



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
 OF THE CONDITION AND AFFAIRS OF THE

Windsor Health Plan, Inc.

NAIC Group Code 01199 , 01199 NAIC Company Code 95792 Employer's ID Number 62-1531881
(Current Period) (Prior Period)

Organized under the Laws of Tennessee , State of Domicile or Port of Entry Tennessee
 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 05/14/1993 Commenced Business 01/01/1994

Statutory Home Office 7100 Commerce Way Suite 285 , Brentwood, TN, US 37027
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7100 Commerce Way Suite 285
(Street and Number)
Brentwood, TN, US 37027 615-782-7800
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 8735 Henderson Rd , Tampa, FL, US 33634
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8735 Henderson Rd
(Street and Number)
Tampa, FL, US 33634 , 813-206-6200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

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>Maurice Sebastian Hebert</u>	<u>Asst Treasurer and Chief Accounting Officer</u>	<u>Blair Williams Todt #</u>	<u>Secretary and Senior Vice President</u>

OTHER OFFICERS

<u>George David Shafer</u>	<u>State President</u>	<u>Kelly Ann Munson #</u>	<u>Region President</u>
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DIRECTORS OR TRUSTEES

<u>Kenneth Alan Burdick #</u>	<u>Andrew Lynn Asher #</u>	<u>Blair Williams Todt #</u>
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State of Florida
 County of Hillsborough

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

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	9,009,237		9,009,237	9,262,627
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$78,745,258 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$21,872,182 , Schedule DA).....	100,617,441		100,617,441	126,654,876
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....			0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	109,626,678	0	109,626,678	135,917,503
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	108,170		108,170	42,002
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	29,813,162		29,813,162	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums.....	1,757,549		1,757,549	17,480,209
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	52,441,872		52,441,872	21,818,170
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....	867,128		867,128	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	2,846,606	2,846,606	0	0
24. Health care (\$21,551,622) and other amounts receivable.....	21,551,745		21,551,745	19,405,646
25. Aggregate write-ins for other-than-invested assets	858,685	832,781	25,904	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	219,871,595	3,679,387	216,192,208	194,663,530
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	219,871,595	3,679,387	216,192,208	194,663,530
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other non-admitted assets (prepaids).....	832,781	832,781	0	0
2502. State tax recoverable.....	25,904		25,904	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	858,685	832,781	25,904	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	69,316,038		69,316,038	75,459,340
2. Accrued medical incentive pool and bonus amounts	240,000		240,000	1,039,933
3. Unpaid claims adjustment expenses	436,667		436,667	1,763,694
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	699,102
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	614,350		614,350	548,858
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	3,477,971		3,477,971	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	447,772
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	4,520,670		4,520,670	7,068,935
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	152,044	0	152,044	152,044
24. Total liabilities (Lines 1 to 23)	78,757,740	0	78,757,740	87,179,678
25. Aggregate write-ins for special surplus funds	XXX	XXX	9,003,000	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	113,305,811	113,305,811
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	14,125,657	(6,821,959)
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	137,434,468	107,483,852
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	216,192,208	194,663,530
DETAILS OF WRITE-INS				
2301. Unclaimed property payable	152,044		152,044	152,044
2302.				
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)	152,044	0	152,044	152,044
2501. 2015 ACA Industry Fee payable	XXX	XXX	9,003,000	
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	9,003,000	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,195,523	1,392,651
2. Net premium income (including \$0 non-health premium income).....	XXX	476,246,572	688,971,418
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	476,246,572	688,971,418
Hospital and Medical:			
9. Hospital/medical benefits		308,763,267	433,786,995
10. Other professional services		2,350,054	0
11. Outside referrals			42,219,338
12. Emergency room and out-of-area		13,694,856	17,020,923
13. Prescription drugs		83,116,330	98,909,630
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		(460,459)	1,314,015
16. Subtotal (Lines 9 to 15)	0	407,464,048	593,250,901
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	407,464,048	593,250,901
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$6,111,961 cost containment expenses.....		12,934,215	26,903,946
21. General administrative expenses.....		26,578,764	70,961,575
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	(55,000,000)
23. Total underwriting deductions (Lines 18 through 22)	0	446,977,027	636,116,422
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	29,269,545	52,854,996
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		312,316	170,253
26. Net realized capital gains (losses) less capital gains tax of \$			7,897
27. Net investment gains (losses) (Lines 25 plus 26)	0	312,316	178,150
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
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	29,581,861	53,033,146
31. Federal and foreign income taxes incurred	XXX	10,467,163	69,972
32. Net income (loss) (Lines 30 minus 31)	XXX	19,114,698	52,963,174
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	107,483,852	64,045,354
34. Net income or (loss) from Line 32	19,114,698	52,963,174
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	867,128	(5,414,927)
39. Change in nonadmitted assets	1,386,041	(2,456,479)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	8,582,749	(1,653,270)
48. Net change in capital and surplus (Lines 34 to 47)	29,950,616	43,438,498
49. Capital and surplus end of reporting year (Line 33 plus 48)	137,434,468	107,483,852
DETAILS OF WRITE-INS		
4701. Reduction of non-admitted receivable.....		(1,653,270)
4702. Prior period audit adjustment - premiums receivable.....	8,582,749	
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	8,582,749	(1,653,270)

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	461,456,967	703,573,228
2. Net investment income	354,272	299,258
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	461,811,239	703,872,486
5. Benefit and loss related payments	416,553,260	607,246,271
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	71,424,119	116,689,314
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	6,989,192	(1,078,842)
10. Total (Lines 5 through 9)	494,966,571	722,856,743
11. Net cash from operations (Line 4 minus Line 10)	(33,155,332)	(18,984,257)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,304,197	8,864,840
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	7,897
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,304,197	8,872,737
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,158,930	4,050,688
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	1,850,375
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,158,930	5,901,063
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	145,267	2,971,674
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	6,972,630	98,376,899
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	6,972,630	98,376,899
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(26,037,435)	82,364,316
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	126,654,876	44,290,560
19.2 End of year (Line 18 plus Line 19.1)	100,617,441	126,654,876

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	476,246,572	0	0	0	0	0	409,844,509	0	66,402,063	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	476,246,572	0	0	0	0	0	409,844,509	0	66,402,063	0
8. Hospital/medical benefits	308,763,267						308,763,267			XXX
9. Other professional services	2,350,054						2,350,054			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	13,694,856						13,694,856			XXX
12. Prescription drugs	83,116,330						21,356,978		61,759,352	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	(460,459)						(460,459)			XXX
15. Subtotal (Lines 8 to 14)	407,464,048	0	0	0	0	0	345,704,696	0	61,759,352	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	407,464,048	0	0	0	0	0	345,704,696	0	61,759,352	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	12,934,215						10,945,799		1,988,416	
20. General administrative expenses	26,578,764						24,238,862		2,339,902	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	446,977,027	0	0	0	0	0	380,889,357	0	66,087,670	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	29,269,545	0	0	0	0	0	28,955,152	0	314,393	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare	409,844,509			409,844,509
7. Title XIX - Medicaid.....				.0
8. Other health.....	66,402,063			66,402,063
9. Health subtotal (Lines 1 through 8)	476,246,572	.0	.0	476,246,572
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	476,246,572	0	0	476,246,572

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	416,213,786						352,314,537		63,899,249	
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	416,213,786	0	0	0	0	0	352,314,537	0	63,899,249	0
2. Paid medical incentive pools and bonuses	339,474						339,474			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	69,316,038	0	0	0	0	0	56,929,212	0	12,386,826	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	69,316,038	0	0	0	0	0	56,929,212	0	12,386,826	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	240,000						240,000			
6. Net healthcare receivables (a).....	2,145,976						(2,921,552)		5,067,528	
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	75,459,340	0	0	0	0	0	66,000,145	0	9,459,195	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	75,459,340	0	0	0	0	0	66,000,145	0	9,459,195	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,039,933						1,039,933			
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	407,924,508	0	0	0	0	0	346,165,156	0	61,759,352	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	407,924,508	0	0	0	0	0	346,165,156	0	61,759,352	0
13. Incurred medical incentive pools and bonuses	(460,459)	0	0	0	0	0	(460,459)	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	23,616,433						11,229,607		12,386,826	
1.2. Reinsurance assumed .....	.0									
1.3. Reinsurance ceded .....	.0									
1.4. Net	23,616,433	.0	.0	.0	.0	.0	11,229,607	.0	12,386,826	.0
2. Incurred but Unreported:										
2.1. Direct	45,699,605						45,699,605			
2.2. Reinsurance assumed .....	.0									
2.3. Reinsurance ceded .....	.0									
2.4. Net	45,699,605	.0	.0	.0	.0	.0	45,699,605	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	.0									
3.2. Reinsurance assumed .....	.0									
3.3. Reinsurance ceded .....	.0									
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1. Direct	69,316,038	.0	.0	.0	.0	.0	56,929,212	.0	12,386,826	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net	69,316,038	.0	.0	.0	.0	.0	56,929,212	.0	12,386,826	.0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only.....					.0	.0
4. Vision Only.....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare	60,363,596	294,872,493	8,083	56,921,129	60,371,679	66,000,144
7. Title XIX - Medicaid.....					.0	.0
8. Other health	8,953,762	49,877,959		12,386,826	8,953,762	9,459,196
9. Health subtotal (Lines 1 to 8).....	69,317,358	344,750,452	8,083	69,307,955	69,325,441	75,459,340
10. Healthcare receivables (a).....					.0	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts	339,474			240,000	339,474	1,039,933
13. Totals (Lines 9-10+11+12)	69,656,832	344,750,452	8,083	69,547,955	69,664,915	76,499,273

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

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

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	(190,592)	(190,460)	364,299	551,099	551,099
2. 2010	134,002	161,282	259,494	259,368	259,368
3. 2011	XXX	319,224	335,203	335,217	335,217
4. 2012	XXX	XXX	424,824	437,453	437,453
5. 2013	XXX	XXX	XXX	456,404	517,107
6. 2014	XXX	XXX	XXX	XXX	294,872

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	(190,592)	(190,460)	364,299	551,099	551,099
2. 2010	149,861	161,282	259,494	259,368	259,368
3. 2011	XXX	382,162	331,653	335,217	335,217
4. 2012	XXX	XXX	494,742	437,536	437,453
5. 2013	XXX	XXX	XXX	523,362	517,115
6. 2014	XXX	XXX	XXX	XXX	352,033

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010.....	0	259,368		0.0	259,368	0.0			259,368	0.0
2. 2011.....	0	335,217		0.0	335,217	0.0			335,217	0.0
3. 2012.....	545,132	437,453		0.0	437,453	80.2			437,453	80.2
4. 2013.....	630,925	456,404		0.0	456,404	72.3	8		456,412	72.3
5. 2014.....	409,845	294,872	12,100	4.1	306,972	74.9	56,921	437	364,330	88.9

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

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

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	(10,625)	72,961	110,036	110,036	110,036
2. 2010	33,853	1,332,484	1,366,337	1,366,337	1,366,337
3. 2011	XXX	35,539	35,539	35,539	35,539
4. 2012	XXX	XXX	45,322	50,330	50,330
5. 2013	XXX	XXX	XXX	35,136	44,090
6. 2014	XXX	XXX	XXX	XXX	49,878

Section B – Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	(10,625)	72,961	110,036	110,036	110,036
2. 2010	38,689	1,332,484	1,366,337	1,366,337	1,366,337
3. 2011	XXX	35,539	35,539	35,539	35,539
4. 2012	XXX	XXX	45,322	50,330	50,330
5. 2013	XXX	XXX	XXX	44,595	44,090
6. 2014	XXX	XXX	XXX	XXX	62,265

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	0	1,366,337		0.0	1,366,337	0.0			1,366,337	0.0
2. 2011	0	35,539		0.0	35,539	0.0			35,539	0.0
3. 2012	57,322	50,330		0.0	50,330	87.8			50,330	87.8
4. 2013	58,046	35,136		0.0	35,136	60.5			35,136	60.5
5. 2014	66,402	49,878	2,162	4.3	52,040	78.4	12,387	0	64,427	97.0

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	(201,217)	(117,499)	474,335	661,135	661,135
2. 2010	167,855	1,493,766	1,625,831	1,625,705	1,625,705
3. 2011	XXX	354,763	370,742	370,756	370,756
4. 2012	XXX	XXX	470,146	487,783	487,783
5. 2013	XXX	XXX	XXX	491,540	561,197
6. 2014	XXX	XXX	XXX	XXX	344,750

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	(201,217)	(117,499)	474,335	661,135	661,135
2. 2010	188,550	1,493,766	1,625,831	1,625,705	1,625,705
3. 2011	XXX	417,701	367,192	370,756	370,756
4. 2012	XXX	XXX	540,064	487,866	487,783
5. 2013	XXX	XXX	XXX	567,957	561,205
6. 2014	XXX	XXX	XXX	XXX	414,298

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	0	1,625,705	0	0.0	1,625,705	0.0	0	0	1,625,705	0.0
2. 2011	0	370,756	0	0.0	370,756	0.0	0	0	370,756	0.0
3. 2012	602,454	487,783	0	0.0	487,783	81.0	0	0	487,783	81.0
4. 2013	688,971	491,540	0	0.0	491,540	71.3	8	0	491,548	71.3
5. 2014	476,247	344,750	14,262	4.1	359,012	75.4	69,308	437	428,757	90.0

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.0								
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

NONE

13

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	151,300	168,884	307,046		627,230
2. Salaries, wages and other benefits	2,425,406	2,707,271	5,534,532		10,667,209
3. Commissions (less \$ceded plus \$assumed)	33,018	36,855	4,238,961		4,308,834
4. Legal fees and expenses	288,082	321,561	584,628		1,194,271
5. Certifications and accreditation fees	0	0	0		0
6. Auditing, actuarial and other consulting services	56,198	62,729	(16,387)		102,540
7. Traveling expenses	50,253	56,093	145,213		251,559
8. Marketing and advertising	10,414	11,624	1,528,622		1,550,660
9. Postage, express and telephone	302,217	337,339	1,050,858		1,690,414
10. Printing and office supplies	421,551	470,541	3,013,948		3,906,040
11. Occupancy, depreciation and amortization	312,440	348,750	644,251		1,305,441
12. Equipment	98,338	109,766	231,897		440,001
13. Cost or depreciation of EDP equipment and software	0	0	0		0
14. Outsourced services including EDP, claims, and other services	1,513,975	1,689,920	7,358,582		10,562,477
15. Boards, bureaus and association fees	121,528	135,651	282,534		539,713
16. Insurance, except on real estate	51,082	57,019	103,665		211,766
17. Collection and bank service charges	20,244	22,597	240,747		283,588
18. Group service and administration fees	0	0	0		0
19. Reimbursements by uninsured plans	0	0	0		0
20. Reimbursements from fiscal intermediaries	0	0	0		0
21. Real estate expenses	0	0	0		0
22. Real estate taxes	0	0	0		0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	77,736	86,770	819,276		983,782
23.2 State premium taxes	0	0	0		0
23.3 Regulatory authority licenses and fees	0	0	0		0
23.4 Payroll taxes	176,637	197,163	507,262		881,062
23.5 Other (excluding federal income and real estate taxes)	1,542	1,721	3,129		6,392
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	6,111,961	6,822,254	26,578,764	0 (a)	39,512,979
27. Less expenses unpaid December 31, current year		436,667	614,350		1,051,017
28. Add expenses unpaid December 31, prior year	0	1,763,694	548,858	0	2,312,552
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	6,111,961	8,149,281	26,513,272	0	40,774,514
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$26,664,722 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 15,793	22,219
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 75,788	114,926
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 262,691	175,171
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	354,272	312,316
11. Investment expenses		(g) 0
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		0
17. Net investment income (Line 10 minus Line 16)		312,316
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 1,220 accrual of discount less \$ 109,343 amortization of premium and less \$ 12,913 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)			0		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	2,846,606	0	(2,846,606)
24. Health care and other amounts receivable.....	0	1,017,478	1,017,478
25. Aggregate write-ins for other-than-invested assets	832,781	4,047,950	3,215,169
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,679,387	5,065,428	1,386,041
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	3,679,387	5,065,428	1,386,041
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Receivable for securities greater than 15 days.....		4,047,950	4,047,950
2502. Other non-admitted assets (prepaids).....	832,781		(832,781)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	832,781	4,047,950	3,215,169

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	118,417	102,587	99,192	98,016	96,902	1,195,523
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	118,417	102,587	99,192	98,016	96,902	1,195,523
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under Tennessee 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 Tennessee. 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 and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Tennessee is shown below:

	For the year ended December 31,	
	<u>2014</u>	<u>2013</u>
Net Income - Tennessee Basis	\$ 19,114,698	\$ 52,963,174
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Net Income - NAIC SAP	<u>\$ 19,114,698</u>	<u>\$ 52,963,174</u>
	Balance at December 31,	
	<u>2014</u>	<u>2013</u>
Statutory Capital and Surplus - Tennessee Basis	\$ 137,434,468	\$ 107,483,852
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Statutory Capital and Surplus - NAIC SAP	<u>\$ 137,434,468</u>	<u>\$ 107,483,852</u>

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

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

C. Accounting Policy

We earn premium revenue through our participation in Medicare programs, including the Medicare Part D prescription drug program (Part D plans). We recognize premium revenue in the period in which we are obligated to provide services to our members. The Center for Medicare and Medicaid Services (CMS) provides risk-adjusted payments for Part D Plans based on the demographics and health severity of enrollees. We develop our estimates for risk-adjusted premiums utilizing historical experience, or other data, and predictive models as sufficient member risk score data becomes available over the course of each CMS plan year. Our Part D plan premiums are also subject to risk sharing through the CMS risk corridor provisions. The risk corridor calculation compares our actual experience to the target amount of prescription drug costs, limited to costs under the standard coverage as defined by CMS, less rebates included in our submitted plan year bid. We receive additional premium from CMS if our actual experience is more than 5% above the target amount. We refund premiums to CMS if our actual experience is more than 5% below the target amount. Based on the risk corridor provision and Part D plan activity-to-date, an estimated risk-sharing receivable or payable is recorded on as an adjustment to premium revenue.

Expenses incurred in connection with acquiring new insurance business are charged to operations as incurred. All other costs are charged to operations as incurred.

Beginning in 2014, the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively, the "ACA"), requires the establishment of a minimum medical loss ratio ("MLR") for Medicare plans, requiring them to spend not less than 85% of premiums on medical benefits. The rules implementing the minimum MLR impose financial and other penalties for failing to achieve the minimum MLR, including requirements to refund to CMS shortfalls in amounts spent on medical benefits and termination of a plan's MA contract for prolonged failure to achieve the minimum MLR. MLR is determined by adding a plan's spending for clinical services, prescription drugs and other direct patient benefits, plus its

NOTES TO FINANCIAL STATEMENTS

total spending on quality improvement activities and dividing the total by earned premiums (after subtracting specific identified taxes and other fees). These provisions did not have a material impact to our results of operations in 2014.

We receive certain prospective subsidy payments from CMS for our Part D members as a fixed monthly per member amount, based on the estimated costs of providing prescription drug benefits over the plan year, as reflected in our bids. Catastrophic reinsurance subsidies and the low-income cost sharing subsidies represent cost reimbursements under the Medicare Part D program. We are fully reimbursed by CMS for costs incurred for these contract elements and, accordingly, there is no insurance risk to us. Therefore, amounts received for these subsidies are not considered as premium revenue, and are reported, net of the subsidy benefits paid, as *Amounts receivable related to/Liability for amounts held under uninsured plans* in the statement of assets, liabilities, capital and surplus.

Amounts received from state agencies related to enhanced payments to primary care physicians pursuant to the Affordable Care Act are accounted for as an increase to liabilities since the Company's arrangement with the state is based on a "pass-through" methodology. Enhanced payments made to primary care physicians are accounted for as a reduction to liabilities.

1. *Short Term Investments* – are stated at amortized cost.
2. *Bonds* – Bonds not backed by other loans are stated at amortized cost using a straight line method of amortization (accretion) of discounts or premiums.
3. *Common Stocks* – None.
4. *Preferred Stocks* – None.
5. *Mortgage Loans* – None.
6. *Loan Backed Securities* – None.
7. *Investments in Subsidiaries, Controlled and Affiliated Companies* – None.
8. *Investments in Joint Ventures, Partnerships and Limited Liability Companies* – None.
9. *Derivatives* – None.
10. *Premium Deficiency* – None.
11. *Unpaid Losses and Loss Adjustment Expenses* – We recognize the cost of medical benefits in the period in which services are provided, including an estimate of the cost of hospital and medical benefits incurred but not reported ("IBNR"). Unpaid losses and loss adjustment expenses include direct medical expenses and certain medically-related administrative costs. Hospital and medical expenses include amounts paid or payable to hospitals, physicians and providers of ancillary services, such as laboratories and pharmacies. The Company contracts with these providers on a fee-for-service or capitated basis. Capitation costs represent contractual monthly fees paid to participating providers on a per-member-per-month basis, regardless of the medical services provided to members. We also record direct medical expenses for estimated referral claims related to health care providers under contract with us who are financially troubled or insolvent and who may not be able to honor their obligations for the costs of medical services provided by others. In these instances, we may be required to honor these obligations for legal or business reasons. Based on our current assessment of providers under contract with us, such losses have not been and are not expected to be significant. We record direct medical expense for our estimates of provider settlements due to clarification of contract terms, out-of-network reimbursement, claims payment differences and amounts due to contracted providers under risk-sharing arrangements as a reduction of direct medical expenses.

Unpaid losses include amounts for claims fully adjudicated but not yet paid and estimates for IBNR. Our estimate of IBNR is the most significant estimate included in our financial statements. We determine our best estimate of the base liability for IBNR utilizing consistent standard actuarial methodologies based upon key assumptions which vary by product. Our assumptions include current payment experience, trend factors, and completion factors. Trend factors used in our standard actuarial methodologies include contractual requirements, historic utilization trends, the interval between the date services are rendered and the date claims are paid, denied claims activity, disputed claims activity, benefits changes, expected health care cost inflation, seasonality patterns, maturity of lines of business, changes in membership and other factors.

After determining an estimate of the base liability for IBNR, we make an additional estimate, also using standard actuarial techniques, to account for adverse conditions that may cause actual claims to be higher than the estimated base reserve. We refer to this additional liability as the provision for moderately adverse conditions. Our estimate of the provision for moderately adverse conditions captures the potential adverse development from factors such as:

- our entry into new geographical markets;
- our provision of services to new populations such as the aged, blind and disabled;
- variations in utilization of benefits and increasing medical costs;
- changes in provider reimbursement arrangements;
- variations in claims processing speed and patterns, claims payment and the severity of claims; and
- health epidemics or outbreaks of disease such as the flu.

NOTES TO FINANCIAL STATEMENTS

We consider the base actuarial model liability and the provision for moderately adverse conditions as part of our overall assessment of our IBNR estimate to properly reflect the complexity of our business and the need to account for different health care benefit packages among those states. We evaluate our estimates of unpaid losses and loss adjustment expenses as we obtain more complete claims information and medical expense trend data over time. Volatility in members' needs for medical services, provider claims submissions and our payment processes result in identifiable patterns emerging several months after the causes of deviations from our assumed trends occur. Changes in our estimates of unpaid losses and loss adjustment expenses cannot typically be explained by any single factor, but are the result of a number of interrelated variables, all of which influence the resulting medical cost trend. We record differences between actual experience and estimates used to establish the liability, which we refer to as favorable and unfavorable prior period developments, as increases or decreases to unpaid losses and loss adjustment expense in the period we identify the differences.

12. *Capitalization Policy* – N/A

13. *Pharmacy Rebates* - Pharmacy rebates are recorded on an accrual basis and are estimated based on invoices that have been prepared using actual prescriptions filled, historical utilization and contract terms and records such amounts as a reduction of total hospital and medical cost.

2. Accounting Changes and Correction of Errors

As a result of the independent audit of the December 31, 2013 financial statements, an adjustment of \$8,582,749 relating to an increase in premiums receivable for risk adjusted premium from CMS was made subsequent to the filing of the 2013 Annual Statement. This adjustment has been reflected as prior period adjustment directly increasing capital and surplus for the period ended December 31, 2013 in accordance with Statement of Statutory Accounting Principle (“SSAP”) No. 3, “*Accounting Changes and Corrections of Errors*”.

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

<u>Sector</u>	<u>Book Value</u>	<u>Fair Value</u>
Asset backed securities (ABS)	\$ -	\$ -
Commercial mortgage obligations (CMO)	-	-
Mortgage backed securities (MBS)	1,152,607	1,192,004
Total loan backed securities	\$ 1,152,607	\$ 1,192,004

1. All single class and multiclass mortgage-backed/asset-backed securities are adjusted for the effects of changes in prepayment assumptions on the related accretion of discount or amortization of premium of such securities using either the retrospective or prospective methods. All prepayment rates (Conditional Prepayment Rate and Prepayment Speed Assumptions) as well as corresponding principal prepayment start and end dates are provided by a proprietary prepayment modeling system.

2. The company did not recognize other-than-temporary impairment during the year.

3. There were no impairments during the year.

4. Securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss:

a. The aggregate amount of unrealized losses:

1. Less than 12 months (\$1,180)

2. 12 months or longer \$0

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

1. Less than 12 months \$1,140,216

2. 12 months or longer \$0

5. WellCare’s Treasury department handles all securities and has authority to make investments on behalf of the Company within corporate investment guidelines. The Company views the unrealized losses above as temporary fluctuations in the market based on investment market analysis performed by its investment advisor / broker dealer, Oppenheimer. Decision as to which securities are to be impaired for the first time is determined by WellCare’s data management department (Treasury) and additional analysis from Oppenheimer. Based on these results, recommendation for impairments are reviewed by Accounting and then submitted to senior management for approval. Approved impairments are implemented by the Accounting department on a GAAP and Statutory basis.

The company only invests in fixed income securities and cash. These types of investments are generally easy to price and currently the Company does not hold any securities for which estimating fair value in accordance with SSAP 27 is not practical.

NOTES TO FINANCIAL STATEMENTS

- E. Repurchase Agreements - None
 F. Real Estate Impairments and Retail Land Sales – None
 G. Low Income Housing Tax Credits - None

H. Restricted Assets (Including pledged).

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/Decrease (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	-	-
b. Collateral held under security lending agreements	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	7,024,412	1,956,482	5,067,930	7,024,412	3.2%	3.2%
k. On deposit with other regulatory bodies	-	-	-	-	-	-
l. Pledged as collateral to FHLB	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-
o. Total restricted assets	\$ 7,024,412	\$ 1,956,482	\$ 5,067,930	\$ 7,024,412	3.2%	3.2%

I. Working Capital Finance Investments – Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

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

B. At December 31, 2014 and 2013 there was no non-admitted accrued interest income.

8. Derivative Instruments

None.

9. Income Taxes

A. Deferred Tax Assets

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

NOTES TO FINANCIAL STATEMENTS

(1)	2014			2013		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 867,798	\$ -	\$ 867,798	\$ 2,236,182	\$ -	\$ 2,236,182
(b) Statutory Valuation Allowance Adjustments	-	-	-	2,236,182	-	2,236,182
(c) Adjusted Gross Deferred Tax Assets	867,798	-	867,798	-	-	-
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset	867,798	-	867,798	-	-	-
(f) Deferred Tax Liabilities	670	-	670	-	-	-
(g) Net Admitted Deferred Tax Asset/Liability	<u>\$ 867,128</u>	<u>\$ -</u>	<u>\$ 867,128</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
(2)						
Admission Calculation Components						
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 867,798	\$ -	\$ 867,798	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	-	-	-	-	-	-
1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	-	-	-	-	-	-
2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	-	-	20,469,188	-	-	10,453,950
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	-	-	-	-	-	-
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101	<u>\$ 867,798</u>	<u>\$ -</u>	<u>\$ 867,798</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

(1)	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ (1,368,384)	\$ -	\$ (1,368,384)
(b) Statutory Valuation Allowance Adjustments	(2,236,182)	-	(2,236,182)
(c) Adjusted Gross Deferred Tax Assets	867,798	-	867,798
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset	867,798	-	867,798
(f) Deferred Tax Liabilities	670	-	670
(g) Net Admitted Deferred Tax Asset/Liability	<u>\$ 867,128</u>	<u>\$ -</u>	<u>\$ 867,128</u>
(2)			
Admission Calculation Components			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 867,798	\$ -	\$ 867,798
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized After Application of the Threshold Limitation	-	-	-
1. Adjusted Gross Deferred Tax Asset Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Asset Allowed per Limitation Threshold	-	-	10,015,238
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	-	-	-
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101	<u>\$ 867,798</u>	<u>\$ -</u>	<u>\$ 867,798</u>

(3)	2014	2013
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	956%	476%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 136,016,559	\$ 107,483,852

NOTES TO FINANCIAL STATEMENTS

(4) Impact of Tax-Planning Strategies	12/31/2014		12/31/2013	
	Ordinary	Capital	Ordinary	Capital
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage				
(1) Adjusted Gross DTA Amount From Note 9A1c	867,798	-	-	-
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%	0%	0%
(3) Net Admitted Adjusted Gross DTAs Amount From Note 9A1c	867,798	-	-	-
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes	No X

(4) Impact of Tax-Planning Strategies	Change	
	Ordinary	Capital
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage		
(1) Adjusted Gross DTA Amount From Note 9A1c	867,798	-
(2) Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies	0%	0%
(3) Net Admitted Adjusted Gross DTAs Amount From Note 9A1c	867,798	-
(4) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because of The Impact of Tax Planning Strategies	0%	0%

B. Unrecognized Deferred Tax Liabilities – None.

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

(1) Current Income Tax	12/31/2014	12/31/2013	Change
(a) Federal	\$ 10,467,163	\$ -	\$ 10,467,163
(b) Foreign	-	-	-
(c) Subtotal	\$ 10,467,163	\$ -	\$ 10,467,163
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	69,972	(69,972)
(g) Federal and foreign income taxes incurred	\$ 10,467,163	\$ 69,972	\$ 10,397,191

NOTES TO FINANCIAL STATEMENTS

(2) Deferred Tax Assets	<u>12/31/2014</u>	<u>12/31/2013</u>	<u>Change</u>
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 566,036	287,254	278,782
(2) Unearned premium reserve	-	-	-
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	326	-	326
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	65	1,416,783	(1,416,718)
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other	301,371	532,145	(230,774)
Subtotal	<u>\$ 867,798</u>	<u>\$ 2,236,182</u>	<u>\$ (1,368,384)</u>
(b) Statutory valuation allowance adjustment	-	2,236,182	2,236,182
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	<u>\$ 867,798</u>	<u>\$ -</u>	<u>\$ 867,798</u>
(e) Capital			
(1) Investments	\$ -	-	\$ -
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other	-	-	-
Subtotal	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets	-	-	-
(i) Admitted deferred tax assets	<u>\$ 867,798</u>	<u>\$ -</u>	<u>\$ 867,798</u>
(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	-	-	-
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	670	-	670
(4) Policyholder reserves	-	-	-
(5) Other	-	-	-
Subtotal	<u>670</u>	<u>-</u>	<u>670</u>
(b) Capital			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other	-	-	-
Subtotal	<u>-</u>	<u>-</u>	<u>-</u>
(c) Deferred tax liabilities	670	-	670
(4) Net deferred tax assets/liabilities	<u><u>\$ 867,128</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 867,128</u></u>

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate - The Company's provision for federal income taxes incurred for the year ended December 31, 2014 differs from the amount obtained by applying the federal statutory rate of 35% to net loss before federal income taxes. The significant items causing this difference are as follows:

NOTES TO FINANCIAL STATEMENTS

	2014	% of Pre-tax Income
Provision computed at statutory rate	10,353,652	34.23%
Change in non-admitted assets	485,114	1.60%
Nondeductible expenses	1,204	0.00%
Other	996,247	3.29%
Valuation allowance	(2,236,182)	-7.38%
Total statutory income tax	<u>9,600,035</u>	<u>31.74%</u>

	2014	% of Pre-tax Income
Federal income taxes incurred	\$ 10,467,163	34.61%
Change in net deferred income taxes	(867,128)	-2.87%
Total statutory income tax	<u>\$ 9,600,035</u>	<u>31.74%</u>

E. Net Operating Loss Carryforwards

- At December 31, 2014, the Company had no federal operating loss carryforwards.
- The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

12/31/2014 (current year)	\$10,467,163
12/31/2013 (first prior year)	-0-

- As of December 31, 2014, there were no aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.

F. Consolidated Federal Income Tax Return

- The Company and its affiliated entities (as listed on Schedule Y, Part 1) are included in the consolidated federal income tax return of WellCare Health Plans, Inc. ("WellCare").
- Federal Income Tax Allocation - The Company is included in the consolidated federal income tax return of WellCare and its includable subsidiaries. Estimated tax payments are made quarterly, at which time intercompany tax settlements are made. In the subsequent year, additional settlements are made on the unextended due date of the return and at the time that the return is filed. The method of allocation among affiliates of the Company is subject to a written agreement approved by the Board of Directors and based upon separate tax return calculation with current credit for net losses to the extent the losses provide a benefit in the consolidated tax return.

- The Company has no federal or foreign income tax loss contingencies as of December 31, 2014. The Company is not expecting any increase in its income tax loss contingency within the next 12 months.

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

A.B. and C. Relationship/Transactions and Amounts.

Affiliated Management Agreement

The Tennessee Department of Insurance approved on December 19, 2014 an affiliated management agreement with Comprehensive Health Management Inc., ("CHMI") to provide certain management, administrative services, claims processing services, utilization review, payroll services and the majority of the administrative functions of the Company, excluding certain sales and marketing functions and other professional consulting expenses. Additionally, CHMI is responsible for maintaining the claims related data processing equipment and software. This agreement replaces the Company's management services agreement with Windsor Management Services. The agreement is approved retroactively to May 1, 2014.

The management agreement provides for charges of 6% of gross premium revenue earned. Management believes this established rate to be an approximation of current market rates; however, adjustments to this rate may be necessary as changes in regulations, scopes of services and market dynamics occur. It is unknown at this time if any changes in the management fee rates would have a material impact on the Company's financial condition, results of operations and cash flows in past, current and future periods reported.

During 2014 the Company incurred \$18,606,284 for services under the management agreement with CHMI. At December 31, 2014 the amount due to CHMI was \$432,534 related to the management fee agreement.

For the period January 1, 2014 to April 30, 2014 the Company paid \$8,058,438 to Windsor Management Services.

NOTES TO FINANCIAL STATEMENTS

In addition to the management services agreement, CHMI also processes and pays: salary related expenses related to the Company's sales and marketing personnel, trade payables and other direct expenses incurred by the Company. The Company reimburses CHMI for these expenses processed and paid on the Company's behalf. Amounts due to CHMI related to these transactions were \$1,565,707 as of December 31, 2014 and are combined with the liability due to CHMI related to the management fee agreement. Any balances resulting in a net amount due from CHMI are non-admitted in accordance with statutory accounting principles. Amounts due to (from) CHMI are normally settled within 30 days.

D. Intercompany Balances - At December 31, 2014, the Company reported a non-admitted \$2,846,606 receivable from parent, subsidiaries and affiliates and a \$4,520,670 payable to parent, subsidiaries and affiliates. (See Pages 21 and 22).

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

F. Management/Cost Sharing Agreements - See Note 10A, B, and C above.

G. Control/Ownership - All outstanding shares of the Company are owned by the Parent Company, The WellCare Management Group, Inc. which is owned by WCG Health Management, Inc. which is in turned owned by WellCare Health Plans, Inc., an insurance holding company domiciled in the State of Delaware. On September 5, 2013, Munich Re announced the Company was purchased by WellCare Health Plans, Inc. for an undisclosed amount and subject to regulatory approvals. On January 1, 2014, the sale transaction closed. In accordance with the terms of the transaction, Munich Re retained the obligation for the 2014 health insurance industry fee imposed by the Affordable Care Act and paid in September 2014; therefore, the Company has not recognized this expense in its financial statements.

H. I. J. K. and L. Controlled Entities/Investments in SCA/Foreign Insurance Subsidiary/Downstream Noninsurance Holding Company – None.

11. Debt

A. Debt – None

B. Federal Home Loan Bank Agreements – None

12. Retirement Plans, Deferred Compensation, Etc.

None.

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

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

2. *Preferred Stock Issues* – None.

3. *Dividend Restrictions* - Without prior approval of its domiciliary commissioner or department of insurance, dividends to shareholders must be paid from earned surplus amounts and are limited to the greater of ten percent of the companies surplus or the net income for the 12 month period ending as of the prior year as set forth in the laws of the Company's state of incorporation, Tennessee.

4. *Dividends Paid* - Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholder. There were no dividends paid for the year ended December 31, 2014.

5. *Dividend Capacity and Required Minimum Capital* – The amount available for dividend distribution during 2015 is \$14,125,657, which is the amount of Unassigned Funds. Tennessee Statutes require that each Tennessee Health entity maintain a minimum surplus equal to the greater of 4% of the first \$150,000,000 of gross premiums plus 1.5% of the amount of gross premiums in excess of \$150,000,000 or \$1,500,000. At December 31, 2014, the Company's required minimum capital and surplus was \$10,893,699 and the total actual capital and surplus was \$137,434,468.

6. *Restrictions on Unassigned Funds* – None.

7. *Amount of Advances to Surplus, Not Repaid* – None.

8. *Stock Held of Affiliated Entities* – None.

9. *Changes in Balances of Any Special Surplus Funds* – None.

10. *Unrealized Gains and Losses* - The portion of unassigned funds (surplus) reduced by non-admitted assets was \$3,679,387. There are no cumulative unrealized gains or losses included in unassigned funds (surplus).

11. *Surplus Notes* – None.

12. *Quasi-Reorganizations* – None.

13. *Effective Date of Quasi-Reorganization* – N/A

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments – None.

B. Assessments – None.

C. Gain Contingencies – None.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits

NOTES TO FINANCIAL STATEMENTS

Medical Expense/Liability Estimates

The Company's profitability depends in large part on accurately predicting and effectively managing medical expenses. The liability for claims unpaid is impacted by various factors, including changes in healthcare utilization practices, medical cost inflation and new medical technologies, which could adversely affect the Company's ability to accurately predict and effectively control healthcare costs. Costs in excess of those anticipated could have a material adverse effect on the Company's results of operations.

New Business Regulations

The Company is subject to substantial federal and state government regulations, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business.

Medicare Contract

The Company's Medicare Part D and Medicare MA revenues were 14% and 86% of total revenues, respectively. The Company expects that its Medicare contracts, which expire on December 31, 2015 will be renewed. The Company's operating results could be significantly constrained in the event that the compensation provided under its Medicare contracts are adjusted or if the contracts are not renewed.

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

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition - None

B. Assets Measured on a Fair Value on a Nonrecurring Basis:

Our Statutory-Basis Statements of Admitted Assets, Liabilities, and Capital and Surplus includes certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items. The Company has no assets or liabilities measured or reported at fair value as of December 31, 2014 and 2013.

The estimated fair value of financial instruments presented in Note 5 were determined by the Company using market information available as of December 31, 2014 and 2013 and appropriate valuation methodologies. The estimates presented are not necessarily indicative of the amounts the Company could realize in a market exchange. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 —Quoted (unadjusted) prices for identical assets or liabilities in active markets: Investments included in Level 1 consist of money market funds, cash, U.S. government securities and the variable rate bond fund. The carrying amounts of money market funds and cash approximate fair value because of the short-term nature of these instruments. Fair values of the other investments included in Level 1 are based on unadjusted quoted market prices for identical securities in active markets.

NOTES TO FINANCIAL STATEMENTS

Level 2 — Inputs other than quoted prices in active markets: Investments in Level 2 consist of certain certificates of deposit, corporate debt, commercial paper, asset-backed and other municipal securities for which fair market valuations are based on quoted prices for identical securities in markets that are not active, quoted prices for similar securities in active markets, broker or dealer quotations, or alternative pricing sources or for which all significant inputs are observable, either directly or indirectly, including interest rates and yield curves observable at commonly quoted intervals, volatilities, prepayment speeds, loss severities, credit risks, and default rates.

In addition to using market data, the Company makes assumptions when valuing assets and liabilities, including assumptions about risks inherent in the inputs to the valuation technique. When there is not an observable market price for an identical or similar asset or liability, management uses an income approach reflecting our best assumptions regarding expected cash flows, discounted using a commensurate risk-adjusted discount rate.

Level 3 — Unobservable inputs that cannot be corroborated by observable market data

21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures and Unusual Items – None
- 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

Dividends

The Company paid an extra ordinary dividend to the Parent Company, WellCare Management Group, Inc., on January 8, 2015 totaling \$39,500,000.

ACA Annual Fee

The 2014 fee was incurred and paid by the Company's former parent. (See Note 10G). Beginning January 31, 2014 and each year thereafter, the estimate for the following years fee is accrued monthly and separately segregated within surplus as an aggregate write-in. The estimated 2015 fee of \$9,003,000, which is subject to change based on the actual outcome of the Company's and the industry's total taxable premiums for 2014, is reported on Line 25 of Page 3, Liabilities, Capital and Surplus, Aggregate write-ins for special surplus funds.

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	\$ 9,003,000	\$ -
B. ACA fee assessment paid	\$ -	\$ -
C. Premium written subject to ACA 9010 assessment	\$ 474,803,552	\$ -
D. Total Adjusted Capital before surplus adjustment	\$ 137,434,468	
E. Authorized Control Level before surplus adjustment	\$ 15,183,072	
F. Total Adjusted Capital after surplus adjustment	\$ 128,431,468	
G. Authorized Control Level after surplus adjustment	\$ 15,552,195	
H. Would reporting the ACA assessment as of December 31, 2014 have triggered an RBC action level?	No	

23. Reinsurance

None.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. B. C. D. – Not applicable.
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Not applicable.

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 \$6,834,358 during 2014. This is approximately 9% of unpaid claims expenses of \$75,459,340 as of December 31, 2013. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending December 31, 2014 was impacted by approximately \$2,508,379 of net favorable development related to prior periods.

Statement of Statutory Accounting Principles (SSAP) No. 85 – *Claim Adjustment Expenses* requires that claim adjustment expenses, including legal expenses, be subdivided into cost containment expenses and other claim adjustment expenses. Cost containment expenses are intended to reduce the number of health services provided or the cost of such services. Other claim adjustment expenses are all other costs which do not meet the definition of cost containment expenses. Cost containment expenses were \$6,111,961 and \$13,165,898, respectively, for the years ended December 31, 2014 and 2013.

NOTES TO FINANCIAL STATEMENTS

26. Intercompany Pooling

None.

27. Structured Settlements

None.

28. Healthcare Receivables

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2014 total \$21,551,622 of which \$0 is aged ninety days or older or non-admitted.

The following is a summary of pharmacy rebates by quarter:

Quarter Ending	Estimated Rebates	Rebates Invoiced	Collected Within 90 days of Invoicing	Collected Within 91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
31-Dec-2014	10,772,136	10,772,136			
30-Sep-2014	10,779,487	10,779,487			
30-Jun-2014	9,630,124	9,630,124		13,867,153	424,168
31-Mar-2014	9,340,357	9,340,357		11,988,606	1,390,855
31-Dec-2013	9,423,753	9,423,753		8,442,978	863,362
30-Sep-2013	9,866,233	9,866,233		9,148,013	36,340
30-Jun-2013	8,540,659	8,540,659		8,401,994	10,251
31-Mar-2013	7,213,213	7,213,213		7,584,867	12,548
31-Dec-2012	6,891,177	6,202,059		7,336,150	4,069
30-Sep-2012	6,518,780	5,866,902		6,730,555	822
30-Jun-2012	6,236,013	5,615,106		6,194,201	42,634
31-Mar-2012	6,201,546	5,491,420		5,836,290	

29. Participating Policies

None.

30. Premium Deficiency Reserves

None.

31. Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []
- 1.3 State Regulating? Tennessee.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2012
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2012
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).06/19/2014
- 3.4 By what department or departments? Tennessee Department of Commerce and Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No []
- 4.12 renewals? Yes [] No []
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No []
- 4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
- 7.2 If yes,
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, 201 E. Kennedy Blvd, Suite 1200, Tampa FL 33634.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Larry Smart (Employee), WellCare Health Plans, Inc, 8735 Henderson Road, Tampa FL 33634.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
Minor revisions and clarifications of existing provisions. Adopted by Board of Directors on June 25, 2014.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---------------------------------------------------|----------|
| | 20.11 To directors or other officers | \$.....0 |
| | 20.12 To stockholders not officers | \$.....0 |
| | 20.13 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---------------------------------------------------|----------|
| | 20.21 To directors or other officers | \$.....0 |
| | 20.22 To stockholders not officers | \$.....0 |
| | 20.23 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|----------------------------|---------|
| | 21.21 Rented from others | \$..... |
| | 21.22 Borrowed from others | \$..... |
| | 21.23 Leased from others | \$..... |
| | 21.24 Other | \$..... |
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | | |
|--|------------------------------------------------|---------|
| | 22.21 Amount paid as losses or risk adjustment | \$..... |
| | 22.22 Amount paid as expenses | \$..... |
| | 22.23 Other amounts paid | \$..... |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | | |
|--|------------------------------------------------------------------------------------------------------------------|---------|
| | 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$..... |
| | 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$..... |
| | 24.103 Total payable for securities lending reported on the liability page | \$..... |

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$7,024,412
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

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

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

1 Name of Custodian(s)	2 Custodian's Address
State Street Bank & Trust.....	Chicago, IL.....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/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 Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	30,881,419	30,969,714	88,295
30.2 Preferred Stocks.....	0		0
30.3 Totals	30,881,419	30,969,714	88,295

30.4 Describe the sources or methods utilized in determining the fair values:

Fair market values are obtained from a third party pricing source.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Fair market values are obtained from a third party pricing source.....

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

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

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

34.1 Amount of payments for legal expenses, if any? \$0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U. S. business only. \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$476,246,572	\$	.....688,971,418
2.2	Premium Denominator	\$476,246,572	\$	.....688,971,418
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$69,556,038	\$	.....76,121,148
2.5	Reserve Denominator	\$69,556,038	\$	.....77,198,375
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....0.986

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]
- 5.2 If no, explain:
Not cost effective.
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$
- 5.32 Medical Only \$
- 5.33 Medicare Supplement \$
- 5.34 Dental and Vision \$
- 5.35 Other Limited Benefit Plan \$
- 5.36 Other \$
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
The Company is required by the Department of Insurance to have a restricted bank account funded for the specific event of insolvency. Additionally, all provider contracts include provisions for continuity of care to its subscribers.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year63,500
- 8.2 Number of providers at end of reporting year48,900
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | | |
|-----------------------------------------------|---------|---------|
| 10.21 Maximum amount payable bonuses | \$..... | 240,000 |
| 10.22 Amount actually paid for year bonuses | \$..... | 0 |
| 10.23 Maximum amount payable withholds | \$..... | 0 |
| 10.24 Amount actually paid for year withholds | \$..... | 0 |
- 11.1 Is the reporting entity organized as:
- | | | |
|-----------------------------------------------------|------------------------------|----------------------------------------|
| 11.12 A Medical Group/Staff Model, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above) ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such net worth. Tennessee.....
- 11.4 If yes, show the amount required. \$.....10,893,699
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation

Minimum Net Worth = the greater of 4% of the first \$150,000,000 of gross premiums plus 1.5% of the amount of gross premiums in excess of \$150,000,000 or \$1,500,000.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Alabama.....
Arkansas.....
Idaho.....
Mississippi.....
Missouri.....
Montana.....
Oklahoma.....
South Carolina.....
Tennessee.....
Virginia.....

- 13.1 Do you act as a custodian for health savings accounts? Yes No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes No
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes No N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- | | | |
|----------------------------------------------------------|---------|--|
| 15.1 Direct Premium Written (prior to reinsurance ceded) | \$..... | |
| 15.2 Total incurred claims | \$..... | |
| 15.3 Number of covered lives | ..... |  |

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	216,192,208	194,663,530	209,029,100	125,465,961	143,373,852
2. Total liabilities (Page 3, Line 24)	78,757,740	87,179,678	144,983,746	80,090,638	113,710,800
3. Statutory surplus	10,893,699	14,084,571	12,786,813	11,350,344	9,249,342
4. Total capital and surplus (Page 3, Line 33)	137,434,468	107,483,852	64,045,354	45,375,323	29,663,052
Income Statement (Page 4)					
5. Total revenues (Line 8)	476,246,572	688,971,418	602,454,227	505,924,880	231,298,041
6. Total medical and hospital expenses (Line 18)	407,464,048	593,250,901	547,057,918	421,872,679	182,463,354
7. Claims adjustment expenses (Line 20)	12,934,215	26,903,946	16,670,501	874,224	251,458
8. Total administrative expenses (Line 21)	26,578,764	70,961,575	48,522,972	69,973,418	30,457,427
9. Net underwriting gain (loss) (Line 24)	29,269,545	52,854,996	(64,797,164)	13,204,559	18,125,802
10. Net investment gain (loss) (Line 27)	312,316	178,150	473,858	688,670	740,451
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	19,114,698	52,963,174	(64,950,873)	9,534,826	13,162,837
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(33,155,332)	(18,984,257)	981,499	27,784,413	3,273,731
Risk-Based Capital Analysis					
14. Total adjusted capital	137,434,468	107,483,852	64,045,354	45,375,323	29,663,052
15. Authorized control level risk-based capital	15,183,072	22,595,331	21,100,490	19,295,966	7,011,601
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	96,902	118,417	107,177	89,185	79,080
17. Total members months (Column 6, Line 7)	1,195,523	1,392,651	1,243,799	1,037,407	914,177
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	85.6	86.1	90.8	83.4	78.9
20. Cost containment expenses	1.3	1.9	0.8	0.0	0.1
21. Other claims adjustment expenses	1.4	2.0	1.9	0.1	0.0
22. Total underwriting deductions (Line 23)	93.9	92.3	110.8	97.4	92.2
23. Total underwriting gain (loss) (Line 24)	6.1	7.7	(10.8)	2.6	7.8
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	69,664,915	67,033,622	68,318,783	14,535,853	35,335,502
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	76,499,273	70,199,798	51,371,174	12,556,443	32,761,080
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Windsor Health Plan, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

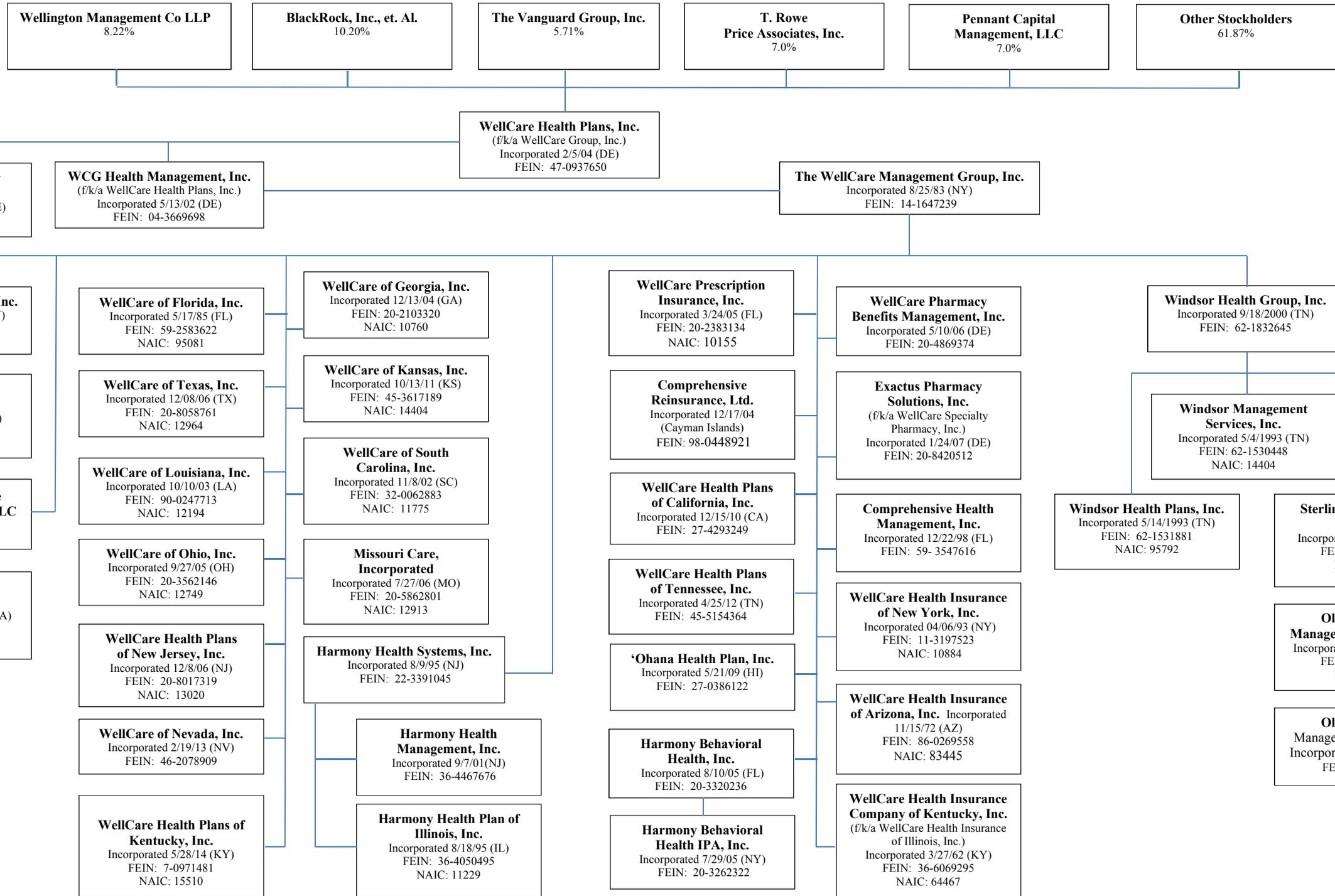
State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama AL	L	11,549,231						11,549,231	0	
2. Alaska AK								0	0	
3. Arizona AZ								0	0	
4. Arkansas AR	L	6,183,776	90,462,169					96,645,945	0	
5. California CA								0	0	
6. Colorado CO								0	0	
7. Connecticut CT								0	0	
8. Delaware DE								0	0	
9. District of Columbia DC								0	0	
10. Florida FL								0	0	
11. Georgia GA								0	0	
12. Hawaii HI								0	0	
13. Idaho ID	L							0	0	
14. Illinois IL								0	0	
15. Indiana IN								0	0	
16. Iowa IA								0	0	
17. Kansas KS								0	0	
18. Kentucky KY								0	0	
19. Louisiana LA								0	0	
20. Maine ME								0	0	
21. Maryland MD								0	0	
22. Massachusetts MA								0	0	
23. Michigan MI								0	0	
24. Minnesota MN								0	0	
25. Mississippi MS	L	14,034,297	185,606,675					199,640,972	0	
26. Missouri MO	L	5,443,867						5,443,867	0	
27. Montana MT	L							0	0	
28. Nebraska NE								0	0	
29. Nevada NV								0	0	
30. New Hampshire NH								0	0	
31. New Jersey NJ								0	0	
32. New Mexico NM								0	0	
33. New York NY								0	0	
34. North Carolina NC								0	0	
35. North Dakota ND								0	0	
36. Ohio OH								0	0	
37. Oklahoma OK	L							0	0	
38. Oregon OR								0	0	
39. Pennsylvania PA								0	0	
40. Rhode Island RI								0	0	
41. South Carolina SC	L	9,367,141	29,370,175					38,737,316	0	
42. South Dakota SD								0	0	
43. Tennessee TN	L	14,233,520	104,405,490					118,639,010	0	
44. Texas TX								0	0	
45. Utah UT								0	0	
46. Vermont VT								0	0	
47. Virginia VA	L	5,590,231						5,590,231	0	
48. Washington WA								0	0	
49. West Virginia WV								0	0	
50. Wisconsin WI								0	0	
51. Wyoming WY								0	0	
52. American Samoa AS								0	0	
53. Guam GU								0	0	
54. Puerto Rico PR								0	0	
55. U.S. Virgin Islands VI								0	0	
56. Northern Mariana Islands MP								0	0	
57. Canada CAN								0	0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal	XXX	66,402,063	409,844,509	0	0	0	0	476,246,572	0	
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	0	
61. Total (Direct Business)	(a) 10	66,402,063	409,844,509	0	0	0	0	476,246,572	0	
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(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.

Explanation of basis of allocation by states, premiums by state, etc. Allocated according to residence of member.

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

The WellCare Group of Companies as of December 31, 2014



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