



# QUARTERLY STATEMENT

AS OF MARCH 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE

## WellCare Health Insurance Company of Kentucky, Inc.

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

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health  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  
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Web Site Address www.wellcare.com

Statutory Statement Contact Mike Wasik 813-206-2725  
(Name) (Area Code) (Telephone Number) (Extension)

michael.wasik@wellcare.com 813-675-2899  
(E-Mail Address) (FAX Number)

### OFFICERS

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

### OTHER OFFICERS

<u>Kelly Ann Munson</u>	<u>Region President</u>		

### DIRECTORS OR TRUSTEES

<u>Andrew Lynn Asher</u>	<u>Maurice Sebastian Hebert</u>	<u>Blair Williams Todt</u>	<u>Kenneth Alan Burdick</u>
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State of .....Florida.....

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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

a. Is this an original filing? Yes  No

b. If no:

1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_

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

STATEMENT AS OF MARCH 31, 2015 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	55,436,305		55,436,305	57,821,769
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....354,155,535 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....58,041,555 ) .....	412,197,089		412,197,089	328,300,650
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	467,633,394	0	467,633,394	386,122,419
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	578,457		578,457	497,794
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	70,173,661		70,173,661	52,027,947
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums .....	6,363,450		6,363,450	5,550,373
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	896,894		896,894	2,156,034
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	33,008,944		33,008,944	30,604,612
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	4,114,253
18.2 Net deferred tax asset .....	9,746,760		9,746,760	9,299,745
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	9,238,890	9,238,890	0	0
24. Health care (\$ .....33,861,696 ) and other amounts receivable .....	41,447,837	6,766,072	34,681,765	30,484,505
25. Aggregate write-ins for other-than-invested assets .....	2,484,196	2,048,604	435,592	1,765,561
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	641,572,484	18,053,566	623,518,918	522,623,243
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	641,572,484	18,053,566	623,518,918	522,623,243
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Other non-admitted assets (prepaids) .....	1,333,753	1,333,753	0	0
2502. ASO prepayments .....	671,275	671,275	0	0
2503. State and other taxes recoverable .....	435,592		435,592	1,765,561
2598. Summary of remaining write-ins for Line 25 from overflow page .....	43,576	43,576	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	2,484,196	2,048,604	435,592	1,765,561

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	306,406,067		306,406,067	287,236,907
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	2,307,395		2,307,395	2,203,012
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	28,717,829		28,717,829	8,912,025
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	3,609,573		3,609,573	2,109,261
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	19,288,024		19,288,024	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	98,111
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	12,357,106		12,357,106	10,034,405
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	46,045,511	0	46,045,511	320,335
24. Total liabilities (Lines 1 to 23).....	418,731,505	0	418,731,505	310,914,056
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	11,105,750	45,802,000
26. Common capital stock .....	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	137,298,516	137,298,516
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	53,883,147	26,108,671
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	204,787,413	211,709,187
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	623,518,918	522,623,243
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed property payable.....	259,724		259,724	320,335
2302. 2015 ACA Industry Fee payable.....	45,785,787		45,785,787	
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	46,045,511	0	46,045,511	320,335
2501. Estimated ACA Industry Fee (following year).....	XXX	XXX	11,105,750	45,802,000
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	11,105,750	45,802,000
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	1,581,375	1,340,827	5,911,513
2. Net premium income (including \$ non-health premium income).....	XXX	683,768,118	534,751,916	2,419,363,353
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	683,768,118	534,751,916	2,419,363,353
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		345,216,241	277,583,497	1,288,758,375
10. Other professional services .....		45,912,539	32,976,460	164,091,534
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		41,161,471	24,258,577	142,495,893
13. Prescription drugs .....		137,809,925	107,291,176	467,754,631
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15) .....	0	570,100,176	442,109,710	2,063,100,433
<b>Less:</b>				
17. Net reinsurance recoveries .....		547,018	427,929	543,573
18. Total hospital and medical (Lines 16 minus 17) .....	0	569,553,158	441,681,781	2,062,556,860
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 4,043,827 ..... cost containment expenses.....		9,558,965	16,010,544	72,914,641
21. General administrative expenses.....		89,466,575	43,660,223	134,240,495
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	668,578,698	501,352,548	2,269,711,996
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	15,189,420	33,399,368	149,651,357
25. Net investment income earned .....		593,150	191,158	991,263
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	593,150	191,158	991,263
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	15,782,570	33,590,526	150,642,620
31. Federal and foreign income taxes incurred .....	XXX	21,395,113	19,987,273	61,653,964
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(5,612,543)	13,603,253	88,988,656
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	211,709,187	123,547,341	123,547,341
34. Net income or (loss) from Line 32 .....	(5,612,543)	13,603,253	88,988,656
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	447,016	(158,276)	3,202,530
39. Change in nonadmitted assets .....	(1,756,247)	5,433,631	(4,029,340)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(6,921,774)	18,878,608	88,161,846
49. Capital and surplus end of reporting period (Line 33 plus 48)	204,787,413	142,425,949	211,709,187
<b>DETAILS OF WRITE-INS</b>			
4701. ....		0	0
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	684,517,018	499,620,542	2,378,433,212
2. Net investment income .....	867,866	150,079	901,444
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	685,384,884	499,770,621	2,379,334,656
5. Benefit and loss related payments .....	552,502,409	400,875,318	1,930,855,054
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	52,709,417	37,384,494	236,012,869
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	(2,007,163)	(1,628,474)	63,292,348
10. Total (Lines 5 through 9) .....	603,204,663	436,631,338	2,230,160,271
11. Net cash from operations (Line 4 minus Line 10) .....	82,180,221	63,139,283	149,174,385
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	4,350,240	0	400,000
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	4,350,240	0	400,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	2,320,155	4,276,114	54,799,924
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,320,155	4,276,114	54,799,924
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	2,030,085	(4,276,114)	(54,399,924)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(313,867)	9,532,289	(14,763,954)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(313,867)	9,532,289	(14,763,954)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	83,896,439	68,395,458	80,010,507
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	328,300,650	248,290,143	248,290,143
19.2 End of period (Line 18 plus Line 19.1) .....	412,197,089	316,685,601	328,300,650

**STATEMENT AS OF MARCH 31, 2015 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits 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	6,345	.0	.0	.0	.0	.0	6,358	435,373	83,070
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	1,581,375	18,949						18,748	1,293,030	250,648
Total Member Ambulatory Encounters for Period:										
7. Physician .....	709,377	7,663						19,682	682,032	
8. Non-Physician .....	464,022	9,665						7,181	447,176	
9. Total	1,173,399	17,328	0	0	0	0	0	26,863	1,129,208	0
10. Hospital Patient Days Incurred	59,112	3,047						5,678	50,387	
11. Number of Inpatient Admissions	17,193	342						793	16,058	
12. Health Premiums Written (a).....	683,922,042	11,753,183						17,693,476	631,345,290	23,130,093
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	683,922,042	11,753,183						17,693,476	631,345,290	23,130,093
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	554,308,567	21,288,602						16,370,704	495,645,938	21,003,323
18. Amount Incurred for Provision of Health Care Services	570,100,176	21,649,237						17,549,864	511,842,033	19,059,042

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 17,693,091



STATEMENT AS OF MARCH 31, 2015 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	3,217,678	18,153,071	1,991,849	2,903,144	5,209,527	4,616,506
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....	5,876,177	9,882,316	1,710,534	7,299,115	7,586,711	7,218,278
7. Title XIX - Medicaid .....	139,899,167	354,259,391	104,760,790	185,827,913	244,659,957	273,452,245
8. Other health .....	1,468,969	17,627,229	8,857	1,903,865	1,477,826	1,949,878
9. Health subtotal (Lines 1 to 8).....	150,461,991	399,922,007	108,472,030	197,934,037	258,934,021	287,236,907
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	150,461,991	399,922,007	108,472,030	197,934,037	258,934,021	287,236,907

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

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

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

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Kentucky for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under Kentucky insurance law. The National Association of Insurance Commissioners Accounting Practices and Procedures manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Kentucky. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. These modifications had no effect on statutory surplus.

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

	For the three month period ended March 31,	
	<u>2015</u>	<u>2014</u>
Net Income (loss) - Kentucky Basis	\$ (5,612,543)	\$ 13,603,253
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Net Income (loss) - NAIC SAP	\$ (5,612,543)	\$ 13,603,253
	Balance at	
	<u>March 31, 2015</u>	<u>December 31, 2014</u>
Statutory Capital and Surplus - Kentucky Basis	\$ 204,787,413	\$ 211,709,187
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Statutory Capital and Surplus - NAIC SAP	\$ 204,787,413	\$ 211,709,187

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

C. Accounting Policy  
No significant change.

### 2. Accounting Changes and Correction of Errors

None.

### 3. Business Combinations and Goodwill

None.

### 4. Discontinued Operations

None.

### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities – None
- E. Repurchase Agreements and/or Securities Lending Transactions – None
- F. Real Estate – None
- G. Low Income Housing Tax Credits - None
- H. Restricted Assets (Including pledged) – No significant change.
- I. Working Capital Finance Investments – None.
- J. Offsetting and Netting of Assets and Liabilities – None.
- K. Structured Notes – None.

### 6. Joint Ventures, Partnerships and Limited Liability Companies

None.

## NOTES TO FINANCIAL STATEMENTS

### 7. Investment Income

No significant change.

### 8. Derivative Instruments

None.

### 9. Income Taxes

No significant change.

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

No significant change.

### 11. Debt

A. Debt – None.

B. Federal Home Loan Bank Agreements – None.

### 12. Retirement Plans, Deferred Compensation, Etc.

A. Defined Benefit Plan – None.

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

No significant change.

### 14. Contingencies

A. Contingent Commitments – None.

B. Assessments – None.

C. Gain Contingencies – None.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits – None.

E. Joint and Several Liabilities – None.

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

### 15. Leases

None.

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

None.

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

A. Transfers of Receivables Reported as Sales – None.

B. Transfer and Servicing of Financial Assets – None.

C. Wash Sales – None.

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

None.

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

None.

### 20. Fair Value Measurement

The company has no assets disclosed at fair value at March 31, 2015.

### 21. Other Items

A. Extraordinary Items – None.

B. Troubled Debt Restructuring – None.

C. Other Disclosures and Unusual Items

#### *ACA Annual Fee*

In January 2014, the NAIC adopted Statement of Statutory Accounting Principles ("SSAP") No. 106, *Affordable Care Act Assessments*. SSAP No. 106 provides guidance on accounting and required disclosure for the annual fee under section 9010 of the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act ("ACA"). The ACA imposes an annual fee on health insurers (industry fee), payable to the U.S. government, calculated on net premiums and third-party

## NOTES TO FINANCIAL STATEMENTS

administrative agreement fees. The accounting guidance states the liability and expense are recognized once the Company provides health insurance for any U.S. health risk on or before January 1, 2014 and each year thereafter. By September 30, 2014 and each year thereafter the liability must be paid. In accordance with SSAP No. 106, the Company expensed \$45,785,787 on January 1, 2015 for our estimate of the amount payable in 2015. The expense is included on Page 4, Line 21, General administrative expenses, of the Statement of Revenues and Expenses and the liability is included on Line 23 of Page 3, Liabilities, Capital and Surplus, Aggregate write-ins for other liabilities.

We have received a written agreement from our state Medicaid customer in Kentucky which provides for them to reimburse us for the portion of the ACA industry fee attributable to the Medicaid program in the state, including the related state and federal income tax gross-ups. The execution of the agreement enabled us to recognize approximately \$16,651,900 reimbursement for the 2015 ACA industry fee as premium revenue for the period ending March 31, 2015.

The estimated 2016 fee is \$44,423,000 which is subject to change based on the actual outcome of the industry's total premiums for 2015. Beginning January 31, 2014 and each year thereafter, the estimate for the following year's ACA industry fee is reclassified from unassigned surplus to special surplus monthly throughout the year. Through March 31, 2015, \$11,105,750 of the estimated 2016 fee has been reclassified from unassigned surplus to special surplus and is reported on Line 25 of Page 3, Liabilities, Capital and Surplus, Aggregate write-ins for special surplus funds. If the Company no longer offers health insurance in 2016 there would be no fee due in 2016.

### *Medicaid Contract*

In April 2015, the Kentucky Cabinet for Health and Family Services Department of Medicaid Services issued a request for proposals to continue serving Medicaid members in Kentucky for services commencing on July 1, 2015. We are currently in the process of preparing our response, which is currently due in mid-May.

- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-Transferable Tax Credits – None
- F. Subprime Mortgage Related Risk Exposure – None
- G. Retained Assets – None

### **22. Events Subsequent**

There were no events occurring subsequent to March 31, 2015 requiring disclosure. Subsequent events have been considered through May 11, 2015 for the Statutory statement issued on May 11, 2015.

### **23. Reinsurance.**

No significant change.

### **24. Retrospectively Rated Contracts**

None.

### **25. Change in Incurred Claims and Claim Adjustment Expenses**

The estimated cost of claims expense attributable to insured events of the prior year decreased by \$28,302,886 during 2015. This is approximately 9.8% of unpaid claims expenses of \$287,236,907 as of December 31, 2014. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending March 31, 2015 was impacted by approximately \$1,762,377 of net unfavorable development related to prior periods.

### **26. Intercompany Pooling.**

None.

### **27. Structured Settlements**

None.

### **28. Health Care Receivables.**

No significant change.

### **29. Participating Policies**

None.

### **30. Premium Deficiency Reserves**

None.

### **31. Anticipated Salvage and Subrogation.**

None.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2012
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2012
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....06/11/2014
- 6.4 By what department or departments?  
Illinois Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] No [ ] NA [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [ ] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

## GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes  No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

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

- 9.2 Has the code of ethics for senior managers been amended? ..... Yes  No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 Minor revisions and clarifications of existing provisions. Adopted by Board of Directors on April 16, 2015.....

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

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

### FINANCIAL

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

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

### INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

## GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 16.3 Total payable for securities lending reported on the liability page \$ .....

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

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

1 Name of Custodian(s)	2 Custodian Address
WellCare Health Ins. Company of Kentucky - US Bank...	Jacksonville, Florida.....

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

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

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

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

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

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

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

18.2 If no, list exceptions:

.....

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent.....	83.9	%
	1.2 A&H cost containment percent .....	0.6	%
	1.3 A&H expense percent excluding cost containment expenses.....	13.9	%
	2.1 Do you act as a custodian for health savings accounts?.....	Yes [ ]	No [X]
	2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$	
	2.3 Do you act as an administrator for health savings accounts?.....	Yes [ ]	No [X]
	2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$	

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
NONE								

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

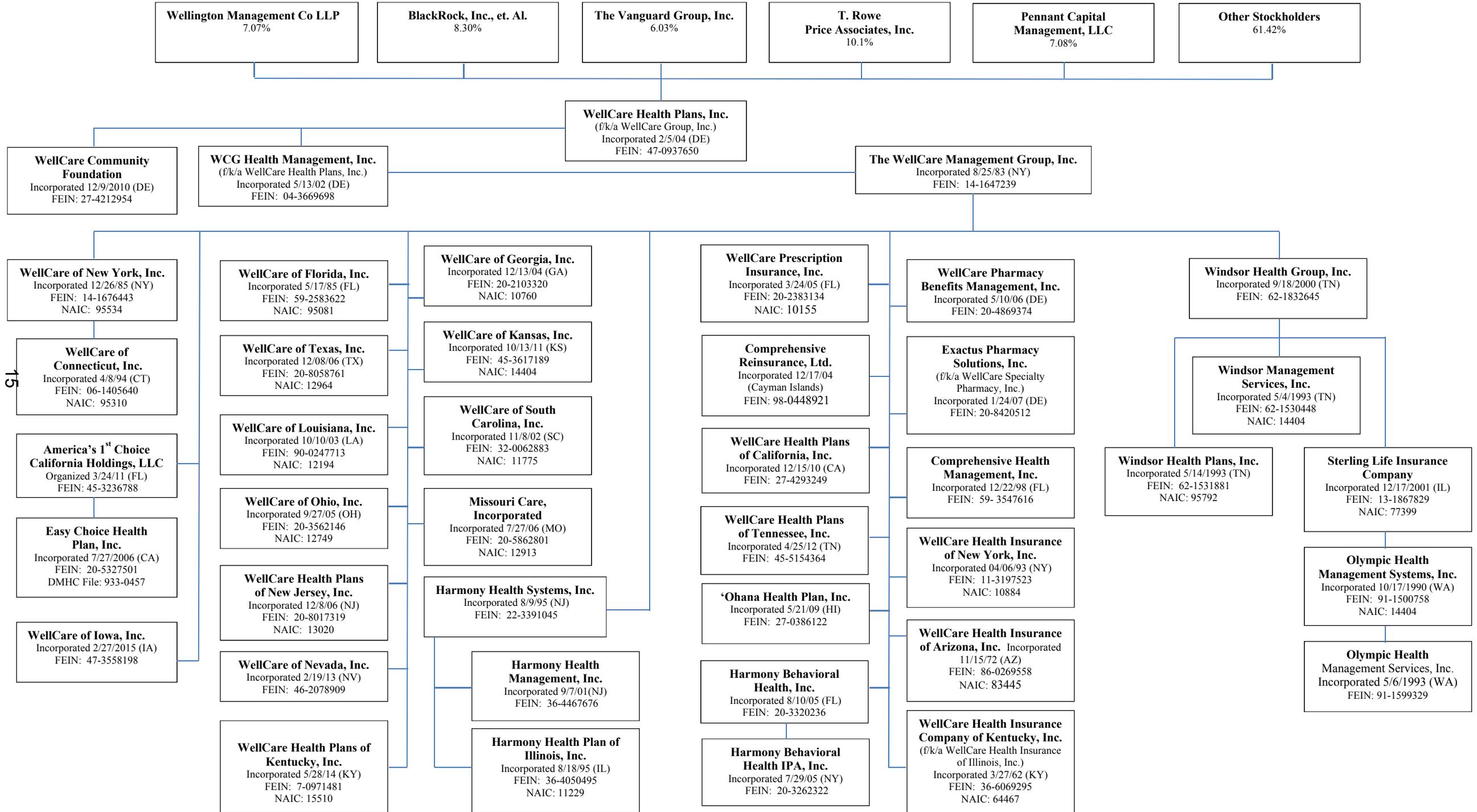
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	5,124,754						5,124,754	
2. Alaska	AK	L							0	
3. Arizona	AZ	L							0	
4. Arkansas	AR	L	6,481,753						6,481,753	
5. California	CA	L							0	
6. Colorado	CO	L	2,304,361						2,304,361	
7. Connecticut	CT	L	4,779,076						4,779,076	
8. Delaware	DE	L							0	
9. Dist. Columbia	DC	L							0	
10. Florida	FL	L							0	
11. Georgia	GA	L							0	
12. Hawaii	HI	L							0	
13. Idaho	ID	L							0	
14. Illinois	IL	L							0	
15. Indiana	IN	L							0	
16. Iowa	IA	L							0	
17. Kansas	KS	L							0	
18. Kentucky	KY	L	11,753,183	17,693,477	631,345,290				660,791,950	
19. Louisiana	LA	L							0	
20. Maine	ME	L							0	
21. Maryland	MD	L							0	
22. Massachusetts	MA	L							0	
23. Michigan	MI	L							0	
24. Minnesota	MN	L	1,843,814						1,843,814	
25. Mississippi	MS	L							0	
26. Missouri	MO	L							0	
27. Montana	MT	L	612,759						612,759	
28. Nebraska	NE	L							0	
29. Nevada	NV	L							0	
30. New Hampshire	NH	L							0	
31. New Jersey	NJ	L							0	
32. New Mexico	NM	L							0	
33. New York	NY	L							0	
34. North Carolina	NC	L							0	
35. North Dakota	ND	L							0	
36. Ohio	OH	L							0	
37. Oklahoma	OK	L							0	
38. Oregon	OR	L							0	
39. Pennsylvania	PA	L							0	
40. Rhode Island	RI	L	1,983,576						1,983,576	
41. South Carolina	SC	L							0	
42. South Dakota	SD	L							0	
43. Tennessee	TN	L							0	
44. Texas	TX	L							0	
45. Utah	UT	L							0	
46. Vermont	VT	L							0	
47. Virginia	VA	L							0	
48. Washington	WA	L							0	
49. West Virginia	WV	L							0	
50. Wisconsin	WI	L							0	
51. Wyoming	WY	L							0	
52. American Samoa	AS	L							0	
53. Guam	GU	L							0	
54. Puerto Rico	PR	L							0	
55. U.S. Virgin Islands	VI	L							0	
56. Northern Mariana Islands	MP	L							0	
57. Canada	CAN	L							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		34,883,276	17,693,477	631,345,290	0	0	0	683,922,043	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 43		34,883,276	17,693,477	631,345,290	0	0	0	683,922,043	0
<b>DETAILS OF WRITE-INS</b>										
58001	XXX									
58002	XXX									
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

# The WellCare Group of Companies as of March 31, 2015



STATEMENT AS OF MARCH 31, 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)	Name 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.	12194	90-0247713				WellCare of Louisiana Inc.	LA	IA	The WellCare Management Group, 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			NYSE	WellCare Health Plans Inc.	FL	UIP	Shareholders		0.0	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

STATEMENT AS OF MARCH 31, 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)	Name 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	27-0386122				Ohana Health Plans, Inc.	HI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	27-4293249				WellCare Health Plans of California, Inc.	CA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	14404	45-3617189				WellCare of Kansas, Inc.	KS	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	45-5154364				WellCare Health Plans of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	45-3236788				America's 1st Choice California Holdings, LLC	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	20-5327501				Easy Choice Health Plan, Inc.	CA	IA	America's 1st Choice California Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	11775	32-0062883				WellCare of South Carolina, Inc.	SC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	46-2078909				WellCare of Nevada, Inc.	NV	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	12913	20-5862801				Missouri Care, Incorporated	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	27-4212954				The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	62-1832645				Windsor Health Group, Inc.	TN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	62-1530448				Windsor Management Services, Inc.	TN	NIA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	95792	62-1531881				Windsor Health Plans, Inc.	TN	IA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	77399	13-1867829				Sterling Life Insurance Company	IL	IA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Sterling Life Insurance Company	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.	00000	47-3558198				WellCare of Iowa, Inc.	IA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0

16.1

Asterisk	Explanation
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## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....YES.....

**Explanation:**

**Bar Code:**

**OVERFLOW PAGE FOR WRITE-INS**

MQ002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2504. Deposits with providers.....	43,576	43,576	0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	43,576	43,576	0	0

## SCHEDULE A – VERIFICATION

### Real Estate

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

## SCHEDULE B – VERIFICATION

### Mortgage Loans

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

## SCHEDULE BA – VERIFICATION

### Other Long-Term Invested Assets

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

## SCHEDULE D – VERIFICATION

### Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	57,821,769	3,666,366
2. Cost of bonds and stocks acquired .....	2,320,155	54,799,924
3. Accrual of discount .....	.0	.0
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals .....	7,098	.0
6. Deduct consideration for bonds and stocks disposed of .....	4,350,240	400,000
7. Deduct amortization of premium .....	362,477	244,521
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	55,436,305	57,821,769
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	55,436,305	57,821,769

STATEMENT AS OF MARCH 31, 2015 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	117,597,897	167,997,305	196,501,759	(224,656)	88,868,787	0	0	117,597,897
2. NAIC 2 (a).....	24,761,990	0	0	(152,917)	24,609,073	0	0	24,761,990
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	142,359,887	167,997,305	196,501,759	(377,573)	113,477,860	0	0	142,359,887
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	142,359,887	167,997,305	196,501,759	(377,573)	113,477,860	0	0	142,359,887

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

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## SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	58,041,555	XXX	58,059,883	2,231	0

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	84,538,118	72,871,890
2. Cost of short-term investments acquired .....	165,677,150	1,245,230,730
3. Accrual of discount .....	0	68
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	192,158,617	1,233,435,015
7. Deduct amortization of premium.....	15,096	129,555
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	58,041,555	84,538,118
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	58,041,555	84,538,118

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

## SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	25,555,703
2. Cost of cash equivalents acquired .....	0	95,701
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals .....	0	25,650,000
7. Deduct amortization of premium .....	0	1,404
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**



STATEMENT AS OF MARCH 31, 2015 OF THE WellCare Health Insurance Company of Kentucky, Inc.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>																					
64966A-2H-7...	NY-ADJ-A6		02/05/2015	JP MORGAN SECURITIES LIMITED	200,000	200,000	200,000	200,000	0	0	0	0	0	0	200,000	0	0	0	50	11/01/2026	1FE
<b>2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>																					
					200,000	200,000	200,000	200,000	0	0	0	0	0	0	200,000	0	0	0	50	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
172967-FS-5...	CITIGROUP INC		03/18/2015	AAM-Insurance Investment	4,150,240	4,000,000	4,172,935	4,167,006	0	(23,864)	0	(23,864)	0	4,143,142	0	7,098	7,098	40,848	06/15/2016	1FE	
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
					4,150,240	4,000,000	4,172,935	4,167,006	0	(23,864)	0	(23,864)	0	4,143,142	0	7,098	7,098	40,848	XXX	XXX	
<b>8399997 - Subtotals - Bonds - Part 4</b>																					
					4,350,240	4,200,000	4,372,935	4,367,006	0	(23,864)	0	(23,864)	0	4,343,142	0	7,098	7,098	40,897	XXX	XXX	
<b>8399999 - Subtotals - Bonds</b>																					
					4,350,240	4,200,000	4,372,935	4,367,006	0	(23,864)	0	(23,864)	0	4,343,142	0	7,098	7,098	40,897	XXX	XXX	
<b>9999999 Totals</b>																					
					4,350,240	XXX	4,372,935	4,367,006	0	(23,864)	0	(23,864)	0	4,343,142	0	7,098	7,098	40,897	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

E05

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<p style="font-size: 48pt; margin: 0;">NONE</p>							
8699999 Total Cash Equivalents					0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 OF THE WellCare Health Insurance Company of Kentucky, Inc.**

**MEDICARE PART D COVERAGE SUPPLEMENT**

**(Net of Reinsurance)**

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.....	38,157,494	XXX		XXX	38,157,494
2. Earned Premiums	4,137,367	XXX		XXX	XXX
3. Claims Paid.....	21,003,323	XXX		XXX	21,003,323
4. Claims Incurred.....	19,059,042	XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		.0
6. Aggregate Policy Reserves - Change.....	(18,992,726)	XXX		XXX	XXX
7. Expenses Paid.....	3,775,133	XXX		XXX	3,775,133
8. Expenses Incurred.....	3,775,133	XXX		XXX	XXX
9. Underwriting Gain or Loss.....	295,918	XXX	.0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	13,379,038

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ .....295,918 due from CMS or \$ ..... due to CMS