



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

WellCare Health Insurance Company of Kentucky, Inc.

NAIC Group Code 01199, 01199 NAIC Company Code 64467 Employer's ID Number 36-6069295
Organized under the Laws of Kentucky, State of Domicile or Port of Entry Kentucky
Country of Domicile United States
Licensed as business type: Life, Accident & Health [X] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]
Incorporated/Organized 03/27/1962 Commenced Business 08/31/1962
Statutory Home Office 13551 Triton Park Blvd, Suite 1800, Louisville, KY, US 40223
Main Administrative Office 8735 Henderson Road, Tampa, FL, US 33634
Mail Address P.O. Box 31391, Tampa, FL, US 33631-3391
Primary Location of Books and Records 8735 Henderson Road, Tampa, FL, US 33634
Internet Web Site Address www.wellcare.com
Statutory Statement Contact Mike Wasik, 813-206-2725
michael.wasik@wellcare.com, 813-675-2899

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Rows include Kenneth Alan Burdick (President), Andrew Lynn Asher (CFO and Treasurer), Blair Williams Todt (Secretary and Senior Vice President), Maurice Sebastian Hebert (Asst Treasurer and Chief Accounting Officer).

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Row includes Kelly Ann Munson (Region President).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Rows include Andrew Lynn Asher, Maurice Sebastian Hebert, Blair Williams Todt, Kenneth Alan Burdick.

State of Florida
County of Hillsborough

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 WellCare Health Insurance Company of Kentucky, 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 .....	30,106,583	57,771,234		25,418,831	30,106,583	31,933,420
2. Claim overpayment receivables .....	2,641,797		2,141,352		4,783,149	4,783,149
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)	32,748,380	57,771,234	2,141,352	25,418,831	34,889,732	36,716,569

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 WellCare Health Insurance Company of Kentucky, Inc.

**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.....	22,937,861	6,041,756	5,158,743	5,179,288	44,754,009	84,071,657
0499999 Subtotals	22,937,861	6,041,756	5,158,743	5,179,288	44,754,009	84,071,657
0599999 Unreported claims and other claim reserves						227,863,376
0699999 Total amounts withheld						
0799999 Total claims unpaid						311,935,033
0899999 Accrued medical incentive pool and bonus amounts						0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**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
<b>NONE</b>							
0199999 Individually listed receivables .....	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WellCare Health Insurance Company of Kentucky, 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 .....	104,343,125	4.6	525,443	100.0		104,343,125
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	104,343,125	4.6	525,443	100.0	0	104,343,125
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	2,144,247,664	95.4	XXX	XXX		2,144,247,664
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 .....	2,144,247,664	95.4	XXX	XXX	0	2,144,247,664
13. Total (Line 4 plus Line 12)	2,248,590,789	100 %	XXX	XXX	0	2,248,590,789

**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

**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 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 2015

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 .....	22,025									22,025
2. First Quarter .....	18,207									18,207
3. Second Quarter .....	17,715									17,715
4. Third Quarter .....	17,655									17,655
5. Current Year .....	17,518									17,518
6. Current Year Member Months	213,788									213,788
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) .....	15,853,033									15,853,033
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	15,853,033									15,853,033
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	10,253,814									10,253,814
18. Amount Incurred for Provision of Health Care Services	11,027,700									11,027,700

(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 \$ 15,853,033

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ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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

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ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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

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ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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 .....	27,632									27,632
2. First Quarter .....	26,170									26,170
3. Second Quarter .....	25,107									25,107
4. Third Quarter .....	24,502									24,502
5. Current Year .....	24,050									24,050
6. Current Year Member Months	301,450									301,450
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) .....	20,074,978									20,074,978
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	20,074,978									20,074,978
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	12,832,568									12,832,568
18. Amount Incurred for Provision of Health Care Services	13,791,617									13,791,617

(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 \$ 20,074,978

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ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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 2015 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 2015

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 .....	14,701									14,701
2. First Quarter .....	7,715									7,715
3. Second Quarter .....	7,120									7,120
4. Third Quarter .....	6,973									6,973
5. Current Year .....	6,776									6,776
6. Current Year Member Months .....	86,874									86,874
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) .....	8,127,616									8,127,616
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	8,127,616									8,127,616
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	5,856,139									5,856,139
18. Amount Incurred for Provision of Health Care Services .....	6,115,254									6,115,254

(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 \$ 8,127,616

30.CO



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						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 .....	16,116									16,116	
2. First Quarter .....	15,220									15,220	
3. Second Quarter .....	15,520									15,520	
4. Third Quarter .....	15,146									15,146	
5. Current Year .....	14,815									14,815	
6. Current Year Member Months	183,440									183,440	
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) .....	13,337,673									13,337,673	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	13,337,673									13,337,673	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	9,892,622									9,892,622	
18. Amount Incurred for Provision of Health Care Services	10,639,247									10,639,247	

(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 \$ 13,337,673

30.CT



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						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

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ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						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

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ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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 2015 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 2015

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 2015 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 2015

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 2015 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 2015

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 2015 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 2015

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 2015 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 2015

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

30.1A



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						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.KS



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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 .....	425,376	7,335						5,209	412,832	
2. First Quarter .....	448,076							6,358	441,718	
3. Second Quarter .....	435,870							6,908	428,962	
4. Third Quarter .....	443,601							7,483	436,118	
5. Current Year .....	447,501							7,719	439,782	
6. Current Year Member Months	5,316,613	11						83,868	5,232,734	
Total Member Ambulatory Encounters for Year:										
7. Physician .....	2,992,060							97,826	2,894,234	
8. Non-Physician .....	2,014,628							37,293	1,977,335	
9. Total	5,006,688	0	0	0	0	0	0	135,119	4,871,569	0
10. Hospital Patient Days Incurred	366,085							26,508	339,577	
11. Number of Inpatient Admissions	70,955							3,541	67,414	
12. Health Premiums Written (b) .....	2,691,118,661	(1,285,937)						79,632,726	2,612,771,872	
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	2,691,118,661	(1,285,937)						79,632,726	2,612,771,872	
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	2,200,428,260	3,980,765						71,926,572	2,124,520,923	
18. Amount Incurred for Provision of Health Care Services	2,230,871,564	116,073						73,488,601	2,157,266,890	

(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 \$ 79,632,726

30.KY



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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 2015 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 2015

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 2015 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 2015						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 2015 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 2015

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 .....	12,447									12,447
2. First Quarter .....	6,745									6,745
3. Second Quarter .....	6,369									6,369
4. Third Quarter .....	6,290									6,290
5. Current Year .....	6,193									6,193
6. Current Year Member Months .....	77,284									77,284
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) .....	5,509,696									5,509,696
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	5,509,696									5,509,696
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	3,812,297									3,812,297
18. Amount Incurred for Provision of Health Care Services .....	4,100,022									4,100,022

(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 \$ 5,509,696

30.MN



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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.MS



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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 2015 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 2015

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 .....	4,381									4,381
2. First Quarter .....	2,412									2,412
3. Second Quarter .....	2,312									2,312
4. Third Quarter .....	2,278									2,278
5. Current Year .....	2,259									2,259
6. Current Year Member Months	27,964									27,964
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) .....	1,833,741									1,833,741
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	1,833,741									1,833,741
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	1,254,023									1,254,023
18. Amount Incurred for Provision of Health Care Services	1,348,668									1,348,668

(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 \$ 1,833,741

30.MT



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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 2015 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 2015

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 2015 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 2015						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 2015 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 2015						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 2015 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 2015								NAIC Company Code	64467
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8		
			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	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 2015 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 2015

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.OH



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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.OK



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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. OR



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						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.PA



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						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 .....	7,728									7,728	
2. First Quarter .....	6,601									6,601	
3. Second Quarter .....	6,519									6,519	
4. Third Quarter .....	6,413									6,413	
5. Current Year .....	6,330									6,330	
6. Current Year Member Months .....	77,967									77,967	
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) .....	5,827,526									5,827,526	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	5,827,526									5,827,526	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	4,261,066									4,261,066	
18. Amount Incurred for Provision of Health Care Services .....	4,551,228									4,551,228	

(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 \$ 5,827,526

30.RI



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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 2015 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 2015							NAIC Company Code	64467	
				1	Comprehensive (Hospital & Medical)		4	5	6	7			8
				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 \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

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

30.SD



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						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 2015 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 2015						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 2015 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 2015

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 2015 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 2015

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 2015 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 2015						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 2015 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 2015						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.WI



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015

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.WY



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						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 .....	530,406	7,335	0	0	0	0	0	5,209	412,832	105,030	
2. First Quarter .....	531,146	0	0	0	0	0	0	6,358	441,718	83,070	
3. Second Quarter .....	516,532	0	0	0	0	0	0	6,908	428,962	80,662	
4. Third Quarter .....	522,858	0	0	0	0	0	0	7,483	436,118	79,257	
5. Current Year .....	525,442	0	0	0	0	0	0	7,719	439,782	77,941	
6. Current Year Member Months	6,285,380	11	0	0	0	0	0	83,868	5,232,734	968,767	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	2,992,060	0	0	0	0	0	0	97,826	2,894,234	0	
8. Non-Physician .....	2,014,628	0	0	0	0	0	0	37,293	1,977,335	0	
9. Total	5,006,688	0	0	0	0	0	0	135,119	4,871,569	0	
10. Hospital Patient Days Incurred	366,085	0	0	0	0	0	0	26,508	339,577	0	
11. Number of Inpatient Admissions	70,955	0	0	0	0	0	0	3,541	67,414	0	
12. Health Premiums Written (b) .....	2,761,682,924	(1,285,937)	0	0	0	0	0	79,632,726	2,612,771,872	70,564,263	
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 .....	2,761,682,924	(1,285,937)	0	0	0	0	0	79,632,726	2,612,771,872	70,564,263	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	2,248,590,789	3,980,765	0	0	0	0	0	71,926,572	2,124,520,923	48,162,529	
18. Amount Incurred for Provision of Health Care Services	2,282,445,300	116,073	0	0	0	0	0	73,488,601	2,157,266,890	51,573,736	

(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 \$ 150,196,989

30.GT





**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WellCare Health Insurance Company of Kentucky, 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/1/A	MC	363,509						
39845	48-0921045	01/01/2013	WESTPORT INS CORP	MO	SSL/1/A	MR	1,699						
39845	48-0921045	01/01/2013	WESTPORT INS CORP	MO	SSL/1/A	SCHIP	194,828						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							560,036	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							560,036	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							560,036	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							560,036	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)							560,036	0	0	0	0	0	0
9999999 Totals							560,036	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**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.....	195	1,210	831	5,589	52
2. Title XVIII-Medicare.....	2	30	11	0	0
3. Title XIX-Medicaid.....	364	1,827	1,032	36,978	53
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.....	1,597	2,156	2,199	8,580	0
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.....	114	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) .....	595,228,947		595,228,947
2. Accident and health premiums due and unpaid (Line 15).....	16,594,346		16,594,346
3. Amounts recoverable from reinsurers (Line 16.1).....	1,597,308		1,597,308
4. Net credit for ceded reinsurance.....	XXX	1,597,308	1,597,308
5. All other admitted assets (Balance).....	78,416,781		78,416,781
6. Total assets (Line 28)	691,837,382	1,597,308	693,434,690
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	311,935,033	0	311,935,033
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	27,372,658		27,372,658
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	114,201		114,201
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).....	51,071,278		51,071,278
15. Total liabilities (Line 24).....	390,493,170	0	390,493,170
16. Total capital and surplus (Line 33).....	301,344,212	XXX	301,344,212
17. Total liabilities, capital and surplus (Line 34)	691,837,382	0	691,837,382
<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 .....	1,597,308		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	1,597,308		
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	1,597,308		

**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

NONE

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WellCare Health Insurance Company of Kentucky, 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.	95310	14-1647239				WellCare of Connecticut Inc.	CT	IA	WellCare of New York, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	95081	59-2583622				WellCare of Florida Inc.	FL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	59-3547616				Comprehensive Health Management Inc.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	14-1647239				The WellCare Management Group, Inc.	NY	UDP	WCG Health Management, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	95534	14-1676443				WellCare of New York Inc.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-3320236				Harmony Behavioral Health Inc.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	11229	36-4050495				Harmony Health Plan of Illinois Inc.	IL	IA	Harmony Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	22-3391045				Harmony Health Systems Inc.	IL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	36-4467676				Harmony Health Management Inc.	IL	NIA	Harmony Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	47-0937650		0001279363	NYSE	WellCare Health Plans Inc.	FL	UIP	Shareholders.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	04-3669698				WCG Health Management Inc.	FL	UIP	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	10760	20-2103320				WellCare of Georgia Inc.	GA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	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 Insurance Company of Kentucky Inc.	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 Inc.	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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WellCare Health Insurance Company of Kentucky, 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.	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
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
												.0		.0
												.0		.0

41.1

Asterisk	Explanation
----------	-------------



## 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?	.....YES.....
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?	.....YES.....
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?	.....YES.....
--	---------------

### Explanation:

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23. Business not written.

Bar code:

11.   
6 4 4 6 7 2 0 1 5 3 6 0 5 9 0 0 0

12.   
6 4 4 6 7 2 0 1 5 2 0 5 0 0 0 0 0

13.   
6 4 4 6 7 2 0 1 5 2 0 7 0 0 0 0 0

15.   
6 4 4 6 7 2 0 1 5 3 7 1 0 0 0 0 0

16.   
6 4 4 6 7 2 0 1 5 3 7 0 0 0 0 0 0

21.   
6 4 4 6 7 2 0 1 5 3 0 6 0 0 0 0 0

23.   
6 4 4 6 7 2 0 1 5 2 1 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Deposits with providers.....	43,576	43,576	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	43,576	43,576	0	0



**SUPPLEMENT FOR THE YEAR 2015 OF THE WellCare Health Insurance Company of Kentucky, Inc.  
 MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)  
 (To Be Filed By March 1)

NAIC Group Code

**01199**

NAIC Company Code

64467

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....		XXX		XXX	0
1.12 Without Reinsurance Coverage.....	78,975,551	XXX	1,303,852	XXX	80,279,403
1.13 Risk-Corridor Payment Adjustments.....	(34,432,726)	XXX		XXX	(34,432,726)
1.2 Supplemental Benefits.....		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....	(197,186)	XXX	109,172	XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....		XXX		XXX	XXX
4.2 Payable.....	24,805,599	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....	78,778,365	XXX	1,413,024	XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	(9,627,127)	XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....	69,151,238	XXX	1,413,024	XXX	45,846,677
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....		XXX		XXX	0
7.12 Without Reinsurance Coverage.....	48,021,982	XXX	140,547	XXX	48,162,529
7.2 Supplemental Benefits.....		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....	(941,606)	XXX	147,256	XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....	(3,740,171)	XXX	(465,386)	XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	50,820,547	XXX	753,189	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims	50,820,547	XXX	753,189	XXX	48,162,529
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	9,533,576	XXX	796,596	XXX	10,330,172
15. Expenses Incurred.....	9,533,576	XXX	796,596	XXX	XXX
16. Underwriting Gain/Loss.....	8,797,115	XXX	(136,761)	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(12,646,024)

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# LIFE SUPPLEMENTS

For The Year Ended December 31, 2015

(To Be Filed By March 1)

Of The WellCare Health Insurance Company of Kentucky, Inc. Insurance Company  
 Address (City, State and Zip Code) Tampa, FL 33634  
 NAIC Group Code 01199 NAIC Company Code 64467 Employer's ID Number 36-6069295