



# QUARTERLY STATEMENT

AS OF MARCH 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

## Harmony Health Plan of Illinois, Inc.

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

Organized under the Laws of Illinois State of Domicile or Port of Entry Illinois

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address Harmonyhpi.com and wellcare.com

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

### OFFICERS

Name	Title	Name	Title
David Thomas Reynolds #	President	Michael Troy Meyer #	CFO, Treasurer, VP and Corp Cont (Eff 4-18-16)
Michael Warren Haber #	Secretary and Vice President (Effective 4-18-16)	Phillip Paul Bisesi #	Asst Secretary and VP (Effective 4-18-16)

### OTHER OFFICERS

Robert Lee Moore Hilliard	State President	Kenneth Alan Burdick	President (Resigned 4-18-16)
Andrew Lynn Asher	CFO and Treasurer (Resigned 4-18-16)	Maurice Hebert Hebert	Asst Treasurer and CAO (Resigned 4-18-16)
Blair Williams Todt	Secretary and Sr VP (Resigned 4-18-16)		

### DIRECTORS OR TRUSTEES

Robert Lee Moore Hilliard	Michael Troy Meyer #	Blair Williams Todt	David Thomas Reynolds
Paul Hubert Frank	Andrew Lynn Asher #		

State of \_\_\_\_\_

55

County of \_\_\_\_\_

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.

David Thomas Reynolds  
 President

Michael Troy Meyer  
 CFO, Treasurer, Vice President and Corporate Controller

Michael Warren Haber  
 Secretary and Vice President

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

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

State of Florida  
 County of Hillsborough  
 Subscribed and Sworn to before me this 20 day of April 2016

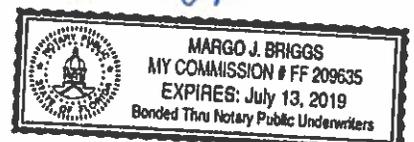
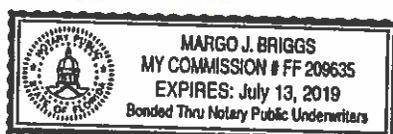
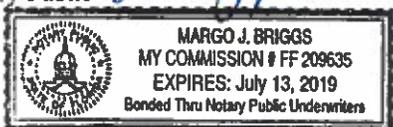
State of Florida  
 County of Hillsborough  
 Subscribed and Sworn to before me this 21 day of April 2016

State of Florida  
 County of Hillsborough  
 Subscribed and Sworn to before me this 22 day of April 2016

Notary Public

Notary Public

Notary Public



STATEMENT AS OF MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	12,738,082		12,738,082	7,503,201
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....161,453,275 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....52,152,309 ) .....	213,605,585		213,605,585	225,691,159
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	226,343,667	0	226,343,667	233,194,360
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	133,292		133,292	3,242
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	100,573,379		100,573,379	58,164,176
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	9,083
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 .....	239,043		239,043	11,922,793
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	2,297,077		2,297,077	3,642,073
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 .....	1,706,531	1,706,531	0	0
24. Health care (\$ .....25,257,632 ) and other amounts receivable .....	26,945,154	1,687,521	25,257,633	24,416,235
25. Aggregate write-ins for other-than-invested assets .....	4,445,141	1,854,190	2,590,951	2,714,999
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	362,683,284	5,248,242	357,435,042	334,066,961
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	362,683,284	5,248,242	357,435,042	334,066,961
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
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. State and other tax recoverable .....	2,590,951		2,590,951	2,714,999
2502. Other non-admitted assets (prepaids) .....	1,854,179	1,854,179	0	0
2503. Deposits with providers .....	11	11	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	4,445,141	1,854,190	2,590,951	2,714,999

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	134,588,033		134,588,033	132,055,915
2. Accrued medical incentive pool and bonus amounts .....	300,000		300,000	480,000
3. Unpaid claims adjustment expenses .....	1,322,599		1,322,599	1,238,906
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	8,015,245		8,015,245	8,729,309
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	3,951,135		3,951,135	4,980,985
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	10,511,387		10,511,387	3,271,586
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	30
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....	623,370		623,370	623,370
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	2,712,251		2,712,251	1,105,339
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	3,950
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	174,149		174,149	4,861
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	16,873,019	0	16,873,019	640,126
24. Total liabilities (Lines 1 to 23).....	179,071,188	0	179,071,188	153,134,377
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	16,041,000
26. Common capital stock .....	XXX	XXX	600,000	600,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	97,560,710	97,560,710
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	80,203,144	66,730,874
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	178,363,854	180,932,584
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	357,435,042	334,066,961
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed property payable.....	726,565		726,565	640,126
2302. 2016 ACA Industry Fee payable.....	16,146,454		16,146,454	
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) .....	16,873,019	0	16,873,019	640,126
2501. Estimated ACA Industry Fee (following year).....	XXX	XXX		16,041,000
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	0	16,041,000
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	771,203	727,012	3,021,377
2. Net premium income (including \$ non-health premium income).....	XXX	263,919,433	234,928,514	968,245,747
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	263,919,433	234,928,514	968,245,747
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		170,787,250	148,199,481	646,268,419
10. Other professional services .....		3,390,197	2,131,617	12,512,243
11. Outside referrals .....				0
12. Emergency room and out-of-area .....		11,238,712	8,627,319	43,464,432
13. Prescription drugs .....		33,455,437	21,140,006	97,565,769
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		(93,043)	60,000	240,000
16. Subtotal (Lines 9 to 15) .....	0	218,778,553	180,158,423	800,050,863
<b>Less:</b>				
17. Net reinsurance recoveries .....		(5,103)	2,141,925	5,797,941
18. Total hospital and medical (Lines 16 minus 17) .....	0	218,783,656	178,016,498	794,252,922
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 2,056,566 ..... cost containment expenses.....		4,875,055	2,949,203	17,775,265
21. General administrative expenses.....		37,041,993	37,826,573	100,473,113
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	260,700,704	218,792,274	912,501,300
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	3,218,729	16,136,240	55,744,447
25. Net investment income earned .....		267,257	139,953	725,809
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	8,075
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	267,257	139,953	733,884
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	3,485,986	16,276,193	56,478,331
31. Federal and foreign income taxes incurred .....	XXX	6,005,576	11,109,302	26,081,984
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(2,519,590)	5,166,891	30,396,347
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX		0	0
0603. ....	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX		0	0
0702. ....	XXX		0	0
0703. ....	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....			0	0
1402. ....			0	0
1403. ....			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. ....			0	0
2902. ....			0	0
2903. ....			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	180,932,584	192,171,435	192,171,435
34. Net income or (loss) from Line 32 .....	(2,519,590)	5,166,891	30,396,347
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(1,344,996)	1,432,246	551,011
39. Change in nonadmitted assets .....	1,291,906	(5,440,685)	576,892
40. Change in unauthorized and certified reinsurance .....	3,950	(710,083)	(3,950)
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		(39,500,000)	(39,500,000)
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	(9,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	5,740,849
48. Net change in capital and surplus (Lines 34 to 47) .....	(2,568,730)	(39,051,631)	(11,238,851)
49. Capital and surplus end of reporting period (Line 33 plus 48)	178,363,854	153,119,804	180,932,584
<b>DETAILS OF WRITE-INS</b>			
4701. Prior period audit adjustment - premiums receivable.....		0	5,740,849
4702. ....		0	0
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	5,740,849

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	220,796,136	168,672,904	986,553,862
2. Net investment income .....	171,775	199,116	985,182
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	220,967,911	168,872,020	987,539,044
5. Benefit and loss related payments .....	218,652,917	201,342,375	795,516,033
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	14,739,665	9,705,336	71,582,189
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	(1,234,225)	4,929,691	26,365,715
10. Total (Lines 5 through 9) .....	232,158,357	215,977,402	893,463,937
11. Net cash from operations (Line 4 minus Line 10) .....	(11,190,446)	(47,105,382)	94,075,107
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	75,677	8,251,176
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	75,677	8,251,176
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	5,269,450	1,565,830	5,041,841
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	5,269,450	1,565,830	5,041,841
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(5,269,450)	(1,490,153)	3,209,335
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	(39,500,000)	(39,500,000)
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	9,000,000
16.6 Other cash provided (applied).....	4,374,322	(11,603,211)	3,052,041
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	4,374,322	(51,103,211)	(45,447,959)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(12,085,574)	(99,698,746)	51,836,483
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	225,691,159	173,854,676	173,854,676
19.2 End of period (Line 18 plus Line 19.1) .....	213,605,585	74,155,930	225,691,159

STATEMENT AS OF MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	249,335	.0	.0	.0	.0	.0	.0	56,278	167,962	25,095
2. First Quarter .....	256,064	.0	.0	.0	.0	.0	.0	57,239	163,709	35,116
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	771,203							170,920	495,022	105,261
Total Member Ambulatory Encounters for Period:										
7. Physician .....	267,972							159,792	108,180	
8. Non-Physician .....	111,915							56,724	55,191	
9. Total	379,887	0	0	0	0	0	0	216,516	163,371	0
10. Hospital Patient Days Incurred	52,753							34,452	18,301	
11. Number of Inpatient Admissions	9,907							5,859	4,048	
12. Health Premiums Written (a).....	263,959,526							164,839,091	89,849,947	9,270,488
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	263,959,526							164,839,091	89,849,947	9,270,488
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	218,569,940							122,437,338	85,269,062	10,863,540
18. Amount Incurred for Provision of Health Care Services	218,871,596							132,572,869	77,895,536	8,403,191

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 174,109,579



STATEMENT AS OF MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.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 .....	40,805,165	106,536,555	22,259,437	51,630,029	63,064,602	63,560,022
7. Title XIX - Medicaid .....	31,336,545	55,471,991	29,817,463	30,958,324	61,154,008	67,836,824
8. Other health .....	518,804	8,620,676	2,042	(79,262)	520,846	659,069
9. Health subtotal (Lines 1 to 8).....	72,660,514	170,629,222	52,078,942	82,509,091	124,739,456	132,055,915
10. Health care receivables (a) .....	1,687,522	25,257,632			1,687,522	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....	180,000	(93,043)	300,000		480,000	480,000
13. Totals (Lines 9-10+11+12)	71,152,992	145,278,547	52,378,942	82,509,091	123,531,934	132,535,915

6

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

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

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

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

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

	For the three month period ended March 31,	
	2016	2015
Net Income (Loss)- Illinois Basis	\$ (2,519,590)	\$ 5,166,891
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Net Income (Loss) - NAIC SAP	\$ (2,519,590)	\$ 5,166,891
	Balance at	
	March 31, 2016	December 31, 2015
Statutory Capital and Surplus - Illinois Basis	\$ 178,363,854	\$ 180,932,584
State Prescribed Practices - None	-	-
State Permitted Practices - None	-	-
Statutory Capital and Surplus - NAIC SAP	\$ 178,363,854	\$ 180,932,584

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

No significant change

#### C. Accounting Policy

No significant change.

#### D. Going Concern – None.

### 2. Accounting Changes and Correction of Errors

None.

### 3. Business Combinations and Goodwill

None.

### 4. Discontinued Operations

No significant change.

### 5. Investments

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

B. Debt Restructuring – None

C. Reverse Mortgages – None

D. Loan-Backed Securities

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 (\$12)

2. 12 months or longer (\$632)

## NOTES TO FINANCIAL STATEMENTS

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

1. Less than 12 months \$1,069,996
2. 12 months or longer \$312,726

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.

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

F. Real Estate – None

G. Low Income Housing Tax Credits - None

H. Restricted Assets (Including pledged).

I. Working Capital Finance Investments – None.

J. Offsetting and Netting of Assets and Liabilities – None.

K. Structured Notes – None.

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

None.

### 7. Investment Income

No significant change.

### 8. Derivative Instruments

None.

### 9. Income Taxes

No significant change.

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

The Company's affiliated management agreement with Comprehensive Health Management Inc. ("CHMI") was amended. The charge for Medicaid gross premium earned was revised from 9.5% to 9.0%, and the charge for Medicare Part D gross premium earned was revised from 9.5% to 7.0%, and both changes are retroactive to January 1, 2016; the charge for Medicare gross premium earned remained the same at 9.5%. Additionally, the agreement includes a true-up mechanism where the management fee charged is compared to the actual cost of services provided and any difference is settled between CHMI and the Company. The true-up will occur on an annual basis for the prior year's activity. The agreement was approved by the Department on March 28, 2016 and the new rate including retroactivity will be put into effect in the second quarter of 2016.

### 11. Debt

A. Debt – None

B. Federal Home Loan Bank Agreements – None

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan – None.

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

No significant change.

### 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

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.

## NOTES TO FINANCIAL STATEMENTS

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

None.

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

A. Transfers of Receivables Reported as Sales – None

B. Transfer and Servicing of Financial Assets – None

C. Wash Sales – None

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

A. ASO Plans – None

B. ASC Plans – None

C. Medicare of Similarly Structured Cost Based Reimbursement Contract

1. None

2. No significant change.

3. None

4. None

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

None.

### 20. Fair Value Measurement

The Company had no assets disclosed at fair value at March 31, 2016.

### 21. Other Items

A. Extraordinary Items – None

B. Troubled Debt Restructuring – None

C. Other Disclosures and Unusual Items – No significant change.

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-Transferable Tax Credits – None

F. Subprime Mortgage Related Risk Exposure – None

G. Retained Assets – None

H. Offsetting and Netting of Asset and Liabilities – None

### 22. Events Subsequent

There were no events occurring subsequent to March 31, 2016 requiring disclosure. Subsequent events have been considered through May 11, 2016 for the Statutory statement issued on May 11, 2016.

### 23. Reinsurance

No significant change.

### 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 \$9,003,982 during 2016. This is approximately 6.8% of unpaid claims expenses of \$132,055,915 as of December 31, 2015. 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, 2015 was affected by approximately \$2,704,465 of net favorable development related to prior years.

### 26. Intercompany Pooling Arrangements

None.

### 27. Structured Settlements

None.

### 28. Health Care Receivables

No significant change.

### 29. Participating Policies

None.

## NOTES TO FINANCIAL STATEMENTS

**30. Premium Deficiency Reserves**

None.

**31. Anticipated Salvage and Subrogation**

None.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [X] No [ ]
- 2.2 If yes, date of change: .....02/09/2016
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

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

## GENERAL INTERROGATORIES

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

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

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 .....

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

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

### FINANCIAL

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

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

### INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

## GENERAL INTERROGATORIES

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

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

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

1 Name of Custodian(s)	2 Custodian Address
Oppenheimer & Co.....	New York, NY.....

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

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

18.2 If no, list exceptions:

.....

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:
- |  |        |
|--|--------|
| 1.1 A&H loss percent.....  | 83.7 % |
| 1.2 A&H cost containment percent .....                           | 0.8 %  |
| 1.3 A&H expense percent excluding cost containment expenses..... | 15.1 % |
- 2.1 Do you act as a custodian for health savings accounts?..... Yes [ ] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$ \_\_\_\_\_
- 2.3 Do you act as an administrator for health savings accounts?..... Yes [ ] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ \_\_\_\_\_



STATEMENT AS OF MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

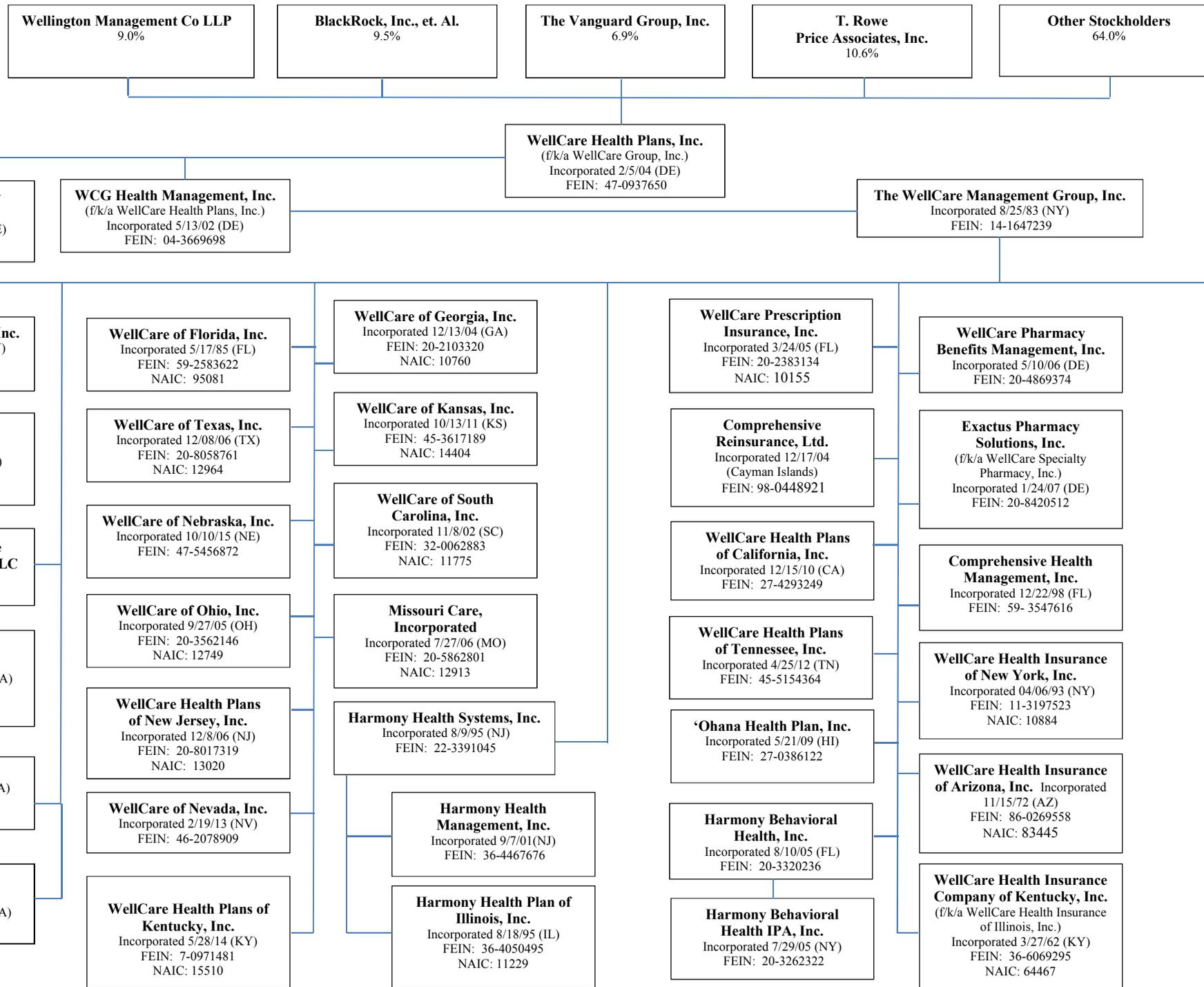
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	3,192,637						3,192,637	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	L	216,077	30,693,272					30,909,349	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	L		42,612,096	89,849,948				132,462,044	
15. Indiana	IN	L							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	L	1,424,235	54,377,489					55,801,724	
26. Missouri	MO	L	122,694						122,694	
27. Montana	MT	L							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	L							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	L	402,902	8,397,116					8,800,018	
42. South Dakota	SD	N							0	
43. Tennessee	TN	L	3,514,278	28,759,117					32,273,395	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	L	397,665						397,665	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		9,270,488	164,839,090	89,849,948	0	0	0	263,959,526	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 11		9,270,488	164,839,090	89,849,948	0	0	0	263,959,526	0
<b>DETAILS OF WRITE-INS</b>										
58001		XXX								
58002		XXX								
58003		XXX								
58998 Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

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

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

# The WellCare Group of Companies as of March 31, 2016



STATEMENT AS OF MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01199	WellCare Health Plans Inc.	10760	20-2103320				WellCare of Georgia Inc.	GA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	98-0448921				Comprehensive Reinsurance Ltd.	CYM	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	10155	20-2383134				WellCare Prescription Insurance Inc.	FL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	12749	20-3562146				WellCare of Ohio Inc.	OH	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-3262322				Harmony Behavioral Health IPA Inc.	NY	NIA	Harmony Behavioral Health, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-4869374				WellCare Pharmacy Benefits Management In.	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	83445	86-0269558				WellCare Health Insurance of Arizona Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	64467	36-6069295				WellCare Health Ins Company of Kentucky In.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	12956	11-3197523				WellCare Health Insurance of New York In.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	13020	20-8017319				WellCare Health Plans of New Jersey Inc.	NJ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	12964	20-8058761				WellCare of Texas Inc.	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-8420512				Exactus Pharmacy Solutions, Inc.	DE	NIA	WellCare Pharmacy Benefits Management	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	27-0386122				Ohana Health Plans, Inc.	HI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	27-4293249				WellCare Health Plans of California, Inc.	CA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	14404	45-3617189				WellCare of Kansas, Inc.	KS	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	45-5154364				WellCare Health Plans of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	45-3236788				America's 1st Choice California Holdings, LLC.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	20-5327501				Easy Choice Health Plan, Inc.	CA	IA	America's 1st Choice California Holdings, LLC.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	11775	32-0062883				WellCare of South Carolina, Inc.	SC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	46-2078909				WellCare of Nevada, Inc.	NV	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	12913	20-5862801				Missouri Care, Incorporated.	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	27-4212954				The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	62-1832645				Windsor Health Group, Inc.	TN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0
01199	WellCare Health Plans Inc.	00000	62-1530448				Windsor Management Services, Inc.	TN	NIA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	0

STATEMENT AS OF MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01199	WellCare Health Plans Inc.	15510	47-0971481				WellCare Health Plans of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	15812	47-3558198				WellCare of Iowa, Inc.	IA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	47-5456872				WellCare of Nebraska, Inc.	NE	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	45-5154364				WellCare Health Plans of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	45-3236788				America's 1st Choice California Holdings, LLC.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	20-5327501				Easy Choice Health Plan, Inc.	CA	IA	America's 1st Choice California Holdings, LLC.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	11775	32-0062883				WellCare of South Carolina, Inc.	SC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	46-2078909				WellCare of Nevada, Inc.	NV	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	12913	20-5862801				Missouri Care, Incorporated.	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	27-4212954				The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	62-1832645				Windsor Health Group, Inc.	TN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	62-1530448				Windsor Management Services, Inc.	TN	NIA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	95792	62-1531881				Windsor Health Plans, Inc.	TN	IA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	15510	47-0971481				WellCare Health Plans of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
01199	WellCare Health Plans Inc.	00000	81-1631920				WellCare of Pennsylvania, Inc.	PA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	.0
												.0		.0
												.0		.0

16.1

Asterisk	Explanation

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....YES.....

**Explanation:**

**Bar Code:**

**OVERFLOW PAGE FOR WRITE-INS**

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## SCHEDULE A – VERIFICATION

### Real Estate

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

## SCHEDULE B – VERIFICATION

### Mortgage Loans

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

## SCHEDULE BA – VERIFICATION

### Other Long-Term Invested Assets

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

## SCHEDULE D – VERIFICATION

### Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	7,503,201	10,851,822
2. Cost of bonds and stocks acquired .....	5,269,450	5,041,841
3. Accrual of discount .....	74	1,232
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	8,075
6. Deduct consideration for bonds and stocks disposed of .....	0	8,251,176
7. Deduct amortization of premium .....	34,643	148,593
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other-than-temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	12,738,082	7,503,201
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	12,738,082	7,503,201

STATEMENT AS OF MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	22,140,430	71,575,434	28,791,161	(34,312)	64,890,391	0	0	22,140,430
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	22,140,430	71,575,434	28,791,161	(34,312)	64,890,391	0	0	22,140,430
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	22,140,430	71,575,434	28,791,161	(34,312)	64,890,391	0	0	22,140,430

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

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## SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	52,152,309	XXX	52,152,020	12,525	115

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	14,637,230	41,872,253
2. Cost of short-term investments acquired .....	66,305,984	149,048,622
3. Accrual of discount .....	257	33
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	28,791,161	176,283,678
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	52,152,309	14,637,230
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	52,152,309	14,637,230

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

## SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	305,029	0
2. Cost of cash equivalents acquired .....	26	305,029
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals .....	305,055	0
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	305,029
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	305,029

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

STATEMENT AS OF MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - Industrial and Miscellaneous (Unaffiliated)									
404201-AC-1	HSBC BANK USA NA	R	03/15/2016	OPPENHEIMER & CO. INC.		5,269,450	5,000,000	32,500	1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)									
						5,269,450	5,000,000	32,500	XXX
8399997 - Subtotals - Bonds - Part 3						5,269,450	5,000,000	32,500	XXX
8399999 - Subtotals - Bonds						5,269,450	5,000,000	32,500	XXX
9999999 Totals						5,269,450	XXX	32,500	XXX

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

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Schedule D - Part 4

**NONE**

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



STATEMENT AS OF MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.

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

Show Investments Owned End of Current Quarter

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



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2016 OF THE Harmony Health Plan of Illinois, Inc.  
 MEDICARE PART D COVERAGE SUPPLEMENT**

**(Net of Reinsurance)**

NAIC Group Code.....01199

NAIC Company Code.....11229

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	8,204,632	XXX		XXX	8,204,632
2. Earned Premiums	10,189,606	XXX		XXX	XXX
3. Claims Paid.....	10,863,540	XXX		XXX	10,863,540
4. Claims Incurred.....	8,403,191	XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....	XXX		XXX		.0
6. Aggregate Policy Reserves - Change.....	919,118	XXX		XXX	XXX
7. Expenses Paid.....	852,471	XXX		XXX	852,471
8. Expenses Incurred.....	852,471	XXX		XXX	XXX
9. Underwriting Gain or Loss.....	14,826	XXX	.0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	(3,511,379)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ ..... due from CMS or \$ .....174,149 due to CMS