



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
 OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Plans of New Jersey, Inc.

(Name)

NAIC Group Code 01199 , 01199 NAIC Company Code 13020 Employer's ID Number 20-8017319
(Current Period) (Prior Period)

Organized under the Laws of New Jersey State of Domicile or Port of Entry New Jersey

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 12/08/2006 Commenced Business 01/01/2008

Statutory Home Office 550 Broad Street, Suite 1200 , Newark, NJ, US 07102
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 8735 Henderson Road
(Street and Number)
Tampa, FL, US 33634 813-206-6200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 8735 Henderson Road
(Street and Number)
Tampa, FL, US 33634 813-206-6200
(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>John Joseph Kirchner</u>	<u>President</u>	<u>Michael Troy Meyer</u>	<u>Asst. Treasurer, VP and Corporate Controller</u>
<u>Stephanie Ann Williams #</u>	<u>CFO and Vice President</u>	<u>Tammy Lynn Meyer</u>	<u>Assistant Secretary and Vice President</u>

OTHER OFFICERS

<u>Michael Warren Haber</u>	<u>Secretary and Vice President</u>	<u>Goran Jankovic</u>	<u>Treasurer and Vice President</u>
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DIRECTORS OR TRUSTEES

<u>Andrew Lynn Asher</u>	<u>Michael Troy Meyer</u>	<u>John Joseph Kirchner #</u>
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State of

County of

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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.

John Joseph Kirchner
 President

Michael Troy Meyer
 Asst. Treasurer, VP and Corporate Controller

Stephanie Ann Williams
 CFO and Vice President

Subscribed and sworn to before me this _____ day of _____,

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

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).....	79,927,865		79,927,865	63,853,796
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 (\$71,334,284 , Schedule E-Part 1), cash equivalents (\$18,242,252 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	89,576,535		89,576,535	74,023,197
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		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)	169,504,400	0	169,504,400	137,876,993
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	66,873		66,873	535,744
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	4,437,632		4,437,632	8,824,201
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 (\$)	15,325		15,325	303,696
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	165,794
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	3,987,511		3,987,511	1,051,810
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....	4,225,570	1,960,900	2,264,670	5,243,196
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			0	906,559
24. Health care (\$3,103,008) and other amounts receivable.....	4,508,242	461,429	4,046,813	2,131,233
25. Aggregate write-ins for other-than-invested assets	15,444,775	15,444,775	0	899,871
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	202,190,328	17,867,104	184,323,224	157,939,097
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	202,190,328	17,867,104	184,323,224	157,939,097
DETAILS OF WRITE-INS				
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. Other non-admitted assets (prepaids).....	341,805	341,805	0	0
2502. Intangible assets.....	14,255,970	14,255,970	0	0
2503. Deposits with providers.....	792,000	792,000	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	55,000	55,000	0	899,871
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	15,444,775	15,444,775	0	899,871

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	86,642,922		86,642,922	73,326,917
2. Accrued medical incentive pool and bonus amounts	3,346		3,346	0
3. Unpaid claims adjustment expenses	613,289		613,289	452,973
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	2,533		2,533	2,734,422
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	555,177
9. General expenses due or accrued	11,366,225		11,366,225	9,816,986
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	950,283		950,283	677,984
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	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	454,416		454,416	0
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	1,526,857		1,526,857	742,476
23. Aggregate write-ins for other liabilities (including \$ current)	259,149	0	259,149	485,782
24. Total liabilities (Lines 1 to 23)	101,819,020	0	101,819,020	88,792,717
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	6,711,000
26. Common capital stock	XXX	XXX	10	10
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	94,893,222	84,893,222
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	(12,389,028)	(22,457,852)
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	82,504,204	69,146,380
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	184,323,224	157,939,097
DETAILS OF WRITE-INS				
2301. Unclaimed property payable	259,149		259,149	485,782
2302.			0	0
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)	259,149	0	259,149	485,782
2501. Estimated ACA Industry Fee (following year)	XXX	XXX		6,711,000
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	6,711,000
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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	895,528	808,344
2. Net premium income (including \$0 non-health premium income).....	XXX	717,363,514	577,120,617
3. Change in unearned premium reserves and reserve for rate credits	XXX	(342,477)	12,233,047
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	717,021,037	589,353,664
Hospital and Medical:			
9. Hospital/medical benefits		493,429,072	409,129,593
10. Other professional services		11,396,184	9,160,567
11. Outside referrals			0
12. Emergency room and out-of-area		25,292,741	22,018,548
13. Prescription drugs		75,750,733	65,594,470
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		(3,553)	0
16. Subtotal (Lines 9 to 15).....	0	605,865,177	505,903,178
Less:			
17. Net reinsurance recoveries		(1,508)	165,794
18. Total hospital and medical (Lines 16 minus 17)	0	605,866,685	505,737,384
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$4,089,600 cost containment expenses.....		9,702,716	7,157,015
21. General administrative expenses.....		97,104,600	79,726,643
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	712,674,001	592,621,042
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,347,036	(3,267,378)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,827,975	890,448
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,827,975	890,448
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	(144,908)
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	6,175,011	(2,521,838)
31. Federal and foreign income taxes incurred	XXX	1,650,102	(397,070)
32. Net income (loss) (Lines 30 minus 31).....	XXX	4,524,909	(2,124,768)
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		0
0603.	XXX		0
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		0
0702.	XXX		0
0703.	XXX		0
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.			0
1402.			0
1403.			0
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. Fines and penalties.....			(144,908)
2902.			0
2903.			0
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	(144,908)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	69,146,380	73,076,008
34. Net income or (loss) from Line 32	4,524,909	(2,124,768)
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	(1,017,626)	(3,754,064)
39. Change in nonadmitted assets	(149,459)	1,949,205
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	10,000,000	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	0	0
48. Net change in capital and surplus (Lines 34 to 47)	13,357,824	(3,929,628)
49. Capital and surplus end of reporting year (Line 33 plus 48)	82,504,204	69,146,380
DETAILS OF WRITE-INS		
4701.		0
4702.		0
4703.		0
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)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance.....	718,408,912	570,865,830
2. Net investment income.....	2,397,950	568,667
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	720,806,862	571,434,497
5. Benefit and loss related payments.....	594,708,550	488,501,558
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	106,349,209	89,214,333
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	1,377,803	(471,741)
10. Total (Lines 5 through 9).....	702,435,562	577,244,150
11. Net cash from operations (Line 4 minus Line 10).....	18,371,300	(5,809,653)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	0	48,600,000
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	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	48,600,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	16,175,172	63,939,727
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	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	16,175,172	63,939,727
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).....	(16,175,172)	(15,339,727)
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.....	10,000,000	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).....	3,357,210	544,806
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	13,357,210	544,806
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).....	15,553,338	(20,604,574)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	74,023,197	94,627,771
19.2 End of year (Line 18 plus Line 19.1).....	89,576,535	74,023,197

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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	717,363,514	0	0	0	0	0	70,823,862	646,539,652	0	0
2. Change in unearned premium reserves and reserve for rate credit	(342,477)							(342,477)		
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)	717,021,037	0	0	0	0	0	70,823,862	646,197,175	0	0
8. Hospital/medical benefits	493,429,072						50,965,437	442,463,635		XXX
9. Other professional services	11,396,184						413,882	10,982,302		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	25,292,741						3,167,217	22,125,524		XXX
12. Prescription drugs	75,750,733						5,331,505	70,419,228		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	(3,553)						(3,553)			XXX
15. Subtotal (Lines 8 to 14)	605,865,177	0	0	0	0	0	59,874,488	545,990,689	0	XXX
16. Net reinsurance recoveries	(1,508)							(1,508)		XXX
17. Total hospital and medical (Lines 15 minus 16)	605,866,685	0	0	0	0	0	59,874,488	545,992,197	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 4,089,600 cost containment expenses	9,702,716						987,848	8,714,868		
20. General administrative expenses	97,104,600						11,460,332	85,644,268		
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)	712,674,001	0	0	0	0	0	72,322,668	640,351,333	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	4,347,036	0	0	0	0	0	(1,498,806)	5,845,842	0	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 2018 OF THE WellCare Health Plans of New Jersey, 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	70,827,026		3,164	70,823,862
7. Title XIX - Medicaid	646,579,100		39,448	646,539,652
8. Other health .....				.0
9. Health subtotal (Lines 1 through 8)	717,406,126	0	42,612	717,363,514
10. Life .....				.0
11. Property/casualty .....				.0
12. Totals (Lines 9 to 11)	717,406,126	0	42,612	717,363,514

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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	594,267,042						56,207,230	538,059,812		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	164,286							164,286		
1.4 Net	594,102,756	0	0	0	0	0	56,207,230	537,895,526	0	0
2. Paid medical incentive pools and bonuses	(6,898)						(6,898)			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	86,642,922	0	0	0	0	0	10,162,111	76,480,811	0	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	86,642,922	0	0	0	0	0	10,162,111	76,480,811	0	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	3,345						3,345			
6. Net healthcare receivables (a)	1,714,316						1,427,294	287,022		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	73,326,917	0	0	0	0	0	5,063,995	68,262,922	0	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	73,326,917	0	0	0	0	0	5,063,995	68,262,922	0	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	0						0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	165,794	0	0	0	0	0	0	165,794	0	0
12. Incurred benefits:										
12.1 Direct	605,868,731	0	0	0	0	0	59,878,052	545,990,679	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	(1,508)	0	0	0	0	0	0	(1,508)	0	0
12.4 Net	605,870,239	0	0	0	0	0	59,878,052	545,992,187	0	0
13. Incurred medical incentive pools and bonuses	(3,553)	0	0	0	0	0	(3,553)	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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	22,990,310						1,922,601	21,067,709		
1.2. Reinsurance assumed .....	.0									
1.3. Reinsurance ceded .....	.0									
1.4. Net	22,990,310	.0	.0	.0	.0	.0	1,922,601	21,067,709	.0	.0
2. Incurred but Unreported:										
2.1. Direct	63,652,612						8,239,510	55,413,102		
2.2. Reinsurance assumed .....	.0									
2.3. Reinsurance ceded .....	.0									
2.4. Net	63,652,612	.0	.0	.0	.0	.0	8,239,510	55,413,102	.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	86,642,922	.0	.0	.0	.0	.0	10,162,111	76,480,811	.0	.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	86,642,922	0	0	0	0	0	10,162,111	76,480,811	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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	4,655,649	52,719,173	70,226	10,091,886	4,725,875	5,064,005
7. Title XIX - Medicaid	45,786,463	492,957,385	3,033,840	73,446,970	48,820,303	68,262,912
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8)	50,442,112	545,676,558	3,104,066	83,538,856	53,546,178	73,326,917
10. Healthcare receivables (a)	307,731	3,256,706			307,731	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts	(6,900)	.2	1,894	1,451	(5,006)	.0
13. Totals (Lines 9-10+11+12)	50,127,481	542,419,854	3,105,960	83,540,307	53,233,441	73,326,917

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	.80,271	.80,271	.80,271	.80,271	.80,271
2. 2014	9,781	11,892	11,892	11,892	11,892
3. 2015	XXX	6,294	6,850	6,850	6,850
4. 2016	XXX	XXX	7,747	9,538	9,538
5. 2017	XXX	XXX	XXX	24,309	28,926
6. 2018	XXX	XXX	XXX	XXX	50,156

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	.81,256	.80,271	.80,271	.80,271	.80,271
2. 2014	12,070	11,993	11,892	11,892	11,892
3. 2015	XXX	7,391	6,917	6,850	6,850
4. 2016	XXX	XXX	9,653	9,563	9,538
5. 2017	XXX	XXX	XXX	29,348	29,000
6. 2018	XXX	XXX	XXX	XXX	60,249

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. 2014	12,449	11,892		0.0	11,892	95.5			11,892	95.5
2. 2015	9,476	6,850		0.0	6,850	72.3			6,850	72.3
3. 2016	12,127	9,538		0.0	9,538	78.7			9,538	78.7
4. 2017	36,325	28,926		0.0	28,926	79.6	72		28,998	79.8
5. 2018	70,824	50,156	943	1.9	51,099	72.1	10,093	78	61,270	86.5

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

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

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	.0	.0	.0	.0	.0
2. 2014	102,168	125,283	125,283	125,283	125,283
3. 2015	XXX	247,211	276,404	276,404	276,404
4. 2016	XXX	XXX	336,788	375,908	375,908
5. 2017	XXX	XXX	XXX	422,133	467,644
6. 2018	XXX	XXX	XXX	XXX	492,264

Section B – Incurred Health Claims - Title XIX Medicaid

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	.0	.0	.0	.0	.0
2. 2014	150,524	130,476	125,283	125,283	125,283
3. 2015	XXX	309,636	279,983	276,404	276,404
4. 2016	XXX	XXX	386,179	377,450	375,908
5. 2017	XXX	XXX	XXX	488,854	470,678
6. 2018	XXX	XXX	XXX	XXX	565,711

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

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. 2014	166,781	125,283		.0	125,283	.75			125,283	.75
2. 2015	340,541	276,404		.0	276,404	.81			276,404	.81
3. 2016	442,451	375,908		.0	375,908	.85			375,908	.85
4. 2017	553,067	467,644		.0	467,644	.84	3,034		470,678	.85
5. 2018	646,540	492,264	8,599	1.7	500,863	77.5	73,447	535	574,845	88.9

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.80,271	.80,271	.80,271	.80,271	.80,271
2. 2014.....	111,949	137,175	137,175	137,175	137,175
3. 2015.....	XXX	253,505	283,254	283,254	283,254
4. 2016.....	XXX	XXX	344,535	385,446	385,446
5. 2017.....	XXX	XXX	XXX	446,442	496,570
6. 2018.....	XXX	XXX	XXX	XXX	542,420

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.81,256	.80,271	.80,271	.80,271	.80,271
2. 2014.....	162,594	142,469	137,175	137,175	137,175
3. 2015.....	XXX	317,027	286,900	283,254	283,254
4. 2016.....	XXX	XXX	395,832	387,013	385,446
5. 2017.....	XXX	XXX	XXX	518,202	499,678
6. 2018.....	XXX	XXX	XXX	XXX	625,960

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. 2014.....	179,230	137,175	.0	.0	137,175	76.5	.0	.0	137,175	76.5
2. 2015.....	350,017	283,254	.0	.0	283,254	80.9	.0	.0	283,254	80.9
3. 2016.....	454,578	385,446	.0	.0	385,446	84.8	.0	.0	385,446	84.8
4. 2017.....	589,392	496,570	.0	.0	496,570	84.3	.3,106	.0	499,676	84.8
5. 2018.....	717,364	542,420	9,542	1.8	551,962	76.9	83,540	613	636,115	88.7

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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).....	2,533						2,533		
5. Aggregate write-ins for other policy reserves.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross).....	2,533	.0	.0	.0	.0	.0	2,533	.0	.0
7. Reinsurance ceded.....	.0								
8. Totals (Net) (Page 3, Line 4).....	2,533	0	0	0	0	0	2,533	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	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross).....	.0	.0	.0	.0	.0	.0	.0	.0	.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.....	.0								
0502.....	.0								
0503.....	.0								
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.....	.0								
1102.....	.0								
1103.....	.0								
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

(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)	92,461	126,906	1,386,431		1,605,798
2. Salaries, wages and other benefits	1,874,995	2,573,494	43,996,493		48,444,982
3. Commissions (less \$ceded plus \$assumed)			1,368,881		1,368,881
4. Legal fees and expenses	41,437	56,873	328,186		426,496
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	14,804	20,319	149,578		184,701
7. Traveling expenses	34,784	47,743	816,303		898,830
8. Marketing and advertising	23,027	31,605	1,479,742		1,534,374
9. Postage, express and telephone	128,874	176,884	1,532,988		1,838,746
10. Printing and office supplies	179,293	246,085	1,959,103		2,384,481
11. Occupancy, depreciation and amortization	97,916	134,394	3,397,387		3,629,697
12. Equipment	5,725	7,858	59,652		73,235
13. Cost or depreciation of EDP equipment and software	364,974	500,939	2,891,168		3,757,081
14. Outsourced services including EDP, claims, and other services	873,909	1,199,470	10,448,882		12,522,261
15. Boards, bureaus and association fees	208,743	286,507	2,846,499		3,341,749
16. Insurance, except on real estate	25,674	35,239	203,345		264,258
17. Collection and bank service charges	5,219	7,163	122,863		135,245
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			2,271,827		2,271,827
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			12,686,921		12,686,921
23.4 Payroll taxes	116,678	160,145	3,170,453		3,447,276
23.5 Other (excluding federal income and real estate taxes)	1,087	1,492	5,987,898		5,990,477
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)	4,089,600	5,613,116	97,104,600	0 (a)	106,807,316
27. Less expenses unpaid December 31, current year		613,289	11,366,225		11,979,514
28. Add expenses unpaid December 31, prior year	0	452,973	9,816,986	0	10,269,959
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)	4,089,600	5,452,800	95,555,361	0	105,097,761
DETAILS OF WRITE-INS					
2501.					0
2502.					0
2503.					0
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 \$75,777,080 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 1,588,039	1,089,211
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 809,911	738,764
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	2,397,950	1,827,975
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
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)		1,827,975
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 \$ 68,074 accrual of discount less \$ 169,177 amortization of premium and less \$ 106,171 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 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		
6. Cash, cash equivalents and short-term investments			0	0	0
7. Derivative instruments			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.			0		
0902.			0		
0903.			0		
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 and contracts subject to redetermination	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.....	1,960,900	0	(1,960,900)
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	0	0	0
24. Health care and other amounts receivable.....	461,429	18,130	(443,299)
25. Aggregate write-ins for other-than-invested assets	15,444,775	17,699,515	2,254,740
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	17,867,104	17,717,645	(149,459)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	17,867,104	17,717,645	(149,459)
DETAILS OF WRITE-INS			
1101.		0	0
1102.		0	0
1103.		0	0
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. Intangible assets.....	14,255,970	16,835,852	2,579,882
2502. Other non-admitted assets (prepaids).....	341,805	16,663	(325,142)
2503. ASO prepayments.....	55,000	55,000	0
2598. Summary of remaining write-ins for Line 25 from overflow page	792,000	792,000	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	15,444,775	17,699,515	2,254,740

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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.....	68,960	72,854	75,839	76,317	76,167	895,528
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	68,960	72,854	75,839	76,317	76,167	895,528
DETAILS OF WRITE-INS						
0601.....	.0					
0602.....	.0					
0603.....	.0					
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

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT**

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Department recognizes only statutory accounting practices prescribed or permitted by the state of New Jersey for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under New Jersey 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 New Jersey.

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 New Jersey is shown below:

		F/S	F/S		
	SSAP #	Page	Line #	2018	2017
NET INCOME					
1	xxx	xxx	xxx	\$ 4,524,909	\$ (2,124,768)
Company state basis (Page 4, Line 32, Columns 2&3)					
State Prescribed Practices that are an increase/					
2					
(decrease) from NAIC SAP:					
None					
State Permitted Practices that are an increase/					
3					
(decrease) from NAIC SAP:					
None					
4	xxx	xxx	xxx	\$ 4,524,909	\$ 9,996,903
NAIC SAP (1-2-3=4)					
SURPLUS					
5	xxx	xxx	xxx	\$ 82,504,204	\$ 69,146,380
Company state basis (Page 3, Line 33, Columns 3&4)					
State Prescribed Practices that are an increase/					
6					
(decrease) from NAIC SAP:					
None					
State Permitted Practices that are an increase/					
7					
(decrease) from NAIC SAP:					
None					
8	xxx	xxx	xxx	\$ 82,504,204	\$ 73,076,008
NAIC SAP (5-6-7=8)					

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

Net Premium Income

The Company earns net premium income through participation in Medicaid, Medicaid-related and Medicare programs, including both the Medicare Advantage ("MA") and the Medicare Part D prescription drug program ("PDP"). Medicaid contracts with state agencies generally are multi-year contracts subject to annual renewal provisions, while Medicare contracts with the Center for Medicare and Medicaid Services ("CMS") renew annually. Medicare and Medicaid contracts establish fixed, monthly premium rates per member, which are generally determined at the beginning of each new contract renewal period; however, premiums may be adjusted by CMS and state agencies throughout the terms of the contracts in certain cases. Premium rate changes are recognized in the period the change becomes effective, when the effect of the change in the rate is reasonably estimable, and collection is assured.

Medicare Risk-Adjusted Premiums

CMS provides risk-adjusted payments for MA Plans and PDPs based on the demographics and health severity of enrollees. The risk-adjusted premiums received are based on claims and encounter data submitted to CMS within prescribed deadlines. Estimates for risk-adjusted premiums are developed 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. Periodic changes to risk-adjusted premiums are recognized as net premium income when the amounts are determinable and collection is reasonably assured, which is possible as additional diagnosis code information is reported to CMS, when the ultimate adjustment settlements are received from CMS, or we receive notification of such settlement amounts. CMS adjusts premiums on two separate occasions on a retrospective basis.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT

The first retrospective adjustment for a given plan year generally occurs during the third quarter of that year. This initial settlement represents the update of risk scores for the current plan year based on the severity of claims incurred in the prior plan year. CMS then issues a final retrospective risk adjusted premium settlement for that plan year in the following year. Historically, there have not been significant differences between estimates and amounts ultimately received. The data provided to CMS to determine members' risk scores is subject to audit by CMS even after the annual settlements occur. An audit may result in the refund of premiums to CMS. While experience to date has not resulted in a material refund, future refunds could materially reduce premium net premium income in the year in which CMS determines a refund is required and could be material to our financial statements.

Risk Corridor Provisions

MA and PDP premiums are subject to risk sharing through the CMS Medicare Part D risk corridor provisions. The risk corridor calculation compares 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 the submitted plan year bid. The Company receives additional premium from CMS if actual experience is more than 5% above the target amount. The Company refunds premiums to CMS if actual experience is more than 5% below the target amount. Based on the risk corridor provision and PDP activity-to-date, an estimated risk-sharing receivable or payable is recorded as an adjustment to net premium income. After the close of the annual plan year, CMS performs the risk corridor calculation and any differences are settled between CMS and the Company. Historically, there have not been material differences between recorded estimates and the subsequent CMS settlement amounts.

Medicare Part D Settlements

The Company receives certain Part D prospective subsidy payments from CMS for MA and PDP 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 bids. Approximately nine to ten months subsequent to the end of the plan year, or later in the case of the coverage gap discount subsidy, a settlement payment is made between CMS and the Company based on the difference between the prospective payments and actual claims experience. The subsidy components under Part D are described below:

Low-Income Cost Sharing Subsidy ("LICS")-For qualifying low-income subsidy members, CMS reimburses the Company for all or a portion of the low income subsidy member's deductible, coinsurance and co-payment amounts above the out-of-pocket threshold.

Catastrophic Reinsurance Subsidy-CMS reimburses the Company for 80% of the drug costs after a member reaches his or her out-of-pocket catastrophic threshold through a catastrophic reinsurance subsidy.

Coverage Gap Discount Subsidy ("CGDS")-CMS provides monthly prospective payments for pharmaceutical manufacturer discounts made available to members.

Catastrophic reinsurance subsidies and LICS subsidies represent cost reimbursements under the Medicare Part D program. The Company is fully reimbursed by CMS for costs incurred for these contract elements and, accordingly, there is no insurance risk to the Company. Therefore, amounts received for these subsidies are not considered net premium income, and are reported, net of the subsidy benefits paid, as deposits. Costs incurred over deposits received are recorded as a receivable for amounts paid for uninsured plans and deposits received in excess of costs incurred are recorded as liability for amounts held under uninsured plans. Historically, the settlement payments between the Company and CMS have not been materially different from our estimates.

CGDS advance payments are recorded as a receivable for amounts paid for uninsured plans. Receivables are set up for manufacturer-invoiced amounts. Manufacturer payments reduce the receivable as payments are received. After the end of the contract year, during the Medicare Part D Payment reconciliation process for the CGDS, CMS will perform a cost-based reconciliation to ensure the Medicare Part D sponsor is paid for gap discounts advanced at the point of sale, based on accepted prescription drug event data.

Medicare Minimum Loss Ratio ("MLR")

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 MA and PDP 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 total spending on quality improvement activities and dividing the total by earned premiums (after subtracting specific identified taxes and other fees). No refund was due or payable to CMS for this provision in 2018 or 2017.

Medicaid Minimum Loss Ratio

The Company's Medicaid contract with New Jersey Department of Human Services ("DHS") includes a provision whereby the Company is required to expend a minimum of the premiums received related to allowable medical benefits expense, as defined in the contract ("minimum MLR provision"). For FY2016 and FY2017, the Company is required to expend 85% of the premium received for non-managed long term care social services ("Non-MLTSS"), (Aged, Blind and Disabled ("ABD") and Non-ABD evaluated separately), 85% of the premium received for home and community based services and 90% of the premium received for nursing facility. For contract years after FY2017, the Company is required to expend 85% of the premium received for non-managed long term care social services ("Non-MLTSS"), (Aged, Blind and Disabled ("ABD") and Non-ABD evaluated separately), 90% of the premium received for managed long term care social services. To the extent that the Company expends less than the minimum percentage of the premiums, offset by allowable taxes and assessments, on allowable medical benefits expense, including allowable quality improvement expenses, in any contract year as required by the minimum MLR provision, the Company is required to refund to DHS all of the difference between the minimum and our actual allowable medical benefits expense. The Company performs a calculation of the minimum MLR provision each reporting period and accrues an estimate for amounts to be refunded based on its current estimates of ultimate loss experience for the contract period. Premium refunds of \$0 and \$2,729,683 were accrued as of December 31, 2018 and 2017, respectively.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT

1. *Short-term investments* - are stated at amortized cost.
2. *Bonds* – Bonds not backed by other loans are stated at amortized cost using the scientific/constant yield 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. *Investment in Subsidiaries, Controlled and Affiliated Companies* – None
8. *Investments in Joint Ventures, Partnerships and Limited Liability Companies* – None
9. *Derivatives* – None

10. *Premium Deficiency* – the Company's contracts are evaluated to determine if it is probable that a loss will be incurred. A premium deficiency reserve ("PDR") is established when it is probable that expected claims payments or incurred costs, claims adjustment expenses, and general administration expenses will exceed future premiums and reinsurance recoveries for the remainder of a contract period. For purposes of determining a PDR, investment income is excluded and contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. A PDR is recorded as an aggregate health policy reserves and as an increase in reserves for life and accident and health contracts. Once established, a PDR is reduced over the contract period as an offset to actual losses. The PDR estimates are re-evaluated each reporting period and, if estimated future losses differ from those in the current PDR estimate, the liability is adjusted through increase in reserves for life and accident and health contracts, as necessary. The Company had no PDR liability recorded within its liabilities as of December 31, 2018 and 2017.

11. *Unpaid Losses and Loss Adjustment Expenses* – The Company recognizes the cost of medical benefits in the period in which services are provided, including an estimate of the cost of medical benefits incurred but not reported ("IBNR"). Medical benefits incurred and claims adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members.

The Company also records direct medical expenses for estimated referral claims related to health care providers under contract with the Company 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, the Company may be required to honor these obligations for legal or business reasons. Based on the current assessment of providers under contract with the Company, such losses have not been and are not expected to be significant. The Company records direct medical expense for 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.

Claims unpaid represents amounts for claims fully adjudicated but not yet paid and estimates for IBNR. The Company's estimate of IBNR is the most significant estimate included in the financial statements. The Company determines the best estimate of the base liability for IBNR utilizing consistent standard actuarial methodologies based upon key assumptions which vary by business segment. The assumptions include current payment experience, trend factors, and completion factors. Trend factors in 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, benefit 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, the Company makes 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. This additional liability is referred to as the provision for moderately adverse conditions. The estimate of the provision for moderately adverse conditions captures the potential adverse development from factors such as:

- entry into new geographical markets;
- provision of services to new populations such as the aged, blind and disabled;
- variations in utilization of benefits and increasing medical costs, including higher drug 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 or enterovirus.

The Company evaluates estimates of medical benefits payable claims unpaid as it obtains more complete claims information and medical expense trend data over time. The Company records differences between actual experience and estimates used to establish the liability, which is referred to as favorable and unfavorable prior period developments, as increases or decreases to medical benefits hospital and medical expense in the period the Company identifies 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 of specific pharmaceuticals and contract terms and records such amounts as a reduction of total hospital and medical cost.

D. *Going Concern* – None

2. Accounting Changes and Corrections of Errors

None

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreement Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate – None
- K. Low-Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets

1. Restricted Assets (Including Pledged):

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
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	80,575,720	63,869,679	16,706,041	—	80,575,720	39.9%	43.7%
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	<u>\$ 80,575,720</u>	<u>\$ 63,869,679</u>	<u>\$ 16,706,041</u>	<u>\$ —</u>	<u>\$ 80,575,720</u>	<u>39.9%</u>	<u>43.7%</u>

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. None

3. None

4. None

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT

- O. Structured Notes – None
- P. 5*GI Securities – None
- Q. Short Sales - None
- R. Prepayment Penalty and Acceleration Fees - None

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 and amounts relating to non-admitted invested assets are considered non-admitted.

B. At December 31, 2018 and 2017 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:

(1)	2018			2017		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 4,330,048	\$ —	\$ 4,330,048	\$ 5,447,411	\$ —	\$ 5,447,411
(b) Statutory Valuation Allowance Adjustments	—	—	—	—	—	—
(c) Adjusted Gross Deferred Tax Assets	4,330,048	—	4,330,048	5,447,411	—	5,447,411
(d) Deferred Tax Assets Nonadmitted	1,960,900	—	1,960,900	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset	2,369,148	—	2,369,148	5,447,411	—	5,447,411
(f) Deferred Tax Liabilities	104,477	—	104,477	204,216	—	204,216
(g) Net Admitted Deferred Tax Asset/Liability	<u>\$ 2,264,670</u>	<u>\$ —</u>	<u>\$ 2,264,670</u>	<u>\$ 5,243,195</u>	<u>\$ —</u>	<u>\$ 5,243,195</u>
(2)						
Admission Calculation Components						
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 2,264,668	\$ —	\$ 2,264,668	\$ 5,323,028	\$ —	\$ 5,323,028
(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	—	—	12,161,347	—	—	6,418,663
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	104,479	—	104,479	124,383	—	124,383
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101	<u>\$ 2,369,148</u>	<u>\$ —</u>	<u>\$ 2,369,148</u>	<u>\$ 5,447,411</u>	<u>\$ —</u>	<u>\$ 5,447,411</u>

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT**

	(1)	Change		
		Ordinary	Capital	Total
(a) Gross Deferred Tax Assets		\$ (1,117,364)	\$ —	\$ (1,117,364)
(b) Statutory Valuation Allowance Adjustments		—	—	—
(c) Adjusted Gross Deferred Tax Assets		(1,117,364)	—	(1,117,364)
(d) Deferred Tax Assets Nonadmitted		1,960,900	—	1,960,900
(e) Subtotal Net Admitted Deferred Tax Asset		(3,078,264)	—	(3,078,264)
(f) Deferred Tax Liabilities		(99,739)	—	(99,739)
(g) Net Admitted Deferred Tax Asset/Liability		\$ (2,978,525)	\$ —	\$ (2,978,525)

	(2)	Change		
		Ordinary	Capital	Total
Admission Calculation Components				
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks		\$ (3,058,360)	\$ —	\$ (3,058,360)
(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		—	—	5,742,684
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities		(19,904)	—	(19,904)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No 101		\$ (3,078,264)	\$ —	\$ (3,078,264)

	(3)	2018	2017
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above		329%	279%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above		\$ 81,075,644	\$ 64,186,631

	(4)	2018		2017	
		Ordinary	Capital	Ordinary	Capital
Impact of Tax-Planning Strategies					
(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		\$ 4,330,048	\$ —	\$ 5,447,411	\$ —
(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 9A1e		2,369,148	—	5,447,411	—
(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 <u>X</u>

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT**

	(4)	Change	
		Ordinary	Capital
Impact of Tax-Planning Strategies			
(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		\$ (1,117,364)	—
(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 9A1e		(3,078,264)	—
(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	<u>12/31/2018</u>	<u>12/31/2017</u>	<u>Change</u>
(a) Federal	\$ 1,650,102	\$ (397,070)	\$ 2,047,172
(b) Foreign	—	—	—
(c) Subtotal	<u>\$ 1,650,102</u>	<u>\$ (397,070)</u>	<u>\$ 2,047,172</u>
(d) Federal income tax on net capital gains	—	—	—
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	<u>\$ 1,650,102</u>	<u>\$ (397,070)</u>	<u>\$ 2,047,172</u>

(2) Deferred Tax Assets	<u>12/31/2018</u>	<u>12/31/2017</u>	<u>Change</u>
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 550,362	\$ 544,853	\$ 5,509
(2) Unearned premium reserve	—	23,318	(23,317)
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	3,561	4,009	(448)
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	94,889	3,807	91,081
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	3,681,236	4,871,425	(1,190,189)
Subtotal	<u>\$ 4,330,048</u>	<u>\$ 5,447,411</u>	<u>\$ (1,117,364)</u>
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	1,960,900	—	1,960,900
(d) Admitted ordinary deferred tax assets	<u>\$ 2,369,148</u>	<u>\$ 5,447,411</u>	<u>\$ (3,078,264)</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>\$ 2,369,148</u>	<u>\$ 5,447,411</u>	<u>\$ (3,078,264)</u>

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT**

(3) Deferred Tax Liabilities:

(a) Ordinary			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	104,477	204,216	(99,739)
Subtotal	<u>\$ 104,477</u>	<u>\$ 204,216</u>	<u>\$ (99,739)</u>
(b) Capital			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
Subtotal	<u>—</u>	<u>—</u>	<u>—</u>
(c) Deferred tax liabilities	<u>\$ 104,477</u>	<u>\$ 204,216</u>	<u>\$ (99,739)</u>
(4) Net deferred tax assets/liabilities	<u>\$ 2,264,670</u>	<u>\$ 5,243,195</u>	<u>\$ (2,978,525)</u>

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate - The sum of the income tax incurred is different from the result obtained by applying the federal statutory rate of 21% and 35% to pretax net income for 2018 and 2017, respectively, due to the enactment of the Tax Cut and Jobs Act. For both 2018 and 2017, the deferred tax asset/liability was calculated by applying the federal statutory rate of 21%. The significant items causing the difference are as follows:

	<u>2018</u>	<u>% of Pre-tax Income</u>
Provision computed at statutory rate	\$ 1,296,754	21.00%
Change in non-admitted assets	382,414	6.19%
Nondeductible expenses	4,577	0.07%
Tax Rate Change	(271,668)	-4.40%
ACA Insurer Fee	1,255,652	20.33%
Total statutory income tax	<u>\$ 2,667,728</u>	<u>43.20%</u>

	<u>2018</u>	<u>% of Pre-tax Income</u>
Federal income taxes incurred	1,650,102	26.72%
Change in net deferred income taxes	1,017,626	16.48%
Total statutory income tax	<u>\$ 2,667,728</u>	<u>43.20%</u>

E. Net Operating Loss Carryforwards

- At December 31, 2018, 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:

12/31/2018 (current year)	\$ 2,264,668
12/31/2017 (first prior year)	\$ —

- As of December 31, 2018 there were not 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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT

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.

G. The Company has no federal or foreign income tax loss contingencies as of December 31, 2018. 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 Other Related Parties

A, B and C. Relationship/Transactions and Amounts

Comprehensive Health Management Inc. ("CHMI")

The Company has an affiliated management agreement with CHMI to provide certain management, administrative services and 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.

In 2018, the Company's agreement with CHMI was amended. The indirect cost charge for Medicare gross premium earned was revised from 10.5% in 2017 to 7.6% in 2018 and the indirect cost charge for Medicaid gross premium earned was revised from 6.5% in 2017 to 5.7% in 2018 with all changes being retroactive to January 1, 2018. The agreement was approved by the Department on November 1, 2018.

The Company will also reimburse CHMI for expenses it pays which are directly allocable to the Company. 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. Management believes rates charged by CHMI to be an approximation of current market rates; however, future adjustments to this rate may be necessary as changes in regulations, scopes of services and market dynamics occur.

During 2018, the Company's 2017 management fee true-up was calculated and booked. The true-up resulted in a \$283,000 decrease in management fees charged to the Company based on actual cost of services provided during 2017.

During 2018 and 2017, the Company incurred \$75,777,080 and \$69,066,921 respectively, for services under the management agreement with CHMI. The total amounts due from/(to) CHMI were \$(454,416) and 906,559 at December 31, 2018 and 2017. Amounts due to or from CHMI are normally settled within 30 days.

Capital Contributions

On December 21, 2018 the Company received a cash capital contribution of \$10,000,000 from the Parent Company, The WellCare Management Group, Inc. ("WCMG").

D. Intercompany Balances - At December 31, 2018, the Company reported a balance of \$0 receivable from parent, subsidiaries and affiliates. At December 31, 2018, the Company reported a balance of \$454,416 payable to parent, subsidiaries and affiliates.

E. Guarantees on Undertakings for the Benefit of an Affiliate – The Company has a Parental Guaranty dated March 28, 2008 by WellCare Health Plans, Inc. delivered to the New Jersey Department of Banking and Insurance that guarantees that the Company will (i) maintain capital and surplus in the minimum amount required by law, and in such additional amounts as the Commissioner of Banking and Insurance ("Commissioner") requires (ii) capital and surplus will be maintained in funds and investments which are admitted assets under the New Jersey HMO investment laws (iii) meet a request from the Commissioner to deposit additional funds or assets within 15 days of receipt of such demand (iv) ensure that any contract with the Company's depository or custodian refers to the Parental Guaranty, and such contract shall only permit withdrawal of funds or assets upon the prior written approval or demand of the Commissioner.

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.

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

M. All SCA Investments – None

N. Investment in Insurance SCAs – None

O. SCA Loss Tracking - None

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

None.

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

- 1. *Number of Shares* - The Company has 1,000 shares of \$.01 par value common stock authorized of which 1,000 shares are 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, New Jersey.
- 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.
- 5. *Dividend Capacity and Required Minimum Capital* - There are no amounts available for dividend distribution during 2019 since the Company had a deficit balance in unassigned funds at December 31, 2018. The state of New Jersey requires that each New Jersey Health entity maintain a minimum surplus equal to the calculation per New Jersey Administrative code 11:24-11.1.4. The required minimum capital at December 31, 2017 is \$54,889,951 and the actual capital and surplus is \$82,504,204.
- 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* – Changes in balances of special surplus funds from prior year is due to the estimated health insurance industry fee.
- 10. *Unrealized Gains and Losses* – None.
- 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 – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – The Company's ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an affect 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

- A. ASO Plans – None
- B. ASC Plans – None
- C. Medicare of Similarly Structured Cost Based Reimbursement Contract
 - 1. None
 - 2. As of December 31, 2018 the Company had recorded receivables of \$3,987,511, from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 100% of the Company's amounts receivable from uninsured accident and health plans.
 - 3. None
 - 4. None

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT

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

None

20. Fair Value Measurements

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition

1. Fair Value Measurements Reporting Date

Description of each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
<u>Cash Equivalents</u>					
Exempt Money Market Funds	\$ 2,208,463	\$ —	\$ —	\$ —	\$ 2,208,463
Other Money Market Funds	16,033,788	—	—	—	16,033,788
Total Cash Equivalents	\$ 18,242,252	\$ —	\$ —	\$ —	\$ 18,242,251
<u>Perpetual Preferred Stock</u>					
Industrial & Misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Perpetual Preferred Stocks	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Bonds</u>					
U.S. Government	\$ —	\$ —	\$ —	\$ —	\$ —
Industrial & Misc.	—	—	—	—	—
Hybrid Securities	—	—	—	—	—
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Bonds	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Common Stock</u>					
Industrial & Misc.	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, Subsidiaries and Affiliates	—	—	—	—	—
Total Common Stock	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Derivatives Assets</u>					
Interest rate contracts	\$ —	\$ —	\$ —	\$ —	\$ —
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Total Derivatives	\$ —	\$ —	\$ —	\$ —	\$ —
<u>Separate account assets</u>					
Total assets at fair value	\$ 18,242,252	\$ —	\$ —	\$ —	\$ 18,242,251
b. Liabilities at fair value					
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —

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

The Company's financial statements include 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, 2018 and 2017.

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, and U.S. government securities. 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.

Level 2 — Inputs other than quoted prices in active market: Not applicable.

Level 3 — Unobservable inputs that cannot be corroborated by observable market data: Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
US Government	\$ 79,538,984	\$ 79,927,865	\$ 79,538,984	\$ —	\$ —	\$ —	\$ —
U.S. States, territories & possessions	—	—	—	—	—	—	—
Political subdivision of states, territories & possessions	—	—	—	—	—	—	—
U.S. Special revenue & special assessment, non-guaranteed agencies & government	—	—	—	—	—	—	—
Industrial & miscellaneous	—	—	—	—	—	—	—
Total Bonds	—	—	—	—	—	—	—
Short Term Investments	79,538,984	79,927,865	79,538,984	—	—	—	—
Total Bonds and Short Term Investments	\$ 79,538,984	\$ 79,927,865	\$ 79,538,984	\$ —	\$ —	\$ —	\$ —

D. None

21. Other Items

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

Medicare Contract

The Company expects that its Medicare contract, which expires on December 31, 2019, will be renewed. The Company's operating results could be significantly constrained in the event that the compensation provided under its Medicare contract is adjusted or if the contract is not renewed.

Medicaid Contract

The Company has a contract with the DHS to serve the state's Medicaid program. The Company's current Medicaid contract is extended for successive twelve month periods beyond the original term of the contract each year until such time the State or the Company makes the decision to terminate the contract. The Medicaid contract rates are subject to amendment each year on July 1st.

- 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. Insurance-Linked Securities (ILS) Contracts – None

22. Events Subsequent

ACA Annual Fee

The Company is subject to the annual industry fee under section 9010 of ACA. The industry fee is being levied on certain health insurers that provide insurance in the assessment year, and is allocated to health insurers based on each health insurer's share of net premiums for all U.S health insurers in the year preceding the assessment. In December 2015, President Obama signed the Consolidated Appropriations Act, 2016 which, among other provisions, included a one-year moratorium on the ACA industry fee for 2017. While the ACA industry fee was assessed in 2018, the continuing resolution approved in January 2018 provides for an additional one-year moratorium for 2019 for the ACA industry fee.

The liability and expense are recognized once the Company provides health insurance for any U.S. health risk in the assessment year. The Company paid and expensed \$5,979,295 and \$0 in 2018 and 2017, respectively. Additionally, the estimate for the following year's fee is accrued monthly and separately segregated within surplus as an aggregate write-in in accordance with Statutory accounting guidance.

The Company has an agreement with its state Medicaid customer in New Jersey which provides for them to reimburse the Company for the portion of the ACA industry fee attributable to the Medicaid program in the state, including its non-deductibility for income tax purposes. The execution of the agreement enabled the Company to recognize approximately \$7,918,796 and \$0 reimbursement as premium revenue for the years ending December 31, 2018 and 2017, respectively.

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT**

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act?	Yes	Yes
B. ACA fee assessment payable for the upcoming year	\$ —	\$ 6,711,000
C. ACA fee assessment paid	\$ 5,979,295	\$ —
D. Premium written subject to ACA 9010 assessment	\$ —	\$ 330,326,914
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 82,504,204	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 82,504,204	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 24,528,372	
H. Would reporting the ACA assessment as of December 31, 2018 have triggered an RBC action level?	No	

There were no additional events occurring subsequent to December 31, 2018 requiring disclosure. Subsequent events have been considered through February 22, 2019 for the Statutory statement issued on February 22, 2019.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General interrogatories

- Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company?

Yes () No (X) If yes, give full details.

- Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X) If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X) If yes, give full details.

- If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.
- What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0

- Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X) If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.
NOTES TO FINANCIAL STATEMENT**

2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments? N/A

- B. Uncollectible Reinsurance – None
 C. Commutation of Ceded Reinsurance – None
 D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its Medicaid and Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with DHS and CMS.

B. The Company records accrued retrospective premium as an adjustment to earned premiums.

C. The amount of net premiums written by the Company at December 31, 2018 that are subject to retrospective rating features was \$717,363,514 or 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. – Not applicable

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

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims expense attributable to insured events of the prior year decreased by \$20,093,477 during 2018. This is approximately 27.4% of unpaid claims expenses of \$73,326,917 as of December 31, 2017. 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, 2018 was affected by approximately \$15,534,651 of net favorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.

B. None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care 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, 2018 total \$3,111,037 of which \$9,578 is aged ninety days or older and is 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
12/31/2018	3,165,791	—	282,488	—	—
9/30/2018	2,783,722	3,158,351	2,716,708	—	—
6/30/2018	2,644,007	2,903,688	2,378,817	391,881	—
3/31/2018	2,080,626	2,319,459	1,850,192	316,297	122,304
12/31/2017	1,816,216	1,921,176	1,646,289	358,303	46,021
9/30/2017	1,571,600	1,675,697	1,431,522	205,040	47,983
6/30/2017	1,441,060	1,549,832	1,391,280	123,547	46,075
3/31/2017	1,206,577	1,204,059	1,164,360	26,365	46,781
12/31/2016	1,133,390	1,255,198	748,808	69,070	—
9/30/2016	1,060,249	1,099,796	1,019,936	87,665	4,380
6/30/2016	782,693	891,712	808,553	21,212	214
3/31/2016	525,893	792,267	697,439	58,299	70,009

B. Risk sharing receivables billed, received and accrued for three years – None

29. Participating Policies

None

30. Premium Deficiency Reserves

The following table summarizes the Company's premium deficiency reserves as of December 31, 2018:

1. Liability carried for premium deficiency reserves - \$0
2. Date of most recent evaluation of this liability - December 31, 2018
3. Was anticipated investment income utilized in the calculation? No

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 [X] 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 [X] No [] N/A []
- 1.3 State Regulating? New Jersey.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001279363.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2017
- 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).03/05/2014
- 3.4 By what department or departments? New Jersey Department of Banking 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 [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] 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 [X]
- 4.12 renewals? Yes [] No [X]
- 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 [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
 If yes, complete and file the merger history data file with the NAIC.
- 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 [X]
- 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 [X]
- 7.2 If yes,0.0 %
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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 N. Franklin Street, Suite 3600, Tampa FL 33602.....
- 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 18A 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 _____0

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 the Board of Directors on October 16, 2018.....
- 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 \$.....0
 - 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 - 24.103 Total payable for securities lending reported on the liability page \$.....0

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 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	\$	80,575,720
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

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

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 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

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

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 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets? Yes [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

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.....	79,927,865	79,538,984	(388,881)
30.2 Preferred Stocks.....	0		0
30.3 Totals	79,927,865	79,538,984	(388,881)

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 Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting entity self-designated 5GI securities? Yes [] No []
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
 Has the reporting entity self-designated PLGI securities? Yes [] No []

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$0
- 35.2 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
.....	\$
.....	\$
.....	\$

- 36.1 Amount of payments for legal expenses, if any? \$0
- 36.2 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
.....	\$
.....	\$
.....	\$

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- 37.2 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. \$0
- 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 Current Year		2 Prior Year
2.1	Premium Numerator	\$717,363,514	\$	.....577,120,617
2.2	Premium Denominator	\$717,363,514	\$	.....577,120,617
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$86,648,801	\$	.....76,061,339
2.5	Reserve Denominator	\$86,648,801	\$	.....76,061,339
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 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 [X] No []
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$
- 5.32 Medical Only \$2,750,000
- 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.
- 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 year21,300
- 8.2 Number of providers at end of reporting year29,700
- 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 [X] No []
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$.....792
- 10.22 Amount actually paid for year bonuses \$.....
- 10.23 Maximum amount payable withholds \$.....
- 10.24 Amount actually paid for year withholds \$.....
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [X] No []
- 11.14 A Mixed Model (combination of above) ? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey.....
- 11.4 If yes, show the amount required. \$.....54,889,951
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
Minimum Net Worth=Calculation per New Jersey Administrative Code 11:24-11.1.4
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Atlantic County - Medicaid.....
Bergen County - Medicare, Medicaid.....
Camden County - Medicare, Medicaid.....
Cumberland - Medicaid.....
Essex County - Medicare, Medicaid.....
Hudson County - Medicare, Medicaid.....
Mercer County - Medicare, Medicaid.....
Middlesex County - Medicare, Medicaid.....
Morris County - Medicare, Medicaid.....
Passaic County - Medicare, Medicaid.....
Somerset County - Medicare, Medicaid.....
Sussex County - Medicare, Medicaid.....
Union County - Medicare, Medicaid.....
Warren County - Medicaid.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 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 [X]
- 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 [X 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)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE - YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	184,323,224	157,939,097	159,473,907	140,390,222	70,405,839
2. Total liabilities (Page 3, Line 24)	101,819,020	88,792,717	86,397,899	93,875,017	54,611,539
3. Statutory minimum capital and surplus requirement	54,889,951	47,362,075	33,283,310	26,305,082	13,957,889
4. Total capital and surplus (Page 3, Line 33)	82,504,204	69,146,380	73,076,008	46,515,205	15,794,300
Income Statement (Page 4)					
5. Total revenues (Line 8)	717,021,037	589,353,664	454,577,067	350,016,766	179,230,336
6. Total medical and hospital expenses (Line 18)	605,866,685	505,737,384	360,409,546	296,728,684	162,580,677
7. Claims adjustment expenses (Line 20)	9,702,716	7,157,015	4,657,591	7,051,518	5,882,969
8. Total administrative expenses (Line 21)	97,104,600	79,726,643	70,010,471	42,731,712	19,806,829
9. Net underwriting gain (loss) (Line 24)	4,347,036	(3,267,378)	19,499,459	3,504,852	(9,040,139)
10. Net investment gain (loss) (Line 27)	1,827,975	890,448	577,841	291,452	84,994
11. Total other income (Lines 28 plus 29)	0	(144,908)	31,451	(133,487)	0
12. Net income or (loss) (Line 32)	4,524,909	(2,124,768)	9,996,903	1,340,596	(6,479,083)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	18,371,300	(5,809,653)	1,908,754	44,715,924	36,687,228
Risk-Based Capital Analysis					
14. Total adjusted capital	82,504,204	69,146,380	73,076,008	46,515,205	15,794,300
15. Authorized control level risk-based capital	24,528,372	20,059,486	14,406,832	11,786,560	6,336,966
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	76,167	68,960	63,424	57,362	58,498
17. Total members months (Column 6, Line 7)	895,528	808,344	731,106	722,523	385,418
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)	84.5	85.8	79.3	84.8	90.7
20. Cost containment expenses	0.6	0.5	0.5	0.8	1.4
21. Other claims adjustment expenses	0.8	0.7	0.5	1.2	1.9
22. Total underwriting deductions (Line 23)	99.4	100.6	95.7	99.0	105.0
23. Total underwriting gain (loss) (Line 24)	0.6	(0.6)	4.3	1.0	(5.0)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	53,233,441	42,477,595	33,394,842	30,519,785	1,498,463
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	73,326,917	54,942,538	68,816,659	50,818,741	1,510,927
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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

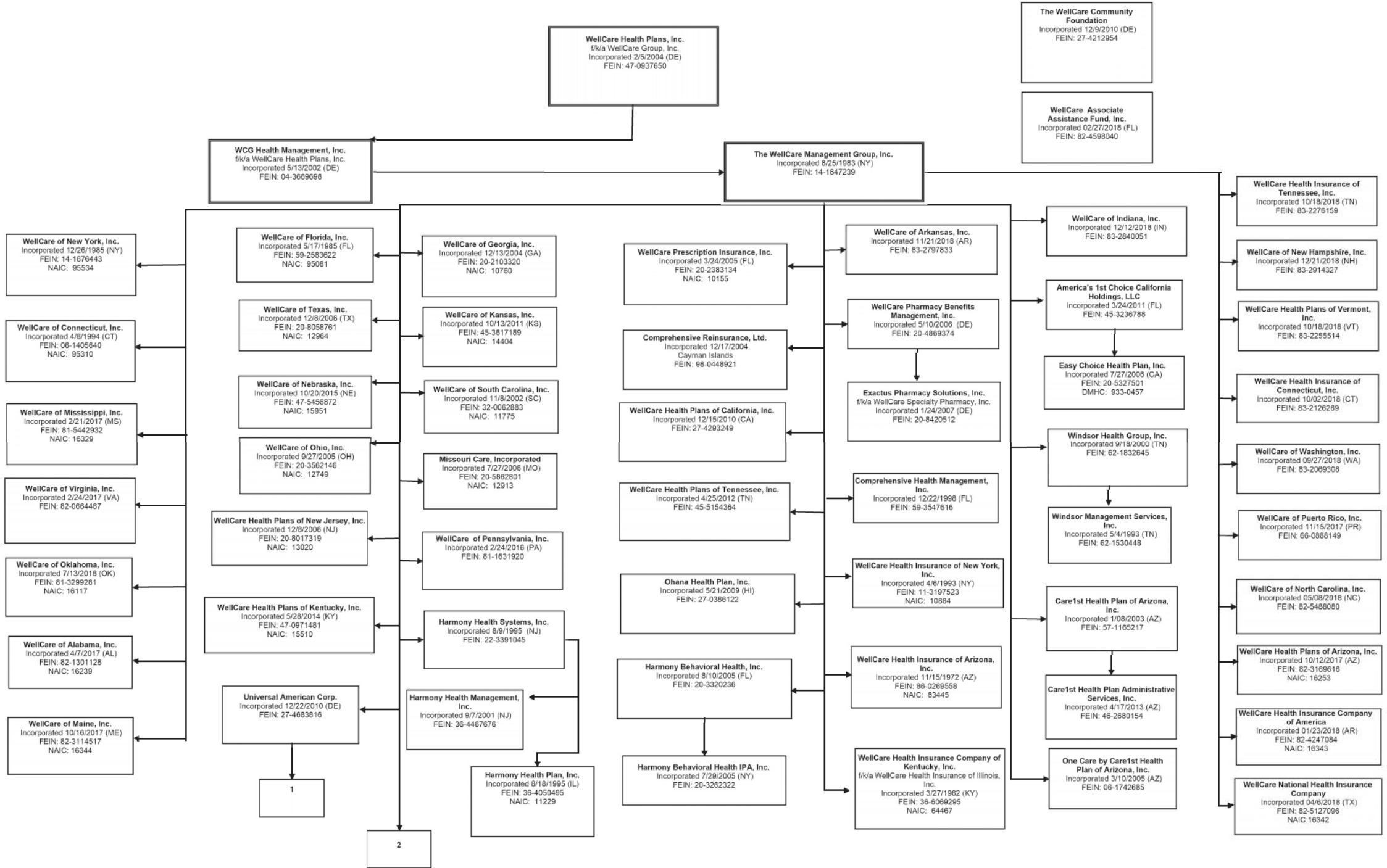
Allocated by States and Territories

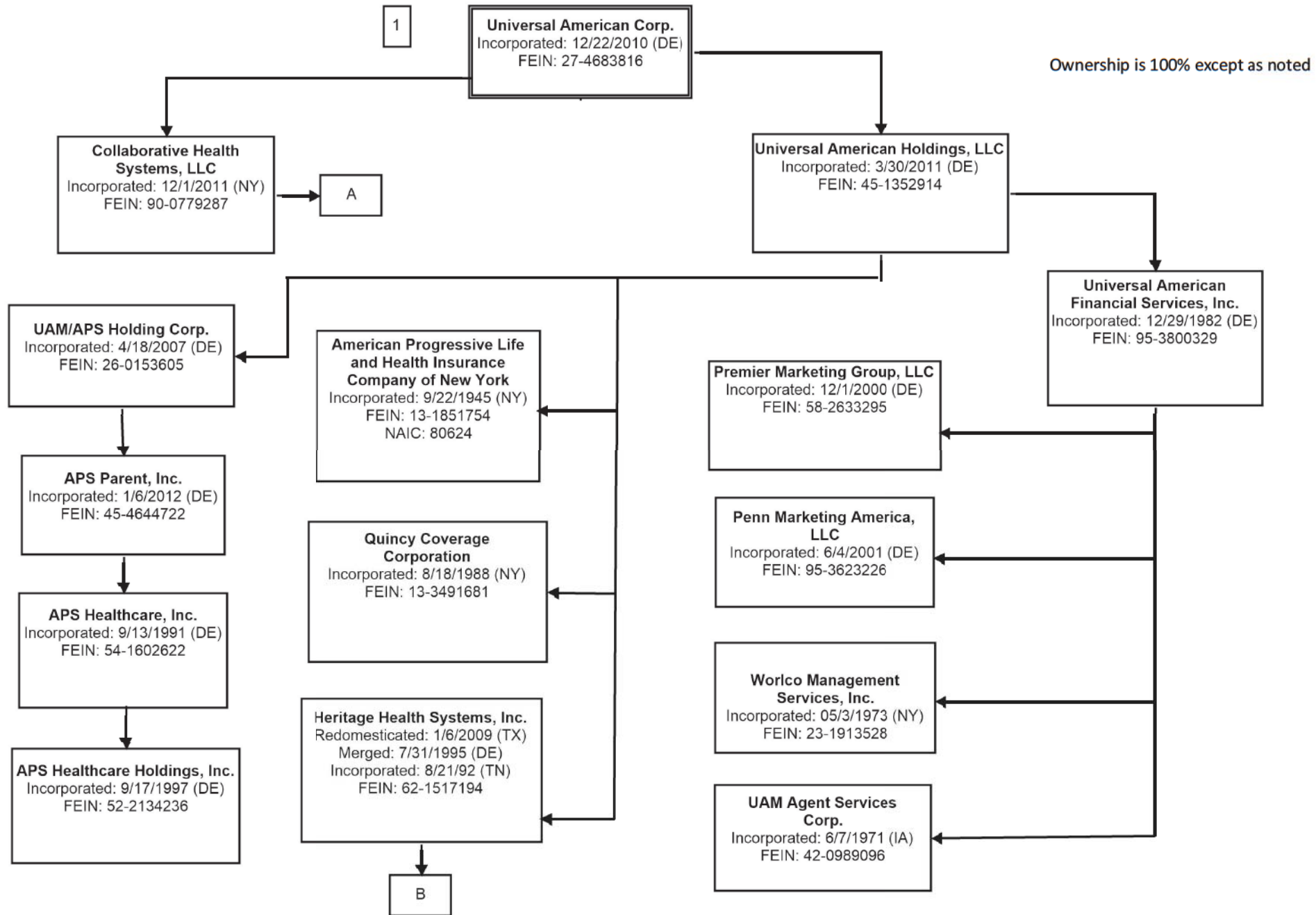
State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts	
1. Alabama AL	N							0	0	
2. Alaska AK	N							0	0	
3. Arizona AZ	N							0	0	
4. Arkansas AR	N							0	0	
5. California CA	N							0	0	
6. Colorado CO	N							0	0	
7. Connecticut CT	N							0	0	
8. Delaware DE	N							0	0	
9. District of Columbia DC	N							0	0	
10. Florida FL	N							0	0	
11. Georgia GA	N							0	0	
12. Hawaii HI	N							0	0	
13. Idaho ID	N							0	0	
14. Illinois IL	N							0	0	
15. Indiana IN	N							0	0	
16. Iowa IA	N							0	0	
17. Kansas KS	N							0	0	
18. Kentucky KY	N							0	0	
19. Louisiana LA	N							0	0	
20. Maine ME	N							0	0	
21. Maryland MD	N							0	0	
22. Massachusetts MA	N							0	0	
23. Michigan MI	N							0	0	
24. Minnesota MN	N							0	0	
25. Mississippi MS	N							0	0	
26. Missouri MO	N							0	0	
27. Montana MT	N							0	0	
28. Nebraska NE	N							0	0	
29. Nevada NV	N							0	0	
30. New Hampshire NH	N							0	0	
31. New Jersey NJ	L		70,827,026	646,579,100			717,406,126		0	
32. New Mexico NM	N							0	0	
33. New York NY	N							0	0	
34. North Carolina NC	N							0	0	
35. North Dakota ND	N							0	0	
36. Ohio OH	N							0	0	
37. Oklahoma OK	N							0	0	
38. Oregon OR	N							0	0	
39. Pennsylvania PA	N							0	0	
40. Rhode Island RI	N							0	0	
41. South Carolina SC	N							0	0	
42. South Dakota SD	N							0	0	
43. Tennessee TN	N							0	0	
44. Texas TX	N							0	0	
45. Utah UT	N							0	0	
46. Vermont VT	N							0	0	
47. Virginia VA	N							0	0	
48. Washington WA	N							0	0	
49. West Virginia WV	N							0	0	
50. Wisconsin WI	N							0	0	
51. Wyoming WY	N							0	0	
52. American Samoa AS	N							0	0	
53. Guam GU	N							0	0	
54. Puerto Rico PR	N							0	0	
55. U.S. Virgin Islands VI	N							0	0	
56. Northern Mariana Islands MP	N							0	0	
57. Canada CAN	N							0	0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal	XXX	0	70,827,026	646,579,100	0	0	0	717,406,126	0	
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	XXX	0	70,827,026	646,579,100	0	0	0	717,406,126	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	

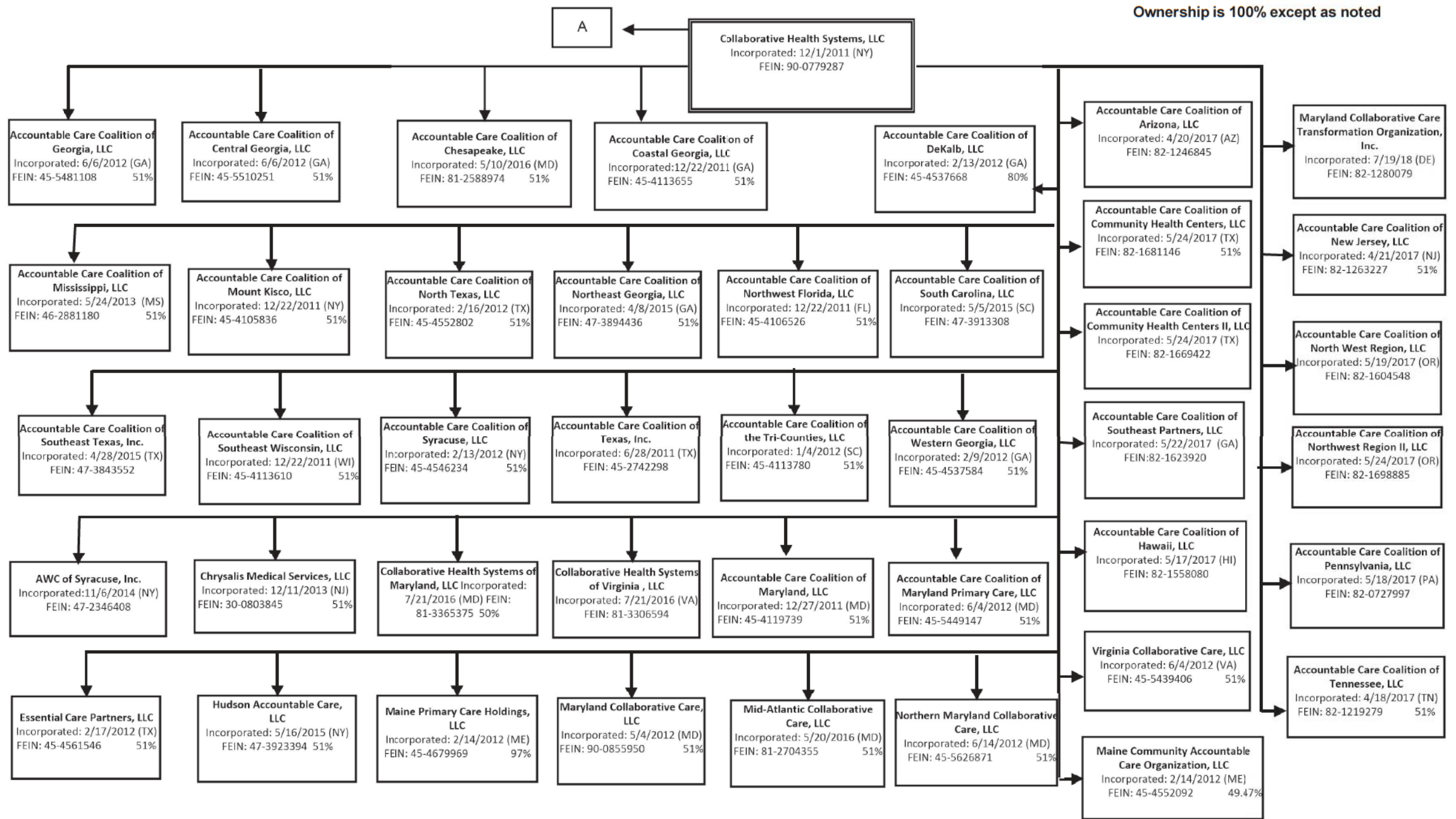
(a) Active Status Counts
 L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
 N – None of the above – Not allowed to write business in the state lines in the state 56

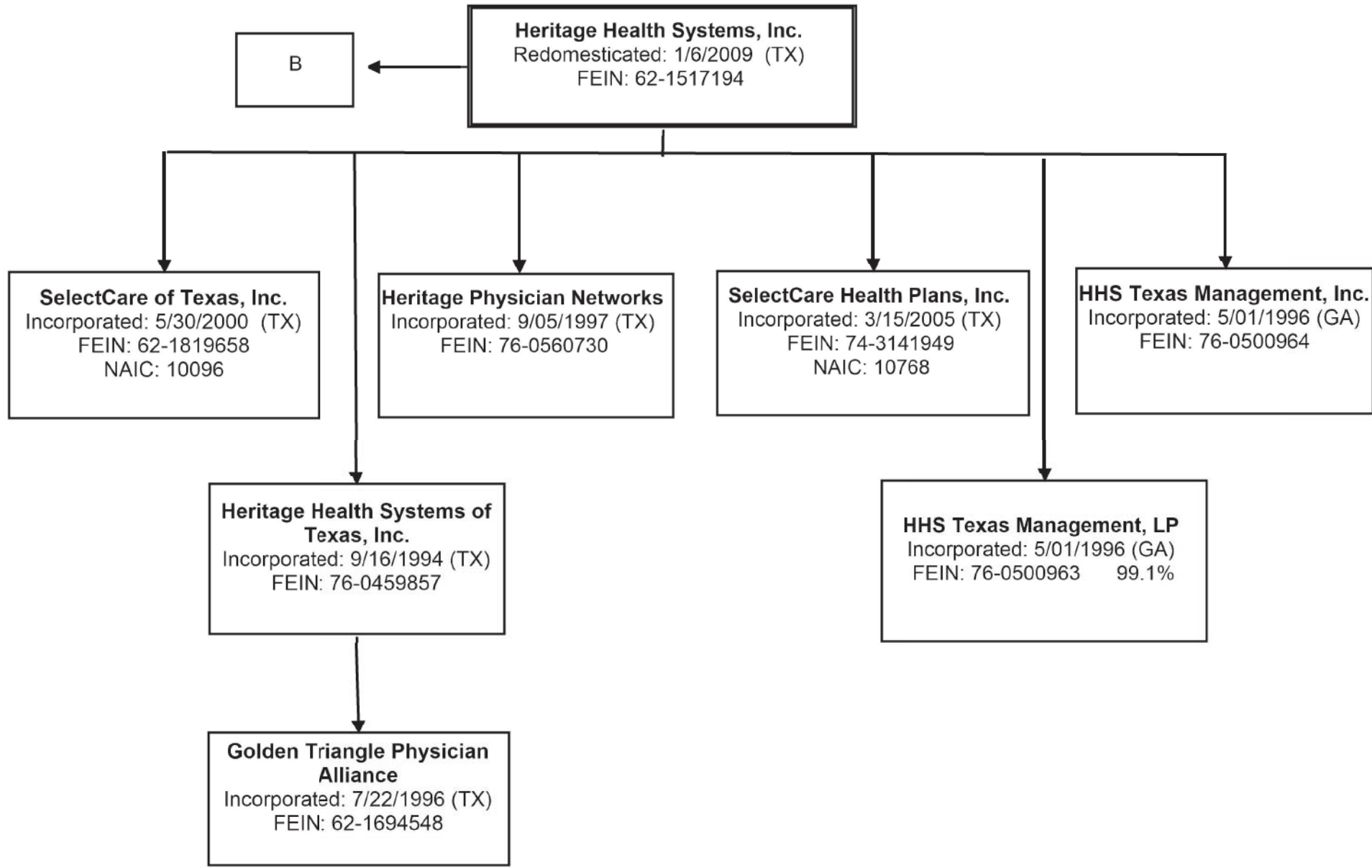
(b) Explanation of basis of allocation of premiums by states, etc.
 No allocation.

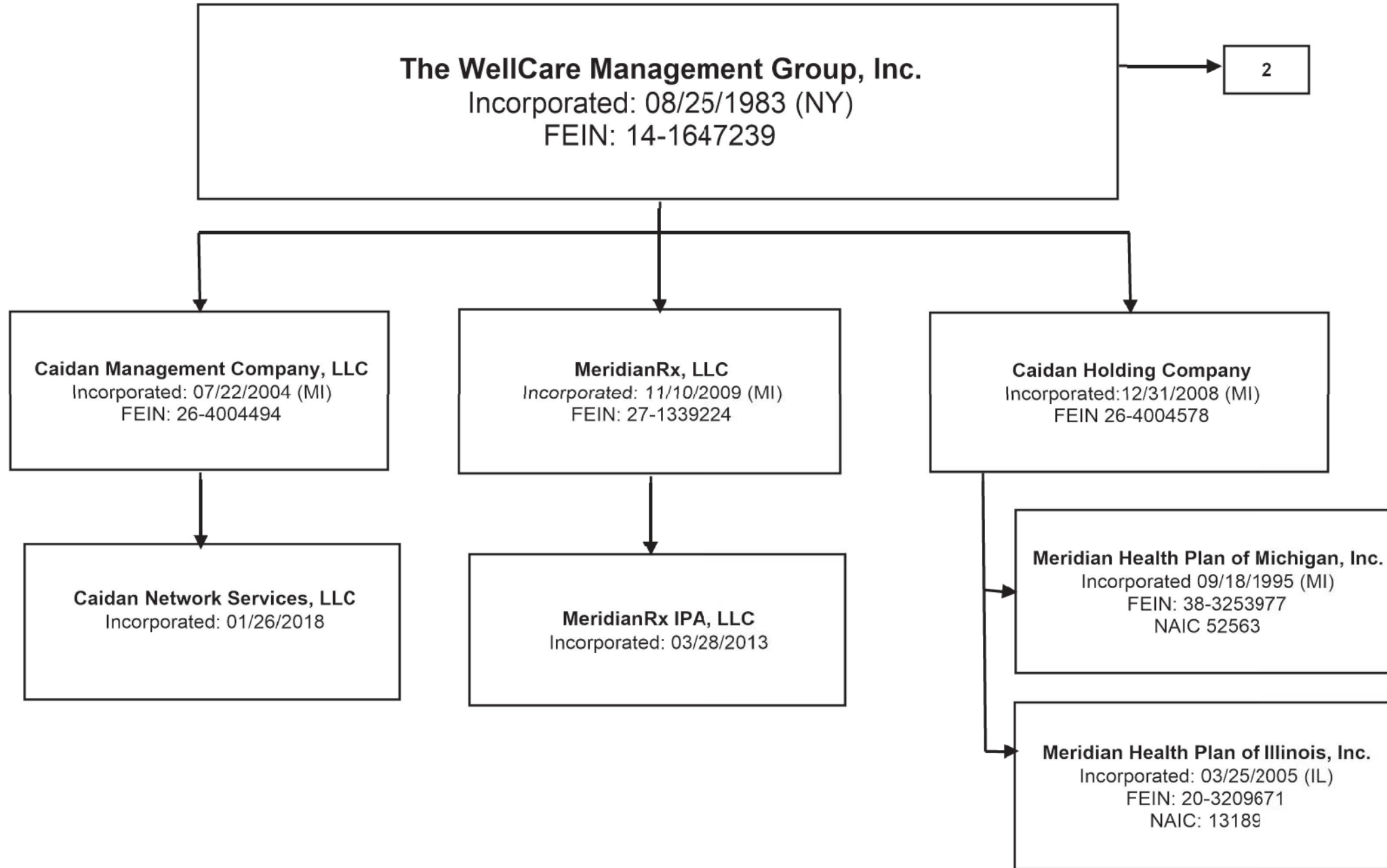
Corporate Organization Chart of The WellCare Group of Companies as of December 31, 2018











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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
 OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Plans of New Jersey, Inc.

(Name)

NAIC Group Code 01199 , 01199 NAIC Company Code 13020 Employer's ID Number 20-8017319
(Current Period) (Prior Period)

Organized under the Laws of New Jersey State of Domicile or Port of Entry New Jersey

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 12/08/2006 Commenced Business 01/01/2008

Statutory Home Office 550 Broad Street, Suite 1200 , Newark, NJ, US 07102
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 8735 Henderson Road
(Street and Number)
Tampa, FL, US 33634 813-206-6200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 8735 Henderson Road
(Street and Number)
Tampa, FL, US 33634 813-206-6200
(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>John Joseph Kirchner</u>	<u>President</u>	<u>Michael Troy Meyer</u>	<u>Asst. Treasurer, VP and Corporate Controller</u>
<u>Stephanie Ann Williams #</u>	<u>CFO and Vice President</u>	<u>Tammy Lynn Meyer</u>	<u>Assistant Secretary and Vice President</u>

OTHER OFFICERS

<u>Michael Warren Haber</u>	<u>Secretary and Vice President</u>	<u>Goran Jankovic</u>	<u>Treasurer and Vice President</u>
-----------------------------	-------------------------------------	-----------------------	-------------------------------------

DIRECTORS OR TRUSTEES

<u>Andrew Lynn Asher</u>	<u>Michael Troy Meyer</u>	<u>John Joseph Kirchner #</u>
--------------------------	---------------------------	-------------------------------

State of

County of

ss

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

John Joseph Kirchner
 President

Michael Troy Meyer
 Asst. Treasurer, VP and Corporate Controller

Stephanie Ann Williams
 CFO and Vice President

Subscribed and sworn to before me this _____ day of _____,

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

b. If no:

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

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	79,927,865	47.154	79,927,865		79,927,865	47.154
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies		0.000			0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations		0.000			0	0.000
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ _____ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	89,576,535	52.846	89,576,535		89,576,535	52.846
11. Other invested assets		0.000			0	0.000
12. Total invested assets	169,504,400	100.000	169,504,400	0	169,504,400	100.000

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0	0
3. Current year change in encumbrances:		
3.1 Totals, Part 1, Column 13.....	0	
3.2 Totals, Part 3, Column 11.....	0	0
4. Total gain (loss) on disposals, Part 3, Column 18.....		0
5. Deduct amounts received on disposals, Part 3, Column 15.....		0
6. Total foreign exchange change in book/adjusted carrying value:		
6.1 Totals, Part 1, Column 15.....	0	
6.2 Totals, Part 3, Column 13.....	0	0
7. Deduct current year's other-than-temporary impairment recognized:		
7.1 Totals, Part 1, Column 12.....	0	
7.2 Totals, Part 3, Column 10.....	0	0
8. Deduct current year's depreciation:		
8.1 Totals, Part 1, Column 11.....	0	
8.2 Totals, Part 3, Column 9.....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....		0
10. Deduct total nonadmitted amounts.....		0
11. Statement value at end of current period (Line 9 minus Line 10).....		0

NONE

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 7).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 8).....	0	0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 12.....	0	
3.2 Totals, Part 3, Column 11.....	0	0
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 9.....	0	
5.2 Totals, Part 3, Column 8.....	0	0
6. Total gain (loss) on disposals, Part 3, Column 18.....		0
7. Deduct amounts received on disposals, Part 3, Column 15.....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:		
9.1 Totals, Part 1, Column 13.....	0	
9.2 Totals, Part 3, Column 13.....	0	0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 11.....	0	
10.2 Totals, Part 3, Column 10.....	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
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....		0
14. Deduct total nonadmitted amounts.....		
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....		0

NONE

SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0	0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 16.....	0	
3.2 Totals, Part 3, Column 12.....	0	0
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13.....	0	
5.2 Totals, Part 3, Column 9.....	0	0
6. Total gain (loss) on disposals, Part 3, Column 19.....		0
7. Deduct amounts received on disposals, Part 3, Column 16.....		0
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17.....	0	
9.2 Totals, Part 3, Column 14.....	0	0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 15.....	0	
10.2 Totals, Part 3, Column 11.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....		0

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year.....		63,853,796
2. Cost of bonds and stocks acquired, Part 3, Column 7.....		16,175,172
3. Accrual of discount.....		68,074
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12.....	0	
4.2 Part 2, Section 1, Column 15.....	0	
4.3 Part 2, Section 2, Column 13.....	0	
4.4 Part 4, Column 11.....	0	0
5. Total gain (loss) on disposals, Part 4, Column 19.....		0
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.....		0
7. Deduct amortization of premium.....		169,177
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15.....	0	
8.2 Part 2, Section 1, Column 19.....	0	
8.3 Part 2, Section 2, Column 16.....	0	
8.4 Part 4, Column 15.....	0	0
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14.....	0	
9.2 Part 2, Section 1, Column 17.....	0	
9.3 Part 2, Section 2, Column 14.....	0	
9.4 Part 4, Column 13.....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(2).....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....		79,927,865
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....		79,927,865

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	79,927,865	79,538,984	80,114,898	79,900,000
	2. Canada				
	3. Other Countries				
	4. Totals	79,927,865	79,538,984	80,114,898	79,900,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	0	0	0	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals	0	0	0	0
Industrial and Miscellaneous, SVO Identified Funds, Bank Loans and Hybrid Securities (unaffiliated)	8. United States				
	9. Canada				
	10. Other Countries				
	11. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	79,927,865	79,538,984	80,114,898	79,900,000
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	0
	19. Total Preferred Stocks	0	0	0	0
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	0
	25. Total Common Stocks	0	0	0	0
	26. Total Stocks	0	0	0	0
	27. Total Bonds and Stocks	79,927,865	79,538,984	80,114,898	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	79,927,865					XXX	79,927,865	100.0	63,853,796	100.0	79,927,865	
1.2 NAIC 2						XXX	0	0.0	0	0.0		
1.3 NAIC 3						XXX	0	0.0	0	0.0		
1.4 NAIC 4						XXX	0	0.0	0	0.0		
1.5 NAIC 5						XXX	0	0.0	0	0.0		
1.6 NAIC 6						XXX	0	0.0	0	0.0		
1.7 Totals	79,927,865	0	0	0	0	XXX	79,927,865	100.0	63,853,796	100.0	79,927,865	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0	0	0.0		
2.2 NAIC 2						XXX	0	0.0	0	0.0		
2.3 NAIC 3						XXX	0	0.0	0	0.0		
2.4 NAIC 4						XXX	0	0.0	0	0.0		
2.5 NAIC 5						XXX	0	0.0	0	0.0		
2.6 NAIC 6						XXX	0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX	0	0.0	0	0.0		
3.2 NAIC 2						XXX	0	0.0	0	0.0		
3.3 NAIC 3						XXX	0	0.0	0	0.0		
3.4 NAIC 4						XXX	0	0.0	0	0.0		
3.5 NAIC 5						XXX	0	0.0	0	0.0		
3.6 NAIC 6						XXX	0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX	0	0.0	0	0.0		
4.2 NAIC 2						XXX	0	0.0	0	0.0		
4.3 NAIC 3						XXX	0	0.0	0	0.0		
4.4 NAIC 4						XXX	0	0.0	0	0.0		
4.5 NAIC 5						XXX	0	0.0	0	0.0		
4.6 NAIC 6						XXX	0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1						XXX	0	0.0	0	0.0		
5.2 NAIC 2						XXX	0	0.0	0	0.0		
5.3 NAIC 3						XXX	0	0.0	0	0.0		
5.4 NAIC 4						XXX	0	0.0	0	0.0		
5.5 NAIC 5						XXX	0	0.0	0	0.0		
5.6 NAIC 6						XXX	0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1						XXX	0	0.0	0	0.0		
6.2 NAIC 2						XXX	0	0.0	0	0.0		
6.3 NAIC 3						XXX	0	0.0	0	0.0		
6.4 NAIC 4						XXX	0	0.0	0	0.0		
6.5 NAIC 5						XXX	0	0.0	0	0.0		
6.6 NAIC 6						XXX	0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0	0	0.0		
7.2 NAIC 2						XXX	0	0.0	0	0.0		
7.3 NAIC 3						XXX	0	0.0	0	0.0		
7.4 NAIC 4						XXX	0	0.0	0	0.0		
7.5 NAIC 5						XXX	0	0.0	0	0.0		
7.6 NAIC 6						XXX	0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX	0	0.0	0	0.0		
8.2 NAIC 2						XXX	0	0.0	0	0.0		
8.3 NAIC 3						XXX	0	0.0	0	0.0		
8.4 NAIC 4						XXX	0	0.0	0	0.0		
8.5 NAIC 5						XXX	0	0.0	0	0.0		
8.6 NAIC 6						XXX	0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO-Designated Securities												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Bank Loans												
10.1 NAIC 1						XXX	0	0.0	XXX	XXX		
10.2 NAIC 2						XXX	0	0.0	XXX	XXX		
10.3 NAIC 3						XXX	0	0.0	XXX	XXX		
10.4 NAIC 4						XXX	0	0.0	XXX	XXX		
10.5 NAIC 5						XXX	0	0.0	XXX	XXX		
10.6 NAIC 6						XXX	0	0.0	XXX	XXX		
10.7 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1	(d) 79,927,865	0	0	0	0	0	79,927,865	100.0	XXX	XXX	79,927,865	0
11.2 NAIC 2	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.6 NAIC 6	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.7 Totals	79,927,865	0	0	0	0	0	(b) 79,927,865	100.0	XXX	XXX	79,927,865	0
11.8 Line 11.7 as a % of Col. 7	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
12. Total Bonds Prior Year												
12.1 NAIC 1	0	63,853,796	0	0	0	0	XXX	XXX	63,853,796	100.0	63,853,796	0
12.2 NAIC 2	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.3 NAIC 3	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.4 NAIC 4	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.5 NAIC 5	0	0	0	0	0	0	XXX	XXX	(e) 0	0.0	0	0
12.6 NAIC 6	0	0	0	0	0	0	XXX	XXX	(e) 0	0.0	0	0
12.7 Totals	0	63,853,796	0	0	0	0	XXX	XXX	(b) 63,853,796	100.0	63,853,796	0
12.8 Line 12.7 as a % of Col. 9	0.0	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
13. Total Publicly Traded Bonds												
13.1 NAIC 1	79,927,865	0	0	0	0	0	79,927,865	100.0	63,853,796	100.0	79,927,865	XXX
13.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.7 Totals	79,927,865	0	0	0	0	0	79,927,865	100.0	63,853,796	100.0	79,927,865	XXX
13.8 Line 13.7 as a % of Col. 7	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14. Total Privately Placed Bonds												
14.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.8 Line 14.7 as a % Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

- (a) Includes \$ _____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$ _____ current year of bonds with Z designations, \$ _____ prior year of bonds with Z designations, \$ _____ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
- (c) Includes \$ _____ current year of bonds with 5GI designations, \$ _____ prior, 5* or 5GI designations and \$ _____ current year, \$ _____ prior year of bonds with 6* designations. "5GI*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
- (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ _____; NAIC 2 \$ _____; NAIC 3 \$ _____; NAIC 4 \$ _____; NAIC 5 \$ _____; NAIC 6 \$ _____.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 Issuer Obligations	79,927,865					XXX	79,927,865	100.0	63,853,796	100.0	79,927,865	
1.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
1.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
1.5 Totals	79,927,865	0	0	0	0	XXX	79,927,865	100.0	63,853,796	100.0	79,927,865	0
2. All Other Governments												
2.1 Issuer Obligations						XXX	0	0.0	0	0.0		
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						XXX	0	0.0	0	0.0		
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations						XXX	0	0.0	0	0.0		
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
4.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations						XXX	0	0.0	0	0.0		
5.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
5.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
5.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations						XXX	0	0.0	0	0.0		
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
6.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
6.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
6.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.1 Issuer Obligations						XXX	0	0.0	0	0.0		
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX	0	0.0	0	0.0		
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Bank Loans												
10.1 Bank Loans - Issued						XXX	0	0.0	XXX	XXX		
10.2 Bank Loans - Acquired						XXX	0	0.0	XXX	XXX		
10.3 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11. Total Bonds Current Year												
11.1 Issuer Obligations	79,927,865	0	0	0	0	XXX	79,927,865	100.0	XXX	XXX	79,927,865	0
11.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.7 Totals	79,927,865	0	0	0	0	0	79,927,865	100.0	XXX	XXX	79,927,865	0
11.8 Lines 11.7 as a % Col. 7	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
12. Total Bonds Prior Year												
12.1 Issuer Obligations	0	63,853,796	0	0	0	XXX	XXX	XXX	63,853,796	100.0	63,853,796	0
12.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0.0	0	0
12.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12.7 Totals	0	63,853,796	0	0	0	0	XXX	XXX	63,853,796	100.0	63,853,796	0
12.8 Line 12.7 as a % of Col. 9	0.0	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
13. Total Publicly Traded Bonds												
13.1 Issuer Obligations	79,927,865	0	0	0	0	XXX	79,927,865	100.0	63,853,796	100.0	79,927,865	XXX
13.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
13.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
13.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
13.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	XXX
13.7 Totals	79,927,865	0	0	0	0	0	79,927,865	100.0	63,853,796	100.0	79,927,865	XXX
13.8 Line 13.7 as a % of Col. 7	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14. Total Privately Placed Bonds												
14.1 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
14.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	XXX	0
14.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.8 Line 14.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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Schedule DA - Verification Between Yrs

NONE

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 – PART 2 – VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	25,047,171	0	25,031,287	15,884
2. Cost of cash equivalents acquired.....	378,358,953		377,210,965	1,147,988
3. Accrual of discount.....	0			
4. Unrealized valuation increase (decrease).....	0			
5. Total gain (loss) on disposals.....	0			
6. Deduct consideration received on disposals.....	385,163,872		384,000,000	1,163,872
7. Deduct amortization of premium.....	0			
8. Total foreign exchange change in book/adjusted carrying value.....	0			
9. Deduct current year's other-than-temporary impairment recognized.....	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	18,242,252	0	18,242,252	0
11. Deduct total nonadmitted amounts.....	0			
12. Statement value at end of current period (Line 10 minus Line 11)	18,242,252	0	18,242,252	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

SCHEDULE D - PART 1

Showing All Long-Term **BONDS** Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes			6 NAIC Designation and Administrative Symbol	7 Actual Cost	8 Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	12 Change in Book / Adjusted Carrying Value				16 Interest					21 Dates	
		4 F o r e i g n C o d e	5 B o n d C H A R					9 Fair Value				13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's (Amortization)/ Accretion	15 Total Foreign Exchange Change In B./A.C.V.	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due & Accrued	20 Amount Rec. During Year	21 Acquired	22 Stated Contractual Maturity Date
Bonds - U.S. Governments - Issuer Obligations																					
912828-WL-0	UNITED STATES TREASURY	SD			1	2,207,406	99,5938	2,191,063	2,200,000	2,201,368		(3,602)			1,500	1,348	MN	2,901	33,000	05/24/2018	05/31/2019
912828-WS-5	UNITED STATES TREASURY	SD			1	77,907,492	99,5469	77,347,922	77,700,000	77,726,496		(97,501)			1,625	1,556	JD	3,488	1,762,313	05/24/2018	06/30/2019
0199999 - Bonds - U.S. Governments - Issuer Obligations						80,114,898	XXX	79,538,984	79,900,000	79,927,865	0	(101,103)	0	0	XXX	XXX	XXX	6,389	1,795,313	XXX	XXX
0599999 - Bonds - U.S. Governments - Subtotals - U.S. Governments						80,114,898	XXX	79,538,984	79,900,000	79,927,865	0	(101,103)	0	0	XXX	XXX	XXX	6,389	1,795,313	XXX	XXX
7799999 - Bonds - Total Bonds - Subtotals - Issuer Obligations						80,114,898	XXX	79,538,984	79,900,000	79,927,865	0	(101,103)	0	0	XXX	XXX	XXX	6,389	1,795,313	XXX	XXX
8399999 Subtotals - Total Bonds						80,114,898	XXX	79,538,984	79,900,000	79,927,865	0	(101,103)	0	0	XXX	XXX	XXX	6,389	1,795,313	XXX	XXX

E10

Schedule D - Part 2 - Section 1

NONE

Schedule D - Part 2 - Section 2

NONE

Schedule D - Part 4

NONE

Schedule D - Part 5

NONE

Schedule D - Part 6 - Section 1

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DA - Part 1

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Exempt Money Market Mutual Funds - as Identified by SVO								
261908-10-7	DREYFUS TRS&AG CM INST		12/03/2018	2.670	XXX	1,062,717	10,232	62
261941-10-8	DREYFUS TRS SEC INST		12/03/2018	2.230	XXX	58,234	106	1,913
60934N-50-0	FEDERATED TREAS OBL INST		12/04/2018	2.570	XXX	1,087,513	2,020	13,571
8599999 - Exempt Money Market Mutual Funds - as Identified by SVO						2,208,463	12,358	15,546
All Other Money Market Mutual Funds								
00142W-84-3	INVESCO PREM GV M INST		12/04/2018	2.490	XXX	6,037,324	15,082	352
262006-20-8	DREYFUS GVT CSH MGT INST		12/03/2018	2.560	XXX	186,434	343	11,265
524706-79-1	WA INST GOVT RSV I		12/03/2018	2.530	XXX	2,019,879	7,518	283
608919-71-8	FEDERATED GOVT OBL PRMR		12/04/2018	2.510	XXX	6,037,944	15,072	355
60934N-10-4	FEDERATED GOVT OBL INST		12/04/2018	2.470	XXX	1,104,351	10,111	64
711991-00-0	TD BANK DEPOSIT SWEEP	SD	12/31/2018		XXX	647,856		1
8699999 - All Other Money Market Mutual Funds						16,033,788	48,126	12,320
8899999 Total Cash Equivalents						18,242,252	60,484	27,866

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ	B Required by New Jersey Department of Insurance	80,575,720	80,186,840		
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. US Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT	XXX	.0	.0	.0	.0
59. Total	XXX	XXX	80,575,720	80,186,840	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX	.0	.0	.0	.0
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	XXX	XXX	0	0	0	0

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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
 OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Plans of New Jersey, Inc.

(Name)

NAIC Group Code 01199 , 01199 NAIC Company Code 13020 Employer's ID Number 20-8017319
(Current Period) (Prior Period)

Organized under the Laws of New Jersey State of Domicile or Port of Entry New Jersey

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 12/08/2006 Commenced Business 01/01/2008

Statutory Home Office 550 Broad Street, Suite 1200 , Newark, NJ, US 07102
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 8735 Henderson Road
(Street and Number)
Tampa, FL, US 33634 813-206-6200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 8735 Henderson Road
(Street and Number)
Tampa, FL, US 33634 813-206-6200
(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>John Joseph Kirchner</u>	<u>President</u>	<u>Michael Troy Meyer</u>	<u>Asst. Treasurer, VP and Corporate Controller</u>
<u>Stephanie Ann Williams #</u>	<u>CFO and Vice President</u>	<u>Tammy Lynn Meyer</u>	<u>Assistant Secretary and Vice President</u>

OTHER OFFICERS

<u>Michael Warren Haber</u>	<u>Secretary and Vice President</u>	<u>Goran Jankovic</u>	<u>Treasurer and Vice President</u>
-----------------------------	-------------------------------------	-----------------------	-------------------------------------

DIRECTORS OR TRUSTEES

<u>Andrew Lynn Asher</u>	<u>Michael Troy Meyer</u>	<u>John Joseph Kirchner #</u>
--------------------------	---------------------------	-------------------------------

State of

County of

ss

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

John Joseph Kirchner
 President

Michael Troy Meyer
 Asst. Treasurer, VP and Corporate Controller

Stephanie Ann Williams
 CFO and Vice President

Subscribed and sworn to before me this _____ day of _____,

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

b. If no:

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	2,334,512	8,058,686		3,111,037	2,334,512	1,823,923
2. Claim overpayment receivables	(281,537)		307,732	145,668	26,195	26,195
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	2,052,975	8,058,686	307,732	3,256,705	2,360,707	1,850,118

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	.0	.0	.0	.0	.0	.0
0299999 Aggregate accounts not individually listed-uncovered						.0
0399999 Aggregate accounts not individually listed-covered	7,696,899	3,438,375	1,743,663	1,349,797	8,761,576	22,990,310
0499999 Subtotals	7,696,899	3,438,375	1,743,663	1,349,797	8,761,576	22,990,310
0599999 Unreported claims and other claim reserves						63,652,612
0699999 Total amounts withheld						
0799999 Total claims unpaid						86,642,922
0899999 Accrued medical incentive pool and bonus amounts						3,346

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	12,671,891	2.1	76,167	100.0		12,671,891
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	12,671,891	2.1	76,167	100.0	0	12,671,891
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	581,595,151	97.9	XXX	XXX		581,595,151
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	(6,898)	0.0	XXX	XXX		(6,898)
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	581,588,253	97.9	XXX	XXX	0	581,588,253
13. Total (Line 4 plus Line 12)	594,260,144	100 %	XXX	XXX	0	594,260,144

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Plans of New Jersey, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2018						NAIC Company Code	13020
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	68,960							3,593	65,367		
2. First Quarter	72,854							4,698	68,156		
3. Second Quarter	75,839							5,308	70,531		
4. Third Quarter	76,317							5,785	70,532		
5. Current Year	76,167							6,055	70,112		
6. Current Year Member Months	895,528							63,369	832,159		
Total Member Ambulatory Encounters for Year:											
7. Physician	603,848							77,305	526,543		
8. Non-Physician	762,261							34,633	727,628		
9. Total	1,366,109	0	0	0	0	0	0	111,938	1,254,171	0	
10. Hospital Patient Days Incurred	63,837							21,310	42,527		
11. Number of Inpatient Admissions	9,266							2,089	7,177		
12. Health Premiums Written (b)	717,406,126							70,827,026	646,579,100		
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	717,063,649							70,827,026	646,236,623		
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	594,260,144							56,200,332	538,059,812		
18. Amount Incurred for Provision of Health Care Services	605,865,177							59,874,488	545,990,689		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 70,827,026

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Plans of New Jersey, Inc.

2.

(LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2018						NAIC Company Code	13020
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	68,960	0	0	0	0	0	0	3,593	65,367	0	
2. First Quarter	72,854	0	0	0	0	0	0	4,698	68,156	0	
3. Second Quarter	75,839	0	0	0	0	0	0	5,308	70,531	0	
4. Third Quarter	76,317	0	0	0	0	0	0	5,785	70,532	0	
5. Current Year	76,167	0	0	0	0	0	0	6,055	70,112	0	
6. Current Year Member Months	895,528	0	0	0	0	0	0	63,369	832,159	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	603,848	0	0	0	0	0	0	77,305	526,543	0	
8. Non-Physician	762,261	0	0	0	0	0	0	34,633	727,628	0	
9. Total	1,366,109	0	0	0	0	0	0	111,938	1,254,171	0	
10. Hospital Patient Days Incurred	63,837	0	0	0	0	0	0	21,310	42,527	0	
11. Number of Inpatient Admissions	9,266	0	0	0	0	0	0	2,089	7,177	0	
12. Health Premiums Written (b)	717,406,126	0	0	0	0	0	0	70,827,026	646,579,100	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	717,063,649	0	0	0	0	0	0	70,827,026	646,236,623	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	594,260,144	0	0	0	0	0	0	56,200,332	538,059,812	0	
18. Amount Incurred for Provision of Health Care Services	605,865,177	0	0	0	0	0	0	59,874,488	545,990,689	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 70,827,026

30.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	3	2	1	0	1,375
3. Title XIX-Medicaid.....	39	37	43	53	51
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	166	0	0	136
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	169,504,400		169,504,400
2. Accident and health premiums due and unpaid (Line 15)	4,452,957		4,452,957
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	xxx	0	0
5. All other admitted assets (Balance)	10,365,867		10,365,867
6. Total assets (Line 28)	184,323,224	0	184,323,224
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	86,642,922	0	86,642,922
8. Accrued medical incentive pool and bonus payments (Line 2)	3,346		3,346
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	15,172,752		15,172,752
15. Total liabilities (Line 24)	101,819,020	0	101,819,020
16. Total capital and surplus (Line 33)	82,504,204	xxx	82,504,204
17. Total liabilities, capital and surplus (Line 34)	184,323,224	0	184,323,224
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	95310	06-1405640				WellCare of Connecticut Inc	CT	JA	WellCare of New York, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	95081	59-2583622				WellCare of Florida Inc	FL	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	59-3547616				Comprehensive Health Management Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	14-1647239				The WellCare Management Group, Inc	NY	UDP	WCG Health Management, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	95534	14-1676443				WellCare of New York Inc	NY	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	20-3320236				Harmony Behavioral Health Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	11229	36-4050495				Harmony Health Plan Inc	IL	JA	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	22-3391045				Harmony Health Systems Inc	IL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	36-4467676				Harmony Health Management Inc	IL	NIA	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-0937650		0001279363	NYSE	WellCare Health Plans Inc	FL	UIP	Shareholders	Ownership	0.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	04-3669698				WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	10760	20-2103320				WellCare of Georgia Inc	GA	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	98-0448921				Comprehensive Reinsurance Ltd	CYM	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	10155	20-2383134				WellCare Prescription Insurance Inc	FL	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	12749	20-3562146				WellCare of Ohio Inc	OH	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	N	
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	N	
01199	WellCare Health Plans Inc	83445	86-0269558				WellCare Health Insurance of Arizona Inc	AZ	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	64467	36-6069295				WellCare Health Insurance Company of Kentucky Inc	KY	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	12956	11-3197523				WellCare Health Insurance of New York Inc	NY	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	13020	20-8017319				WellCare Health Plans of New Jersey Inc	NJ	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	12964	20-8058761				WellCare of Texas Inc	TX	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	N	
01199	WellCare Health Plans Inc	00000	27-0386122				Ohana Health Plans, Inc	HI	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	27-4293249				WellCare Health Plans of California, Inc	CA	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	14404	45-3617189				WellCare of Kansas, Inc	KS	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5154364				WellCare Health Plans of Tennessee, Inc	TN	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	N	
01199	WellCare Health Plans Inc	00000	20-5327501				Easy Choice Health Plan, Inc	CA	JA	America's 1st Choice California Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	11775	32-0062883				WellCare of South Carolina, Inc	SC	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	12913	20-5862801				Missouri Care, Incorporated	MO	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
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	N	
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	N	
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	N	
01199	WellCare Health Plans Inc	15510	47-0971481				WellCare Health Plans of Kentucky, Inc	KY	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	15951	47-5456872				WellCare of Nebraska, Inc	NE	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-1631920				WellCare of Pennsylvania, Inc	PA	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16117	81-3299281				WellCare of Oklahoma, Inc	OK	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	06-1742685				One Care by Care 1st Health Plan of Arizona, Inc	AZ	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	57-1165217				Care 1st Health Plan Arizona, Inc	AZ	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	46-2680154				Care 1st Health Plan Administrative Services, Inc	AZ	NIA	Care 1st Health Plan Arizona, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16329	81-5442932				WellCare of Mississippi, Inc	MS	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-0664467				WellCare of Virginia, Inc	VA	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16239	82-1301128				WellCare of Alabama, Inc	AL	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1246845				Accountable Care Coalition of Arizona, LLC	AZ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5510251				Accountable Care Coalition of Central Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-2588974				Accountable Care Coalition of Chesapeake, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4113655				Accountable Care Coalition of Coastal Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	82-1681146				Accountable Care Coalition of Community Health Centers, LLC	.TX	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1669422				Accountable Care Coalition of Community Health Centers II, LLC	.TX	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4537668				Accountable Care Coalition of DeKalb, LLC	.GA	.NIA	Collaborative Health Systems LLC	Ownership	80.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5481108				Accountable Care Coalition of Georgia, LLC	.GA	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1623920				Accountable Care Coalition of Southeast Partners, LLC	.GA	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1558080				Accountable Care Coalition of Hawaii, LLC	.HI	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5449147				Accountable Care Coalition of Maryland Primary Care, LLC	.MD	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4119739				Accountable Care Coalition of Maryland, LLC	.MD	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	46-2881180				Accountable Care Coalition of Mississippi, LLC	.MS	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4105836				Accountable Care Coalition of Mount Kisco, LLC	.NY	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1263227				Accountable Care Coalition of New Jersey, LLC	.NJ	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4552802				Accountable Care Coalition of North Texas, LLC	.TX	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-3894436				Accountable Care Coalition of Northeast Georgia, LLC	.GA	.NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4106526				Accountable Care Coalition of Northwest Florida, LLC	.FL	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1604548				Accountable Care Coalition of North West Region, LLC	.OR	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1698885				Accountable Care Coalition of North West Region II, LLC	.OR	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-0727997				Accountable Care Coalition of Pennsylvania, LLC	.PA	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-3913308				Accountable Care Coalition of South Carolina, LLC	.SC	.NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-3843552				Accountable Care Coalition of Southeast Texas, Inc	.TX	.NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4113610				Accountable Care Coalition of Southeast Wisconsin	.WI	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	.NY	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1219279				Accountable Care Coalition of Tennessee, LLC	.TN	.NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-2742298				Accountable Care Coalition of Texas, Inc	.TX	.NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	

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

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01199	WellCare Health Plans Inc	00000	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4537584				Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	80624	13-1851754				American Progressive Life & Health Insurance Company of New York	NY	JA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	52-2134236				APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	54-1602622				APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4644722				APS Parent, Inc	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-3365375				Collaborative Health Systems of Maryland, Inc	MD	NIA	Collaborative Health Systems, LLC	Ownership	50.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-3306594				Collaborative Health Systems of Virginia, Inc	VA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	90-0779287				Collaborative Health Systems, LLC	NY	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4561546				Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritage Health Systems of Texas Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	76-0459857				Heritage Health Systems of Texas, Inc	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	62-1517194				Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc	Ownership	99.1	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	49.5	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-4679969				Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems, LLC	Ownership	97.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc	N	

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01199	WellCare Health Plans Inc	00000	45-5626871				Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	58-2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	10768	74-3141949				SelectCare Health Plans, Inc	TX	JA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	10096	62-1819658				SelectCare of Texas, Inc	TX	JA	Heritage Health Systems, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	42-0989096				UAM Agent Services Corp	IA	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	26-0153605				UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	27-4683816				Universal American Corp	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	95-3800329				Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-1352914				Universal American Holdings, LLC	DE	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	45-5439406				Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	23-1913528				Worlco Management Services, Inc	NY	NIA	Worlco Management Services	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	47-2346408				AWC of Syracuse, Inc	NY	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16253	82-3169616				WellCare Health Plans of Arizona, Inc	AZ	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16344	82-3114517				WellCare of Maine, Inc	ME	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	66-0888149				WellCare of Puerto Rico, Inc	PR	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-4598040				WellCare Associate Assistance Fund, Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16343	82-4247084				WellCare Health Insurance Company of America	AR	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	16342	82-5127096				WellCare National Health Insurance Company	TX	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-5488080				WellCare of North Carolina, Inc	NC	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	26-4004494				Caidan Management Company, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	26-4004494				Caidan Network Services, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, 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	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199	WellCare Health Plans Inc	00000	26-4004578				Caidan Holding Company	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	82-1280079				Maryland Collaborative Care Transformation Organization, Inc	DE	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	13189	20-3209671				Meridian Health Plan of Illinois, Inc	IL	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	52563	38-3253977				Meridian Health Plan of Michigan, Inc	MI	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2069308				WellCare of Washington, Inc	WA	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	27-1339224				MeridianRx, LLC	MI	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	32-0408908				MeridianRX IPA, LLC	NY	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2126269				WellCare Health Insurance of Connecticut, Inc	CT	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2276159				WellCare Health Insurance of Tennessee, Inc	TN	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2255514				WellCare Health Plans of Vermont, Inc	VT	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2797833				WellCare of Arkansas, Inc	AR	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2840051				WellCare of Indiana, Inc	IN	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	
01199	WellCare Health Plans Inc	00000	83-2914327				WellCare of New Hampshire, Inc	NH	JA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	

41.5

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE WellCare Health Plans of New Jersey, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95081	59-2583622	WellCare of Florida, Inc	(45,580,188)				(350,645,092)				(396,225,280)	
95334	14-1676443	WellCare of New York, Inc					(98,557,945)				(98,557,945)	
95310	06-1405640	WellCare of Connecticut, Inc		8,000,000			(13,902,197)				(5,902,197)	
11229	36-4050495	Harmony Health Plan, Inc	(50,000,000)	40,000,000			(181,966,359)				(191,966,359)	
10760	20-2103320	WellCare of Georgia, Inc	(100,000,000)				(193,327,190)				(293,327,190)	
10155	20-2383134	WellCare Prescription Insurance, Inc					(82,403,725)				(82,403,725)	
00000	59-3547616	Comprehensive Health Management, Inc					1,729,650,191				1,729,650,191	
83445	86-0269558	WellCare Health Insurance of Arizona Inc					(73,866,131)				(73,866,131)	
64467	36-6069295	WellCare Health Ins Co of Kentucky, Inc	(75,000,000)				(235,048,950)	24,034			(310,024,916)	
10884	11-3197523	WellCare Health Ins of New York, Inc					(50,422)				(50,422)	
00000	20-8420512	Exactus Pharmacy Solutions, Inc					(22,945,832)				(22,945,832)	
12964	20-8058761	WellCare of Texas Inc	(10,000,000)				(39,472,638)	(24,034)			(49,496,672)	
13020	20-8017319	WellCare Health Plans of New Jersey Inc		10,000,000			(75,777,080)				(65,777,080)	
00000	14-1647239	The WellCare Management Group, Inc	335,580,188	(345,230,185)							(9,649,997)	
00000	20-5327501	Easy Choice Health Plan, Inc	(20,000,000)				(25,878,600)				(45,878,600)	
11775	32-0062883	WellCare of South Carolina, Inc	(15,000,000)				(36,340,518)				(51,340,518)	
12913	20-5862801	Missouri Care, Inc					(80,017,627)				(80,017,627)	
15951	47-5456872	WellCare of Nebraska, Inc	(10,000,000)				(30,770,527)				(40,770,527)	
16344	82-3114517	WellCare of Maine, Inc		5,113,150							5,113,150	
00000	57-1165217	Care1st Health Plan Arizona, Inc					(48,266,553)				(48,266,553)	
00000	06-1742685	OneCare by Care1st Health Plan of AZ Inc					(2,280,679)				(2,280,679)	
10096	62-1819658	SelectCare of Texas, Inc	(10,000,000)				(95,903,608)				(105,903,608)	
10768	74-3141949	SelectCare Health Plans, Inc					(2,600,491)				(2,600,491)	
80624	13-1851754	American Progressive Life & Health Ins					(39,628,027)				(39,628,027)	
16239	82-1301128	WellCare of Alabama, Inc		1,100,000							1,100,000	
16343	82-4247084	WellCare Health Ins Co. of America Inc		2,113,124							2,113,124	
16342	82-5127096	WellCare National Health Insurance Co		1,400,000							1,400,000	
16253	82-3169616	WellCare Health Plans of Arizona, Inc		2,003,911							2,003,911	
00000	83-2126269	WellCare Health Insurance of CT, Inc		1,000,000							1,000,000	
00000	83-2126269	WellCare Health Insurance of TN, Inc		2,000,000							2,000,000	
00000	45-5154364	WellCare Health Plans of Tennessee, Inc		1,500,000							1,500,000	
00000	82-5488080	WellCare of North Carolina, Inc		1,000,000							1,000,000	
00000	83-2255514	WellCare Health Plans of Vermont, Inc		5,000,000							5,000,000	
52563	38-3253977	Meridian Plan of Michigan, Inc		70,000,000			(572,165,625)				(502,165,625)	
13189	20-3209671	Meridian Health Plan of Illinois, Inc		235,537,849			(662,127,429)				(426,589,580)	
00000	26-4004494	Caidan Management Company, Inc					361,504,936				361,504,936	
00000	27-1339224	MeridianRx, LLC					872,788,118				872,788,118	
00000	26-4004578	Caidan Holding Company, Inc		(40,537,849)							(40,537,849)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | <u>Responses</u> |
|---|------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

AUGUST FILING

- | | |
|---|---------------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? |YES..... |
|---|---------------|

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

MARCH FILING

- | | |
|--|--------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |NO..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|--|---------------|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 25. Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? |YES..... |

AUGUST FILING

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

Explanation:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20.

21.

Bar code:

11. 
1 3 0 2 0 2 0 1 8 3 6 0 5 9 0 0 0

12. 
1 3 0 2 0 2 0 1 8 2 0 5 0 0 0 0 0

13. 
1 3 0 2 0 2 0 1 8 4 2 0 0 0 0 0 0

14. 
1 3 0 2 0 2 0 1 8 3 7 1 0 0 0 0 0

15. 
1 3 0 2 0 2 0 1 8 3 7 0 0 0 0 0 0

16. 
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17. 
1 3 0 2 0 2 0 1 8 2 2 4 0 0 0 0 0

18. 
1 3 0 2 0 2 0 1 8 2 2 5 0 0 0 0 0

19. 
1 3 0 2 0 2 0 1 8 2 2 6 0 0 0 0 0

20. 
1 3 0 2 0 2 0 1 8 3 0 6 0 0 0 0 0

21. 
1 3 0 2 0 2 0 1 8 2 1 1 5 9 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. ASO prepayments.....	55,000	55,000	0	0
2505. State and other tax recoverable.....			0	899,871
2597. Summary of remaining write-ins for Line 25 from Page 2	55,000	55,000	0	899,871

M016 Additional Aggregate Lines for Page 16 Line 25.

*EXNONADMIT - 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)
2504. Deposits with providers.....	792,000	792,000	0
2505.		0	0
2506.		0	0
2597. Summary of remaining write-ins for Line 25 from Page 16	792,000	792,000	0

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Larry Smart, FSA, MAAA
SVP & Chief Actuary, Actuarial Services

WellCare Health Plans, Inc.
The WellCare Group of Companies

State of New Jersey Actuarial Opinion
WellCare of New Jersey, Inc. - Annual Statement as of December 31, 2018

This Opinion is:	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Opinion Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Relevant Comments				<input type="checkbox"/> Revised Wording
<input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice				

I, Larry Smart, am an employee of Comprehensive Health Management, Inc., a wholly-owned subsidiary of WellCare Health Plans, Inc. (WellCare), and a member of the American Academy of Actuaries. I was appointed on April 2, 2018 by WellCare of New Jersey, Inc.'s Board of Directors in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2018.

- | | | | |
|---|----|----------------|---|
| A. | \$ | 86,642,922 | Claims unpaid (Page 3, Line 1); |
| B. | \$ | 3,345 | Accrued medical incentive pool and bonus payments (Page 3, Line 2); |
| C. | \$ | 613,289 | Unpaid claims adjustment expenses (Page 3, Line 3); |
| D. | \$ | 2,533 | Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit - Part 2D; |
| E. | \$ | - | Aggregate life policy reserves (Page 3, Line 5); |
| F. | \$ | - | Property/casualty unearned premium reserves (Page 3, Line 6); |
| G. | \$ | - | Aggregate health claim reserves (Page 3, Line 7); |
| H. | | Not Applicable | Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and |
| L. Specified actuarial items presented as assets in the annual statement. | | | |
| 1. | \$ | 15,325 | Accrued retrospective premiums (Page 2, Line 15.3, Column 1) |

In forming my opinion on items A - I above I relied upon data prepared by Yin Yiu, VP of Actuarial Services, as certified in the attached statement. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit - Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

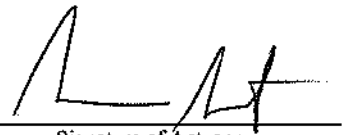
- Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,

8735 Henderson Road
Tampa, FL 33634
Telephone: (813) 206-3981
Email: Larry.Smart@wellcare.com

- c. Meet the requirements of the Insurance Laws and regulations of the state of New Jersey, and are at least as great as the minimum aggregate amounts required by any state,
- d. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- e. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end, and
- f. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit - Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.



Signature of Actuary

Larry Smart

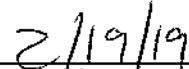
Printed Name of Actuary

**8735 Henderson Road
Tampa, FL 33634-1143**

Address of Actuary

(813) 206-3981

Telephone number of Actuary




Date Opinion was Rendered

I, Yin Yiu, FSA, MAAA, VP of Actuarial Services of Comprehensive Health Management, Inc., a wholly-owned subsidiary of WellCare Health Plans, Inc., hereby affirm that the listings, summaries and analyses relating to data prepared for and submitted to Larry Smart in support of his actuarial opinion for WellCare of New Jersey, Inc. as of December 31, 2018, were prepared under my direction and, to the best of my knowledge and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the annual statement for the year ended December 31, 2018.

Materials Provided:

- Claim triangle including paid and incurred dates from January 1, 2016 through December 31, 2018
- Outstanding Claims Liability estimates as of December 31, 2018
- Summary of below the line liabilities and supporting detail related to provider and legal settlements, accounting accruals and delegated provider accruals
- Detail supporting the calculation of unpaid claims adjustment expense
- Reconciliation of the data used for analysis to the Underwriting and Investment Exhibit Part 2B


Signature of Actuary

Yin Yiu
Printed Name of Actuary

8735 Henderson Road
Tampa, FL 33634-1143
Address of Actuary

(813) 206-3343
Telephone number of Actuary

2/19/19
Date Certification was Rendered

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2018

(To Be Filed by March 1)

PART 1 - INTERROGATORIES

1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes No
 If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes ;
 or 2) allocation to each insurer: Yes .
2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes No
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes No

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current:									
1. John J. Kirchner, President	2018	6,415	2,019		14,432			36	22,902
	2017	11,198	9,388		29,301			65	49,952
	2016	10,047	4,881		6,003			407	21,338
Current:									
2. Michael T. Meyer, Asst. Treasurer, VP and Corporate Controller	2018	5,502	3,750		6,331			5	15,588
	2017	9,118	5,888		2,905			6	17,917
	2016	7,291	1,860		1,130			133	10,414
3. Stephanie A. Williams, CFO and Vice President	2018	4,557	2,417		1,981			935	9,890
	2017	4,027	2,915			543		5	7,490
	2016	3,342	1,090			171		8	4,611
4. Tammy L. Meyer, Assistant Secretary and Vice President	2018	5,803	3,187		357			18	9,365
	2017	5,570				2,804		10	8,384
	2016							0	0
5. Michael W. Haber, Secretary and Vice President	2018	5,699	4,779		12,565			17	23,060
	2017	9,964	8,301		20,920			39	39,224
	2016	8,020	3,569		8,651			384	20,624
6. Goran Jankovic, Treasurer and Vice President	2018	6,106	4,469		10,514			20	21,109
	2017	10,328	7,167		17,539			63	35,097
	2016	9,879	5,012		8,509			32	23,432
7. Kenneth A. Burdick, Executive	2018	24,963	61,036		326,218			126	412,343
	2017	40,978	96,204		167,160			169	304,511
	2016	31,003	53,480		28,739			221	113,443
8. Andrew L. Asher, Executive	2018	12,847	22,667		103,685			91	139,290
	2017	22,214	42,056		131,278			119	195,667
	2016	18,304	21,400		19,818			4,748	64,270
9. Kelly A. Munson, Executive	2018	10,463	16,809		48,544			271	76,087
	2017	16,513	19,441		54,700			1,266	91,920
	2016	15,434	12,266		15,421			313	43,434
10. Michael Radu, Executive	2018	9,230	11,504		55,110			69	75,913
	2017	16,405	18,577		27,287			652	62,921
	2016	15,070	3,886		1,793			1,848	22,597

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
Andrew L. Asher - (Compensated as an employee, compensation as a director is zero)	0	0	0	0	0	0
Michael T. Meyer - (Compensated as an employee, compensation as a director is zero)	0	0	0	0	0	0
John J. Kirchner - (Compensated as an employee, compensation as a director is zero)	0	0	0	0	0	0

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

Compensation disclosed above is based on an allocation of management fee expense.