



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2015**  
 OF THE CONDITION AND AFFAIRS OF THE

**Harmony Health Plan of Illinois, Inc.**

NAIC Group Code 01199 , 01199 NAIC Company Code 11229 Employer's ID Number 36-4050495  
(Current Period) (Prior Period)

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

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

Incorporated/Organized 08/18/1995 Commenced Business 07/01/1996

Statutory Home Office 29 North Wacker Drive, Suite 300 , Chicago, IL, US 60606  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 8735 Henderson Road  
(Street and Number)  
Tampa, FL, US 33634 813-290-6200  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 8735 Henderson Road  
(Street and Number)  
Tampa, FL, US 33634 813-290-6200  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address Harmonyhpi.com and wellcare.com

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

**OFFICERS**

Name	Title	Name	Title
<u>Kenneth Alan Burdick</u>	<u>President</u>	<u>Andrew Lynn Asher</u>	<u>CFO and Treasurer</u>
<u>Blair Williams Todt</u>	<u>Secretary and Senior Vice President</u>	<u>Maurice Sebastian Hebert</u>	<u>Asst Treasurer and Chief Accounting Officer</u>

**OTHER OFFICERS**

<u>Robert Lee Moore Hilliard</u>	<u>State President</u>	<u>David Thomas Reynolds</u>	<u>Region President</u>
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**DIRECTORS OR TRUSTEES**

<u>Robert Lee Moore Hilliard</u>	<u>Maurice Sebastian Hebert</u>	<u>Blair Williams Todt</u>	<u>David Thomas Reynolds</u>
<u>Paul Hubert Frank</u>	<u>Kenneth Alan Burdick</u>		

State of Florida  
 County of Hillsborough

**ss**

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

Kenneth Alan Burdick  
 President

Andrew Lynn Asher  
 CFO and Treasurer

Maurice Sebastian Hebert  
 Asst Treasurer and Chief Accounting Officer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

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





**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	42,170,076	35,392,458		24,087,359	42,170,076	25,324,027
2. Claim overpayment receivables .....	(148,610)		276,633	350,700	128,023	128,023
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	.0
7. Totals (Lines 1 through 6)	42,021,466	35,392,458	276,633	24,438,059	42,298,099	25,452,050

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







**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	122,958,436	15.3	249,335	100.0		122,958,436
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	122,958,436	15.3	249,335	100.0	0	122,958,436
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	679,140,471	84.7	XXX	XXX		679,140,471
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
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 .....	679,140,471	84.7	XXX	XXX	0	679,140,471
13. Total (Line 4 plus Line 12)	802,098,907	100 %	XXX	XXX	0	802,098,907

**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
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

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

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2015

NAIC Company Code 11229

	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 .....	10,746									10,746
2. First Quarter .....	10,446									10,446
3. Second Quarter .....	10,210									10,210
4. Third Quarter .....	10,110									10,110
5. Current Year .....	9,997									9,997
6. Current Year Member Months	122,881									122,881
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) .....	8,067,034									8,067,034
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	8,067,034									8,067,034
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	7,561,818									7,561,818
18. Amount Incurred for Provision of Health Care Services	5,686,637									5,686,637

(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 \$ 8,067,034

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

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

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2015						NAIC Company Code	11229
	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 .....	15,631							9,220		6,411	
2. First Quarter .....	11,547							10,052		1,495	
3. Second Quarter .....	11,666							10,335		1,331	
4. Third Quarter .....	11,901							10,624		1,277	
5. Current Year .....	12,012							10,785		1,227	
6. Current Year Member Months .....	140,866							124,531		16,335	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	130,811							130,811			
8. Non-Physician .....	47,852							47,852			
9. Total .....	178,663	0	0	0	0	0	0	178,663	0	0	
10. Hospital Patient Days Incurred .....	29,300							29,300			
11. Number of Inpatient Admissions .....	4,855							4,855			
12. Health Premiums Written (b) .....	107,083,856							106,150,892		932,964	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	107,083,856							106,150,892		932,964	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	89,626,129							88,812,085		814,044	
18. Amount Incurred for Provision of Health Care Services .....	86,121,135							85,508,958		612,177	

(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 \$ .....107,083,856

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2015

NAIC Company Code 11229

	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 .....	178,552							17,349	161,203	
2. First Quarter .....	167,933							14,906	153,027	
3. Second Quarter .....	194,819							15,280	179,539	
4. Third Quarter .....	188,463							15,502	172,961	
5. Current Year .....	183,496							15,534	167,962	
6. Current Year Member Months	2,229,207							182,957	2,046,250	
Total Member Ambulatory Encounters for Year:										
7. Physician .....	529,813							100,348	429,465	
8. Non-Physician .....	199,674							24,230	175,444	
9. Total	729,487	0	0	0	0	0	0	124,578	604,909	0
10. Hospital Patient Days Incurred	101,484							26,939	74,545	
11. Number of Inpatient Admissions	20,219							3,973	16,246	
12. Health Premiums Written (b) .....	516,175,279							157,582,912	358,592,367	
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	516,175,279							157,582,912	358,592,367	
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	421,178,324							132,038,168	289,140,156	
18. Amount Incurred for Provision of Health Care Services	437,646,772							128,556,079	309,090,693	

(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 \$ 157,582,912

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2015

NAIC Company Code

11229

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

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2015						NAIC Company Code	11229
	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 .....	30,545							17,067		13,478	
2. First Quarter .....	18,579							16,658		1,921	
3. Second Quarter .....	19,133							17,437		1,696	
4. Third Quarter .....	19,571							17,940		1,631	
5. Current Year .....	19,726							18,142		1,584	
6. Current Year Member Months	229,631							208,740		20,891	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	219,267							219,267			
8. Non-Physician .....	80,210							80,210			
9. Total	299,477	0	0	0	0	0	0	299,477	0	0	
10. Hospital Patient Days Incurred	51,186							51,186			
11. Number of Inpatient Admissions	8,030							8,030			
12. Health Premiums Written (b) .....	192,743,379							191,337,722		1,405,657	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	192,743,379							191,337,722		1,405,657	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	161,406,608							160,084,403		1,322,205	
18. Amount Incurred for Provision of Health Care Services	155,124,817							154,130,493		994,324	

(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 \$ .....192,743,379

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2015

NAIC Company Code

11229

	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 .....	4,826									4,826
2. First Quarter .....	754									754
3. Second Quarter .....	542									542
4. Third Quarter .....	510									510
5. Current Year .....	497									497
6. Current Year Member Months .....	7,219									7,219
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) .....	497,903									497,903
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	497,903									497,903
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	207,760								(273,853)	481,613
18. Amount Incurred for Provision of Health Care Services .....	88,329								(273,853)	362,182

(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 \$ 497,903

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

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

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2015						NAIC Company Code	11229
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	0										
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

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

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2015

NAIC Company Code

11229

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

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2015						NAIC Company Code	11229
	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 .....	10,112							2,729		7,383	
2. First Quarter .....	3,777							2,852		925	
3. Second Quarter .....	3,661							2,831		830	
4. Third Quarter .....	3,697							2,904		793	
5. Current Year .....	3,712							2,945		767	
6. Current Year Member Months .....	44,814							34,534		10,280	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	36,276							36,276			
8. Non-Physician .....	13,270							13,270			
9. Total .....	49,546	0	0	0	0	0	0	49,546	0	0	
10. Hospital Patient Days Incurred .....	8,145							8,145			
11. Number of Inpatient Admissions .....	1,087							1,087			
12. Health Premiums Written (b) .....	29,154,778							28,275,635		879,143	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	29,154,778							28,275,635		879,143	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	24,573,714							23,657,061		916,653	
18. Amount Incurred for Provision of Health Care Services .....	23,466,542							22,777,200		689,342	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 29,154,778

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2015							NAIC Company Code	11229
	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 .....	20,229							8,172		12,057		
2. First Quarter .....	20,312							8,879		11,433		
3. Second Quarter .....	19,805							8,954		10,851		
4. Third Quarter .....	19,483							8,968		10,515		
5. Current Year .....	19,273							8,872		10,401		
6. Current Year Member Months	237,638							106,912		130,726		
Total Member Ambulatory Encounters for Year:												
7. Physician .....	112,304							112,304				
8. Non-Physician .....	41,082							41,082				
9. Total	153,386	0	0	0	0	0	0	153,386	0	0		
10. Hospital Patient Days Incurred	32,547							32,547				
11. Number of Inpatient Admissions	4,589							4,589				
12. Health Premiums Written (b) .....	114,324,681							105,247,514		9,077,167		
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	114,324,681							105,247,514		9,077,167		
16. Property/Casualty Premiums Earned .....	0											
17. Amount Paid for Provision of Health Care Services .....	96,837,177							88,056,266		8,780,911		
18. Amount Incurred for Provision of Health Care Services	91,384,669							84,781,250		6,603,419		

(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 \$ .....114,324,681

30.TN



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code 01199

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2015

NAIC Company Code

11229

	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 .....	4,813									4,813
2. First Quarter .....	904									904
3. Second Quarter .....	687									687
4. Third Quarter .....	659									659
5. Current Year .....	622									622
6. Current Year Member Months	9,121									9,121
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) .....	710,764									710,764
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	710,764									710,764
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	707,377									707,377
18. Amount Incurred for Provision of Health Care Services	531,961									531,961

(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 \$ 710,764

30.VA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan of Illinois, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2015						NAIC Company Code	11229
	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 .....	275,454	0	0	0	0	0	0	54,537	161,203	59,714	
2. First Quarter .....	234,252	0	0	0	0	0	0	53,347	153,027	27,878	
3. Second Quarter .....	260,523	0	0	0	0	0	0	54,837	179,539	26,147	
4. Third Quarter .....	254,394	0	0	0	0	0	0	55,938	172,961	25,495	
5. Current Year	249,335	0	0	0	0	0	0	56,278	167,962	25,095	
6. Current Year Member Months	3,021,377	0	0	0	0	0	0	657,674	2,046,250	317,453	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	1,028,471	0	0	0	0	0	0	599,006	429,465	0	
8. Non-Physician .....	382,088	0	0	0	0	0	0	206,644	175,444	0	
9. Total	1,410,559	0	0	0	0	0	0	805,650	604,909	0	
10. Hospital Patient Days Incurred	222,662	0	0	0	0	0	0	148,117	74,545	0	
11. Number of Inpatient Admissions	38,780	0	0	0	0	0	0	22,534	16,246	0	
12. Health Premiums Written (b) .....	968,757,674	0	0	0	0	0	0	588,594,675	358,592,367	21,570,632	
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 .....	968,757,674	0	0	0	0	0	0	588,594,675	358,592,367	21,570,632	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	802,098,907	0	0	0	0	0	0	492,647,983	288,866,303	20,584,621	
18. Amount Incurred for Provision of Health Care Services	800,050,862	0	0	0	0	0	0	475,753,980	308,816,840	15,480,042	

(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 \$ 610,165,307

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**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
<div style="font-size: 48px; font-weight: bold; opacity: 0.5;">NONE</div>											
9999999 Totals						0	0	0	0	0	0

**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
Accident and Health - Affiliates - Non-U.S. - Captive						
00000	AA-3770323	06/01/2006	COMPREHENSIVE REINS LTD	CYM	3,980	0
1599999 - Accident and Health - Affiliates - Non-U.S. - Captive					3,980	0
1799999 - Accident and Health - Affiliates - Non-U.S. - Total					3,980	0
1899999 - Accident and Health - Affiliates - Total Affiliates					3,980	0
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
39845	48-0921045	01/01/2013	WESTPORT INS CORP	MO	5,103	0
1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					5,103	0
2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates					5,103	0
2299999 - Accident and Health - Total Accident and Health					9,083	0
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					5,103	0
2499999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					3,980	0
9999999 Totals—Life, Annuity and Accident and Health (Sum of 1199999 and 2299999)					9,083	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
39845	48-0921045	01/01/2013	WESTPORT INS CORP	MO	SSL/I/A	MR	11,861						
39845	48-0921045	01/01/2013	WESTPORT INS CORP	MO	SSL/I/A	MC	506,327						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							518,188	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							518,188	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							518,188	0	0	0	0	0	0
General Account - Unauthorized - Affiliates - Non-U.S. - Captive													
00000	AA-3770323	06/01/2006	COMPREHENSIVE REINS LTD	CYM	SSL/I/A	MC	(5,020)						
00000	AA-3770323	06/01/2006	COMPREHENSIVE REINS LTD	CYM	SSL/I/A	MR	(1,241)						
1599999 - General Account - Unauthorized - Affiliates - Non-U.S. - Captive							(6,261)	0	0	0	0	0	0
1799999 - General Account - Unauthorized - Affiliates - Non-U.S. - Total							(6,261)	0	0	0	0	0	0
1899999 - General Account - Unauthorized - Affiliates - Total Unauthorized Affiliates							(6,261)	0	0	0	0	0	0
2299999 - General Account - Unauthorized - Total General Account Unauthorized							(6,261)	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							511,927	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							518,188	0	0	0	0	0	0
7099999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							(6,261)	0	0	0	0	0	0
9999999 Totals							511,927	0	0	0	0	0	0





**SCHEDULE S – PART 6**

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

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	11	6,598	6,911	9,969	10,853
3. Title XIX-Medicaid.....	501	6,408	6,503	10,579	14,410
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	9	794	1,414	2,548	3,580
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	.XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	.XXX
18. Funds deposited by and withheld from (F).....	0	0	0	0	.XXX
19. Letters of credit (L).....	0	0	0	0	.XXX
20. Trust agreements (T).....	0	0	0	0	.XXX
21. Other (O).....	0	0	0	0	.XXX

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	233,194,360		233,194,360
2. Accident and health premiums due and unpaid (Line 15).....	58,164,176		58,164,176
3. Amounts recoverable from reinsurers (Line 16.1).....	9,083		9,083
4. Net credit for ceded reinsurance.....	XXX	5,133	5,133
5. All other admitted assets (Balance).....	42,699,342		42,699,342
6. Total assets (Line 28)	334,066,961	5,133	334,072,094
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	132,055,915	0	132,055,915
8. Accrued medical incentive pool and bonus payments (Line 2).....	480,000		480,000
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).....	3,950		3,950
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).....	20,594,512		20,594,512
15. Total liabilities (Line 24).....	153,134,377	0	153,134,377
16. Total capital and surplus (Line 33).....	180,932,584	XXX	180,932,584
17. Total liabilities, capital and surplus (Line 34)	334,066,961	0	334,066,961
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	9,083		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	9,083		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	3,950		
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 .....	3,950		
31. Total net credit for ceded reinsurance	5,133		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.

**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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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)	*
01199	WellCare Health Plans Inc.	10760	20-2103320				WellCare of Georgia Inc.	GA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	98-0448921				Comprehensive Reinsurance Ltd.	CYM	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	10155	20-2383134				WellCare Prescription Insurance Inc.	FL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	12749	20-3562146				WellCare of Ohio Inc.	OH	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-3262322				Harmony Behavioral Health IPA Inc.	NY	NIA	Harmony Behavioral Health, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-4869374				WellCare Pharmacy Benefits Management In.	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	83445	86-0269558				WellCare Health Insurance of Arizona Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	64467	36-6069295				WellCare Health Ins Company of Kentucky In.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	12956	11-3197523				WellCare Health Insurance of New York In.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	13020	20-8017319				WellCare Health Plans of New Jersey Inc.	NJ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	12964	20-8058761				WellCare of Texas Inc.	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-8420512				Exactus Pharmacy Solutions, Inc.	DE	NIA	WellCare Pharmacy Benefits Management	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	27-0386122				Ohana Health Plans, Inc.	HI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	27-4293249				WellCare Health Plans of California, Inc.	CA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	14404	45-3617189				WellCare of Kansas, Inc.	KS	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	45-5154364				WellCare Health Plans of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	45-3236788				America's 1st Choice California Holdings, LLC.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-5327501				Easy Choice Health Plan, Inc.	CA	IA	America's 1st Choice California Holdings, LLC.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	11775	32-0062883				WellCare of South Carolina, Inc.	SC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	46-2078909				WellCare of Nevada, Inc.	NV	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	12913	20-5862801				Missouri Care, Incorporated.	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	27-4212954				The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	62-1832645				Windsor Health Group, Inc.	TN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	62-1530448				Windsor Management Services, Inc.	TN	NIA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Harmony Health Plan of Illinois, Inc.**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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)	*
01199	WellCare Health Plans Inc.	15510	47-0971481				WellCare Health Plans of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	15812	47-3558198				WellCare of Iowa, Inc.	IA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	47-5456872				WellCare of Nebraska, Inc.	NE	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	45-5154364				WellCare Health Plans of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	45-3236788				America's 1st Choice California Holdings, LLC	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	20-5327501				Easy Choice Health Plan, Inc.	CA	IA	America's 1st Choice California Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	11775	32-0062883				WellCare of South Carolina, Inc.	SC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	46-2078909				WellCare of Nevada, Inc.	NV	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	12913	20-5862801				Missouri Care, Incorporated	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	27-4212954				The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	62-1832645				Windsor Health Group, Inc.	TN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	62-1530448				Windsor Management Services, Inc.	TN	NIA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	95792	62-1531881				Windsor Health Plans, Inc.	TN	IA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	15510	47-0971481				WellCare Health Plans of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
												.0		.0
												.0		.0

41.1

Asterisk	Explanation
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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

- |   | <u>Responses</u> |
|---|------------------|
| 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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | .....YES..... |
|--|---------------|

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

### 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 Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?   | .....NO.....              |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....SEE EXPLANATION..... |
| 15. 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.....              |
| 16. 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.....              |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | .....NO.....              |
| 18. 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?                                   | .....SEE EXPLANATION..... |
| 19. 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?   | .....SEE EXPLANATION..... |
| 20. 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?  | .....SEE EXPLANATION..... |

### APRIL FILING

- |  |               |
|--|---------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO.....  |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | .....NO.....  |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?          | .....NO.....  |
| 24. 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..... |
| 25. 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..... |

### AUGUST FILING

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

### Explanation:

11. Business not written.
12. Business not written.
13. Business not written.
14. Not required.
15. Business not written.
16. Business not written.
17. Business not written.
18. No waiver required.
19. No waiver required.
20. No waiver required.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written.

22. Business not written.

23. Business not written.

26. Not required.

**Bar code:**

11.   
1 1 2 2 9 2 0 1 5 3 6 0 5 9 0 0 0

12.   
1 1 2 2 9 2 0 1 5 2 0 5 0 0 0 0 0

13.   
1 1 2 2 9 2 0 1 5 2 0 7 0 0 0 0 0

15.   
1 1 2 2 9 2 0 1 5 3 7 1 0 0 0 0 0

16.   
1 1 2 2 9 2 0 1 5 3 7 0 0 0 0 0 0

17.   
1 1 2 2 9 2 0 1 5 3 6 5 0 0 0 0 0

21.   
1 1 2 2 9 2 0 1 5 3 0 6 0 0 0 0 0

22.   
1 1 2 2 9 2 0 1 5 2 1 1 5 9 0 0 0

23.   
1 1 2 2 9 2 0 1 5 2 1 3 0 0 0 0 0

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