		946,534	.0
18.2 Net deferred tax asset.....	3,284,219	6,045	3,278,174	5,525,974
19. Guaranty funds receivable or on deposit .....			.0	.0
20. Electronic data processing equipment and software.....			.0	.0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	.0		.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates	3,267,228		3,267,228	4,708,526
24. Health care (\$35,652,109) and other amounts receivable.....	46,994,853	210,310	46,784,543	38,582,520
25. Aggregate write-ins for other-than-invested assets	1,943,680	1,857,761	85,919	93,222
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	813,577,909	2,074,116	811,503,793	908,119,470
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	813,577,909	2,074,116	811,503,793	908,119,470
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).....	489,828	489,828	.0	.0
2502. ASO prepayments.....	1,171,275	1,085,356	85,919	93,222
2503. Deposits with providers.....	282,577	282,577	.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)	1,943,680	1,857,761	85,919	93,222

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	312,532,200		312,532,200	315,938,392
2. Accrued medical incentive pool and bonus amounts	7,851,964		7,851,964	0
3. Unpaid claims adjustment expenses	1,963,074		1,963,074	1,753,563
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	13,820,946		13,820,946	11,498,305
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	0		0	64,057,249
9. General expenses due or accrued	37,287,324		37,287,324	34,723,254
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	0		0	7,743,689
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	0		0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	0		0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	34,794,718		34,794,718	65,664,462
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	39,973,101		39,973,101	92,264,269
23. Aggregate write-ins for other liabilities (including \$ current)	330,972	0	330,972	737,827
24. Total liabilities (Lines 1 to 23)	448,554,299	0	448,554,299	594,381,010
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	55,232,000
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	137,298,516	137,298,516
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	223,150,978	118,707,944
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	362,949,494	313,738,460
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	811,503,793	908,119,470
DETAILS OF WRITE-INS				
2301. Unclaimed property payable	330,972		330,972	737,827
2302.	0		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)	330,972	0	330,972	737,827
2501. Estimated ACA Industry Fee (following year)	XXX	XXX		55,232,000
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	55,232,000
3001.	XXX	XXX		
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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	6,711,655	6,653,438
2. Net premium income (including \$0 non-health premium income).....	XXX	3,025,063,757	2,811,904,068
3. Change in unearned premium reserves and reserve for rate credits	XXX	(1,663,993)	3,278,418
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	3,023,399,764	2,815,182,486
Hospital and Medical:			
9. Hospital/medical benefits		1,466,477,025	1,429,428,603
10. Other professional services		215,757,865	206,158,673
11. Outside referrals			0
12. Emergency room and out-of-area		200,178,023	196,686,809
13. Prescription drugs		653,525,974	624,748,762
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	0	3,167,838	0
16. Subtotal (Lines 9 to 15)	0	2,539,106,725	2,457,022,847
Less:			
17. Net reinsurance recoveries	0	(260,628)	(614,480)
18. Total hospital and medical (Lines 16 minus 17)	0	2,539,367,353	2,457,637,327
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$17,141,118 cost containment expenses.....		40,205,452	34,483,811
21. General administrative expenses.....		290,862,452	199,670,270
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	2,870,435,257	2,691,791,408
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	152,964,507	123,391,078
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		17,512,192	8,391,643
26. Net realized capital gains (losses) less capital gains tax of \$		(227,836)	(29,450)
27. Net investment gains (losses) (Lines 25 plus 26)	0	17,284,356	8,362,193
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	(46,509)	(2,291,581)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	170,202,354	129,461,690
31. Federal and foreign income taxes incurred	XXX	43,512,359	49,292,994
32. Net income (loss) (Lines 30 minus 31)	XXX	126,689,995	80,168,696
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.....		(46,509)	(2,291,581)
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	(46,509)	(2,291,581)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	313,738,460	283,231,632
34. Net income or (loss) from Line 32	126,689,995	80,168,696
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	(2,241,755)	619,025
39. Change in nonadmitted assets	(237,206)	(280,893)
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	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	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	0
46. Dividends to stockholders	(75,000,000)	(50,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	49,211,034	30,506,828
49. Capital and surplus end of reporting year (Line 33 plus 48)	362,949,494	313,738,460
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
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

Cash from Operations	1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance	2,947,965,207	2,874,912,755
2. Net investment income	18,114,380	7,488,710
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	2,966,079,587	2,882,401,465
5. Benefit and loss related payments	2,543,213,682	2,447,956,430
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	376,776,798	178,002,196
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	52,202,583	50,015,071
10. Total (Lines 5 through 9)	2,972,193,063	2,675,973,697
11. Net cash from operations (Line 4 minus Line 10)	(6,113,476)	206,427,768
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	31,784,693	39,230,958
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	1,552	0
12.7 Miscellaneous proceeds	1	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	31,786,246	39,230,958
13. Cost of investments acquired (long-term only):		
13.1 Bonds	111,205,542	213,319,456
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	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	111,205,542	213,319,456
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)	(79,419,296)	(174,088,498)
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	0
16.5 Dividends to stockholders	75,000,000	50,000,000
16.6 Other cash provided (applied)	(29,855,197)	56,288,588
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(104,855,197)	6,288,588
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)	(190,387,969)	38,627,858
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	640,842,904	602,215,046
19.2 End of year (Line 18 plus Line 19.1)	450,454,935	640,842,904



ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	3,025,063,757	0	0	0	0	0	181,666,542	2,771,000,788	72,396,427	0
2. Change in unearned premium reserves and reserve for rate credit	(1,663,993)							(1,663,993)		
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)	3,023,399,764	0	0	0	0	0	181,666,542	2,769,336,795	72,396,427	0
8. Hospital/medical benefits	1,466,477,025	0					119,083,632	1,347,393,393		XXX
9. Other professional services	215,757,865						882,199	214,875,666		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	200,178,023						7,579,428	192,598,595		XXX
12. Prescription drugs	653,525,974						9,177,305	592,044,659	52,304,010	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	3,167,838						3,394,279	(226,441)		XXX
15. Subtotal (Lines 8 to 14)	2,539,106,725	0	0	0	0	0	140,116,843	2,346,685,872	52,304,010	XXX
16. Net reinsurance recoveries	(260,628)						(253,825)	(6,803)		XXX
17. Total hospital and medical (Lines 15 minus 16)	2,539,367,353	0	0	0	0	0	140,370,668	2,346,692,675	52,304,010	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 17,141,118 cost containment expenses	40,205,452						2,287,723	37,093,941	823,788	
20. General administrative expenses	290,862,452						14,876,024	266,917,156	9,069,272	
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)	2,870,435,257	0	0	0	0	0	157,534,415	2,650,703,772	62,197,070	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	152,964,507	0	0	0	0	0	24,132,127	118,633,023	10,199,357	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

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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	181,650,208	24,034	7,700	181,666,542
7. Title XIX - Medicaid.....	2,771,275,397	.0	274,609	2,771,000,788
8. Other health.....	72,396,427			72,396,427
9. Health subtotal (Lines 1 through 8)	3,025,322,032	24,034	282,309	3,025,063,757
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	3,025,322,032	24,034	282,309	3,025,063,757

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	2,545,768,857	131,198					132,875,362	2,355,484,197	57,278,100	
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	(146,746)						(253,825)	107,079		
1.4 Net	2,545,915,603	131,198	0	0	0	0	133,129,187	2,355,377,118	57,278,100	0
2. Paid medical incentive pools and bonuses	(4,684,126)						1,512,259	(6,196,385)		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	312,532,200	0	0	0	0	0	20,620,383	287,827,907	4,083,910	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	312,532,200	0	0	0	0	0	20,620,383	287,827,907	4,083,910	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	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	7,851,964						1,882,020	5,969,944		
6. Net healthcare receivables (a).....	6,423,776						2,448,432	(1,419,352)	5,394,696	
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	315,938,392	131,200	0	0	0	0	14,324,744	297,819,144	3,663,304	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	315,938,392	131,200	0	0	0	0	14,324,744	297,819,144	3,663,304	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	0									
11. Amounts recoverable from reinsurers December 31, prior year	113,882	0	0	0	0	0	0	113,882	0	0
12. Incurred benefits:										
12.1 Direct	2,535,938,889	(2)	0	0	0	0	136,722,569	2,346,912,312	52,304,010	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	(260,628)	0	0	0	0	0	(253,825)	(6,803)	0	0
12.4 Net	2,536,199,517	(2)	0	0	0	0	136,976,394	2,346,919,115	52,304,010	0
13. Incurred medical incentive pools and bonuses	3,167,838	0	0	0	0	0	3,394,279	(226,441)	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	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	140,569,633						6,307,374	130,178,349	4,083,910	
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	140,569,633	0	0	0	0	0	6,307,374	130,178,349	4,083,910	0
2. Incurred but Unreported:										
2.1. Direct	171,962,567						14,313,009	157,649,558		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	171,962,567	0	0	0	0	0	14,313,009	157,649,558	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	312,532,200	0	0	0	0	0	20,620,383	287,827,907	4,083,910	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	312,532,200	0	0	0	0	0	20,620,383	287,827,907	4,083,910	0

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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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical)	131,198				131,198	131,198
2. Medicare Supplement					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	9,431,212	126,263,473	883,436	19,736,947	10,314,648	14,324,749
7. Title XIX - Medicaid.....	199,246,606	2,162,405,879	44,619,307	243,208,600	243,865,913	297,819,141
8. Other health	3,167,342	74,822,416	471,510	3,612,400	3,638,852	3,663,304
9. Health subtotal (Lines 1 to 8).....	211,976,358	2,363,491,768	45,974,253	266,557,947	257,950,611	315,938,392
10. Healthcare receivables (a).....	127,920	35,734,499			127,920	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts	(6,509,579)	1,825,453	3,044,055	4,807,910	(3,465,524)	0
13. Totals (Lines 9-10+11+12)	205,338,859	2,329,582,722	49,018,308	271,365,857	254,357,167	315,938,392

(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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	266,262	266,262	266,262	266,262	266,262
2. 2014	87,006	91,520	91,520	91,520	91,520
3. 2015	XXX	0	(149)	(149)	(149)
4. 2016	XXX	XXX	238	323	323
5. 2017	XXX	XXX	XXX	0	131
6. 2018	XXX	XXX	XXX	XXX	0

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	266,602	266,602	266,602	266,602	266,602
2. 2014	91,195	91,730	91,520	91,520	91,520
3. 2015	XXX	0	51	(149)	(149)
4. 2016	XXX	XXX	245	455	323
5. 2017	XXX	XXX	XXX	0	131
6. 2018	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. 2014	92,961	91,520		0.0	91,520	98.4			91,520	98.4
2. 2015	(1,481)	(149)		0.0	(149)	10.1			(149)	10.1
3. 2016	(22)	323		0.0	323	(1,468.2)			323	(1,468.2)
4. 2017	(9)	131		0.0	131	(1,455.6)			131	(1,455.6)
5. 2018		0		0.0	0	0.0			0	0.0

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	19,367	19,367	19,367	19,367	19,367
2. 2014	35,304	42,455	42,455	42,455	42,455
3. 2015	XXX	63,320	72,251	72,251	72,251
4. 2016	XXX	XXX	74,970	83,878	83,878
5. 2017	XXX	XXX	XXX	92,869	102,098
6. 2018	XXX	XXX	XXX	XXX	122,964

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	19,368	19,367	19,367	19,367	19,367
2. 2014	42,520	42,701	42,455	42,455	42,455
3. 2015	XXX	73,310	72,681	72,251	72,251
4. 2016	XXX	XXX	86,291	84,326	83,878
5. 2017	XXX	XXX	XXX	106,746	103,306
6. 2018	XXX	XXX	XXX	XXX	144,258

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. 2014	39,793	42,455		0.0	42,455	106.7			42,455	106.7
2. 2015	81,687	72,251		0.0	72,251	88.4			72,251	88.4
3. 2016	101,647	83,878		0.0	83,878	82.5			83,878	82.5
4. 2017	122,110	102,098		0.0	102,098	83.6	1,208		103,306	84.6
5. 2018	181,667	122,964	2,211	1.8	125,175	68.9	21,294	170	146,639	80.7

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	1,675,213	1,675,213	1,675,213	1,675,213	1,675,213
2. 2014	1,598,463	1,785,392	1,785,392	1,785,392	1,785,392
3. 2015	XXX	1,942,749	2,133,482	2,133,482	2,133,482
4. 2016	XXX	XXX	2,080,675	2,258,299	2,258,299
5. 2017	XXX	XXX	XXX	2,093,270	2,286,081
6. 2018	XXX	XXX	XXX	XXX	2,157,903

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	1,691,574	1,675,213	1,675,213	1,675,213	1,675,213
2. 2014	1,855,555	1,816,108	1,785,392	1,785,392	1,785,392
3. 2015	XXX	2,212,367	2,165,830	2,133,482	2,133,482
4. 2016	XXX	XXX	2,330,622	2,314,364	2,258,299
5. 2017	XXX	XXX	XXX	2,335,024	2,333,420
6. 2018	XXX	XXX	XXX	XXX	2,404,362

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. 2014	1,718,865	1,785,392		0.0	1,785,392	103.9			1,785,392	103.9
2. 2015	2,612,409	2,133,482		0.0	2,133,482	81.7			2,133,482	81.7
3. 2016	2,590,509	2,258,299		0.0	2,258,299	87.2			2,258,299	87.2
4. 2017	2,609,465	2,286,081		0.0	2,286,081	87.6	47,339		2,333,420	89.4
5. 2018	2,771,001	2,157,903	36,961	1.7	2,194,864	79.2	246,459	1,793	2,443,116	88.2

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	244,470	244,470	244,470	244,470	244,470
2. 2014	70,136	71,086	71,086	71,086	71,086
3. 2015	XXX	51,418	51,651	51,651	51,651
4. 2016	XXX	XXX	33,870	36,743	36,743
5. 2017	XXX	XXX	XXX	63,239	66,406
6. 2018	XXX	XXX	XXX	XXX	48,716

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	244,470	244,470	244,470	244,470	244,470
2. 2014	72,086	71,086	71,086	71,086	71,086
3. 2015	XXX	52,573	51,651	51,651	51,651
4. 2016	XXX	XXX	36,787	36,743	36,743
5. 2017	XXX	XXX	XXX	66,902	66,878
6. 2018	XXX	XXX	XXX	XXX	52,328

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. 2014	79,823	71,086		0.0	71,086	89.1			71,086	89.1
2. 2015	70,564	51,651		0.0	51,651	73.2			51,651	73.2
3. 2016	61,265	36,743		0.0	36,743	60.0			36,743	60.0
4. 2017	80,338	66,406		0.0	66,406	82.7	472		66,878	83.2
5. 2018	72,396	48,716	824	1.7	49,540	68.4	3,612		53,152	73.4

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	2,205,312	2,205,312	2,205,312	2,205,312	2,205,312
2. 2014	1,790,909	1,990,453	1,990,453	1,990,453	1,990,453
3. 2015	XXX	2,057,487	2,257,235	2,257,235	2,257,235
4. 2016	XXX	XXX	2,189,753	2,379,243	2,379,243
5. 2017	XXX	XXX	XXX	2,249,378	2,454,716
6. 2018	XXX	XXX	XXX	XXX	2,329,583

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	2,222,014	2,205,652	2,205,652	2,205,652	2,205,652
2. 2014	2,061,356	2,021,625	1,990,453	1,990,453	1,990,453
3. 2015	XXX	2,338,250	2,290,213	2,257,235	2,257,235
4. 2016	XXX	XXX	2,453,945	2,435,888	2,379,243
5. 2017	XXX	XXX	XXX	2,508,672	2,503,735
6. 2018	XXX	XXX	XXX	XXX	2,600,948

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. 2014	1,931,442	1,990,453	0	0.0	1,990,453	103.1	0	0	1,990,453	103.1
2. 2015	2,763,179	2,257,235	0	0.0	2,257,235	81.7	0	0	2,257,235	81.7
3. 2016	2,753,399	2,379,243	0	0.0	2,379,243	86.4	0	0	2,379,243	86.4
4. 2017	2,811,904	2,454,716	0	0.0	2,454,716	87.3	49,019	0	2,503,735	89.0
5. 2018	3,025,064	2,329,583	39,996	1.7	2,369,579	78.3	271,365	1,963	2,642,907	87.4

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	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).....	13,820,946						192,956	1,588,083	12,039,907
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	13,820,946	.0	.0	.0	.0	.0	192,956	1,588,083	12,039,907
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	13,820,946	0	0	0	0	0	192,956	1,588,083	12,039,907
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.

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	387,541	521,459	4,846,619		5,755,619
2. Salaries, wages and other benefits	7,858,837	10,574,506	94,840,052		113,273,395
3. Commissions (less \$ceded plus \$assumed)			3,143,081		3,143,081
4. Legal fees and expenses	173,677	233,692	1,676,596		2,083,965
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	62,050	83,492	748,401		893,943
7. Traveling expenses	145,795	196,175	2,350,727		2,692,697
8. Marketing and advertising	96,516	129,867	2,258,352		2,484,735
9. Postage, express and telephone	540,162	726,818	6,195,393		7,462,373
10. Printing and office supplies	751,485	1,011,166	9,361,014		11,123,665
11. Occupancy, depreciation and amortization	410,406	552,224	4,070,700		5,033,330
12. Equipment	23,997	32,289	267,231		323,517
13. Cost or depreciation of EDP equipment and software	1,529,749	2,058,363	14,744,819		18,332,931
14. Outsourced services including EDP, claims, and other services	3,662,894	4,928,629	41,902,189		50,493,712
15. Boards, bureaus and association fees	874,925	1,177,261	8,918,077		10,970,263
16. Insurance, except on real estate	107,611	144,796	1,151,243		1,403,650
17. Collection and bank service charges	21,876	29,435	455,508		506,819
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			5,271,688		5,271,688
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			27,738,405		27,738,405
23.4 Payroll taxes	489,044	658,036	6,018,792		7,165,872
23.5 Other (excluding federal income and real estate taxes)	4,553	6,126	54,903,565		54,914,244
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)	17,141,118	23,064,334	290,862,452	0 (a)	331,067,904
27. Less expenses unpaid December 31, current year		1,963,074	37,287,323		39,250,397
28. Add expenses unpaid December 31, prior year	0	1,753,563	34,723,255	0	36,476,818
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	17,141,118	22,854,823	288,298,384	0	328,294,325
DETAILS OF WRITE-INS					
2501.					0
2502.					0
2503.					0
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 \$235,048,950 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) 59,318	111,349
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 4,247,292	5,141,404
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) 13,809,322	12,259,439
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	18,115,932	17,512,192
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)		17,512,192
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 \$ 267,427 accrual of discount less \$ 2,066,967 amortization of premium and less \$ 879,607 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 \$ 403,010 accrual of discount less \$ 489,738 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			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(190,123)		(190,123)		
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	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(37,714)		(37,714)	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(227,837)	0	(227,837)	0	0
DETAILS OF WRITE-INS					
0901.					
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)	0	0	0	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.....	6,045	0	(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.....	210,310	142,311	(67,999)
25. Aggregate write-ins for other-than-invested assets	1,857,761	1,694,599	(163,162)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,074,116	1,836,910	(237,206)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	2,074,116	1,836,910	(237,206)
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).....	489,828	433,319	(56,509)
2502. ASO prepayments.....	1,085,356	1,078,053	(7,303)
2503. Deposits with providers.....	282,577	183,227	(99,350)
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)	1,857,761	1,694,599	(163,162)



EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	457,395	470,742	467,800	461,626	457,771	5,583,200
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.....	101,766	94,936	93,648	94,006	93,873	1,128,455
7. Total	559,161	565,678	561,448	555,632	551,644	6,711,655
DETAILS OF WRITE-INS						
0601. Medicare Part D.....	101,766	94,936	93,648	94,006	93,873	1,128,455
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)	101,766	94,936	93,648	94,006	93,873	1,128,455

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EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	388,036					388,036
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	0	0	0	0	0	0
0299999 Total group	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities	677,601	662,793	663,414	6,710,592		8,714,400
0499999 Premiums due and unpaid from Medicaid entities	5,778,351	2,933,811	1,794,043	3,987,369		14,493,574
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	6,843,988	3,596,604	2,457,457	10,697,961	0	23,596,010

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	38,404,630	107,174,291		35,670,540	38,404,630	29,160,725
2. Claim overpayment receivables	99,998		127,919	63,960	227,917	277,917
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	38,504,628	107,174,291	127,919	35,734,500	38,632,547	29,438,642

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	48,744,484	3,640,532	8,252,919	7,121,212	72,810,486	140,569,633
0499999 Subtotals	48,744,484	3,640,532	8,252,919	7,121,212	72,810,486	140,569,633
0599999 Unreported claims and other claim reserves						171,962,567
0699999 Total amounts withheld						
0799999 Total claims unpaid						312,532,200
0899999 Accrued medical incentive pool and bonus amounts						7,851,964

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Comprehensive Health Management, Inc.....	3,267,228					3,267,228	
0199999 Individually listed receivables	3,267,228	0	0	0	0	3,267,228	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	3,267,228	0	0	0	0	3,267,228	0



EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	113,022,867	4.4	551,644	100.0		113,022,867
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	113,022,867	4.4	551,644	100.0	0	113,022,867
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	2,432,745,989	95.7	XXX	XXX		2,432,745,989
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	(4,684,126)	(0.2)	XXX	XXX		(4,684,126)
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	2,428,061,863	95.6	XXX	XXX	0	2,428,061,863
13. Total (Line 4 plus Line 12)	2,541,084,730	100 %	XXX	XXX	0	2,541,084,730

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

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 #	2018	2017
NET INCOME					
1 Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	\$ 126,689,995	\$ 80,168,696
2 State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
None	—	—	—	—	—
3 State Permitted Practices that are an increase/ (decrease) from NAIC SAP:					
None	—	—	—	—	—
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 126,689,995</u>	<u>\$ 80,168,696</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 362,949,494	\$ 313,738,460
6 State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
None	—	—	—	—	—
7 State Permitted Practices that are an increase/ (decrease) from NAIC SAP:					
None	—	—	—	—	—
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 362,949,494</u>	<u>\$ 313,738,460</u>

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

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

C Accounting Policy

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 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 medical loss ratio ("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. 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). No refund was due or payable to CMS for this provision in 2018 or 2017.

Medicaid Minimum 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

a 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, 2018, a premium refund of \$1,588,083 was accrued. At December 31, 2017, no premium refund was due or accrued.

1. *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* – None
4. *Preferred Stocks* – None
5. *Mortgage Loans* – None
6. *Loan-Backed Securities* – None
7. *Investment in Subsidiaries, Controlled and Affiliated Companies* – None
8. *Investments in Joint Ventures, Partnerships and Limited Liability Companies* – None
9. *Derivatives* – None

10. *Premium Deficiency* – the Company’s contracts are evaluated to determine if it is probable that a loss will be incurred. A premium deficiency reserve ("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, 2018 and 2017.

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;

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- 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* – N/A

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 – None

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

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

B. Debt Restructuring – None

C. Reverse Mortgages – None

D. Loan-Backed Securities

1, 2, 3 - Not applicable

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

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	(37,686)
2. 12 Months or Longer	\$	(185,504)

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

1. Less than 12 Months	\$	9,218,584
2. 12 Months or Longer	\$	23,140,212

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

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

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

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

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

J. Real Estate – None

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

L. Restricted Assets

1. Restricted Assets (Including Pledged):

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	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	3,769,860	3,765,510	4,350	—	3,769,860	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	\$ 3,769,860	\$ 3,765,510	\$ 4,350	\$ —	\$ 3,769,860	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. 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 - \$54,453

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

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

B. At December 31, 2018 and 2017 there was no non-admitted accrued interest income.

8. Derivative Instruments

None

9. Income Taxes

A. Deferred Tax Assets

The components of the net deferred tax asset at December 31 are as follows:

(1)	2018			2017		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 3,703,664	\$ 6,185	\$ 3,709,849	\$ 6,357,912	\$ —	\$ 6,357,912
(b) Statutory Valuation Allowance Adjustments	—	—	—	—	—	—
(c) Adjusted Gross Deferred Tax Assets	3,703,664	6,185	3,709,849	6,357,912	—	6,357,912
(d) Deferred Tax Assets Nonadmitted	—	6,045	6,045	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset	3,703,664	140	3,703,804	6,357,912	—	6,357,912
(f) Deferred Tax Liabilities	425,629	—	425,629	831,939	—	831,939
(g) Net Admitted Deferred Tax Asset/Liability	\$ 3,278,035	\$ 140	\$ 3,278,175	\$ 5,525,974	\$ —	\$ 5,525,974
(2)						
Admission Calculation Components						
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 3,703,664	\$ 140	\$ 3,703,804	\$ 6,357,912	\$ —	\$ 6,357,912
(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	—	—	54,322,174	—	—	46,035,562
(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	\$ 3,703,664	\$ 140	\$ 3,703,804	\$ 4,906,949	\$ —	\$ 6,357,912

(1)	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ (2,654,248)	\$ 6,185	\$ (2,648,063)
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets	(2,654,248)	6,185	(2,648,063)
(d) Deferred Tax Assets Nonadmitted	—	6,045	6,045
(e) Subtotal Net Admitted Deferred Tax Asset	(2,654,248)	140	(2,654,108)
(f) Deferred Tax Liabilities	(406,309)	—	(406,309)
(g) Net Admitted Deferred Tax Asset/Liability	\$ (2,247,938)	\$ 140	\$ (2,247,798)
(2)			
Admission Calculation Components			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ (2,654,248)	\$ 140	\$ (2,654,108)
(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	—	—	8,286,612
(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	\$ (2,654,248)	\$ 140	\$ (2,654,108)

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	<u>2018</u>	<u>2017</u>
(3)		
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	335%	327%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 362,147,829	\$ 306,903,746

	<u>2018</u>		<u>2017</u>	
(4)				
Impact of Tax-Planning Strategies	Ordinary	Capital	Ordinary	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	3,703,664	6,185	6,357,912	—
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%	0%	0%
(3) Net Admitted Adjusted Gross DTAs Amount From Note 9A1e	3,703,664	140	6,357,912	—
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?		<u>Yes</u>	<u>No</u>	<u>X</u>

	<u>Change</u>	
(4)		
Impact of Tax-Planning Strategies	Ordinary	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	(2,654,248)	6,185
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%
(3) Net Admitted Adjusted Gross DTAs Amount From Note 9A1e	(2,654,248)	140
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%

B. Unrecognized Deferred Tax Liabilities – None

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

(1) Current Income Tax	<u>12/31/2018</u>	<u>12/31/2017</u>	<u>Change</u>
(a) Federal	\$ 43,512,360	\$ 49,292,994	\$ (5,780,634)
(b) Foreign	—	—	—
(c) Subtotal	\$ 43,512,360	\$ 49,292,994	\$ (5,780,634)
(d) Federal income tax on net capital gains	—	—	—
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	\$ 43,512,360	\$ 49,292,994	\$ (5,780,634)
(2) Deferred Tax Assets			
	<u>12/31/2018</u>	<u>12/31/2017</u>	<u>Change</u>
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 2,143,635	\$ 2,576,489	(432,854)
(2) Unearned premium reserve	—	2,690,405	(2,690,404)
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	1,073	1,208	(135)
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	44,165	29,885	14,280
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	1,514,791	1,059,925	454,866
Subtotal	\$ 3,703,664	\$ 6,357,912	\$ (2,654,248)
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets	\$ 3,703,664	\$ 6,357,912	\$ (2,654,248)
(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	3,703,804	6,357,912	(2,654,108)
(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	425,629	831,939	(406,309)
Subtotal	425,629	831,939	(406,309)
(b) Capital			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
Subtotal	—	—	—
(c) Deferred tax liabilities	425,629	831,939	(406,309)
(4) Net deferred tax assets/liabilities	\$ 3,278,175	\$ 5,525,974	\$ (2,247,798)

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% and 35% to pretax net income for 2018 and 2017, respectively, due to the enactment of the Tax Cut and Jobs Act. For both 2018 and 2017, the deferred tax asset/liability was calculated by applying the federal statutory rate of 21%. The significant items causing the difference are as follows:

	<u>2018</u>	% of Pre-tax <u>Income</u>
Provision computed at statutory rate	\$ 35,742,495	21.00%
Intangible tax amortization	(30,947)	-0.02%
Change in non-admitted assets	(48,544)	-0.03%
Nondeductible expenses	9,252	0.01%
ACA Insurer fee	11,504,889	6.76%
Tax rate Change	(1,117,071)	-0.66%
Other	(305,961)	-0.18%
Total statutory income tax	<u>\$ 45,754,113</u>	<u>26.88%</u>

	<u>2018</u>	% of Pre-tax <u>Income</u>
Federal income taxes incurred	\$ 43,512,359	25.57%
Change in net deferred income taxes	2,241,754	1.32%
Total statutory income tax	<u>\$ 45,754,113</u>	<u>26.88%</u>

E. Net Operating Loss Carryforwards

- At December 31, 2018, the Company had no federal operating loss carryforwards.
- 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:

12/31/2018 (current year)	\$ 46,373,986
12/31/2017 (first prior year)	\$ 46,385,358

- As of December 31, 2018 there were not aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.

F. Consolidated Federal Income Tax Return

- 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").
- 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, 2018. The Company is not expecting any increase in its income tax loss contingency within the next 12 months.

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

A, B and C. Relationship/Transactions and Amounts

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 2018, the Company's agreement with CHMI was amended. The indirect cost charge for Medicare gross premium earned was revised from 12.0% in 2017 to 6.8% in 2018; the indirect cost charge for Medicaid gross premium earned was revised from 6.5% in 2017 to 6.8% in 2018; and the indirect cost charge for Medicare Part D gross premium earned was revised from 7.0% in 2017 to 9.2% in 2018 with all changes being retroactive to January 1, 2018. The agreement was approved by the Department on August 27, 2018.

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 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 2017, the Company's 2016 true-up was calculated and booked. The true-up resulted in a \$18,276,878 decrease in management fees charged to the Company based on actual cost of services provided during 2016.

During 2018 and 2017, the Company incurred \$235,048,950 and \$199,693,594 respectively, for services under the management agreement with CHMI. The total amounts due from CHMI were \$3,267,228 and \$4,708,526 at December 31, 2018 and 2017. Amounts due to or from CHMI are normally settled within 30 days.

Affiliated Agreements

The Company assumes reinsurance coverage from its affiliate, WellCare of Texas, Inc., to cover out-of-network claims on Medicare Advantage point-of-service plans offered in the State of Arizona.

The Company has an affiliated joint enterprise agreement with WellCare Prescription Insurance, Inc. 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.

Dividends

The Company paid a \$50,000,000 extraordinary cash dividend to the Parent Company, The WellCare Management Group, Inc. ("WCMG") on September 18, 2018 and a \$25,000,000 extraordinary cash dividend to WCMG on December 13, 2018. The Company paid a \$25,000,000 ordinary cash dividend on July 3, 2017 and a \$25,000,000 extraordinary cash dividend to WCMG on December 19, 2017.

D. Intercompany Balances - At December 31, 2018, the Company reported a balance of \$3,267,228 receivable from parent, subsidiaries and affiliates and a \$34,794,718 payable to parent, subsidiaries and affiliates.

E. Guarantees on Undertakings for the Benefit of an Affiliate – None

F. Management/Cost Sharing Agreements - See Note 10A, 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. I. J. K. and L. Controlled Entities/Investments in SCA/Foreign Insurance Subsidiary/Downstream Noninsurance Holding Company – None

M. All SCA Investments – None

N. Investment in Insurance SCAs – None

O. SCA Loss Tracking - None

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

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

2. *Preferred Stock Issues* - None

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 lesser 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 2019 is \$36,603,474, 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, 2018, the Company’s required minimum capital and surplus was \$190,174,386, based on RBC, compared to the total actual capital and surplus of \$362,949,494.
6. *Restrictions on Unassigned Funds* – None
7. *Amount of Advances to Surplus, Not Repaid* – None
8. *Stock Held of Affiliated Entities* – None
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* – None.
11. *Surplus Notes* – None
12. *Quasi-Reorganizations* – None
13. *Effective Date of Quasi-Reorganization* – N/A

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. As of December 31, 2018, the Company had recorded receivables of \$3,649,315 from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 99.7% of the Company’s amounts receivable from uninsured accident and health plans.
 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

Description of each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
<u>Cash Equivalents</u>					
Exempt Money Market Funds	\$ —	\$ —	\$ —	\$ —	\$ —
Other Money Market Funds	46,586,104	—	—	—	46,586,104
Total Cash Equivalents	\$ 46,586,104	\$ —	\$ —	\$ —	\$ 46,586,104
<u>Perpetual Preferred Stock</u>					
Industrial & Misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Perpetual Preferred Stocks	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Bonds</u>					
U.S. Government	\$ —	\$ —	\$ —	\$ —	\$ —
Industrial & Misc.	—	—	—	—	—
Hybrid Securities	—	—	—	—	—
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Bonds	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Common Stock</u>					
Industrial & Misc.	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Common Stock	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Derivatives Assets</u>					
Interest rate contracts	\$ —	\$ —	\$ —	\$ —	\$ —
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Total Derivatives	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Separate account assets</u>	\$ —	\$ —	\$ —	\$ —	\$ —
Total assets at fair value	\$ 46,586,104	\$ —	\$ —	\$ —	\$ 46,586,104
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, 2018 and 2017.

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: Not applicable

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	\$ 14,679,106	\$ 14,685,106	\$ 14,679,106	\$ —	\$ —	\$ —	—
U.S. States, territories & possessions	3,547,138	3,558,931	—	3,547,138	—	—	—
Political subdivision of states, territories & possessions	20,363,015	20,358,878	—	20,363,015	—	—	—
U.S. Special revenue & special assessment, non-guaranteed agencies & government	81,439,651	81,659,888	6,447,183	74,992,468	—	—	—
Industrial & miscellaneous	152,892,612	154,370,486	—	152,892,612	—	—	—
Total Bonds	272,921,522	274,633,290	21,126,289	251,795,233	—	—	—
Short Term Investments	100,405,563	100,492,736	16,462,016	83,943,548	—	—	—
Total Bonds and Short Term Investments	\$ 373,327,086	\$ 375,126,026	\$ 37,588,305	\$ 335,738,781	\$ —	\$ —	—

D. None

21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- 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, 2019.

The Company expects that its Medicare contract, which expires on December 31, 2019, 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, 2019, and it includes one additional one-year renewal options upon the mutual agreement of the parties which are expected to be exercised. 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.

- 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

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. While the ACA industry fee was assessed in 2018, the continuing resolution approved in January 2018 provides for an additional one-year moratorium for 2019 for the ACA industry fee.

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 \$54,785,186 and \$0 in 2018 and 2017, 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 \$82,921,205 and \$0 reimbursement as premium revenue for the years ending December 31, 2018 and 2017, respectively.

	Current Year	Prior Year
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	\$ —	\$ 55,232,000
C. ACA fee assessment paid	\$ 54,785,186	\$ —
D. Premium written subject to ACA 9010 assessment	\$ —	\$ 2,718,773,703
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 362,949,494	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 362,949,494	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 95,087,193	
H. Would reporting the ACA assessment as of December 31, 2018 have triggered an RBC action level?	No	

There were no additional events occurring subsequent to December 31, 2018 requiring disclosure. Subsequent events have been considered through February 22, 2019 for the Statutory statement issued on February 22, 2019.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General interrogatories

- 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.

- 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) which 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

- 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 credits?

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

- 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. N/A.
- 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. N/A
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? N/A

- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

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 KDMS and CMS.
- B. The Company records accrued retrospective premium as an adjustment to earned premiums.
- C. The amount of net premiums written by the Company at December 31, 2018 that are subject to retrospective rating features was \$3,028,969,132 or 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. – Not applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. The estimated cost of claims expense attributable to insured events of the prior year decreased by \$61,581,226 during 2018. This is approximately 19.5% of unpaid claims expenses of \$315,938,392 as of December 31, 2017. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending December 31, 2018 was affected by approximately \$36,286,377 of net favorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.
- B. None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

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 at December 31, 2018 total \$35,670,540 of which \$18,431 is aged ninety days or older and is non-admitted.

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
12/31/2018	37,173,943	—	3,076,883	—	—
9/30/2018	36,981,771	38,597,763	33,701,278	—	—
6/30/2018	35,302,434	37,708,231	31,619,919	4,716,197	—
3/31/2018	32,552,575	34,712,611	28,294,238	4,432,172	1,333,604
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
12/31/2016	27,456,743	29,599,239	27,101,509	2,109,476	—
9/30/2016	28,460,206	31,331,945	28,001,356	2,686,997	162,441
6/30/2016	26,850,335	30,065,599	28,299,322	1,187,721	80,128
3/31/2016	8,715,064	10,356,495	24,170,396	2,171,528	539,430

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

29. Participating Policies

None

30. Premium Deficiency Reserves

The following table summarizes the Company’s premium deficiency reserves as of December 31, 2018:

1. Liability carried for premium deficiency reserves - \$0
2. Date of most recent evaluation of this liability - December 31, 2018
3. Was anticipated investment income utilized in the calculation? No

31. Anticipated Salvage and Subrogation

None

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 [] 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 [] 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 [] 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 []
- 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.12/31/2012
- 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).06/11/2014
- 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 []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] 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 []
 - 4.12 renewals? Yes [] No []
- 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 []
 - 4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
 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 []
- 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 []
- 7.2 If yes,
 - 7.21 State the percentage of foreign control0.0 %
 - 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 involved0
 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. Adopted by the board of directors on 10/16/18.....

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 \$.....
 - 20.12 To stockholders not officers \$.....
 - 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 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 \$.....
 - 20.22 To stockholders not officers \$.....
 - 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 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 \$3,769,860
 - 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? If no, attach a description with this statement. Yes [] No [] N/A []
- 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
U.S. Bank.....	Jacksonville, FL.....
Suntrust Bank.....	Nashville, TN.....

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 [] No [X]
- 28.04 If yes, give full and complete information relating thereto:

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

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
Wells Capital Management.....	U.....
Oppenheimer.....	U.....
Deutsche Bank.....	U.....
SunTrust.....	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 assets?

Yes 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 assets?

Yes 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
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	DS.....
0571.....	Oppenheimer & Co.....	254900VH02JQR2L8XD64.....	SEC.....	DS.....
104518.....	Deutsche Bank.....	CZ83K4EEX8QVCT3B128.....	SEC.....	DS.....
N/A.....	SunTrust.....	7E1PDLW1JL6TS0BS1G03.....	State Securities Authority.....	NO.....

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

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.....	378,260,667	376,461,727	(1,798,940)
30.2 Preferred Stocks.....	0		0
30.3 Totals	378,260,667	376,461,727	(1,798,940)

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

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 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 []

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 a 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 []

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$0
- 35.2 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
.....	\$.....
.....	\$.....
.....	\$.....

- 36.1 Amount of payments for legal expenses, if any? \$0
- 36.2 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
.....	\$.....
.....	\$.....
.....	\$.....

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 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 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. \$
- 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 lives0
- 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 lives0
- 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 lives0
- 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 lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$3,028,969,132	\$	.....2,811,904,068
2.2	Premium Denominator	\$3,025,063,757	\$	.....2,811,904,068
2.3	Premium Ratio (2.1/2.2)	.....1.001		.....1.000
2.4	Reserve Numerator	\$334,205,110	\$	.....327,436,697
2.5	Reserve Denominator	\$334,205,110	\$	.....327,436,697
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....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 year38,600
- 8.2 Number of providers at end of reporting year47,400
- 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 No
- 10.2 If yes:
- | | | |
|---|----|------------|
| 10.21 Maximum amount payable bonuses | \$ | 13,499,468 |
| 10.22 Amount actually paid for year bonuses | \$ | 1,899,374 |
| 10.23 Maximum amount payable withholds | \$ | 0 |
| 10.24 Amount actually paid for year withholds | \$ | 0 |
- 11.1 Is the reporting entity organized as:
- | | | |
|---|------------------------------|--|
| 11.12 A Medical Group/Staff Model, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above) ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes 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. \$.....190,174,386
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 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
- 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
- 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 N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

- 15.1 Direct Premium Written (prior to reinsurance ceded) \$
- 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 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	811,503,793	908,119,470	682,887,079	691,837,382	522,623,243
2. Total liabilities (Page 3, Line 24)	448,554,299	594,381,010	399,655,447	390,493,170	310,914,056
3. Statutory minimum capital and surplus requirement	190,174,386	193,920,762	181,014,066	170,817,224	149,455,650
4. Total capital and surplus (Page 3, Line 33)	362,949,494	313,738,460	283,231,632	301,344,212	211,709,187
Income Statement (Page 4)					
5. Total revenues (Line 8)	3,023,399,764	2,815,182,486	2,753,399,048	2,763,192,173	2,419,363,353
6. Total medical and hospital expenses (Line 18)	2,539,367,353	2,457,637,327	2,374,736,614	2,281,731,002	2,062,556,860
7. Claims adjustment expenses (Line 20)	40,205,452	34,483,811	31,867,704	50,786,879	72,914,641
8. Total administrative expenses (Line 21)	290,862,452	199,670,270	259,034,543	220,615,018	134,240,495
9. Net underwriting gain (loss) (Line 24)	152,964,507	123,391,078	87,760,187	210,059,274	149,651,357
10. Net investment gain (loss) (Line 27)	17,284,356	8,362,193	3,465,435	2,627,363	991,263
11. Total other income (Lines 28 plus 29)	(46,509)	(2,291,581)	(3,595,318)	(1,280,689)	0
12. Net income or (loss) (Line 32)	126,689,995	80,168,696	42,197,819	118,976,118	88,988,656
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(6,113,476)	206,427,768	89,814,723	249,053,061	149,174,385
Risk-Based Capital Analysis					
14. Total adjusted capital	362,949,494	313,738,460	283,231,632	301,344,212	211,709,187
15. Authorized control level risk-based capital	95,087,193	96,960,381	90,507,033	85,408,612	74,727,825
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	551,644	559,161	528,762	525,443	530,406
17. Total members months (Column 6, Line 7)	6,711,655	6,653,438	6,359,416	6,285,380	5,911,513
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)	84.0	87.3	86.2	82.6	85.3
20. Cost containment expenses	0.6	0.5	0.5	0.8	1.3
21. Other claims adjustment expenses	0.8	0.7	0.6	1.1	1.7
22. Total underwriting deductions (Line 23)	94.9	95.6	96.8	92.4	93.8
23. Total underwriting gain (loss) (Line 24)	5.1	4.4	3.2	7.6	6.2
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	254,357,167	246,135,196	232,726,606	230,717,598	140,232,586
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	315,938,392	297,169,827	311,935,033	287,236,907	139,031,713
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	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	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	34,261									34,261	
2. First Quarter	32,192									32,192	
3. Second Quarter	31,479									31,479	
4. Third Quarter	31,265									31,265	
5. Current Year	30,847									30,847	
6. Current Year Member Months	378,740									378,740	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	25,694,731									25,694,731	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	25,694,731									25,694,731	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	20,328,978									20,328,978	
18. Amount Incurred for Provision of Health Care Services	18,563,588									18,563,588	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 25,694,731

30.A1



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.AK



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.AZ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	27,554									27,554	
2. First Quarter	24,592									24,592	
3. Second Quarter	24,092									24,092	
4. Third Quarter	23,849									23,849	
5. Current Year	23,679									23,679	
6. Current Year Member Months	289,352									289,352	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	15,448,849									15,448,849	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	15,448,849									15,448,849	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	12,222,712									12,222,712	
18. Amount Incurred for Provision of Health Care Services	11,161,279									11,161,279	

30 AR

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 15,448,849



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF California

DURING THE YEAR 2018

NAIC Company Code 64467

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

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

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

30.CA

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	7,429									7,429	
2. First Quarter	7,367									7,367	
3. Second Quarter	7,512									7,512	
4. Third Quarter	7,859									7,859	
5. Current Year	8,175									8,175	
6. Current Year Member Months	91,374									91,374	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	5,880,842									5,880,842	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	5,880,842									5,880,842	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	4,652,764									4,652,764	
18. Amount Incurred for Provision of Health Care Services	4,248,713									4,248,713	

30.CO

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,880,842



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Connecticut	DURING THE YEAR 2018							NAIC Company Code	64467	
			1	Comprehensive (Hospital & Medical)		4	5	6	7			8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year			15,930									15,930
2. First Quarter			14,975									14,975
3. Second Quarter			14,455									14,455
4. Third Quarter			14,327									14,327
5. Current Year			14,306									14,306
6. Current Year Member Months			174,611									174,611
Total Member Ambulatory Encounters for Year:												
7. Physician			0									0
8. Non-Physician			0									0
9. Total			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									0
11. Number of Inpatient Admissions			0									0
12. Health Premiums Written (b)			12,494,209									12,494,209
13. Life Premiums Direct			0									0
14. Property/Casualty Premiums Written			0									0
15. Health Premiums Earned			12,494,209									12,494,209
16. Property/Casualty Premiums Earned			0									0
17. Amount Paid for Provision of Health Care Services			9,885,081									9,885,081
18. Amount Incurred for Provision of Health Care Services			9,026,650									9,026,650

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 12,494,209

30.CT

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.DE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.DC



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.GA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2018

NAIC Company Code 64467

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

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

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

30.HI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2018

NAIC Company Code 64467

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

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

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

30.ID



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.1L



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.IN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

30.1A

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF		Kansas		DURING THE YEAR 2018					NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	0											
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	0											
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	0											
18. Amount Incurred for Provision of Health Care Services	0											

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

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

30.KS



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2018					NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	457,395							9,304	448,091	
2. First Quarter	470,742							12,060	458,682	
3. Second Quarter	467,800							12,865	454,935	
4. Third Quarter	461,626							13,434	448,192	
5. Current Year	457,771							13,777	443,994	
6. Current Year Member Months	5,583,200							154,053	5,429,147	
Total Member Ambulatory Encounters for Year:										
7. Physician	2,878,612							197,012	2,681,600	
8. Non-Physician	2,993,558							102,834	2,890,724	
9. Total	5,872,170	0	0	0	0	0	0	299,846	5,572,324	0
10. Hospital Patient Days Incurred	361,799							48,777	313,022	
11. Number of Inpatient Admissions	62,565							6,310	56,255	
12. Health Premiums Written (b)	2,952,925,605							181,650,208	2,771,275,397	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,951,261,612							181,650,208	2,769,611,404	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,483,806,631							134,387,621	2,349,419,010	
18. Amount Incurred for Provision of Health Care Services	2,486,802,715							140,116,843	2,346,685,872	

30.KY

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$181,650,208



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.LA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.MD



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.MA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	8,524									8,524	
2. First Quarter	8,315									8,315	
3. Second Quarter	8,572									8,572	
4. Third Quarter	9,036									9,036	
5. Current Year	9,429									9,429	
6. Current Year Member Months	104,305									104,305	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	6,908,749									6,908,749	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	6,908,749									6,908,749	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	5,466,016									5,466,016	
18. Amount Incurred for Provision of Health Care Services	4,991,342									4,991,342	

30.MN

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,908,749



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

30.MS

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2018

NAIC Company Code

64467

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

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

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

30.MO

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF	Montana	DURING THE YEAR 2018							NAIC Company Code	64467	
				1	Comprehensive (Hospital & Medical)		4	5	6	7			8	9	10
				Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:													
1. Prior Year				3,184									3,184
2. First Quarter				3,160									3,160
3. Second Quarter				3,232									3,232
4. Third Quarter				3,354									3,354
5. Current Year				3,447									3,447
6. Current Year Member Months				39,167									39,167
Total Member Ambulatory Encounters for Year:													
7. Physician				0									0
8. Non-Physician				0									0
9. Total				0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred				0									0
11. Number of Inpatient Admissions				0									0
12. Health Premiums Written (b)				2,477,275									2,477,275
13. Life Premiums Direct				0									0
14. Property/Casualty Premiums Written				0									0
15. Health Premiums Earned				2,477,275									2,477,275
16. Property/Casualty Premiums Earned				0									0
17. Amount Paid for Provision of Health Care Services				1,959,953									1,959,953
18. Amount Incurred for Provision of Health Care Services				1,789,749									1,789,749

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,477,275

30.MT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.NE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.NV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.NM



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.ND



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2018								NAIC Company Code	64467
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8			9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year			0									
2. First Quarter			0									
3. Second Quarter			0									
4. Third Quarter			0									
5. Current Year			0									
6. Current Year Member Months			0									
Total Member Ambulatory Encounters for Year:												
7. Physician			0									
8. Non-Physician			0									
9. Total			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b)			0									
13. Life Premiums Direct			0									
14. Property/Casualty Premiums Written			0									
15. Health Premiums Earned			0									
16. Property/Casualty Premiums Earned			0									
17. Amount Paid for Provision of Health Care Services			0									
18. Amount Incurred for Provision of Health Care Services			0									

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

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

30.OH



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

30.OK

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

30. OR

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

30.PA

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Rhode Island	DURING THE YEAR 2018							NAIC Company Code	64467	
			1	Comprehensive (Hospital & Medical)		4	5	6	7			8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year			4,884									4,884
2. First Quarter			4,335									4,335
3. Second Quarter			4,306									4,306
4. Third Quarter			4,316									4,316
5. Current Year			3,990									3,990
6. Current Year Member Months			50,906									50,906
Total Member Ambulatory Encounters for Year:												
7. Physician			0									0
8. Non-Physician			0									0
9. Total			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									0
11. Number of Inpatient Admissions			0									0
12. Health Premiums Written (b)			3,491,772									3,491,772
13. Life Premiums Direct			0									0
14. Property/Casualty Premiums Written			0									0
15. Health Premiums Earned			3,491,772									3,491,772
16. Property/Casualty Premiums Earned			0									0
17. Amount Paid for Provision of Health Care Services			2,762,596									2,762,596
18. Amount Incurred for Provision of Health Care Services			2,522,689									2,522,689

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,491,772

30.RI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.S.C



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.SD



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.TN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.UT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2018

NAIC Company Code 64467

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

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

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

30.VA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.WA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.WV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

30.WI

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2018						NAIC Company Code	64467
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

30.WY

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2018						NAIC Company Code 64467	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	559,161	0	0	0	0	0	0	9,304	448,091	101,766	
2. First Quarter	565,678	0	0	0	0	0	0	12,060	458,682	94,936	
3. Second Quarter	561,448	0	0	0	0	0	0	12,865	454,935	93,648	
4. Third Quarter	555,632	0	0	0	0	0	0	13,434	448,192	94,006	
5. Current Year	551,644	0	0	0	0	0	0	13,777	443,994	93,873	
6. Current Year Member Months	6,711,655	0	0	0	0	0	0	154,053	5,429,147	1,128,455	
Total Member Ambulatory Encounters for Year:											
7. Physician	2,878,612	0	0	0	0	0	0	197,012	2,681,600	0	
8. Non-Physician	2,993,558	0	0	0	0	0	0	102,834	2,890,724	0	
9. Total	5,872,170	0	0	0	0	0	0	299,846	5,572,324	0	
10. Hospital Patient Days Incurred	361,799	0	0	0	0	0	0	48,777	313,022	0	
11. Number of Inpatient Admissions	62,565	0	0	0	0	0	0	6,310	56,255	0	
12. Health Premiums Written (b)	3,025,322,032	0	0	0	0	0	0	181,650,208	2,771,275,397	72,396,427	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	3,023,658,039	0	0	0	0	0	0	181,650,208	2,769,611,404	72,396,427	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,541,084,731	0	0	0	0	0	0	134,387,621	2,349,419,010	57,278,100	
18. Amount Incurred for Provision of Health Care Services	2,539,106,725	0	0	0	0	0	0	140,116,843	2,346,685,872	52,304,010	

30.GT

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 254,046,635

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
NONE						
9999999 Totals—Life, Annuity and Accident and Health					0	0



SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance						
										11 Current Year	12 Prior Year								
General Account - Authorized - Affiliates - U.S. - Captive																			
General Account - Authorized - Affiliates - U.S. - Other																			
General Account - Authorized - Affiliates - Non-U.S. - Captive																			
General Account - Authorized - Affiliates - Non-U.S. - Other																			
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates																			
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I	MR	7,700												
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I	MC	274,609												
0899999	General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												0						
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates							282,309	0	0	0	0	0	0						
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							282,309	0	0	0	0	0	0						
1199999 - General Account - Authorized - Total General Account Authorized							282,309	0	0	0	0	0	0						
General Account - Unauthorized - Affiliates - U.S. - Captive																			
General Account - Unauthorized - Affiliates - U.S. - Other																			
General Account - Unauthorized - Affiliates - Non-U.S. - Captive																			
General Account - Unauthorized - Affiliates - Non-U.S. - Other																			
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates																			
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates																			
General Account - Certified - Affiliates - U.S. - Captive																			
General Account - Certified - Affiliates - U.S. - Other																			
General Account - Certified - Affiliates - Non-U.S. - Captive																			
General Account - Certified - Affiliates - Non-U.S. - Other																			
General Account - Certified - Non-Affiliates - U.S. Non-Affiliates																			
General Account - Certified - Non-Affiliates - Non-U.S. Non-Affiliates																			
3499999	General Account - Total General Account Authorized, Unauthorized and Certified												282,309	0	0	0	0	0	0
Separate Accounts - Authorized - Affiliates - U.S. - Captive																			
Separate Accounts - Authorized - Affiliates - U.S. - Other																			
Separate Accounts - Authorized - Affiliates - Non-U.S. - Captive																			
Separate Accounts - Authorized - Affiliates - Non-U.S. - Other																			
Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates																			
Separate Accounts - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates																			
Separate Accounts - Unauthorized - Affiliates - U.S. - Captive																			
Separate Accounts - Unauthorized - Affiliates - U.S. - Other																			
Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Captive																			
Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Other																			
Separate Accounts - Unauthorized - Non-Affiliates - U.S. Non-Affiliates																			
Separate Accounts - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates																			
Separate Accounts - Certified - Affiliates - U.S. - Captive																			
Separate Accounts - Certified - Affiliates - U.S. - Other																			
Separate Accounts - Certified - Affiliates - Non-U.S. - Captive																			
Separate Accounts - Certified - Affiliates - Non-U.S. - Other																			
Separate Accounts - Certified - Non-Affiliates - U.S. Non-Affiliates																			
Separate Accounts - Certified - Non-Affiliates - Non-U.S. Non-Affiliates																			
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							282,309	0	0	0	0	0	0						
9999999 Totals							282,309	0	0	0	0	0	0						

33

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums.....	0	9	22	195	1,210
2. Title XVIII-Medicare.....	8	5	6	2	30
3. Title XIX-Medicaid.....	275	257	302	364	1,827
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	114	889	1,597	2,156
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	114	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	725,088,224		725,088,224
2. Accident and health premiums due and unpaid (Line 15).....	25,084,695		25,084,695
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	61,330,874		61,330,874
6. Total assets (Line 28)	811,503,793	0	811,503,793
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	312,532,200	0	312,532,200
8. Accrued medical incentive pool and bonus payments (Line 2).....	7,851,964		7,851,964
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	128,170,135		128,170,135
15. Total liabilities (Line 24).....	448,554,299	0	448,554,299
16. Total capital and surplus (Line 33).....	362,949,494	XXX	362,949,494
17. Total liabilities, capital and surplus (Line 34)	811,503,793	0	811,503,793
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	25,694,731						25,694,731	0
2. Alaska	AK	L							0	0
3. Arizona	AZ	L							0	0
4. Arkansas	AR	L	15,448,849						15,448,849	0
5. California	CA	L							0	0
6. Colorado	CO	L	5,880,842						5,880,842	0
7. Connecticut	CT	L	12,494,209						12,494,209	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		181,650,208	2,771,275,397				2,952,925,605	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	6,908,749						6,908,749	0
25. Mississippi	MS	L							0	0
26. Missouri	MO	L							0	0
27. Montana	MT	L	2,477,275						2,477,275	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	3,491,772						3,491,772	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		72,396,427	181,650,208	2,771,275,397	0	0	0	3,025,322,032	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	0
61. Total (Direct Business)	XXX		72,396,427	181,650,208	2,771,275,397	0	0	0	3,025,322,032	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 RRG43 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 state14

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

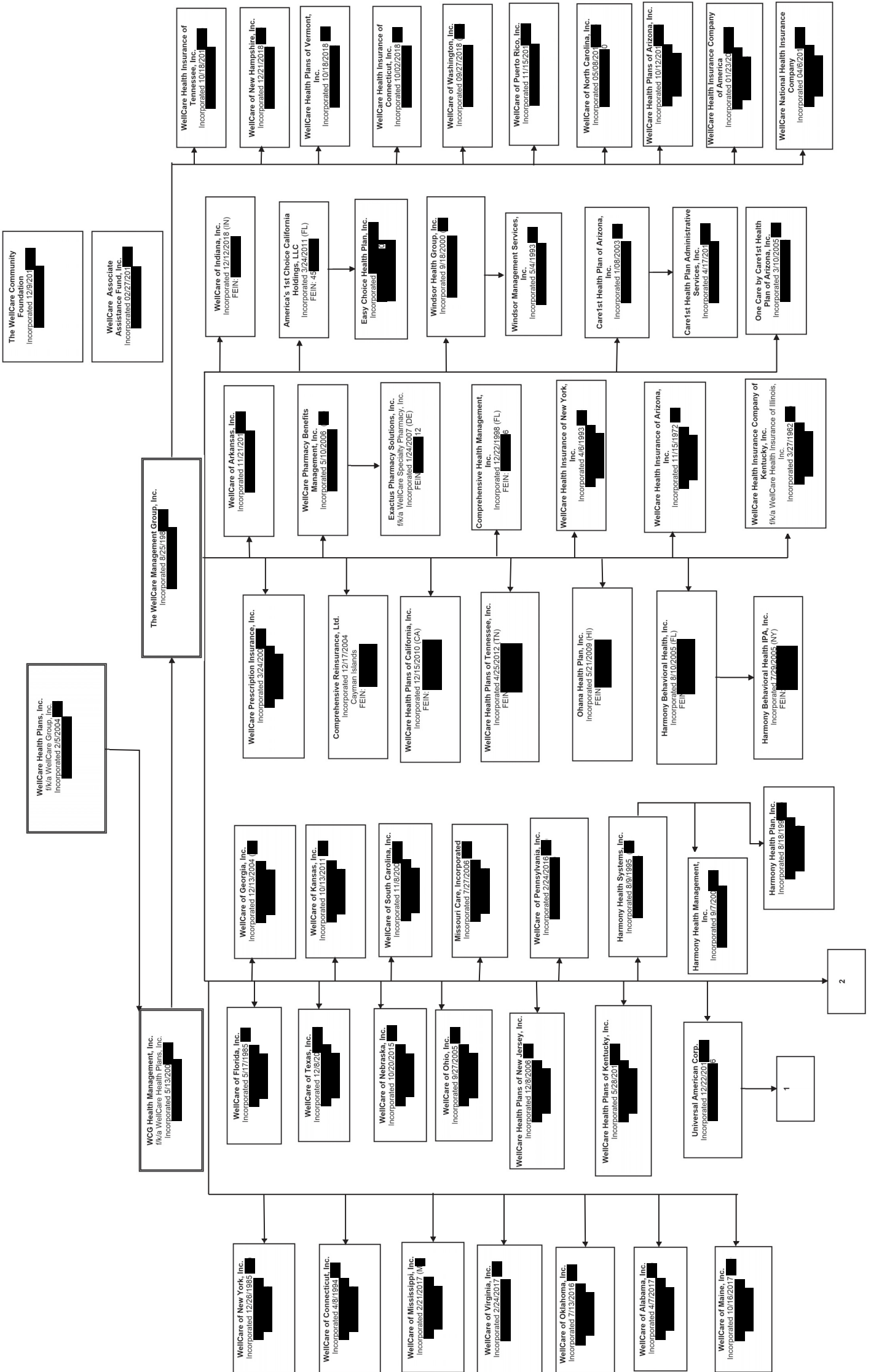
SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

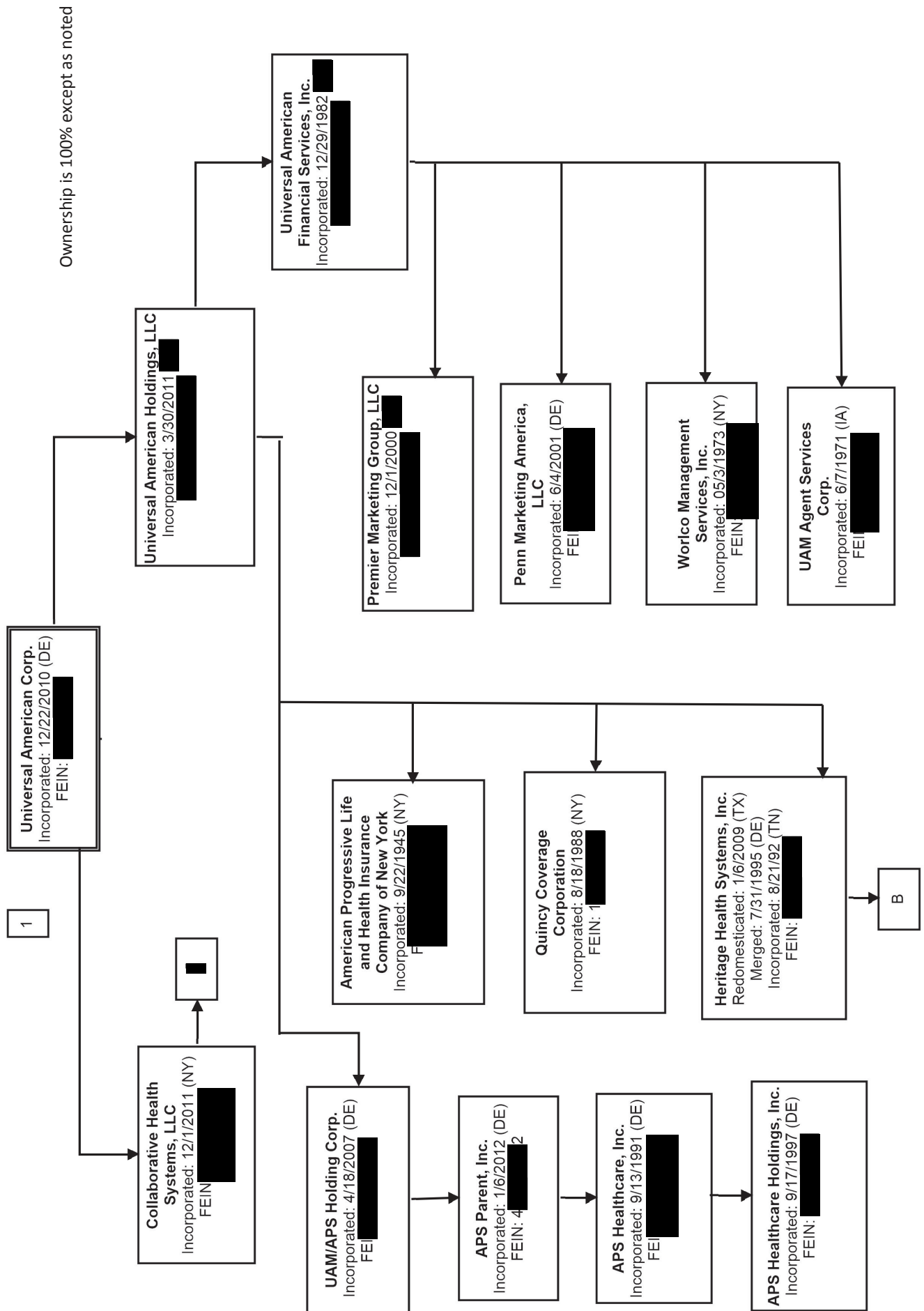
Allocated By States and Territories

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

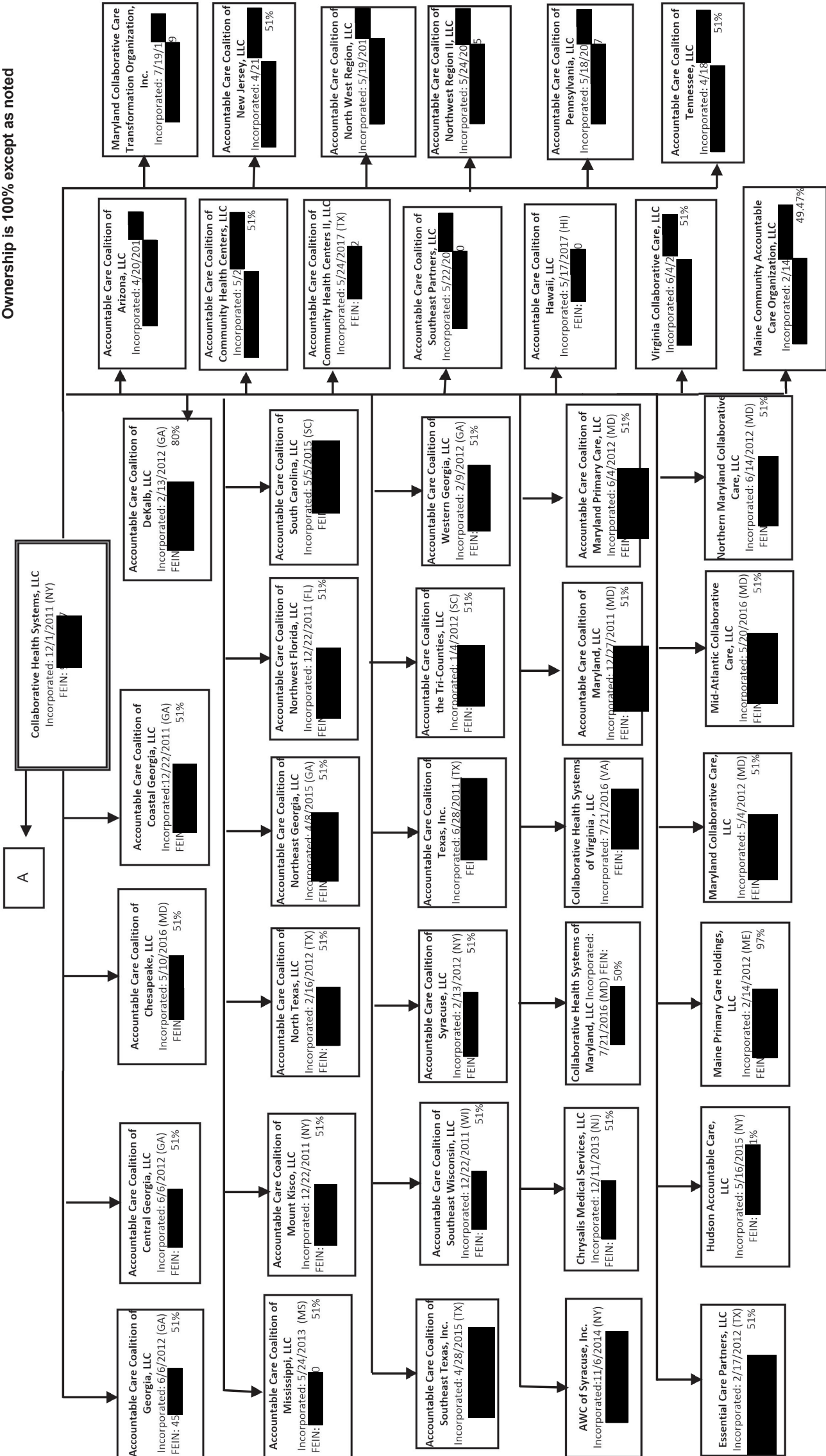
NONE

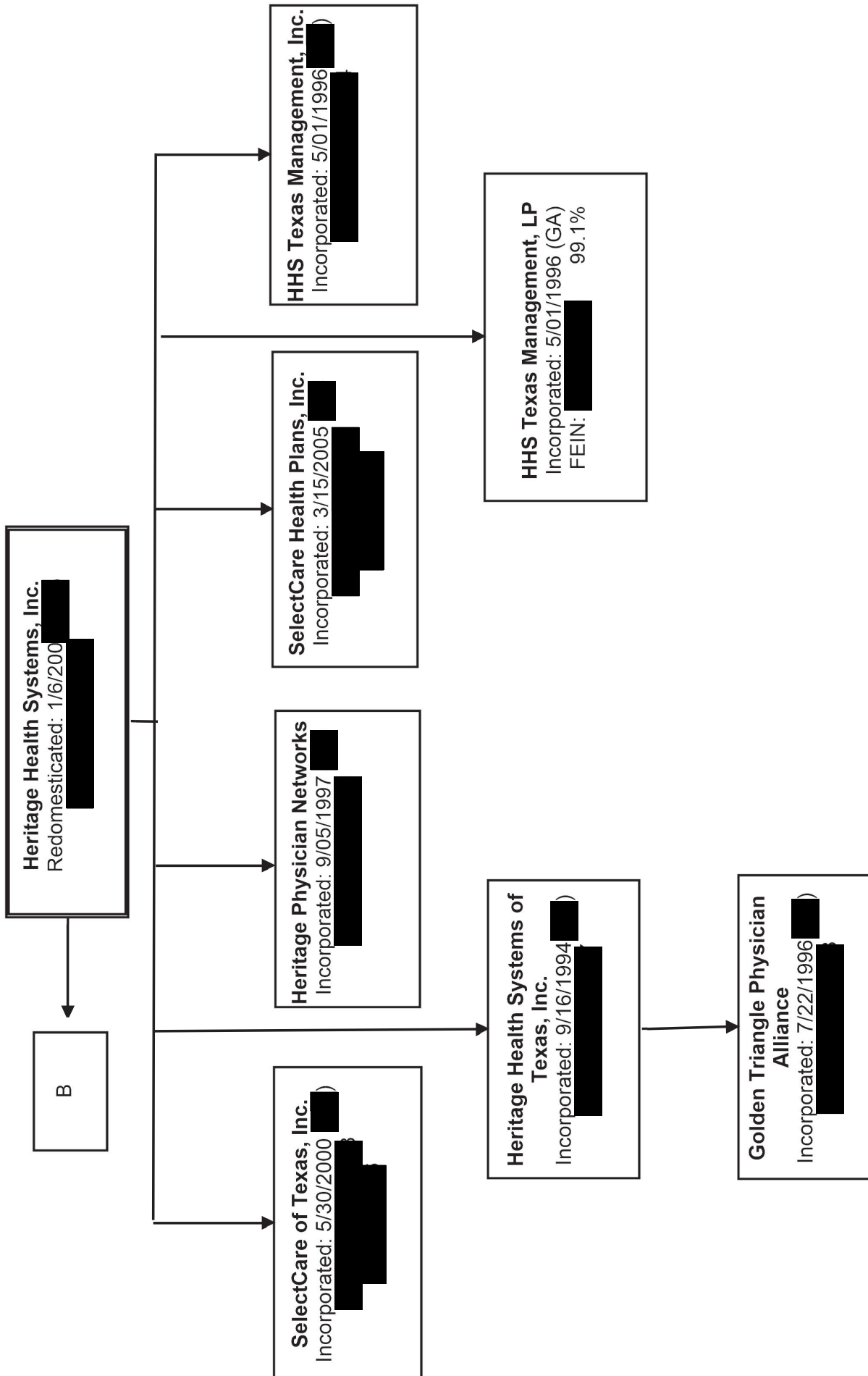
Corporate Organization Chart of The WellCare Group of Companies as of December 31, 2018

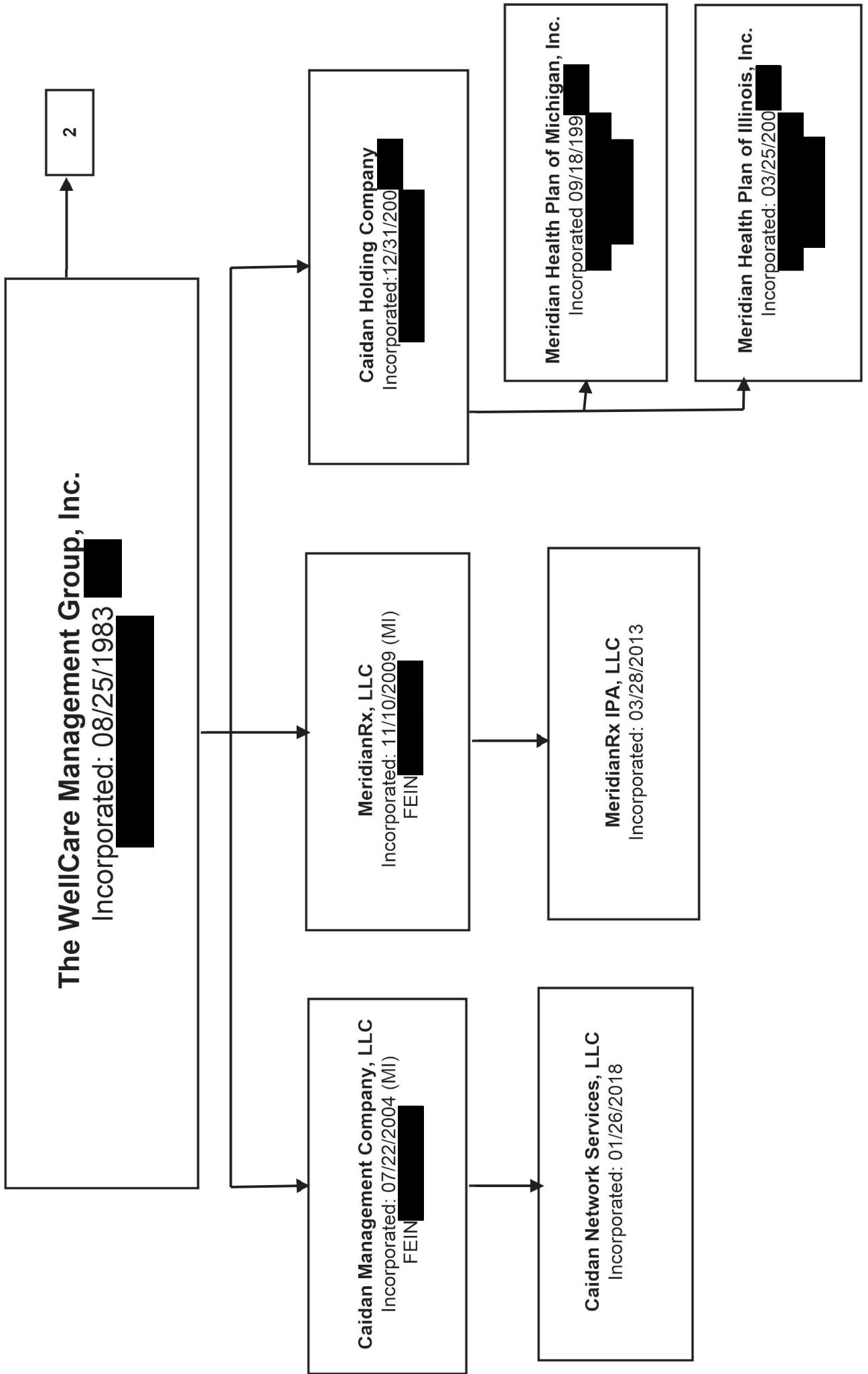




Ownership is 100% except as noted









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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc						WellCare of Connecticut Inc	CT	IA	WellCare of New York, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Florida Inc	FL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Comprehensive Health Management Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						The WellCare Management Group, Inc	NY	UDP	WCG Health Management, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of New York Inc	NY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Harmony Behavioral Health Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Harmony Health Plan Inc	IL	IA	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Harmony Health Systems Inc	IL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Harmony Health Management Inc	IL	NIA	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc				0001279363	NYSE	WellCare Health Plans Inc	FL	UIP	Shareholders		0.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Georgia Inc	GA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Comprehensive Reinsurance Ltd	CYM	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Prescription Insurance Inc	FL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Ohio Inc	OH	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Harmony Behavioral Health IPA Inc	NY	NIA	Harmony Behavioral Health, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Pharmacy Benefits Management In	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Insurance of Arizona Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Insurance Company of Kentucky Inc	KY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Insurance of New York Inc	NY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Plans of New Jersey Inc	NJ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Texas Inc	TX	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Exactus Pharmacy Solutions, Inc	DE	NIA	WellCare Pharmacy Benefits Management	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Ohana Health Plans, Inc	HI	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc						WellCare Health Plans of California, Inc	CA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Kansas, Inc	KS	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Plans of Tennessee, Inc	TN	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						America's 1st Choice California Holdings, LLC	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Easy Choice Health Plan, Inc	CA	IA	America's 1st Choice California Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of South Carolina, Inc	SC	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Missouri Care, Incorporated	MO	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Windsor Health Group, Inc	TN	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Windsor Management Services, Inc	TN	NIA	Windsor Health Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Plans of Kentucky, Inc	KY	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Nebraska, Inc	NE	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Pennsylvania, Inc	PA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Oklahoma, Inc	OK	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						One Care by Care 1st Health Plan of Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Care 1st Health Plan Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Care 1st Health Plan Administrative Services, Inc	AZ	NIA	Care 1st Health Plan Arizona, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Mississippi, Inc	MS	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Virginia, Inc	VA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Alabama, Inc	AL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Accountable Care Coalition of Arizona, LLC	AZ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Accountable Care Coalition of Central Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Accountable Care Coalition of Chesapeake, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Accountable Care Coalition of Coastal Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	

41.1



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

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

41.2



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc						Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						American Progressive Life & Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						APS Parent, Inc	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Collaborative Health Systems of Maryland, Inc	MD	NIA	Collaborative Health Systems, LLC	Ownership	50.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Collaborative Health Systems of Virginia, Inc	VA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Collaborative Health Systems, LLC	NY	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Golden Triangle Physician Alliance	TX	NIA	Heritages Health Systems of Texas Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Heritage Health Systems of Texas, Inc	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc	Ownership	99.1	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	49.5	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems, LLC	Ownership	97.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	

41.3



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc						Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						SelectCare Health Plans, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						SelectCare of Texas, Inc	TX	IA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						UAM Agent Services Corp	IA	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Universal American Corp	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Universal American Holdings, LLC	DE	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Worlco Management Services, Inc	NY	NIA	Worlco Management Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						AWC of Syracuse, Inc	NY	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Plans of Arizona, Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Maine, Inc	ME	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Puerto Rico, Inc	PR	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Associate Assistance Fund, Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Insurance Company of America	AR	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare National Health Insurance Company	TX	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of North Carolina, Inc	NC	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Caidan Management Company, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Caidan Network Services, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	

4.1.4



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 *
01199	WellCare Health Plans Inc						Caidan Holding Company	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Maryland Collaborative Care Transformation Organization, Inc	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Meridian Health Plan of Illinois, Inc	IL	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						Meridian Health Plan of Michigan, Inc	MI	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Washington, Inc	WA	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						MeridianRx, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						MeridianRX IPA, LLC	NY	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Insurance of Connecticut, Inc	CT	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Insurance of Tennessee, Inc	TN	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare Health Plans of Vermont, Inc	VT	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Arkansas, Inc	AR	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of Indiana, Inc	IN	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc						WellCare of New Hampshire, Inc	NH	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	

41.5

Asterisk	Explanation
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SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95081	59-2583622	WellCare of Florida, Inc	(45,580,188)				(350,645,092)				(396,225,280)	
95334	14-1676443	WellCare of New York, Inc					(98,557,945)				(98,557,945)	
95310	06-1405640	WellCare of Connecticut, Inc		8,000,000			(13,902,197)				(5,902,197)	
11229	36-4050495	Harmony Health Plan, Inc	(50,000,000)	40,000,000			(181,966,359)				(191,966,359)	
10760	20-2103320	WellCare of Georgia, Inc	(100,000,000)				(193,327,190)				(293,327,190)	
10155	20-2383134	WellCare Prescription Insurance, Inc					(82,403,725)				(82,403,725)	
00000	59-3547616	Comprehensive Health Management, Inc					1,729,650,191				1,729,650,191	
83445	86-0269558	WellCare Health Insurance of Arizona Inc					(73,866,131)				(73,866,131)	
64467	36-6069295	WellCare Health Ins Co of Kentucky, Inc	(75,000,000)				(235,048,950)	24,034			(310,024,916)	
10884	11-3197523	WellCare Health Ins of New York, Inc					(50,422)				(50,422)	
00000	20-8420512	Exactus Pharmacy Solutions, Inc					(22,945,832)				(22,945,832)	
12964	20-8058761	WellCare of Texas Inc	(10,000,000)				(39,472,638)	(24,034)			(49,496,672)	
13020	20-8017319	WellCare Health Plans of New Jersey Inc		10,000,000			(75,777,080)				(65,777,080)	
00000	14-1647239	The WellCare Management Group, Inc	335,580,188	(345,230,185)							(9,649,997)	
00000	20-5327501	Easy Choice Health Plan, Inc	(20,000,000)				(25,878,600)				(45,878,600)	
11775	32-0062883	WellCare of South Carolina, Inc	(15,000,000)				(36,340,518)				(51,340,518)	
12913	20-5862801	Missouri Care, Inc					(80,017,627)				(80,017,627)	
15951	47-5456872	WellCare of Nebraska, Inc	(10,000,000)				(30,770,527)				(40,770,527)	
16344	82-3114517	WellCare of Maine, Inc		5,113,150							5,113,150	
00000	57-1165217	Care1st Health Plan Arizona, Inc					(48,266,553)				(48,266,553)	
00000	06-1742685	OneCare by Care1st Health Plan of AZ Inc					(2,280,679)				(2,280,679)	
10096	62-1819658	SelectCare of Texas, Inc	(10,000,000)				(95,903,608)				(105,903,608)	
10768	74-3141949	SelectCare Health Plans, Inc					(2,600,491)				(2,600,491)	
80624	13-1851754	American Progressive Life & Health Ins					(39,628,027)				(39,628,027)	
16239	82-1301128	WellCare of Alabama, Inc		1,100,000							1,100,000	
16343	82-4247084	WellCare Health Ins. Co. of America Inc		2,113,124							2,113,124	
16342	82-5127096	WellCare National Health Insurance Co		1,400,000							1,400,000	
16253	82-3169616	WellCare Health Plans of Arizona, Inc		2,003,911							2,003,911	
00000	83-2126269	WellCare Health Insurance of CT, Inc		1,000,000							1,000,000	
00000	83-2126269	WellCare Health Insurance of TN, Inc		2,000,000							2,000,000	
00000	45-5154364	WellCare Health Plans of Tennessee, Inc		1,500,000							1,500,000	
00000	82-5488080	WellCare of North Carolina, Inc		1,000,000							1,000,000	
00000	83-2255514	WellCare Health Plans of Vermont, Inc		5,000,000							5,000,000	
52563	38-3253977	Meridian Plan of Michigan, Inc		70,000,000			(572,165,625)				(502,165,625)	
13189	20-3209671	Meridian Health Plan of Illinois, Inc		235,537,849			(662,127,429)				(426,589,580)	
00000	26-4004494	Caidan Management Company, Inc					361,504,936				361,504,936	
00000	27-1339224	MeridianRx, LLC					872,788,118				872,788,118	
00000	26-4004578	Caidan Holding Company, Inc		(40,537,849)							(40,537,849)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

Responses

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

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING









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

Explanation:

- 11.
- 12.
- 13.
- 14.
- 15.
- 17.
- 18.
- 19.
- 20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

- 11. 
6 4 4 6 7 2 0 1 8 3 6 0 5 9 0 0 0
- 12. 
6 4 4 6 7 2 0 1 8 2 0 5 0 0 0 0 0
- 13. 
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- 14. 
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- 15. 
6 4 4 6 7 2 0 1 8 3 7 0 0 0 0 0 0
- 17. 
6 4 4 6 7 2 0 1 8 2 2 4 0 0 0 0 0
- 18. 
6 4 4 6 7 2 0 1 8 2 2 5 0 0 0 0 0
- 19. 
6 4 4 6 7 2 0 1 8 2 2 6 0 0 0 0 0
- 20. 
6 4 4 6 7 2 0 1 8 3 0 6 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	14,685,106	2.025	14,685,106		14,685,106	2.025
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies		0.000			0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations	3,558,931	0.491	3,558,931		3,558,931	0.491
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations	20,358,878	2.808	20,358,878		20,358,878	2.808
1.43 Revenue and assessment obligations	81,659,888	11.262	81,659,888		81,659,888	11.262
1.44 Industrial development and similar obligations	154,370,486	21.290	154,370,486		154,370,486	21.290
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	450,454,935	62.124	450,454,935		450,454,935	62.124
11. Other invested assets		0.000			0	0.000
12. Total invested assets	725,088,224	100.000	725,088,224	0	725,088,224	100.000

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year.....	0
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 6).....	0
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0
3. Current year change in encumbrances:	
3.1 Totals, Part 1, Column 13.....	0
3.2 Totals, Part 3, Column 11.....	0
4. Total gain (loss) on disposals, Part 3, Column 18.....	0
5. Deduct amounts received on disposals, Part 3, Column 15.....	0
6. Total foreign exchange change in book/adjusted carrying value:	
6.1 Totals, Part 1, Column 15.....	0
6.2 Totals, Part 3, Column 13.....	0
7. Deduct current year's other-than-temporary impairment recognized:	
7.1 Totals, Part 1, Column 12.....	0
7.2 Totals, Part 3, Column 10.....	0
8. Deduct current year's depreciation:	
8.1 Totals, Part 1, Column 11.....	0
8.2 Totals, Part 3, Column 9.....	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0
10. Deduct total nonadmitted amounts.....	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0

NONE

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 7).....	0
2.2 Additional investment made after acquisition (Part 2, Column 8).....	0
3. Capitalized deferred interest and other:	
3.1 Totals, Part 1, Column 12.....	0
3.2 Totals, Part 3, Column 11.....	0
4. Accrual of discount.....	0
5. Unrealized valuation increase (decrease):	
5.1 Totals, Part 1, Column 9.....	0
5.2 Totals, Part 3, Column 8.....	0
6. Total gain (loss) on disposals, Part 3, Column 18.....	0
7. Deduct amounts received on disposals, Part 3, Column 15.....	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:	
9.1 Totals, Part 1, Column 13.....	0
9.2 Totals, Part 3, Column 13.....	0
10. Deduct current year's other-than-temporary impairment recognized:	
10.1 Totals, Part 1, Column 11.....	0
10.2 Totals, Part 3, Column 10.....	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
12. Total valuation allowance.....	0
13. Subtotal (Line 11 plus Line 12).....	0
14. Deduct total nonadmitted amounts.....	0
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....	0

NONE

SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0	0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 16.....	0	
3.2 Totals, Part 3, Column 12.....	0	0
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13.....	0	
5.2 Totals, Part 3, Column 9.....	0	0
6. Total gain (loss) on disposals, Part 3, Column 19.....		0
7. Deduct amounts received on disposals, Part 3, Column 16.....		0
8. Deduct amortization of premium and depreciation.....		0
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17.....	0	
9.2 Totals, Part 3, Column 14.....	0	0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 15.....	0	
10.2 Totals, Part 3, Column 11.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		0
12. Deduct total nonadmitted amounts.....		0
13. Statement value at end of current period (Line 11 minus Line 12).....		0

NONE

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year.....		197,147,651
2. Cost of bonds and stocks acquired, Part 3, Column 7.....		111,205,542
3. Accrual of discount.....		267,427
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12.....	0	
4.2 Part 2, Section 1, Column 15.....	0	
4.3 Part 2, Section 2, Column 13.....	0	
4.4 Part 4, Column 11.....	0	0
5. Total gain (loss) on disposals, Part 4, Column 19.....		(190,123)
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.....		31,784,694
7. Deduct amortization of premium.....		2,066,967
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15.....	0	
8.2 Part 2, Section 1, Column 19.....	0	
8.3 Part 2, Section 2, Column 16.....	0	
8.4 Part 4, Column 15.....	0	0
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14.....	0	
9.2 Part 2, Section 1, Column 17.....	0	
9.3 Part 2, Section 2, Column 14.....	0	
9.4 Part 4, Column 13.....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(2).....		54,453
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....		274,633,290
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....		274,633,290

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks **OWNED** December 31 of Current Year

Description	1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds	
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States 2. Canada 3. Other Countries	14,685,106	14,679,106	14,685,901	14,685,000
	4. Totals	14,685,106	14,679,106	14,685,901	14,685,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	3,558,931	3,547,138	3,614,330	3,475,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	20,358,878	20,363,015	21,076,844	19,910,000
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals	81,659,888	81,439,651	83,093,073	77,073,836
Industrial and Miscellaneous, SVO Identified Funds, Bank Loans and Hybrid Securities (unaffiliated)	8. United States 9. Canada 10. Other Countries	125,494,557 10,437,883 18,438,046	124,153,779 10,390,655 18,348,178	126,182,407 10,431,851 18,417,004	124,508,379 10,439,757 18,459,000
	11. Totals	154,370,486	152,892,612	155,031,262	153,407,135
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	274,633,290	272,921,522	277,501,409	268,550,972
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States 15. Canada 16. Other Countries .....	...............	...............	...............	...............
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	0
	19. Total Preferred Stocks	0	0	0	0
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States 21. Canada 22. Other Countries .....	...............	...............	...............	...............
	23. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	0
	25. Total Common Stocks	0	0	0	0
	26. Total Stocks	0	0	0	0
	27. Total Bonds and Stocks	274,633,290	272,921,522	277,501,409	



SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

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NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	20,663,031	3,017,410				XXX	23,680,442	6.3	3,803,517	1.7	23,680,442	
1.2 NAIC 2						XXX	0	0.0	0	0.0		
1.3 NAIC 3						XXX	0	0.0	0	0.0		
1.4 NAIC 4						XXX	0	0.0	0	0.0		
1.5 NAIC 5						XXX	0	0.0	0	0.0		
1.6 NAIC 6						XXX	0	0.0	0	0.0		
1.7 Totals	20,663,031	3,017,410	0	0	0	XXX	23,680,442	6.3	3,803,517	1.7	23,680,442	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0	0	0.0		
2.2 NAIC 2						XXX	0	0.0	0	0.0		
2.3 NAIC 3						XXX	0	0.0	0	0.0		
2.4 NAIC 4						XXX	0	0.0	0	0.0		
2.5 NAIC 5						XXX	0	0.0	0	0.0		
2.6 NAIC 6						XXX	0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1		3,055,551	503,380			XXX	3,558,931	0.9	3,855,750	1.7	3,558,931	
3.2 NAIC 2						XXX	0	0.0	0	0.0		
3.3 NAIC 3						XXX	0	0.0	0	0.0		
3.4 NAIC 4						XXX	0	0.0	0	0.0		
3.5 NAIC 5						XXX	0	0.0	0	0.0		
3.6 NAIC 6						XXX	0	0.0	0	0.0		
3.7 Totals	0	3,055,551	503,380	0	0	XXX	3,558,931	0.9	3,855,750	1.7	3,558,931	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1	1,533,613	12,482,796	6,342,470			XXX	20,358,878	5.4	21,275,078	9.2	20,358,878	
4.2 NAIC 2						XXX	0	0.0	0	0.0		
4.3 NAIC 3						XXX	0	0.0	0	0.0		
4.4 NAIC 4						XXX	0	0.0	0	0.0		
4.5 NAIC 5						XXX	0	0.0	0	0.0		
4.6 NAIC 6						XXX	0	0.0	0	0.0		
4.7 Totals	1,533,613	12,482,796	6,342,470	0	0	XXX	20,358,878	5.4	21,275,078	9.2	20,358,878	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	24,474,805	38,144,584	19,632,389	293,774		XXX	82,545,551	21.8	58,637,273	25.5	82,545,551	
5.2 NAIC 2	926,693	5,666,145				XXX	6,592,838	1.7	5,794,929	2.5	6,592,838	
5.3 NAIC 3						XXX	0	0.0	0	0.0		
5.4 NAIC 4						XXX	0	0.0	0	0.0		
5.5 NAIC 5						XXX	0	0.0	0	0.0		
5.6 NAIC 6						XXX	0	0.0	0	0.0		
5.7 Totals	25,401,498	43,810,729	19,632,389	293,774	0	XXX	89,138,389	23.6	64,432,202	28.0	89,138,389	0



SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

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NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	118,146,982	35,111,845	602,958			XXX	153,861,785	40.7	67,756,852	29.4	131,225,959	22,635,826
6.2 NAIC 2	16,238,024	70,723,103	701,115			XXX	87,662,242	23.2	69,186,854	30.0	84,588,641	3,073,601
6.3 NAIC 3						XXX	0	0.0	0	0.0		
6.4 NAIC 4						XXX	0	0.0	0	0.0		
6.5 NAIC 5						XXX	0	0.0	0	0.0		
6.6 NAIC 6						XXX	0	0.0	0	0.0		
6.7 Totals	134,385,006	105,834,948	1,304,073	0	0	XXX	241,524,027	63.9	136,943,706	59.5	215,814,600	25,709,427
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0	0	0.0		
7.2 NAIC 2						XXX	0	0.0	0	0.0		
7.3 NAIC 3						XXX	0	0.0	0	0.0		
7.4 NAIC 4						XXX	0	0.0	0	0.0		
7.5 NAIC 5						XXX	0	0.0	0	0.0		
7.6 NAIC 6						XXX	0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX	0	0.0	0	0.0		
8.2 NAIC 2						XXX	0	0.0	0	0.0		
8.3 NAIC 3						XXX	0	0.0	0	0.0		
8.4 NAIC 4						XXX	0	0.0	0	0.0		
8.5 NAIC 5						XXX	0	0.0	0	0.0		
8.6 NAIC 6						XXX	0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO-Designated Securities												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.7 Totals	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0	0	0
10. Bank Loans												
10.1 NAIC 1						XXX	0	0.0	XXX	XXX		
10.2 NAIC 2						XXX	0	0.0	XXX	XXX		
10.3 NAIC 3						XXX	0	0.0	XXX	XXX		
10.4 NAIC 4						XXX	0	0.0	XXX	XXX		
10.5 NAIC 5						XXX	0	0.0	XXX	XXX		
10.6 NAIC 6						XXX	0	0.0	XXX	XXX		
10.7 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0



SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1	(d) 164,818,430	91,812,186	27,081,196	293,774	0	0	284,005,587	75.1	XXX	XXX	261,369,761	22,635,826
11.2 NAIC 2	(d) 17,164,717	76,389,248	701,115	0	0	0	94,255,080	24.9	XXX	XXX	91,181,479	3,073,601
11.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.6 NAIC 6	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.7 Totals	181,983,147	168,201,434	27,782,312	293,774	0	0	(b) 378,260,667	100.0	XXX	XXX	352,551,240	25,709,427
11.8 Line 11.7 as a % of Col. 7	48.1	44.5	7.3	0.1	0.0	0.0	100.0	XXX	XXX	XXX	93.2	6.8
12. Total Bonds Prior Year												
12.1 NAIC 1	38,739,801	83,755,748	31,917,201	915,719	0	0	XXX	XXX	155,328,470	67.4	144,779,644	10,548,826
12.2 NAIC 2	13,337,513	59,475,858	2,168,412	0	0	0	XXX	XXX	74,981,783	32.6	73,631,347	1,350,436
12.3 NAIC 3	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.4 NAIC 4	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.5 NAIC 5	0	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
12.6 NAIC 6	0	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
12.7 Totals	52,077,315	143,231,607	34,085,613	915,719	0	0	XXX	XXX	(b) 230,310,253	100.0	218,410,991	11,899,262
12.8 Line 12.7 as a % of Col. 9	22.6	62.2	14.8	0.4	0.0	0.0	XXX	XXX	100.0	XXX	94.8	5.2
13. Total Publicly Traded Bonds												
13.1 NAIC 1	149,335,112	84,659,679	27,081,196	293,774	0	0	261,369,761	69.1	144,779,644	62.9	261,369,761	XXX
13.2 NAIC 2	17,164,717	73,315,647	701,115	0	0	0	91,181,479	24.1	73,631,347	32.0	91,181,479	XXX
13.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.7 Totals	166,499,828	157,975,326	27,782,312	293,774	0	0	352,551,240	93.2	218,410,991	94.8	352,551,240	XXX
13.8 Line 13.7 as a % of Col. 7	47.2	44.8	7.9	0.1	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	44.0	41.8	7.3	0.1	0.0	0.0	93.2	XXX	XXX	XXX	93.2	XXX
14. Total Privately Placed Bonds												
14.1 NAIC 1	15,483,319	7,152,507	0	0	0	0	22,635,826	6.0	10,548,826	4.6	XXX	22,635,826
14.2 NAIC 2	0	3,073,601	0	0	0	0	3,073,601	0.8	1,350,436	0.6	XXX	3,073,601
14.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.7 Totals	15,483,319	10,226,108	0	0	0	0	25,709,427	6.8	11,899,262	5.2	XXX	25,709,427
14.8 Line 14.7 as a % Col. 7	60.2	39.8	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	4.1	2.7	0.0	0.0	0.0	0.0	6.8	XXX	XXX	XXX	XXX	6.8

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(a) Includes \$ 25,709,427 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ 2,806,070 current year of bonds with Z designations, \$ 802,169 prior year of bonds with Z designations, \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$ current year of bonds with 5GI designations, \$ prior, 5* or 5GI designations and \$ current year, \$ prior year of bonds with 6* designations. "5GI*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 94,580,490 ; NAIC 2 \$ 9,046,887 ; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$



SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 Issuer Obligations	20,663,031	3,017,410				XXX	23,680,442	6.3	3,803,517	1.7	23,680,442	
1.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
1.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
1.5 Totals	20,663,031	3,017,410	0	0	0	XXX	23,680,442	6.3	3,803,517	1.7	23,680,442	0
2. All Other Governments												
2.1 Issuer Obligations						XXX	0	0.0	0	0.0		
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations		3,055,551	503,380			XXX	3,558,931	0.9	3,855,750	1.7	3,558,931	
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
3.5 Totals	0	3,055,551	503,380	0	0	XXX	3,558,931	0.9	3,855,750	1.7	3,558,931	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations	1,533,613	12,482,796	6,342,470			XXX	20,358,878	5.4	21,275,078	9.2	20,358,878	
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
4.5 Totals	1,533,613	12,482,796	6,342,470	0	0	XXX	20,358,878	5.4	21,275,078	9.2	20,358,878	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations	23,254,588	39,258,150	18,975,976	293,774		XXX	81,782,489	21.6	62,645,688	27.2	81,782,489	
5.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
5.3 Commercial Mortgage-Backed Securities	2,146,909	3,456,444				XXX	5,603,353	1.5	0	0.0	5,603,353	
5.4 Other Loan-Backed and Structured Securities		1,096,135	656,412			XXX	1,752,547	0.5	1,786,514	0.8	1,752,547	
5.5 Totals	25,401,498	43,810,729	19,632,389	293,774	0	XXX	89,138,389	23.6	64,432,202	28.0	89,138,389	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations	118,988,186	92,010,827	904,115			XXX	211,903,128	56.0	93,421,857	40.6	197,271,875	14,631,254
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
6.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
6.4 Other Loan-Backed and Structured Securities	15,396,819	13,824,121	399,958			XXX	29,620,898	7.8	43,521,850	18.9	18,542,725	11,078,173
6.5 Totals	134,385,006	105,834,948	1,304,073	0	0	XXX	241,524,027	63.9	136,943,706	59.5	215,814,600	25,709,427
7. Hybrid Securities												
7.1 Issuer Obligations						XXX	0	0.0	0	0.0		
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX	0	0.0	0	0.0		
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Bank Loans												
10.1 Bank Loans - Issued						XXX	0	0.0	XXX	XXX		
10.2 Bank Loans - Acquired						XXX	0	0.0	XXX	XXX		
10.3 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11. Total Bonds Current Year												
11.1 Issuer Obligations	164,439,419	149,824,734	26,725,941	293,774	0	XXX	341,283,869	90.2	XXX	XXX	326,652,615	14,631,254
11.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.3 Commercial Mortgage-Backed Securities	2,146,909	3,456,444	0	0	0	XXX	5,603,353	1.5	XXX	XXX	5,603,353	0
11.4 Other Loan-Backed and Structured Securities	15,396,819	14,920,256	1,056,370	0	0	XXX	31,373,445	8.3	XXX	XXX	20,295,272	11,078,173
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.7 Totals	181,983,147	168,201,434	27,782,312	293,774	0	0	378,260,667	100.0	XXX	XXX	352,551,240	25,709,427
11.8 Lines 11.7 as a % Col. 7	48.1	44.5	7.3	0.1	0.0	0.0	100.0	XXX	XXX	XXX	93.2	6.8
12. Total Bonds Prior Year												
12.1 Issuer Obligations	33,921,728	117,865,343	32,299,099	915,719	0	XXX	XXX	XXX	185,001,890	80.3	182,851,589	2,150,301
12.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
12.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
12.4 Other Loan-Backed and Structured Securities	18,155,586	25,366,263	1,786,514	0	0	XXX	XXX	XXX	45,308,364	19.7	35,559,402	9,748,961
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
12.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0	0	0.0	0	0
12.7 Totals	52,077,315	143,231,607	34,085,613	915,719	0	0	XXX	XXX	230,310,253	100.0	218,410,991	11,899,262
12.8 Line 12.7 as a % of Col. 9	22.6	62.2	14.8	0.4	0.0	0.0	XXX	XXX	100.0	XXX	94.8	5.2
13. Total Publicly Traded Bonds												
13.1 Issuer Obligations	154,412,483	145,220,417	26,725,941	293,774	0	XXX	326,652,615	86.4	182,851,589	79.4	326,652,615	XXX
13.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
13.3 Commercial Mortgage-Backed Securities	2,146,909	3,456,444	0	0	0	XXX	5,603,353	1.5	0	0.0	5,603,353	XXX
13.4 Other Loan-Backed and Structured Securities	9,940,437	9,298,466	1,056,370	0	0	XXX	20,295,272	5.4	35,559,402	15.4	20,295,272	XXX
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
13.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	XXX
13.7 Totals	166,499,828	157,975,326	27,782,312	293,774	0	0	352,551,240	93.2	218,410,991	94.8	352,551,240	XXX
13.8 Line 13.7 as a % of Col. 7	47.2	44.8	7.9	0.1	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	44.0	41.8	7.3	0.1	0.0	0.0	93.2	XXX	XXX	XXX	93.2	XXX
14. Total Privately Placed Bonds												
14.1 Issuer Obligations	10,026,936	4,604,317	0	0	0	XXX	14,631,254	3.9	2,150,301	0.9	XXX	14,631,254
14.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
14.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
14.4 Other Loan-Backed and Structured Securities	5,456,383	5,621,791	0	0	0	XXX	11,078,173	2.9	9,748,961	4.2	XXX	11,078,173
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
14.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
14.7 Totals	15,483,319	10,226,108	0	0	0	0	25,709,427	6.8	11,899,262	5.2	XXX	25,709,427
14.8 Line 14.7 as a % of Col. 7	60.2	39.8	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	4.1	2.7	0.0	0.0	0.0	0.0	6.8	XXX	XXX	XXX	XXX	6.8

6019



SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	23,242,630	23,242,630	0	0	0
2. Cost of short-term investments acquired	175,141,874	175,141,874			
3. Accrual of discount	372,463	372,463			
4. Unrealized valuation increase (decrease)	0				
5. Total gain (loss) on disposals	(39,266)	(39,266)			
6. Deduct consideration received on disposals	97,838,162	97,838,162			
7. Deduct amortization of premium	386,803	386,803			
8. Total foreign exchange change in book/adjusted carrying value	0				
9. Deduct current year's other-than-temporary impairment recognized	0				
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	100,492,736	100,492,736	0	0	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	100,492,736	100,492,736	0	0	0

SI10

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

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 BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	317,207,771	9,919,973	307,287,799	0
2. Cost of cash equivalents acquired.....	1,887,503,148	45,555,514	1,841,947,634	
3. Accrual of discount.....	30,547	30,547		
4. Unrealized valuation increase (decrease).....	.0			
5. Total gain (loss) on disposals.....	1,552	1,552		
6. Deduct consideration received on disposals.....	2,154,919,339	52,270,010	2,102,649,329	
7. Deduct amortization of premium.....	102,935	102,935		
8. Total foreign exchange change in book/adjusted carrying value.....	.0			
9. Deduct current year's other-than-temporary impairment recognized.....	.0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	49,720,745	3,134,641	46,586,104	0
11. Deduct total nonadmitted amounts.....	.0			
12. Statement value at end of current period (Line 10 minus Line 11)	49,720,745	3,134,641	46,586,104	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE



SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates			
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Code	For e i g n	Bond CHAR	NAIC Designation and Admin- istrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date	
627678-7H-2	MUSKEGON CNTY MICH				1FE	500,000	101.1590	505,795	500,000	500,000					3.530	3.526	MN	539		12/12/2018	11/01/2024	
720526-XN-7	PIERCE CNTY WASH SCH DIST NO 320 SUMNER			2	1FE	1,081,366	109.2670	1,059,890	970,000	1,067,910		(11,878)			4.000	2.500	JD	3,233	38,800	11/09/2017	12/01/2029	
753351-LV-5	RAPID CITY S D AREA SCH DIST NO 51-4				1FE	629,975	108.9880	615,782	565,000	614,115		(15,688)			5.000	2.000	JJ	14,125	14,360	12/01/2017	01/01/2022	
753351-LW-3	RAPID CITY S D AREA SCH DIST NO 51-4				1FE	676,926	111.5760	663,877	595,000	661,111		(15,643)			5.000	2.090	JJ	14,875	15,123	12/01/2017	01/01/2023	
755638-YT-4	READING PA SCH DIST				1FE	284,800	109.0820	272,705	250,000	274,729		(7,530)			5.000	1.770	MS	4,167	12,535	07/28/2017	03/01/2022	
755638-YU-1	READING PA SCH DIST				1FE	301,332	111.3380	289,479	260,000	291,666		(7,229)			5.000	1.940	MS	4,333	13,036	07/28/2017	03/01/2023	
796269-VK-1	SAN ANTONIO TEX INDPT SCH DIST				1FE	1,135,010	109.2190	1,092,190	1,000,000	1,100,881		(31,204)			5.000	1.670	FA	18,889	50,000	11/22/2017	02/15/2022	
844368-KY-5	SOUTHGATE MICH CMNTY SCH DIST				1FE	593,905	114.8040	574,020	500,000	556,978		(9,813)			5.000	2.691	MN	4,167	25,000	01/09/2015	05/01/2024	
864856-DT-3	SUGAR LAND TEX				1FE	282,448	109.4090	273,523	250,000	274,746		(7,618)			5.000	1.730	FA	4,722	7,882	12/06/2017	02/15/2022	
888514-JQ-0	TITUS CNTY TEX				1FE	390,592	118.0120	383,539	325,000	380,758		(7,060)			5.000	2.380	MS	5,417	16,250	07/19/2017	03/01/2026	
92839N-CC-5	VISTANCIA CMNTY FACS DIST ARIZ				1FE	415,277	101.6670	376,168	370,000	376,508		(11,942)			5.000	1.701	JJ	8,531	18,500	08/19/2015	07/15/2019	
940859-CC-3	WASHOE CNTY NEV SCH DIST				1FE	584,065	113.5530	567,765	500,000	570,825		(12,178)			5.000	2.210	JD	2,083	25,694	11/28/2017	06/01/2024	
970294-CD-4	WILLIAMSTON MICH CMNTY SCHS SCH DIST				1FE	349,323	106.6790	346,707	325,000	337,847		(3,634)			4.000	2.750	MN	2,167	13,000	09/10/2015	05/01/2022	
1899999	Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations					21,076,844	XXX	20,363,015	19,910,000	20,358,878	0	(316,813)	0	0	XXX	XXX	XXX		196,977	689,376	XXX	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities																						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities																						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities																						
2499999	Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Subtotals - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)					21,076,844	XXX	20,363,015	19,910,000	20,358,878	0	(316,813)	0	0	XXX	XXX	XXX		196,977	689,376	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations																						
003430-BH-7	ABILENE KANS PUB BLDG COMM REV				1FE	925,237	120.4690	921,588	765,000	910,228		(14,307)			5.000	2.600	JD	3,188	36,869	11/22/2017	12/01/2027	
010053-BC-9	AKRON OHIO ECONOMIC DEV REV				1FE	502,715	100.5190	502,595	500,000	502,214		(501)			3.150	2.990	JD	1,313	15,750	04/12/2018	12/01/2021	
01757L-GG-5	ALLEN CNTY OHIO HOSP FACS REV				1FE	1,118,290	109.0540	1,090,540	1,000,000	1,091,474		(26,058)			5.000	2.152	FA	20,833	30,556	12/13/2017	08/01/2047	
040507-PA-7	ARIZONA HEALTH FACS AUTH REV				1FE	692,484	102.7810	616,686	600,000	617,723		(19,062)			5.000	1.731	JD	2,500	30,000	12/17/2014	12/01/2019	
041080-JJ-2	ARKANSAS ST DEV FIN AUTH MULTIFAMILY HS				1FE	499,900	99.7960	498,980	500,000	499,955		51			1.690	1.701	MN	1,408	7,769	11/28/2017	11/01/2021	
052409-DE-6	AUSTIN TEX CONVENTION ENTERPRISES INC CO				2FE	400,341	109.2760	382,466	350,000	386,323		(8,580)			5.000	2.271	JJ	8,750	17,500	05/02/2017	01/01/2023	
072024-UL-4	BAY AREA TOLL AUTH CALIF TOLL BRDG REV			2	1FE	775,000	100.5060	778,922	775,000	775,000					2.100	2.100	AO	4,069	16,275	02/15/2017	04/01/2045	
076441-DL-5	BEDFORD PK VLG ILL HOTEL/MOTEL TAX REV				1FE	208,848	103.7220	207,444	200,000	207,068		(1,780)			4.000	2.730	JD	667	8,000	03/21/2018	12/01/2021	
084538-HD-2	BERKS CNTY PA MUN AUTH REV			2	1FE	582,910	102.9890	514,945	500,000	514,687		(17,367)			5.500	1.920	MN	4,583	27,500	12/11/2014	11/01/2024	
084538-HH-3	BERKS CNTY PA MUN AUTH REV			2	1FE	582,910	102.1050	510,525	500,000	514,687		(17,367)			5.500	1.920	MN	4,583	27,500	12/11/2014	11/01/2024	
087368-AH-9	BETHLEHEM PA AREA SCH DIST AUTH SCH REV			2	1FE	750,000	99.7510	748,133	750,000	750,000					2.254	2.254	MON	1,311	14,102	11/07/2017	01/01/2030	
091156-NN-5	BIRMINGHAM JEFFERSON ALA CIVIC CTR AUTH				1FE	600,000	100.5050	603,030	600,000	600,000					3.250	3.251	JJ	7,800		07/18/2018	07/01/2021	
135521-CJ-9	CANADIAN CNTY OKLA EDL FACS AUTH EDL FAC				1FE	556,565	108.9400	544,700	500,000	544,909		(7,321)			4.000	2.299	MS	6,667	25,333	05/10/2017	09/01/2024	
145810-DD-6	CARSON CITY NEV HOSP REV CENTER CITY MINN HEALTH CARE				2FE	383,845	106.9520	374,332	350,000	374,627		(8,898)			5.000	2.262	MS	5,833	12,250	11/29/2017	09/01/2021	
151452-AP-4	CHICAGO ILL MIDWAY ARPT REV			2	2FE	592,126	101.6940	574,571	565,000	576,693		(13,840)			4.300	1.780	MN	4,049	24,295	11/16/2017	11/01/2024	
167562-RM-1	CHICAGO ILL O HARE INTL ARPT REV			1	1FE	400,000	101.8470	407,388	400,000	400,000					3.697	3.697	JJ	6,162		07/25/2018	01/01/2026	
167593-KX-9	CHICAGO ILL O HARE INTL ARPT REV			2	1FE	505,415	102.6410	513,205	500,000	503,515		(1,087)			4.000	3.750	JJ	10,000	20,000	03/10/2017	01/01/2029	

E10.1



SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For e i g n	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
59261A-PY-7	METROPOLITAN TRANSN AUTH N Y DEDICATED T			2	1FE	916,418	117.6700	882,525	750,000	901,561		(14,158)			5.000	2.560	MN	4,792	34,479	11/22/2017	11/15/2028
59333H-CL-8	MIAMI-DADE CNTY FLA PROFESSIONAL SPORTS			1	1FE	400,000	101.0930	404,372	400,000	400,000					3.356	3.355	AO	4,326		08/09/2018	10/01/2022
59447T-QB-2	MICHIGAN PUBLIC EDUCATIONAL FACILITIES A				1FE	1,166,120	113.1740	1,131,740	1,000,000	1,138,730		(26,592)			5.000	2.020	JD	4,167	47,222	12/08/2017	12/01/2023
594700-BJ-4	MICHIGAN ST TRUNK LINE FD MILWAUKEE WIS REDEV AUTH				1FE	586,430	109.9120	549,560	500,000	550,544		(17,243)			5.500	1.820	MN	4,583	27,500	11/21/2016	11/01/2021
602418-CK-9	REDEV LEASE REV			2	1FE	682,413	116.2460	656,790	565,000	665,422		(11,316)			5.000	2.498	MN	3,610	38,922	06/07/2017	11/15/2027
60534T-X6-7	MISSISSIPPI DEV BK SPL OBLIG				1FE	702,200	109.0790	681,744	625,000	674,768		(14,559)			5.000	2.434	AO	7,813	31,250	02/01/2017	04/01/2022
64461X-AU-9	NEW HAMPSHIRE HEALTH & ED FACS AUTH REV			2	1FE	451,928	109.6550	438,620	400,000	440,400		(7,423)			5.000	2.820	JJ	10,000	21,333	05/24/2017	01/01/2030
644684-BC-5	NEW HAMPSHIRE ST BUSINESS FIN AUTH WTR F				1FE	1,510,463	109.8390	1,449,875	1,320,000	1,420,358		(23,294)			5.000	2.970	JJ	33,000	66,000	12/11/2014	01/01/2023
644804-EY-8	NEW HAMPSHIRE ST BUSINESS FIN AUTH WTR F				1FE	613,485	118.5570	592,785	500,000	598,492		(9,967)			5.000	2.481	AO	6,250	25,000	06/13/2017	10/01/2027
645424-AF-9	NEW HOPE CULTURAL ED FACS FIN CORP TEX H				1FE	1,187,170	117.6300	1,176,300	1,000,000	1,164,242		(22,686)			5.000	2.311	FA	18,889	31,528	12/14/2017	08/15/2025
64577B-JL-9	NEW JERSEY ECONOMIC DEV AUTH REV				2FE	519,900	102.7640	513,820	500,000	512,895		(7,005)			5.000	2.730	MS	8,333	12,500	05/07/2018	03/01/2020
646066-U7-3	NEW JERSEY ST EDL FACS AUTH REV			1	1FE	293,601	99.1920	297,576	300,000	293,774		173			3.683	3.926	JJ	5,525		08/27/2018	07/01/2029
646108-VV-9	NEW JERSEY ST HSG & MTG FIN AGY MULTI-FA				1FE	455,000	99.7160	453,708	455,000	455,000					2.300	2.300	MN	1,744	10,465	04/06/2017	11/01/2021
64763H-GU-3	NEW ORLEANS LA AVIATION BRD REV				1FE	464,908	113.1830	452,732	400,000	452,285		(7,945)			5.000	2.631	JJ	10,000	20,000	05/12/2017	01/01/2025
64972C-U5-0	NEW YORK N Y CITY HSG DEV CORP MULTIFAM			2	1FE	500,000	99.4340	497,170	500,000	500,000					2.000	2.001	MN	1,667	8,417	12/06/2017	11/01/2057
64972C-VV-2	NEW YORK N Y CITY HSG DEV CORP MULTIFAM			2	1FE	488,160	98.9950	494,975	500,000	495,256		3,490			1.450	2.180	MN	1,208	7,250	12/07/2016	05/01/2050
64987D-BA-1	NEW YORK ST HSG FIN AGY REV				1FE	1,000,000	99.2650	992,650	1,000,000	1,000,000					1.650	1.650	MN	2,750	15,583	11/17/2017	05/01/2021
649907-XZ-0	NEW YORK STATE DORMITORY AUTHORITY			1	1FE	447,504	106.6450	453,241	425,000	446,465		(1,038)			4.192	3.457	JD	1,485	8,908	07/18/2018	12/01/2026
64990C-4K-4	NEW YORK ST DORM AUTH REVS NON ST SUPPOR				1FE	868,943	112.9070	846,803	750,000	847,745		(20,522)			5.000	1.960	JJ	18,750	19,896	12/13/2017	07/01/2023
64990F-FT-6	NEW YORK ST DORM AUTH ST PERS INCOME TAX				1FE	928,140	118.4290	888,218	750,000	905,270		(20,202)			5.000	1.880	FA	14,167	31,458	11/09/2017	02/15/2026
650035-4S-4	NEW YORK ST URBAN DEV CORP REV			1	1FE	392,773	98.8790	395,516	400,000	393,492		718			2.100	2.633	MS	2,473	4,200	08/16/2018	03/15/2022
650035-V6-2	NEW YORK ST URBAN DEV CORP REV				1FE	137,569	103.7770	124,532	120,000	125,378		(4,417)			5.000	1.230	MS	1,767	6,000	03/15/2016	03/15/2020
65820Y-NL-6	NORTH CAROLINA MED CARE COMMN RETIREMENT				2FE	305,396	106.9450	294,099	275,000	297,082		(7,761)			5.000	1.982	AO	3,438	11,267	11/17/2017	10/01/2021
65820Y-NM-4	NORTH CAROLINA MED CARE COMMN RETIREMENT				2FE	395,766	108.9620	381,367	350,000	385,970		(9,145)			5.000	2.131	AO	4,375	14,340	11/17/2017	10/01/2022
662842-NG-4	NORTH TEX MUN WTR DIST UPPER EAST FORK W				1FE	456,396	110.2250	440,900	400,000	443,887		(12,374)			5.000	1.681	JD	1,667	18,500	12/08/2017	06/01/2022
66285W-JE-7	NORTH TEX TWY AUTH REV			2	1FE	1,122,040	107.9530	1,079,530	1,000,000	1,087,184		(31,800)			5.000	1.640	MS	16,667	50,000	11/22/2017	09/01/2024
69650M-AN-9	PALM BEACH CNTY FLA HEALTH FACS AUTH RET				1FE	1,053,540	102.9660	1,029,660	1,000,000	1,035,589		(17,951)			4.000	2.050	MN	5,111	40,000	01/10/2018	11/15/2020
696543-RH-2	PALM BEACH CNTY FLA PUB IMPT REV			2	1FE	1,183,680	117.5410	1,175,410	1,000,000	1,149,889		(18,233)			5.000	2.730	MN	8,333	50,000	02/13/2017	05/01/2028
708796-5C-7	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY M				1FE	500,000	98.4650	492,325	500,000	500,000					1.900	1.900	AO	2,375	9,500	05/11/2017	04/01/2021
70917S-R4-7	PENNSYLVANIA ST HIGHER EDL FACS AUTH REV			2	1FE	598,710	118.8760	594,380	500,000	589,156		(9,089)			5.000	2.671	FA	9,444	16,806	11/29/2017	08/15/2028
709224-XB-0	PENNSYLVANIA ST TPK COMMN TPK REV				1FE	1,189,060	116.3750	1,163,750	1,000,000	1,164,660		(17,137)			5.000	2.791	JD	4,167	50,000	07/14/2017	06/01/2027

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SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For orig gn	Bond CHAR	NAIC Designation and Admin- istrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
713040-GY-3	PEORIA CNTY ILL SCH DIST NO 150 PEORIA				1FE	369,592		102,9870	345,000	358,877		(6,740)			4.000	1.940	JJ	6,900	15,180	04/27/2017	01/01/2021
717817-TY-6	PHILADELPHIA PA ARPT REV				1FE	595,065		116,4390	500,000	584,630		(10,103)			5.000	2.510	JJ	12,500	13,264	12/15/2017	07/01/2026
717893-E3-1	PHILADELPHIA PA WTR & WASTEWTR REV				1FE	490,580		117,1880	400,000	476,242		(10,317)			5.000	2.001	MN	3,333	20,000	07/26/2017	11/01/2025
749845-UK-7	RACINE CNTY WIS			2	1FE	635,135		98,4170	650,000	638,865		3,731			2.150	3.078	JD	1,165	13,237	04/30/2018	12/01/2020
759911-3H-1	REGIONAL TRANSN AUTH ILL				1FE	300,000		100,0910	300,000	300,000					3.013	3.013	MN	1,507	3,791	05/09/2018	05/29/2020
76221T-JF-7	RHODE IS HSG & MTG FIN CORP REV			2	1FE	1,000,000		100,0370	1,000,000	1,000,000					1.850	1.851	AO	4,625	14,389	11/30/2017	04/01/2056
762315-QD-4	RHODE ISLAND ST STUDENT LN AUTH STUDENT				1FE	500,022		107,7060	450,000	485,925		(8,561)			5.000	2.831	JD	1,875	22,500	04/06/2017	12/01/2022
773835-BN-2	ROCKPORT IND POLLUTION CTL REV				1FE	400,000		99,6630	400,000	400,000					2.050	2.050	JD	683	8,200	05/09/2017	04/01/2025
791638-F6-1	ST LOUIS MO ARPT REV				1FE	459,952		116,4990	380,000	447,730		(8,153)			5.000	2.390	JJ	9,500	19,158	06/09/2017	07/01/2026
79467B-AH-8	SALES TAX SECURITIZATION CORP ILL				1FE	671,130		112,5710	600,000	670,755		(375)			5.000	3.310	JJ	15,000		12/11/2018	01/01/2027
796253-5Y-4	SAN ANTONIO TEX ELEC & GAS REV			2	1FE	504,295		100,2220	500,000	501,361		(1,446)			2.250	1.951	FA	4,688	11,250	12/07/2016	02/01/2033
83756C-TQ-8	SOUTH DAKOTA HSG DEV AUTH				1FE	900,000		99,5330	900,000	900,000					2.500	2.500	MN	3,750	18,938	12/12/2017	05/01/2024
838530-PW-7	SOUTH JERSEY PORT CORP N J REV				2FE	373,191		100,0000	350,000	350,000		(10,404)			5.000	1.983	JJ	8,750	17,500	09/23/2016	01/01/2019
880461-LU-0	TENNESSEE HSG DEV AGY				1FE	532,067		98,8160	540,000	535,311		3,243			1.745	2.631	JJ	4,712	4,799	04/13/2018	01/01/2020
882117-W9-1	RESIDENTIAL FIN PR				1FE	1,679,655		107,4950	1,500,000	1,626,028		(49,056)			5.000	1.560	JJ	37,500	75,000	11/22/2017	07/01/2021
88271F-FF-5	TEXAS A & M UNIV PERM UNIV FD				1FE	1,000,000		99,7210	1,000,000	1,000,000					1.900	1.900	JD	1,583	18,683	12/01/2017	12/01/2020
899676-MT-4	TEXAS ST AFFORDABLE HSG CORP MULTIFAMILY			2	1FE	557,820		108,7050	500,000	548,302		(9,415)			5.000	2.812	AO	6,250	18,958	12/15/2017	10/01/2023
914183-BA-5	TULSA OKLA TULSA INDL AUTH				2FE	1,125,910		107,2660	1,000,000	1,075,283		(27,192)			5.000	2.082	MN	6,389	50,000	02/01/2017	11/15/2038
91514A-HD-0	UNIVERSITY COLO HOSP AUTH REV			2	1FE	1,142,750		110,6650	1,000,000	1,111,299		(29,471)			5.000	1.811	FA	18,889	34,444	11/29/2017	08/15/2022
92707U-AW-6	UNIVERSITY TEX UNIV REVS				1FE	420,599		104,7190	390,000	412,554		(4,861)			4.000	2.580	MN	2,600	15,799	04/13/2017	05/01/2023
927793-C8-0	VILLAGE CMNTY DEV DIST NO 6				1FE	680,928		109,9860	600,000	662,279		(17,771)			5.000	1.811	MN	3,833	27,583	12/01/2017	05/15/2022
976904-L7-5	FLA SPL ASSM				1FE	1,000,000		99,9340	1,000,000	1,000,000					1.950	1.950	MN	3,250	16,792	11/29/2017	11/01/2047
977092-VT-9	VIRGINIA COMWLTH TRANSN BRD				1FE	580,620		112,5590	500,000	565,335		(14,057)			5.000	1.900	JD	2,083	25,000	11/28/2017	06/01/2023
977123-U3-0	TRANSN REV				1FE	608,700		120,6740	500,000	598,145		(10,246)			5.000	2.430	JJ	12,500	13,194	11/28/2017	07/01/2028
97712D-C7-9	WISCONSIN HSG & ECONOMIC DEV AUTH HSG RE			2	1FE	818,104		114,3230	700,000	800,685		(16,617)			5.000	2.261	FA	13,222	23,431	11/30/2017	08/15/2024
2599999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations						75,630,366	XXX	74,111,438	69,945,000	74,303,988	0	(893,850)	0	0	XXX	XXX	XXX	691,374	2,177,409	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities																					
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities																					
31381P-XA-1	FN 466973 - CMBS/RMBS			4	1	1,496,097		101,3004	1,476,943	1,495,125		(972)			3.850	3.047	MON	4,896	4,747	11/20/2018	01/01/2021
3138NJ-AA-6	FN FNO000 - CMBS/RMBS			4	1	1,494,253		100,6397	1,482,555	1,493,473		(780)			3.612	2.969	MON	4,611	4,472	11/20/2018	09/01/2020
3138NJ-AK-4	FN FNO009 - CMBS/RMBS			4	1	1,118,422		100,5611	1,118,233	1,120,027		1,605			3.414	2.866	MON	3,269	6,670	11/20/2018	10/01/2020
31419B-AU-9	FN AEO918 - CMBS/RMBS			4	1	1,495,200		100,7047	1,482,346	1,494,728		(472)			3.660	2.930	MON	4,672	4,531	11/20/2018	10/01/2020
2799999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities						5,603,972	XXX	5,599,213	5,553,836	5,603,353	0	(619)	0	0	XXX	XXX	XXX	17,449	20,420	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Other Loan-Backed and Structured Securities																					

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kentucky, Inc.



SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

Table with columns: 1 CUSIP Identification, 2 Description, Codes (3-5), 6 NAIC Designation and Administrative Symbol, 7 Actual Cost, 8-9 Fair Value, 10 Par Value, 11 Book/Adjusted Carrying Value, 12-15 Change in Book / Adjusted Carrying Value, 16-19 Interest, 20-22 Dates. Includes rows for various issuers like AT&T INC, AMGEN INC, and CATERPILLAR FINANCIAL SERVICES CORP.

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SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

Table with 22 columns: 1. CUSIP Identification, 2. Description, 3-5. Codes (3: Code, 4: For, 5: Bond CHAR), 6. NAIC Designation and Administrative Symbol, 7. Actual Cost, 8-9. Fair Value (8: Rate Used to Obtain Fair Value, 9: Fair Value), 10. Par Value, 11. Book/Adjusted Carrying Value, 12-15. Change in Book / Adjusted Carrying Value (12: Unrealized Valuation Increase/(Decrease), 13: Current Year's (Amortization)/Accretion, 14: Current Year's Other Than Temporary Impairment Recognized, 15: Total Foreign Exchange Change In B./A.C.V.), 16-19. Interest (16: Rate of, 17: Effective Rate of, 18: When Paid, 19: Admitted Amount Due & Accrued), 20. Amount Rec. During Year, 21. Dates (21: Acquired), 22. Stated Contractual Maturity Date.

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SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For eign	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
Bonds - Bank Loans - Bank Loans - Issued																					
Bonds - Bank Loans - Bank Loans - Acquired																					
7799999 - Bonds - Total Bonds - Subtotals - Issuer Obligations						240,419,526	XXX	236,155,540	231,783,000	237,656,491	0	(1,706,702)	0	0	XXX	XXX	XXX	2,095,846	5,717,529	XXX	XXX
7999999 - Bonds - Total Bonds - Subtotals - Commercial Mortgage-Backed Securities						5,603,972	XXX	5,599,213	5,553,836	5,603,353	0	(619)	0	0	XXX	XXX	XXX	17,449	20,420	XXX	XXX
8099999 - Bonds - Total Bonds - Subtotals - Other Loan-Backed and Structured Securities						31,477,911	XXX	31,166,770	31,214,135	31,373,445	0	(29,368)	0	0	XXX	XXX	XXX	41,740	624,128	XXX	XXX
8399999 Subtotals - Total Bonds						277,501,409	XXX	272,921,522	268,550,972	274,633,290	0	(1,736,688)	0	0	XXX	XXX	XXX	2,155,035	6,362,076	XXX	XXX

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Schedule D - Part 2 - Section 1

NONE

Schedule D - Part 2 - Section 2

NONE



SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
Bonds - U.S. Governments								
912828-2X-7	UNITED STATES TREASURY		09/27/2018	NOMURA SECURITIES INTL., FIXED I	XXX	2,468,945	2,500,000	17,000
912828-4L-1	UNITED STATES TREASURY		12/24/2018	BANK OF NEW YORK	XXX	3,017,471	3,000,000	12,762
912828-LY-4	UNITED STATES TREASURY		10/10/2018	GOLDMAN, SACHS & CO.	XXX	3,020,508	3,000,000	40,995
912828-TR-1	UNITED STATES TREASURY		09/27/2018	VARIOUS	XXX	305,145	310,000	1,497
912828-WW-6	UNITED STATES TREASURY		07/16/2018	NOMURA SECURITIES INTL., FIXED I	XXX	2,479,980	2,500,000	18,741
0599999	Bonds - U.S. Governments					11,292,050	11,310,000	90,996
Bonds - All Other Governments								
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)								
13063B-ZJ-4	CALIFORNIA ST.		06/01/2018	MERRILL LYNCH PIERCE FENNER &	XXX	750,000	750,000	
13063D-GB-8	CALIFORNIA ST.		04/18/2018	CHASE SECURITIES INC.	XXX	503,720	500,000	
1799999	Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)					1,253,720	1,250,000	0
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)								
167560-PZ-8	CHICAGO ILL MET WTR RECLAMATION DIST GTR		01/03/2018	US Bank	XXX	445,816	400,000	1,889
199492-XY-0	COLUMBUS OHIO		10/04/2018	MERRILL LYNCH PIERCE FENNER SMITH INC	XXX	400,000	400,000	
214651-KH-3	COOK CNTY ILL SCH DIST NO 123 OAK LAWN		07/06/2018	RBC CAPITAL MARKETS, LLC	XXX	509,193	675,000	
242559-SE-3	DEARBORN MICH		09/06/2018	HILLTOP SECURITIES INC.	XXX	410,000	410,000	
627678-7H-2	MUSKOGON CNTY MICH		12/12/2018	MERRILL LYNCH PIERCE FENNER SMITH INC	XXX	500,000	500,000	
2499999	Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)					2,265,009	2,385,000	1,889
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions								
010053-BC-9	AKRON OHIO ECONOMIC DEV REV.		04/12/2018	U.S. Bank	XXX	502,715	500,000	5,906
076441-DL-5	BEDFORD PK VLG ILL HOTEL/MOTEL TAX REV.		03/21/2018	BAIRD, ROBERT W., & COMPANY IN.	XXX	208,848	200,000	2,489
091156-NV-5	BIRMINGHAM JEFFERSON ALA CIVIC CTR AUTH.		07/18/2018	RAYMOND JAMES/FI	XXX	600,000	600,000	
167562-RM-1	CHICAGO ILL MIDWAY ARPT REV.		07/25/2018	MERRILL LYNCH PIERCE FENNER SMITH INC	XXX	400,000	400,000	
246352-HM-3	DELAWARE RIV PORT AUTH PA & NJ REV.		12/07/2018	MERRILL LYNCH PIERCE FENNER & SMITH	XXX	1,500,000	1,500,000	
3130AC-M9-2	FEDERAL HOME LOAN BANKS		09/27/2018	CREWS & ASSOCIATES, INC.	XXX	2,470,075	2,500,000	16,354
3135G0-ZG-1	FEDERAL NATIONAL MORTGAGE ASSOCIATION		08/24/2018	130	XXX	1,985,600	2,000,000	16,042
3137EA-EB-1	FEDERAL HOME LOAN MORTGAGE CORP.		07/16/2018	MORGAN STANLEY & CO. LLC	XXX	1,969,380	2,000,000	8,653
31381P-XA-1	FN 466973 - CMBS/RMBS		11/20/2018	PNC SECURITIES CORP	XXX	1,498,842	1,479,653	3,956
3138NJ-AA-6	FN FN0000 - CMBS/RMBS		11/20/2018	INTL FCStone Financial Inc.	XXX	1,497,339	1,485,616	3,701
3138NJ-AK-4	FN FN0009 - CMBS/RMBS		11/20/2018	Raymond James Financial	XXX	1,495,463	1,486,867	3,527
31419B-AU-9	FN AE0918 - CMBS/RMBS		11/20/2018	Raymond James Financial	XXX	1,498,294	1,485,412	3,782
56035D-AH-5	MAIN STR NAT GAS INC GA GAS SUPPLY REV.		01/29/2018	RBC CAPITAL MARKETS, LLC	XXX	674,600	625,000	
57584X-D8-1	MASSACHUSETTS ST DEV FIN AGY REV		08/22/2018	US Bank	XXX	100,165	100,000	495
59333H-CL-8	MIAMI-DADE CNTY FLA PROFESSIONAL SPORTS		08/09/2018	NATIONAL FINANCIAL SERVICES CO.	XXX	400,000	400,000	
64577B-JL-9	NEW JERSEY ECONOMIC DEV AUTH REV.		05/07/2018	RAYMOND JAMES/FI	XXX	519,900	500,000	4,722
646066-U7-3	NEW JERSEY ST EDL FACS AUTH REV.		08/27/2018	130	XXX	293,601	300,000	1,780
646136-2H-3	NEW JERSEY ST TRANSN TR FD AUTH.		07/01/2018	MORGAN STANLEY & CO. LLC	XXX	(510,900)	(500,000)	(10,069)
649907-XZ-0	NEW YORK ST DORM AUTH REVS NON ST SUPPOR.		07/18/2018	JANNEY MONTGOMERY SCOTT INC.	XXX	447,504	425,000	2,425
650035-4S-4	NEW YORK ST URBAN DEV CORP REV.		08/16/2018	JANNEY MONTGOMERY SCOTT INC.	XXX	392,773	400,000	3,617
69650M-AN-9	PALM BEACH CNTY FLA HEALTH FACS AUTH RET.		01/10/2018	Citigroup Global Markets, Inc.	XXX	1,053,540	1,000,000	6,333
749845-UK-7	RACINE CNTY WIS.		04/30/2018	CHASE SECURITIES INC.	XXX	635,135	650,000	5,124
759911-3H-1	REGIONAL TRANSN AUTH ILL		05/09/2018	Loop Capital Markets	XXX	300,000	300,000	
79467B-AH-8	SALES TAX SECURITIZATION CORP ILL		12/11/2018	Sterne Agee & Leach Inc.	XXX	671,130	600,000	13,500
880461-LU-0	TENNESSEE HSG DEV AGY RESIDENTIAL FIN PR.		04/13/2018	RAYMOND JAMES/FI	XXX	541,921	550,000	2,826
3199999	Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions					21,145,923	20,987,549	95,162
Bonds - Industrial and Miscellaneous (Unaffiliated)								
00206R-CL-4	AT&T INC.		11/05/2018	B RILEY & CO. INC.	XXX	1,477,935	1,500,000	12,965
00774M-AD-7	AERCAP IRELAND CAPITAL DAC	C	09/25/2018	VARIOUS	XXX	806,670	825,000	2,933
00912X-BF-0	AIR LEASE CORP.		09/10/2018	WELLS FARGO SECURITIES LLC	XXX	700,898	710,000	13,758
02209S-AJ-2	ALTRIA GROUP INC.		07/23/2018	VARIOUS	XXX	1,830,807	1,714,000	66,751
023135-AL-0	AMAZON.COM INC.		10/10/2018	CITIGROUP GLOBAL MARKETS INC.	XXX	1,495,245	1,500,000	13,758
031162-BB-5	AMGEN INC.		11/20/2018	MILLENNIUM ADVISORS	XXX	1,016,190	1,000,000	8,500
037833-CB-4	APPLE INC.		07/24/2018	B RILEY & CO. INC.	XXX	2,960,520	3,000,000	15,767
05565Q-CX-4	BP CAPITAL MARKETS PLC	C	11/05/2018	B RILEY & CO. INC.	XXX	1,979,780	2,000,000	10,803
05565Q-DR-6	BP CAPITAL MARKETS PLC	C	08/13/2018	CIBC OPPENHEIMER	XXX	623,297	630,000	4,517
05578A-AA-6	BPCE SA	C	01/08/2018	J.P. MORGAN SECURITIES INC.	XXX	272,649	275,000	2,000
05578D-AN-2	BPCE SA	C	05/07/2018	CIBC OPPENHEIMER	XXX	1,344,816	1,350,000	10,688
06051G-FN-4	BANK OF AMERICA CORP.		11/05/2018	US Bank	XXX	1,971,800	2,000,000	2,000
06367T-HQ-6	BANK OF MONTREAL		07/17/2018	Morgan Stanley	XXX	2,469,500	2,500,000	104
06739G-AR-0	BARCLAYS BANK PLC.	C	11/02/2018	OPPENHEIMER & CO. INC.	XXX	766,740	750,000	12,492

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SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
07274N-AC-7	BAYER US FINANCE II LLC	C	06/18/2018	JP MORGAN SECURITIES LLC	XXX	1,030,000	1,030,000	5,000
126650-DA-5	CVS HEALTH CORP		11/05/2018	Morgan Stanley	XXX	1,495,590	1,500,000	7,552
13607R-AB-6	CANADIAN IMPERIAL BANK OF COMMERCE		06/04/2018	CIBC OPPENHEIMER	XXX	1,232,275	1,250,000	5,000
136451-AB-7	CPART 181 A2A - ABS	A	04/18/2018	United States Treasury Note/Bond	XXX	239,998	240,000	4,693
14040H-BP-9	CAPITAL ONE FINANCIAL CORP		11/05/2018	B RILEY & CO. INC	XXX	1,479,135	1,500,000	18,229
14149Y-AV-0	CARDINAL HEALTH INC		08/17/2018	BARCLAYS CAPITAL INC	XXX	789,080	800,000	4,693
14161G-BU-3	CARD2 182A A - ABS	A	05/04/2018	US Bank	XXX	730,000	730,000	4,169
150890-AC-8	CELANESE US HOLDINGS LLC		11/29/2018	BARCLAYS CAPITAL INC	XXX	1,254,084	1,200,000	32,900
151020-AE-4	CELGENE CORP		11/20/2018	B RILEY & CO. INC	XXX	1,011,890	1,000,000	4,169
151020-BC-7	CELGENE CORP		02/08/2018	CITIGROUP GBL MKTS/SALOMON, NEW YORK	XXX	414,809	415,000	18,783
200339-DW-6	COMERICA BANK		11/20/2018	MLPFS INC FIXED INCOME	XXX	990,420	1,000,000	11,875
225460-AN-7	CREDIT SUISSE AG (NEW YORK BRANCH)	C	05/15/2018	OPPENHEIMER & CO. INC	XXX	1,744,313	1,750,000	18,783
233851-CF-9	DAIMLER FINANCE NORTH AMERICA LLC	C	04/30/2018	OPPENHEIMER & CO. INC	XXX	469,412	476,000	2,301
26078J-AA-8	DOWDUPONT INC		11/14/2018	CREDIT SUISSE, NEW YORK (CSUS)	XXX	330,000	330,000	9,264
278642-AH-6	EBAY INC		07/27/2018	MARKETAXESS CORPORATION	XXX	1,491,675	1,500,000	16,500
316773-CT-5	FIFTH THIRD BANCORP		11/20/2018	B RILEY & CO. INC	XXX	993,280	1,000,000	9,264
337738-AQ-1	FISERV INC		09/20/2018	WELLS FARGO SECURITIES LLC	XXX	269,876	270,000	2,444
36256K-AB-7	GMALT 182 A2A - ABS		06/19/2018	BARCLAYS CAPITAL INC	XXX	409,991	410,000	8,320
38376A-AB-9	GOVERNMENT PROPERTIES INCOME TRUST		08/03/2018	MERRILL LYNCH PIERCE FENNER SMITH INC	XXX	992,390	1,000,000	2,444
404280-BS-7	HSBC HOLDINGS PLC	C	05/10/2018	US Bank	XXX	203,000	203,000	8,320
427866-AZ-1	HERSHEY CO		05/03/2018	CitiGroup	XXX	999,580	1,000,000	1,438
42824C-AG-4	HEWLETT PACKARD ENTERPRISE CO		01/25/2018	WELLS FARGO SECURITIES LLC	XXX	814,792	800,000	8,320
44932H-AK-9	IBM CREDIT LLC		12/06/2018	RBC CAPITAL MARKETS, LLC	XXX	1,500,045	1,500,000	1,438
449350-AD-2	HALST 18B A3 - ABS		06/05/2018	CitiGroup	XXX	289,956	290,000	1,332
45866F-AC-8	INTERCONTINENTAL EXCHANGE INC		12/06/2018	WELLS FARGO SECURITIES LLC	XXX	1,485,750	1,500,000	1,031
459506-AJ-0	INTERNATIONAL FLAVORS & FRAGRANCES INC		09/24/2018	MORGAN STANLEY & CO, LONDON (MSLNG)	XXX	209,933	210,000	1,332
472319-AL-6	JEFFERIES GROUP INC		09/26/2018	U.S. Bank	XXX	1,033,960	1,000,000	9,681
494550-BB-1	KINDER MORGAN ENERGY PARTNERS LP		02/20/2018	MLPFS INC FIXED INCOME	XXX	1,072,490	1,000,000	1,332
501044-DH-1	KROGER CO		09/12/2018	JP MORGAN SECURITIES LLC	XXX	485,305	500,000	1,672
571903-AZ-6	MARRIOTT INTERNATIONAL INC		11/13/2018	JP MORGAN SECURITIES LLC	XXX	710,000	710,000	10,267
581557-BM-6	MCKESSON CORP		11/28/2018	CitiGroup	XXX	919,577	920,000	8,533
594918-BN-3	MICROSOFT CORP		07/24/2018	B RILEY & CO. INC	XXX	1,973,240	2,000,000	10,267
609207-AQ-8	MONDELEZ INTERNATIONAL INC		05/03/2018	WIZUHO SECURITIES USA INC, NEW YORK	XXX	997,420	1,000,000	8,533
65478N-AD-7	NAROT 18C A3 - ABS		12/04/2018	WIZUHO SECURITIES USA/FIXED INCOME	XXX	1,349,741	1,350,000	7,939
65557C-AJ-2	NORDEA BANK AB	C	12/14/2018	OPPENHEIMER & CO. INC	XXX	458,001	450,000	8,533
681936-BJ-8	OMEGA HEALTHCARE INVESTORS INC		10/05/2018	VARIOUS	XXX	993,088	1,000,000	7,939
682680-AQ-6	ONEOK INCOKEYUSUS		10/29/2018	KEYBANC CAPITAL MARKETS INC	XXX	1,011,280	1,000,000	10,625
68268N-AN-3	ONEOK PARTNERS LP		02/26/2018	WELLS FARGO SECURITIES LLC	XXX	354,848	350,000	6,022
693476-BJ-1	PNC FUNDING CORP		12/06/2018	MORGAN STANLEY & CO. LLC	XXX	1,529,865	1,500,000	26,052
78012K-RK-5	ROYAL BANK OF CANADA		07/27/2018	MILLENNIUM ADVISORS	XXX	1,482,480	1,500,000	125
784710-AB-1	SSM HEALTH CARE CORP		04/25/2018	Citigroup Global Markets, Inc	XXX	650,000	650,000	3,480
80283L-AH-6	SANTANDER UK PLC	C	05/02/2018	CIBC OPPENHEIMER	XXX	719,744	725,000	2,556
80283L-AV-5	SANTANDER UK PLC	C	11/07/2018	BANK OF NEW YORK (THE)/IPA	XXX	458,749	460,000	3,480
80285G-AD-4	SDART 183 A3 - ABS		06/20/2018	US Bank	XXX	409,990	410,000	12,313
81618T-AB-6	SELECT INCOME REIT		03/27/2018	GOLDMAN, SACHS & CO	XXX	599,544	600,000	3,480
82939C-AF-4	SINOPEC GROUP OVERSEAS DEVELOPMENT 2016	C	08/27/2018	OPPENHEIMER & CO. INC	XXX	1,676,540	1,700,000	12,313
857477-AS-2	STATE STREET CORP		12/06/2018	DEUTSCHE BANK SECURITIES INC	XXX	1,480,470	1,500,000	11,900
88161N-AA-7	TESLA 18B A - ABS		12/14/2018	CitiGroup	XXX	369,973	370,000	5,860
89114Q-BJ-6	TORONTO-DOMINION BANK		07/20/2018	CIBC OPPENHEIMER	XXX	493,550	500,000	3,242
89621A-AD-1	TRILLIUM CREDIT CARD TRUST II - ABS		03/07/2018	SCOTIA CAPITAL USA INC	XXX	890,000	890,000	5,860
92348P-AA-0	VZOT 172 A - ABS		08/17/2018	BONY/TORONTO DOMINION SECURITI	XXX	690,730	700,000	37
929043-AG-2	VORNADO REALTY LP		08/17/2018	STIFEL NICOLAUS & COMPANY INC	XXX	1,221,177	1,172,000	5,860
961214-BK-8	WESTPAC BANKING CORP	C	10/10/2018	CITIGROUP GLOBAL MARKETS INC	XXX	2,551,300	2,500,000	48,411
961214-CY-7	WESTPAC BANKING CORP	C	06/04/2018	CIBC OPPENHEIMER	XXX	394,540	400,000	1,902
96950F-AD-6	WILLIAMS PARTNERS LP		02/20/2018	WELLS FARGO SECURITIES LLC	XXX	1,045,380	1,000,000	22,896
J4506X-AN-8	MITSUBISHI UFJ TRUST AND BANKING CORP	D	07/05/2018	OPPENHEIMER & CO. INC	XXX	730,303	735,000	3,952
J7772G-AY-1	SUMITOMO MITSUI TRUST BANK LTD	C	08/30/2018	OPPENHEIMER & CO. INC	XXX	989,470	1,000,000	7,517
N7S88V-Z7-4	COOPERATIVE CENTRALE RAIFFEISEN BOERENL	D	10/22/2018	ECLR 90051 OPPENHEIMER CO NY	XXX	495,420	500,000	10,031
3899999	Bonds - Industrial and Miscellaneous (Unaffiliated)					72,826,294	72,750,000	669,242
Bonds - Hybrid Securities								
Bonds - Parent, Subsidiaries, and Affiliates								
Bonds - SVI Identified Funds								

E13.1



SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

Table with 21 columns: 1-10 for bond/stock identification, 11-15 for valuation changes, 16 for disposal date, 17 for foreign exchange, 18 for realized gain, 19 for total gain, 20 for dividends, 21 for maturity date. Rows include various government bonds and corporate securities.

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SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks **SOLD, REDEEMED** or Otherwise **DISPOSED OF** During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	Fore ign Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A. C.V. (11+12-13)	Total Foreign Exchange Change in B/A. C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	
43814R-AC-0...	HAROT 164 A3 - ABS	12/18/2018	Paydown CITIGROUP GLOBAL MARKETS INC	XXX	512,178	512,178	507,961	509,340	2,838			2,838		512,178		0	0	4,631	12/18/2020	
44891Q-AB-8...	HALST 17C A2A - ABS	05/07/2018	Paydown	XXX	337,875	340,000	339,973	339,976	9			9		339,985		(2,110)	(2,110)	2,570	03/16/2020	
44931P-AB-2...	HART 17A A2A - ABS	12/15/2018	Paydown US BANCORP INVESTMENTS INC	XXX	826,664	826,664	826,660	826,661	3			3		826,664		0	0	6,230	02/18/2020	
49326E-EF-6...	KEYCORP	12/11/2018	Paydown	XXX	791,520	800,000	814,968	811,471	(3,942)			(3,942)		807,529		(16,009)	(16,009)	28,871	09/15/2020	
65478H-AB-4...	NAROT 17C A2A - ABS	12/15/2018	Paydown	XXX	680,501	680,501	680,102	680,113	388			388		680,501		0	0	9,785	10/15/2020	
80285A-AC-9...	SRT 17A A2A - ABS	12/20/2018	Paydown	XXX	421,474	421,474	421,425	421,430	44			44		421,474		0	0	6,036	03/20/2020	
832696-AB-4...	J M SMUCKER CO	03/06/2018	BMO CAPITAL MARKETS KEYBANC CAPITAL MARKETS INC	XXX	605,454	600,000	627,000	622,355	(1,023)			(1,023)		621,332		(15,878)	(15,878)	8,342	10/15/2021	
832696-AQ-1...	J M SMUCKER CO	05/07/2018	VARIOUS	XXX	989,680	1,000,000	999,220	999,246	135			135		999,381		(9,701)	(9,701)	9,289	12/06/2019	
87165L-AK-7...	SYNCT 152 A - ABS	04/16/2018	VARIOUS	XXX	810,000	810,000	810,348	810,089	(89)			(89)		810,000		(4,078)	(4,078)	4,320	04/15/2021	
87165L-AP-6...	SYNCT 153 A - ABS	09/17/2018	VARIOUS	XXX	1,000,000	1,000,000	1,000,156	1,000,073	(73)			(73)		1,000,000		(1,787)	(1,787)	13,050	09/15/2021	
871829-BB-2...	SYSCO CORP	02/08/2018	PERSHING LLC	XXX	596,820	600,000	601,632	600,988	(90)			(90)		600,898		(4,078)	(4,078)	4,148	04/01/2019	
92276W-AW-5...	VENTAS REALTY LP	08/10/2018	Corporate Action Paydown	XXX	836,456	800,000	859,200	847,154	(8,911)			(8,911)		838,243		(1,787)	(1,787)	26,811	06/01/2021	
92347X-AA-4...	VZOT 161 A - ABS	12/20/2018	Paydown BONY/TORONTO DOMINION SECURITI	XXX	760,670	760,670	756,392	756,923	3,748			3,748		760,670		0	0	8,265	01/20/2021	
981464-CW-8...	WFNMT 12A A - ABS	10/24/2018	Paydown	XXX	200,234	200,000	205,172	203,042	(2,057)			(2,057)		200,985		(751)	(751)	5,525	01/17/2023	
98160Q-AE-2...	WOART 14B A4 - ABS	12/17/2018	Paydown	XXX	1,000,000	1,000,000	1,001,055	1,000,665	(665)			(665)		1,000,000		0	0	15,755	12/15/2020	
98160Y-AD-7...	WOART 15B A3 - ABS	12/15/2018	Paydown	XXX	434,666	434,666	434,598	434,631	34			34		434,666		0	0	3,066	12/15/2020	
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)					23,429,605	23,386,555	23,597,475	24,550,548	0	(26,633)	0	(26,633)	0	23,525,393	0	(201,524)	(201,524)	420,255	XXX	
Bonds - Hybrid Securities																				
Bonds - Parent, Subsidiaries, and Affiliates																				
Bonds - SYO Identified Funds																				
Bonds - Subtotals - Bank Loans																				
8399997 - Bonds - Subtotals - Bonds - Part 4					29,397,748	29,350,267	29,801,681	29,924,272	0	(63,036)	0	(63,036)	0	29,497,633	0	(205,621)	(205,621)	524,724	XXX	
8399998 - Bonds - Summary item from Part 5 for Bonds					2,386,945	2,423,000	2,422,546		0	185	0	185	0	2,422,730	0	15,498	15,498	44,503	XXX	
8399999 - Bonds - Subtotals - Bonds					31,784,693	31,773,267	32,224,227	29,924,272	0	(62,851)	0	(62,851)	0	31,920,363	0	(190,123)	(190,123)	569,227	XXX	
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)																				
Preferred Stocks - Parent, Subsidiaries, and Affiliates																				
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																				
Common Stocks - Parent, Subsidiaries, and Affiliates																				
Common Stocks - Mutual Funds																				
9999999 Totals					31,784,693	XXX	32,224,227	29,924,272	0	(62,851)	0	(62,851)	0	31,920,363	0	(190,123)	(190,123)	569,227	XXX	

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SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks **ACQUIRED** During Year and Fully **DISPOSED OF** During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stocks)	Actual Cost	Consideration	Book/ Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change In B./A. C.V. (12 + 13 - 14)	Total Foreign Exchange Change in B./A. C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
Bonds - U.S. Governments																				
Bonds - All Other Governments																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)																				
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																				
Bonds - Industrial and Miscellaneous (Unaffiliated)																				
126650-DA-5	CVS HEALTH CORP.		03/06/2018	J.P. MORGAN SECURITIES INC	10/02/2018	BNP Paribas	678,000	677,675	677,654	677,765		91		91			15,498	15,498	12,065	3,910
21036P-BA-5	CONSTELLATION BRANDS INC		10/22/2018	BANK OF NEW YORK (THE) / IPA	10/26/2018	BONY/TORONTO DOMINION SECURITI	530,000	530,000	530,101	530,000		458		458				0	47	3,910
22546Q-AN-7	CREDIT SUISSE AG (NEW YORK BRANCH)	C	04/30/2018	OPPENHEIMER & CO. INC	08/30/2018	OPPENHEIMER & CO. INC	400,000	398,520	398,972	398,978		458		458				0	6,977	3,910
46115H-BC-0	INTESA SANPAOLO SPA	C	01/05/2018	J.P. MORGAN SECURITIES INC	11/01/2018	Adjustment	315,000	314,181	285,182	314,304		123		123				0	8,564	5,294
651229-AU-0	NEWELL RUBBERMAID INC		01/31/2018	CITIGROUP GLOBAL MARKETS INC	12/18/2018	Corporate Action	500,000	502,170	495,036	501,683		(487)		(487)				0	16,851	5,294
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)							2,423,000	2,422,546	2,386,945	2,422,730	0	643	0	643	0	0	15,498	15,498	44,504	22,318
Bonds - Hybrid Securities																				
Bonds - Parent, Subsidiaries, and Affiliates																				
Bonds - SVO Identified Funds																				
Bonds - Subtotals - Bank Loans																				
8399998 - Bonds - Subtotals - Bonds							2,423,000	2,422,546	2,386,945	2,422,730	0	643	0	643	0	0	15,498	15,498	44,504	22,318
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)																				
Preferred Stocks - Parent, Subsidiaries, and Affiliates (Unaffiliated)																				
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																				
Common Stocks - Parent, Subsidiaries, and Affiliates																				
Common Stocks - Mutual Funds																				
9999999 Totals																				
							2,422,546	2,386,945	2,422,730	0	643	0	643	0	0	15,498	15,498	44,504	22,318	

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SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method	7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	8 Total Amount of Such Intangible Assets	9 Book / Adjusted Carrying Value	10 Nonadmitted Amount	Stock of Such Company Owned by Insurer on Statement Date				
										11 Number of Shares	12 % of Outstanding			
NONE														
1999999 Totals - Preferred and Common Stocks										0	0	0	XXX	XXX

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ _____
2. Total amount of intangible assets nonadmitted: \$ _____

SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
NONE					
0399999 Totals - Preferred and Common				XXX	XXX



SCHEDULE DA - PART 1

Showing all **SHORT-TERM INVESTMENTS** Owned December 31 of Current Year

1	Codes		4	5	6	7	Change In Book/Adjusted Carrying Value				12	13	Interest					20		
	2	3					8	9	10	11			14	15	16	17	18		19	
Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due And Accrued Dec. 31 of Current Year On Bond Not In Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest	
Bonds - U.S. Governments Issuer Obligations																				
UNITED STATES TREASURY.....			.07/16/2018..	NOMURA SECURITIES INTL.,	.05/15/2019..	2,507,116		(8,704)			2,500,000	2,515,820	10,143		3.125	2.347	MN	39,063	13,375	
UNITED STATES TREASURY.....			.08/24/2018..	NOMURA SECURITIES INTL.,	.08/15/2019..	1,510,971		(6,021)			1,500,000	1,516,992	20,538		3.625	2.432	FA		1,773	
UNITED STATES TREASURY.....			.07/16/2018..	NOMURA SECURITIES INTL.,	.06/30/2019..	2,482,959		15,478			2,500,000	2,467,480	69		1.000	2.387	JD	12,500	1,155	
UNITED STATES TREASURY.....			.07/16/2018..	NOMURA SECURITIES INTL.,	.04/30/2019..	2,494,290		7,962			2,500,000	2,486,328	6,958		1.625	2.328	AO	20,313	8,611	
0199999 - Bonds - U.S. Governments - Issuer Obligations						8,995,335	0	8,714	0	0	9,000,000	8,986,621	37,709	0	XXX	XXX	XXX		71,875	24,913
Bonds - U.S. Governments - Residential Mortgage-Backed Securities																				
Bonds - U.S. Governments - Commercial Mortgage-Backed Securities																				
Bonds - U.S. Governments - Other Loan-Backed and Structured Securities																				
0599999 - Bonds - Subtotals - U.S. Governments						8,995,335	0	8,714	0	0	9,000,000	8,986,621	37,709	0	XXX	XXX	XXX		71,875	24,913
Bonds - All Other Governments - Issuer Obligations																				
Bonds - All Other Governments - Residential Mortgage-Backed Securities																				
Bonds - All Other Governments - Single Class Mortgage-Backed/Asset-Backed Securities																				
Bonds - All Other Governments - Other Loan-Backed and Structured Securities																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities																				
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Issuer Obligations																				
FREDDIE MAC.....			.07/13/2018..	WUNDERLICH SECURITIES INC.,	.05/30/2019..	2,493,909		6,784			2,500,000	2,487,125	3,767		1.750	2.349	MN	21,875	5,590	
FEDERAL NATIONAL MORTGAGE ASSOCIATION.....			.07/16/2018..	MORGAN STANLEY & CO. LLC,	.06/20/2019..	2,493,082		6,732			2,500,000	2,486,350	1,337		1.750	2.349	JD	21,875	3,281	
FEDERAL HOME LOAN MORTGAGE CORP.....			.07/13/2018..	NOMURA SECURITIES INTL.,	.04/15/2019..	2,491,509		13,672			2,500,000	2,477,838	5,938		1.125	2.328	AO	14,063	7,109	
2599999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Issuer Obligations						7,478,501	0	27,188	0	0	7,500,000	7,451,313	11,042	0	XXX	XXX	XXX		57,813	15,981
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Residential Mortgage-Backed Securities																				
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Commercial Mortgage-Backed Securities																				
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Other Loan-Backed and Structured Securities																				
3199999 - Bonds - Subtotals - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions						7,478,501	0	27,188	0	0	7,500,000	7,451,313	11,042	0	XXX	XXX	XXX		57,813	15,981
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																				
BANK OF AMERICA CORP.....			.11/20/2018..	CIBC OPPENHEIMER,	.03/15/2019..	502,418		(1,292)			500,000	503,710	8,083		5.490	3.051	MS		5,185	
CISCO SYSTEMS INC.....			.07/19/2018..	WILLENLUM ADVISORS,	.02/15/2019..	250,791		(2,834)			250,000	253,625	4,675		4.950	2.331	FA	6,188	5,431	
JPMORGAN CHASE & CO.....			.07/06/2018..	CIBC OPPENHEIMER,	.04/23/2019..	505,511		(8,489)			500,000	514,000	5,950		6.300	2.670	AO	15,750	6,738	
CANADIAN PACIFIC RAILWAY CO.....			.09/20/2018..	OPPENHEIMER & CO. INC,	.05/15/2019..	219,484		(2,532)			216,000	222,016	2,001		7.250	2.831	MN	7,830	5,612	
NEXEN INC.....			.08/06/2018..	CIBC OPPENHEIMER,	.07/30/2019..	1,528,630		(19,460)			1,500,000	1,548,090	39,008		6.200	2.851	JJ		2,067	
COMMONWEALTH BANK OF AUSTRALIA.....			.12/19/2018..	CIBC OPPENHEIMER,	.10/15/2019..	507,495		(285)			500,000	507,780	5,278		5.000	3.051	AO		4,583	
BP AMI LEASING INC.....			.08/29/2018..	OPPENHEIMER & CO. INC,	.05/08/2019..	504,884		(4,661)			500,000	509,545	4,066		5.523	2.701	MN	13,808	8,591	
PNC FINANCIAL SERVICES GROUP INC.....			.06/01/2018..	CIBC OPPENHEIMER,	.05/15/2019..	219,285		(5,042)			216,000	224,327	1,898		6.875	2.711	MN	7,425	8,825	
ISRAEL ELECTRIC CORP LTD.....			.04/20/2018..	OPPENHEIMER & CO. INC,	.01/15/2019..	500,815		(14,700)			500,000	515,515	16,715		7.250	2.901	JJ	18,125	9,868	
ORACLE CORP.....			.07/16/2018..	WILLENLUM ADVISORS,	.01/15/2019..	2,499,983		208			2,500,000	2,499,775	27,378		2.375	2.393	FA		495	
SUMITOMO MITSUI BANKING CORP.....			.05/14/2018..	OPPENHEIMER & CO. INC,	.01/10/2019..	1,249,985		410			1,250,000	1,249,575	14,547		2.450	2.500	JJ	15,313	10,634	
BANQUE FEDERATIVE DU CREDIT MUTUEL SA.....			.04/18/2018..	OPPENHEIMER & CO. INC,	.01/22/2019..	400,034		(402)			400,000	400,436	4,858		2.750	2.601	JJ		2,658	
BANK OF NEW YORK MELLON CORP.....			.07/16/2018..	Southwest Securities,	.03/04/2019..	2,499,667		917			2,500,000	2,498,750	17,875		2.200	2.279	MS	27,500	20,472	
BARCLAYS BANK PLC.....			.06/19/2018..	OPPENHEIMER & CO. INC,	.02/20/2019..	1,219,753		985			1,220,000	1,218,768	11,099		2.500	2.651	FA	15,250	10,167	
RYDER SYSTEM INC.....			.07/25/2018..	CITIGROUP GLOBAL MARKETS	.06/01/2019..	868,986		1,057			870,000	867,929	1,849		2.550	2.835	JD	11,093	3,451	
HYUNDAI CAPITAL AMERICA.....			.10/05/2018..	VARIOUS,	.02/06/2019..	1,249,559		2,316			1,250,000	1,247,243	12,839		2.911	2.911	FA	9,563	6,889	
CISCO SYSTEMS INC.....			.07/16/2018..	VARIOUS,	.03/01/2019..	1,749,448		1,623			1,750,000	1,747,885	12,396		2.125	2.321	MS	18,594	14,152	
BNZ INTERNATIONAL FUNDING LIMITED (LONDO.....			.10/22/2018..	OPPENHEIMER & CO. INC,	.03/04/2019..	899,450		620			900,000	898,830	6,874		2.350	2.702	MS		2,879	
NORDEA BANK AB.....			.11/27/2018..	VARIOUS,	.04/04/2019..	875,269		547			876,000	874,722	5,028		2.375	2.701	AO	7,006	7,130	
MIZUHO BANK LTD.....			.08/29/2018..	VARIOUS,	.04/16/2019..	1,258,531		577			1,259,000	1,257,954	6,426		2.450	2.581	AO	15,423	11,338	
WELLS FARGO & CO.....			.07/16/2018..	VARIOUS,	.04/22/2019..	1,561,481		3,773			1,564,000	1,557,708	6,370		2.125	2.660	AO	16,618	7,939	

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SCHEDULE DA - PART 1

Showing all **SHORT-TERM INVESTMENTS** Owned December 31 of Current Year

1	Codes		4	5	6	7	Change In Book/Adjusted Carrying Value				12	13	Interest					20		
	2	3					8	9	10	11			14	15	16	17	18		19	
Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due And Accrued Dec. 31 of Current Year On Bond Not In Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest	
Bonds - Parent, Subsidiaries and Affiliates Bonds - Other Loan-Backed and Structured Securities																				
Bonds - SVO Identified Funds - Bond Mutual Funds - as Identified by the SVO																				
Bank Loans - Issued																				
Bank Loans - Acquired																				
7799999 - Bonds - Total Bonds - Subtotals - Issuer Obligations						100,492,736	0	177,479	0	0	100,643,000	100,315,257	545,940	0	XXX	XXX	XXX	755,157	427,270	
8399999 - Bonds - Total Bonds - Subtotals - Bonds						100,492,736	0	177,479	0	0	100,643,000	100,315,257	545,940	0	XXX	XXX	XXX	755,157	427,270	
Parent, Subsidiaries and Affiliates - Mortgage Loans																				
Parent, Subsidiaries and Affiliates - Other Short-Term Invested Assets																				
Mortgage Loans																				
Other Short-Term Invested Assets																				
9199999 Totals						100,492,736	0	177,479	0	0	XXX	100,315,257	545,940	0	XXX	XXX	XXX	755,157	427,270	

E17.2

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE



SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

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
Bonds - U.S. Governments - Issuer Obligations								
Bonds - U.S. Governments - Residential Mortgage-Backed Securities								
Bonds - U.S. Governments - Commercial Mortgage-Backed Securities								
Bonds - U.S. Governments - Other Loan-Backed and Structured Securities								
Bonds - All Other Governments - Issuer Obligations								
Bonds - All Other Governments - Residential Mortgage-Backed Securities								
Bonds - All Other Governments - Commercial Mortgage-Backed Securities								
Bonds - All Other Governments - Other Loan-Backed and Structured Securities								
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations								
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities								
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities								
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities								
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations								
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities								
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities								
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities								
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations								
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities								
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities								
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Other Loan-Backed and Structured Securities								
Bonds - Industrial and Miscellaneous - Issuer Obligations								
XXX	ABN AMRO BANK NV		11/21/2018	2.100	01/18/2019	1,139,645	10,840	751
XXX	AMGEN INC		11/20/2018	5.700	02/01/2019	501,163	11,875	(1,463)
XXX	GOLDMAN SACHS GROUP INC		11/28/2018	7.500	02/15/2019	1,106,907	31,195	(4,200)
XXX	GLENCORE FUNDING LLC		11/02/2018	2.500	01/15/2019	386,926	4,461	294
3299999	Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					3,134,641	58,371	(4,618)
Bonds - Industrial and Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities								
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities								
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities								
3899999	Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated)					3,134,641	58,371	(4,618)
Bonds - Hybrid Securities - Issuer Obligations								
Bonds - Hybrid Securities - Residential Mortgage-Backed Securities								
Bonds - Hybrid Securities - Commercial Mortgage-Backed Securities								
Bonds - Hybrid Securities - Other Loan-Backed and Structured Securities								
Bonds - Parent, Subsidiaries and Affiliates Bonds - Issuer Obligations								
Bonds - Parent, Subsidiaries and Affiliates Bonds - Residential Mortgage-Backed Securities								
Bonds - Parent, Subsidiaries and Affiliates Bonds - Commercial Mortgage-Backed Securities								
Bonds - Parent, Subsidiaries and Affiliates Bonds - Other Loan-Backed and Structured Securities								
Bonds - SV0 Identified Funds - Exchange Traded Funds - as Identified by the SV0								
Bonds - SV0 Identified Funds - Bond Mutual Funds - as Identified by the SV0								
Bonds - Bank Loans - Bank Loans - Issued								
Bonds - Bank Loans - Bank Loans - Acquired								
7799999	Bonds - Total Bonds - Subtotals - Issuer Obligations					3,134,641	58,371	(4,618)
8399999	Bonds - Total Bonds - Subtotals - Bonds					3,134,641	58,371	(4,618)
Sweep Accounts								
Exempt Money Market Mutual Funds - as Identified by SV0								
09248U-71-8	BLKRR LQ:T-FUND INSTL		11/08/2018	2.540	XXX		8,850	
825252-40-6	INVESCO TREASURY INST		12/07/2018	2.570	XXX		35,212	
8599999	Exempt Money Market Mutual Funds - as Identified by SV0					0	44,062	0
All Other Money Market Mutual Funds								
09248U-70-0	BLKRR LQ:FEDFUND INSTL		11/08/2018	2.420	XXX		9,450	
262006-20-8	DREYFUS GVT CSH MGT INST		12/03/2018	2.560	XXX	30,011,149	21	542,213
31846V-20-3	FIRST AMER:GVT OBLG Y	SD	12/04/2018	2.250	XXX	34,235	55	243
31846V-33-6	FIRST AMER:GVT OBLG X		12/31/2018	2.560	XXX	15,490,719	19,198	314
31846V-33-6	FIRST AMER:GVT OBLG X	SD	12/31/2018	2.560	XXX	50,000	0	0
38141W-27-3	GOLDMAN:FS GOVT INST		12/07/2018	2.540	XXX		32,851	
608919-71-8	FEDERATED GOVT OBL PRMR		12/07/2018	2.510	XXX	1,000,000	27,280	

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SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

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
825252-88-5	INVESCO GOV&AGENCY INST		12/07/2018	2.550	XXX		31,294	
8699999	- All Other Money Market Mutual Funds					46,586,103	120,148	542,770
Other Cash Equivalents								
8899999 Total Cash Equivalents								
						49,720,745	222,581	538,152

E27.1

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL	Required by Florida Department of Insurance	123,560	123,496		
11. Georgia	GA	Required by Georgia Department of Insurance	50,000	50,000		
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL	Required by Illinois Department of Insurance	1,552,255	1,542,976		
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY	Required by Kentucky Department of Insurance	1,545,905	1,538,101		
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM	Required by New Mexico Department of Insurance	205,144	204,488		
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC	Required by South Carolina Department of Insurance	182,874	182,774		
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA	Required by Virginia Department of Insurance	110,122	109,553		
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. US Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	XXX	XXX	0	0	0	0
59. Total	XXX	XXX	3,769,860	3,751,388	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	XXX	XXX	0	0	0	0