



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Plans of Kentucky, Inc.

(Name)

NAIC Group Code 01295, 01295 NAIC Company Code 15510 Employer's ID Number 47-0971481

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

Country of Domicile United States

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

Incorporated/Organized 05/28/2014 Commenced Business 01/01/2015

Statutory Home Office 13551 Triton Park Blvd, Suite 1800, Louisville, KY, US 40223

Main Administrative Office 7700 Forsyth Boulevard, St. Louis, MO, US 63105, 314-725-4477

Mail Address 8725 Henderson Road, Tampa, FL, US 33634

Primary Location of Books and Records 7700 Forsyth Boulevard, St. Louis, MO, US 63105, 314-725-4477

Internet Web Site Address www.centene.com

Statutory Statement Contact Lisa Birch, 813-206-2725, lisa.birch@centene.com, 813-675-2899

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes Corey Glenn Ewing (President and Chief Executive Officer), Justin Kale Loudon (Vice President & Treasurer), Kendra Louise Archer (Vice President & Secretary), and Tricia Lynn Dinkelman (Vice President of Tax).

OTHER OFFICERS

Marc Nyarko, Chief Operating Officer

DIRECTORS OR TRUSTEES

Corey Glenn Ewing, Marc Nyarko, Justin Kale Loudon

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.

Corey Glenn Ewing, President and Chief Executive Officer

Justin Kale Loudon, Vice President & Treasurer

Kendra Louise Archer, Vice President & Secretary

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 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	529,364		529,364	522,843
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 \$ .....0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	0
5. Cash (\$ .....70,134,796 , Schedule E-Part 1), cash equivalents (\$ .....0 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	70,134,796		70,134,796	30,271,326
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0	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) .....	70,664,160	0	70,664,160	30,794,169
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	4,359		4,359	4,781
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	169,383	0	169,383	85,135
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	3,865,115
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	10,455,644		10,455,644	452,736
18.2 Net deferred tax asset.....	580,227	0	580,227	512,344
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 .....	15,117,162		15,117,162	1,032,353
24. Health care (\$ .....3,974,660 ) and other amounts receivable.....	5,112,731	1,138,071	3,974,660	6,336,761
25. Aggregate write-ins for other-than-invested assets .....	1,781,848	0	1,781,848	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	103,885,514	1,138,071	102,747,443	43,083,394
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	103,885,514	1,138,071	102,747,443	43,083,394
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. State and other tax recoverable.....	1,781,848		1,781,848	0
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,781,848	0	1,781,848	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded)	38,077,336		38,077,336	17,286,402
2. Accrued medical incentive pool and bonus amounts	404,271		404,271	34,985
3. Unpaid claims adjustment expenses	317,457		317,457	138,218
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act	14,426,386		14,426,386	1,346,522
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	7,049,141		7,049,141	3,199,923
9. General expenses due or accrued	2,322,575		2,322,575	2,917,570
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	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	127,505		127,505	82,773
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current)	2,825,852	0	2,825,852	1,693,712
24. Total liabilities (Lines 1 to 23)	65,550,522	0	65,550,522	26,700,105
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	78,414,252	14,814,252
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	(42,217,331)	569,037
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	37,196,921	16,383,289
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	102,747,443	43,083,394
<b>DETAILS OF WRITE-INS</b>				
2301. State assessment payable	2,825,852		2,825,852	1,654,898
2302. State income tax payable			0	38,814
2303. ....			0	0
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)	2,825,852	0	2,825,852	1,693,712
2501. ....	XXX	XXX		0
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	0
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	513,976	269,991
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	284,465,952	163,266,246
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	284,465,952	163,266,246
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		203,274,472	94,257,158
10. Other professional services .....		1,584,352	780,426
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		18,482,518	8,099,405
13. Prescription drugs .....		80,571,498	33,089,878
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		987,409	96,955
16. Subtotal (Lines 9 to 15) .....	0	304,900,249	136,323,822
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	304,900,249	136,323,822
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....167,385 cost containment expenses.....		2,789,742	1,285,262
21. General administrative expenses.....		31,709,522	19,465,721
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	339,399,514	157,074,805
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(54,933,562)	6,191,441
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,244,411	983,348
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,244,411	983,348
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....620,048 )].....		(620,048)	(412,494)
29. Aggregate write-ins for other income or expenses .....	8	8	7
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	(54,309,191)	6,762,302
31. Federal and foreign income taxes incurred .....	XXX	(11,297,790)	1,602,217
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(43,011,401)	5,160,085
<b>DETAILS OF WRITE-INS</b>			
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. Miscellaneous income - litigation settlement.....	8	8	7
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) .....	8	8	7

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

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	16,383,289	11,811,447
34. Net income or (loss) from Line 32 .....	(43,011,401)	5,160,085
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 .....	67,882	512,343
39. Change in nonadmitted assets .....	157,150	(1,100,586)
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 .....	63,600,000	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) .....	20,813,632	4,571,842
49. Capital and surplus end of reporting year (Line 33 plus 48)	37,196,921	16,383,289
<b>DETAILS OF WRITE-INS</b>		
4701. ....		0
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	305,175,901	162,910,704
2. Net investment income .....	1,243,131	980,682
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	306,419,032	163,891,386
5. Benefit and loss related payments .....	281,220,778	131,796,592
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	35,535,061	18,248,955
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses)	(1,294,881)	1,053,427
10. Total (Lines 5 through 9) .....	315,460,957	151,098,974
11. Net cash from operations (Line 4 minus Line 10) .....	(9,041,925)	12,792,412
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	525,000	0
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) .....	525,000	0
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds .....	529,819	0
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) .....	529,819	0
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) .....	(4,819)	0
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	54,100,000	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) .....	(5,189,786)	817,560
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	48,910,214	817,560
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	39,863,469	13,609,972
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	30,271,326	16,661,354
19.2 End of year (Line 18 plus Line 19.1) .....	70,134,796	30,271,326

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. Accrued capital contribution .....	9,500,000	
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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	284,465,952	284,465,952	0	0	0	0	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	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	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	284,465,952	284,465,952	0	0	0	0	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	203,274,472	203,274,472												XXX
9. Other professional services	1,584,352	1,584,352												XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	18,482,518	18,482,518												XXX
12. Prescription drugs	80,571,498	80,571,498												XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	987,409	987,409												XXX
15. Subtotal (Lines 8 to 14)	304,900,249	304,900,249	0	0	0	0	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0													XXX
17. Total hospital and medical (Lines 15 minus 16)	304,900,249	304,900,249	0	0	0	0	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 167,385 cost containment expenses	2,789,742	2,789,742												
20. General administrative expenses	31,709,522	31,709,522												
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	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	339,399,514	339,399,514	0	0	0	0	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(54,933,562)	(54,933,562)	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
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	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	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	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	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	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	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	0	0	0	0	XXX

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, 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) individual .....	284,465,952			284,465,952
2. Comprehensive (hospital and medical) group .....				.0
3. Medicare supplement .....				.0
4. Vision only .....				.0
5. Dental only .....				.0
6. Federal employees health benefits plan .....	.0			.0
7. Title XVIII - Medicare .....	.0			.0
8. Title XIX – Medicaid .....	.0			.0
9. Credit A&H .....				.0
10. Disability income .....				.0
11. Long-term care .....				.0
12. Other health .....				.0
13. Health subtotal (Lines 1 through 12) .....	284,465,952	.0	.0	284,465,952
14. Life .....	.0			.0
15. Property/casualty .....	.0			.0
16. Totals (Lines 13 to 15)	284,465,952	0	0	284,465,952

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3											
1. Payments during the year:														
1.1 Direct .....	280,602,655	280,602,655												
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	0													
1.4 Net .....	280,602,655	280,602,655	0	0	0	0	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses .....	618,123	618,123												
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	38,077,336	38,077,336	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	38,077,336	38,077,336	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	404,271	404,271												
6. Net healthcare receivables (a).....	(2,519,251)	(2,519,251)												
7. Amounts recoverable from reinsurers December 31, current year .....	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	17,286,402	17,286,402	0	0	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	17,286,402	17,286,402	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	34,985	34,985	0	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct .....	303,912,840	303,912,840	0	0	0	0	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	303,912,840	303,912,840	0	0	0	0	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses .....	987,409	987,409	0	0	0	0	0	0	0	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

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

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1. Direct .....	12,858,980	12,858,980												
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net .....	12,858,980	12,858,980	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct .....	25,218,356	25,218,356												
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	.0													
2.4. Net .....	25,218,356	25,218,356	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct .....	.0													
3.2. Reinsurance assumed .....	.0													
3.3. Reinsurance ceded .....	.0													
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct .....	38,077,336	38,077,336	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net .....	38,077,336	38,077,336	0	0	0	0	0	0	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, 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) individual .....	19,694,019	268,540,618	2,881,705	35,195,630	22,575,724	17,286,402
2. Comprehensive (hospital and medical) group .....					.0	.0
3. Medicare supplement .....					.0	.0
4. Vision only .....					.0	.0
5. Dental only .....					.0	.0
6. Federal employees health benefits plan .....					.0	.0
7. Title XVIII - Medicare .....					.0	.0
8. Title XIX - Medicaid .....					.0	.0
9. Credit A&H .....					.0	.0
10. Disability income .....					.0	.0
11. Long-term care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12) .....	19,694,019	268,540,618	2,881,705	35,195,630	22,575,724	17,286,402
14. Healthcare receivables (a) .....		5,112,731			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....	82,050	536,073	2,700	401,572	84,750	34,985
17. Totals (Lines 13-14+15+16)	19,776,069	263,963,960	2,884,405	35,597,202	22,660,474	17,321,387

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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

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

**Section A – Paid Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	.0	.0	.0	.0	.0
2. 2021 .....	.0	.0	.0	.0	.0
3. 2022 .....	XXX	11,686	13,854	13,865	13,865
4. 2023 .....	XXX	XXX	31,511	36,433	36,433
5. 2024 .....	XXX	XXX	XXX	120,505	140,281
6. 2025 .....	XXX	XXX	XXX	XXX	263,964

**Section B – Incurred Health Claims - Hospital and Medical**

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	.0	.0	.0	.0	.0
2. 2021 .....	.0	.0	.0	.0	.0
3. 2022 .....	XXX	13,926	14,012	13,865	13,865
4. 2023 .....	XXX	XXX	37,789	36,568	36,434
5. 2024 .....	XXX	XXX	XXX	137,692	143,165
6. 2025 .....	XXX	XXX	XXX	XXX	299,561

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical**

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. 2021.....	.0	.0	.0	0.0	.0	0.0	.0	.0	.0	0.0
2. 2022.....	15,861	13,865	175	1.3	14,040	88.5	.0	.0	14,040	88.5
3. 2023.....	41,914	36,433	348	1.0	36,781	87.8	.0	.0	36,781	87.8
4. 2024.....	163,266	140,281	1,211	0.9	141,492	86.7	2,884	24	144,400	88.4
5. 2025.....	284,466	263,964	2,611	1.0	266,575	93.7	35,597	294	302,466	106.3

12-HM

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

Pt 2C - Sn A - Paid Claims - XV

**NONE**

Pt 2C - Sn A - Paid Claims - XI

**NONE**

Pt 2C - Sn A - Paid Claims - OT

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	.0	.0	.0	.0	.0
2. 2021 .....	.0	.0	.0	.0	.0
3. 2022 .....	XXX	11,686	13,854	13,865	13,865
4. 2023 .....	XXX	XXX	31,511	36,433	36,433
5. 2024 .....	XXX	XXX	XXX	120,505	140,281
6. 2025 .....	XXX	XXX	XXX	XXX	263,964

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	.0	.0	.0	.0	.0
2. 2021 .....	.0	.0	.0	.0	.0
3. 2022 .....	XXX	13,926	14,012	13,865	13,865
4. 2023 .....	XXX	XXX	37,789	36,568	36,434
5. 2024 .....	XXX	XXX	XXX	137,692	143,165
6. 2025 .....	XXX	XXX	XXX	XXX	299,561

**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. 2021 .....	.0	.0	.0	0.0	.0	0.0	.0	.0	.0	0.0
2. 2022 .....	15,861	13,865	175	1.3	14,040	88.5	.0	.0	14,040	88.5
3. 2023 .....	41,914	36,433	348	1.0	36,781	87.8	.0	.0	36,781	87.8
4. 2024 .....	163,266	140,281	1,211	0.9	141,492	86.7	2,884	24	144,400	88.4
5. 2025 .....	284,466	263,964	2,611	1.0	266,575	93.7	35,597	294	302,466	106.3

12-GT

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XV

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Pt 2C - Sn B - Incurred Claims - OT

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XV

NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
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) .....	14,426,386	14,426,386											
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	14,426,386	14,426,386	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	14,426,386	14,426,386	0	0	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.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	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.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	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	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) .....	1,436	22,494	170,948		194,878
2. Salaries, wages and other benefits .....	98,178	1,538,128	12,451,119		14,087,425
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			8,187,272		8,187,272
4. Legal fees and expenses .....	762	11,938	118,121		130,820
5. Certifications and accreditation fees .....	102	1,593	12,107		13,802
6. Auditing, actuarial and other consulting services .....	6,058	94,901	1,834,994		1,935,953
7. Traveling expenses .....	974	15,254	115,931		132,159
8. Marketing and advertising .....	3,077	48,207	378,459		429,743
9. Postage, express and telephone .....	2,527	39,589	300,866		342,982
10. Printing and office supplies .....	2,340	36,665	278,646		317,651
11. Occupancy, depreciation and amortization .....	8,552	133,977	1,018,204		1,160,733
12. Equipment .....	223	3,498	26,583		30,304
13. Cost or depreciation of EDP equipment and software .....	10,260	160,735	1,221,573		1,392,568
14. Outsourced services including EDP, claims, and other services .....	25,389	397,767	6,358,317		6,781,474
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....	254	3,973	30,196		34,423
17. Collection and bank service charges .....	909	14,241	162,026		177,176
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....	318	4,974	37,803		43,095
22. Real estate taxes .....	180	2,817	21,408		24,405
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			(1,858,702)		(1,858,702)
23.2 State premium taxes .....					0
23.3 Regulatory authority licenses and fees .....	345	5,407	188,533		194,284
23.4 Payroll taxes .....	5,421	84,922	645,395		735,738
23.5 Other (excluding federal income and real estate taxes) .....	82	1,279	9,722		11,083
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) .....	167,385	2,622,358	31,709,522	0 (a)	34,499,265
27. Less expenses unpaid December 31, current year .....		317,457	2,322,575		2,640,032
28. Add expenses unpaid December 31, prior year .....	0	138,218	2,917,570	0	3,055,788
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)	167,385	2,443,119	32,304,517	0	34,915,021
<b>DETAILS OF WRITE-INS</b>					
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 \$ .....30,727,258 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) 23,567	23,145
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
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)	0
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 1,219,564	1,221,266
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	1,243,131	1,244,411
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)		1,244,411
<b>DETAILS OF WRITE-INS</b>		
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 \$ 2,157 accrual of discount less \$ 456 amortization of premium and less \$ 447 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 \$ 0 accrual of discount less \$ 0 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		
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
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums 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.....	.0	.0	.0
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	1,138,071	1,295,221	157,150
25. Aggregate write-ins for other-than-invested assets .....	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,138,071	1,295,221	157,150
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	1,138,071	1,295,221	157,150
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, 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.....	26,102	43,319	43,201	44,269	42,288	513,976
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	26,102	43,319	43,201	44,269	42,288	513,976
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

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

**A. Accounting Practices.**

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

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

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

	SSAP #	F/S Page	F/S Line #	2025	2024
NET (LOSS) INCOME					
1 Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	4	32	\$ (43,011,401)	\$ 5,160,085
2 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
3 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ (43,011,401)</u>	<u>\$ 5,160,085</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	3	33	\$ 37,196,921	\$ 16,383,289
6 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
7 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 37,196,921</u>	<u>\$ 16,383,289</u>

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

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

**C. Accounting Policy**

The Company uses the following accounting policies:

1. Cash and short-term investments are carried at cost, which approximates fair value. The Company holds no short-term investments.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except “make whole” call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans on real estate.
6. The Company holds no asset-backed securities.
7. The Company had no investment interest in subsidiaries, controlled or affiliated companies ("SCA").
8. The Company had no minor ownership interest in joint ventures.
9. The Company holds no derivatives.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve ("PDR") is required. The Company considers anticipated investment income when calculating its PDR. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense.

11. Unpaid losses and loss adjustment expenses ("LAE") include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

12. The Company did not modify its capitalization policy from the prior period.

13. The Company estimates pharmaceutical rebate receivables by assuming the proportional relationship between rebates and premiums exists for periods when actual rebates have been received.

D. Management does not have any substantial doubt about the Company's ability to continue as a going concern.

## **2. Accounting Changes and Corrections of Errors**

The Company had no changes in accounting principles or correction of errors.

## **3. Business Combinations and Goodwill**

A. The Company had no transactions that were accounted for as a statutory purchases.

B. The Company had no statutory mergers.

C. The Company had no goodwill resulting from an assumption reinsurance.

D. The Company did not recognize any impairment losses.

E. The Company did not have any subcomponents and calculation of adjusted surplus and total admitted goodwill.

## **4. Discontinued Operations**

The Company did not have any discontinued operations.

## **5. Investments**

A. The Company had no mortgage loans, including mezzanine real estate loans.

B. The Company has no debt restructuring.

C. The Company has no reverse mortgages.

D. The Company had no asset-backed securities.

E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2025.

F-I. The Company had no repurchase or reverse agreement transactions accounted for as secured borrowings or as a sale.

J. The Company did not engage in any retail land sale operations.

K. The Company did not engage in any investments in tax credit structures.

L. Restricted Assets

1. Restricted Assets (Including Pledged):

The information on the Company's investment in restricted assets at December 31, was as follows:

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	(3) Increase/ (Decrease) (1 minus 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Restricted (1 minus 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	(7) Admitted Restricted to Total Admitted Assets (b)	(8) Amount Reported in General Interrogatories	(9) Difference from Note and GI	(10) GI Ref
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%	XXX	XXX	XXX
b. Collateral held under security lending agreements	-	-	-	-	-	0.0%	0.0%	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	0.0%	0.0%	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	0.0%	0.0%	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	0.0%	0.0%	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	0.0%	0.0%	-	-	-
g. Placed under option contracts	-	-	-	-	-	0.0%	0.0%	-	-	-
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	0.0%	0.0%	-	-	-
i. FHLB capital stock	-	-	-	-	-	0.0%	0.0%	-	-	-
j. On deposit with states	529,364	522,843	6,521	-	529,364	0.6%	0.6%	529,364	-	26.28
k. On deposit with other regulatory bodies	-	-	-	-	-	0.0%	0.0%	-	-	-
l. Pledged as collateral to FHLB	-	-	-	-	-	0.0%	0.0%	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	0.0%	0.0%	-	-	-
n. Other restricted assets	-	-	-	-	-	0.0%	0.0%	-	-	-
o. Collateral assets received and on balance sheet	-	-	-	-	-	0.0%	0.0%	XXX	XXX	XXX
p. Assets held under MODCO reinsurance agreements	-	-	-	-	-	0.0%	0.0%	XXX	XXX	XXX
q. Assets held under funds withheld reinsurance agreements	-	-	-	-	-	XXX	XXX	XXX	XXX	XXX
r. Total restricted assets	\$ 529,364	\$ 522,843	\$ 6,521	\$ -	\$ 529,364	0.6%	0.6%	XXX	XXX	XXX

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

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

2. The Company did not have any assets pledged as collateral or captured in other categories.

3. The Company did not have any other restricted assets.

4. The Company did not have any collateral received and reflected as assets.

M. The Company did not have any working capital financed investments.

N. The Company had no asset and liabilities which are offset and reported net in accordance with a valid right to offset.

O. The Company did not have any 5\*GI securities.

P. The Company had no short sales.

Q. The Company had no prepayment penalty and acceleration fees.

R. The Company had no reporting entity's share of cash pool.

S. The Company did not have any aggregate collateral loans by qualifying investment collateral.

**6. Joint Ventures, Partnerships and Limited Liability Companies ("LLC's")**

A. The Company did not have any investments in any joint ventures, partnerships or LLC's that exceed 10% of the admitted assets of the insurer.

B. The Company did not recognize any impairment write down for its investment in joint ventures, partnerships and LLC's during the statement periods.

**7. Investment Income**

A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to nonadmitted invested assets are considered nonadmitted.

B. The Company did not have any nonadmitted accrued interest income during the statement periods.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued:

	Amount
(1) Gross	\$ 4,359
(2) Nonadmitted	-
(3) Admitted	\$ 4,359

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

D. The Company did not have any aggregate deferred interest during the statement periods.

E. The Company did not have any paid-in-kind interest included in current principal balance.

**8. Derivative Instruments**

The Company did not have any derivative instruments.

**9. Income Taxes**

A. Components of Deferred Tax Assets ("DTAs") and Deferred Tax Liabilities ("DTLs"):

The components of the net DTAs/DTLs at December 31, are as follows:

	2025			2024			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(1)									
(a) Gross DTAs	\$ 709,986	\$ -	\$ 709,986	\$ 512,344	\$ -	\$ 512,344	\$ 197,642	\$ -	\$ 197,642
(b) Statutory Valuation Allowance ("SVA") Adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross DTAs	\$ 709,986	\$ -	\$ 709,986	\$ 512,344	\$ -	\$ 512,344	\$ 197,642	\$ -	\$ 197,642
(d) DTAs Nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted DTAs	\$ 709,986	\$ -	\$ 709,986	\$ 512,344	\$ -	\$ 512,344	\$ 197,642	\$ -	\$ 197,642
(f) (DTLs)	129,759	-	129,759	-	-	-	129,759	-	129,759
(g) Net Admitted DTAs/(DTLs)	\$ 580,227	\$ -	\$ 580,227	\$ 512,344	\$ -	\$ 512,344	\$ 67,883	\$ -	\$ 67,883
(2)									
Admission Calculation Components SSAP No. 101:									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 709,986	\$ -	\$ 709,986	\$ 512,343	\$ -	\$ 512,343	\$ 197,643	\$ -	\$ 197,643
(b) Adjusted Gross DTAs Expected to be Realized After Application of the Threshold Limitation	-	-	-	-	-	-	-	-	-
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date	-	-	-	-	-	-	-	-	-
2. Adjusted Gross DTAs Allowed per Limitation Threshold	XXX	XXX	3,661,669	XXX	XXX	1,587,094	XXX	XXX	2,074,575
(c) Adjusted Gross DTAs Offset by Gross (DTLs)	-	-	-	-	-	-	-	-	-
(d) DTAs Admitted as the result of application of SSAP No. 101	\$ 709,986	\$ -	\$ 709,986	\$ 512,343	\$ -	\$ 512,343	\$ 197,643	\$ -	\$ 197,643

Information used in expected to be realized calculation.

	2025	2024
(3)		
Authorized control level risk-based capital ratio without net DTAs	>300%	286%
Adjusted capital and surplus	\$ 36,616,694	\$ 15,870,945

	2025		2024		Change	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(4)						
Impact of Tax-Planning Strategies						
(a) Adjusted Gross DTAs - Amount	\$ 709,986	\$ -	\$ 512,344	\$ -	\$ 197,642	\$ -
Adjusted gross DTAs - Percentage	6.7%	0.0%	7.0%	0.0%	-0.3%	0.0%
(b) Net Admitted DTAs - Amount	\$ 709,986	\$ -	\$ 512,344	\$ -	\$ 197,642	\$ -
Adjusted gross DTAs - Percentage	6.7%	0.0%	7.0%	0.0%	-0.3%	0.0%
(c) Does the Company's tax-planning strategies include the use of reinsurance?					Yes _____	No <u>X</u>

B. There are no temporary differences for which DTLs have not been established.

C. Current income taxes incurred consist of the following major components at December 31:

	2025	2024	Change
(1) Current Income Tax			
(a) Federal	\$ (11,309,024)	\$ 1,599,817	\$ (12,908,841)
(b) Foreign	-	-	-
(c) Subtotal	\$ (11,309,024)	\$ 1,599,817	\$ (12,908,841)
(d) Federal income tax on capital (losses)	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other, including prior years underaccrual/(overaccrual)	11,233	2,400	8,833
(g) Federal and foreign income taxes incurred expense	\$ (11,297,791)	\$ 1,602,217	\$ (12,900,008)

The tax effects of temporary differences that give rise to significant portions of the DTAs/(DTLs) are as follows:

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

(2) DTAs Resulting From:		2025	2024	Change
(a)	Ordinary			
	Discounting of unpaid losses and LAE	\$ 127,521	\$ 52,405	\$ 75,116
	Unearned premiums	296,064	134,397	161,667
	Policyholder reserves	-	-	-
	Investments	-	-	-
	Deferred acquisition costs	-	-	-
	Policyholder dividends accrued	-	-	-
	Fixed assets	-	-	-
	Accrued Expenses	47,406	53,545	(6,139)
	Pension accruals	-	-	-
	Nonadmitted assets	238,995	271,996	(33,001)
	Net operating loss carryforward	-	-	-
	Tax credit carryforward	-	-	-
	Goodwill and intangible amortization	-	-	-
	Premium deficiency reserve	-	-	-
	Other	-	1	(1)
	Gross Ordinary DTAs	\$ 709,986	\$ 512,344	\$ 197,642
(b)	SVA adjustments - Ordinary (-)	-	-	-
(c)	Nonadmitted Ordinary DTAs (-)	-	-	-
(d)	Admitted Ordinary DTAs	\$ 709,986	\$ 512,344	\$ 197,642
(e)	Capital			
	Investments	- \$	- \$	-
	Net capital loss carryforward	-	-	-
	Real estate	-	-	-
	Unrealized capital losses	-	-	-
	Other	-	-	-
	Gross Capital DTAs	\$ -	\$ -	-
(f)	SVA adjustments - Capital (-)	-	-	-
(g)	Nonadmitted Capital DTAs (-)	-	-	-
(h)	Admitted Capital DTAs	\$ -	\$ -	-
(i)	Admitted DTAs	\$ 709,986	\$ 512,344	\$ 197,642

DTLs resulting from book/tax differences in:

(3) (DTLs) Resulting From:		2025	2024	Change
(a)	Ordinary			
	Investments	\$ -	\$ -	-
	Fixed assets	-	-	-
	Deferred and uncollected premiums	-	-	-
	Policyholder reserves/salvage and subrogation	-	-	-
	Other	129,759	-	129,759
	Ordinary (DTLs)	\$ 129,759	\$ -	\$ 129,759
(b)	Capital			
	Investments	-	-	-
	Real estate	-	-	-
	Unrealized capital gains	-	-	-
	Other	-	-	-
	Capital (DTLs)	\$ -	\$ -	-
(c)	(DTLs)	\$ 129,759	\$ -	\$ 129,759
	(4) Net DTAs	\$ 580,227	\$ 512,344	\$ 67,883

**D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate**

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	<b>2025</b>
Income Before Taxes	\$ (11,404,929)
Deferred Taxes on Nonadmitted Assets	33,002
Other, Including Prior Year True-Up	6,253
Total Statutory Income Taxes	<u>\$ (11,365,674)</u>
	<b>2025</b>
Federal Income Taxes Incurred Expense/(Benefit)	\$ (11,297,791)
Tax on Capital Gains/(Losses)	-
Change in Net Deferred Income Tax Charge/(Benefit)	67,883
Total Statutory Income Taxes	<u>\$ (11,365,674)</u>

**E. Carryforwards, recoverable taxes, and IRC §6603 deposits:**

1. At December 31, 2025, the Company has no federal operating loss carryforwards.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

2. 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:

Year:	Ordinary	Capital	Total
2023	N/A	\$-	\$-
2024	1,605,765	-	1,605,765
2025	-	-	-

3. There were no aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (“IRS”) Code.

**F. Consolidated Federal Income Tax Return**

1. The Company’s federal income tax return is consolidated with Centene Corporation ("Centene") and its eligible subsidiaries as listed in NAIC Statutory Statement Schedule Y.

2. The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Centene or receive from Centene the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

G. The Company had no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within the next 12 months of the reporting date.

H. The Company had no repatriation transition tax.

I. The Company did not have any alternative minimum tax credit.

J. The Inflation Reduction Act was enacted on August 16, 2022, and includes a new corporate alternative minimum tax (“CAMT”). The Company has determined that they are subject to the CAMT; however they do not pay any CAMT pursuant to the tax sharing agreement.

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

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

The Company has a management services agreement with Centene Management Company, LLC ("CMC") whereby the Company paid CMC for its actual costs incurred. CMC assumes responsibility for program planning and development, management information systems, financial systems and services, facilities arrangement, claims administration, provider and enrollee services and records, case management, care coordination, utilization and peer review, and quality assurance/quality improvement. In addition, under the agreement, the Company also pays other direct costs associated with the business not covered by the management services agreement.

Amounts due to or from CMC are normally settled within 30 days. Any receivable due from CMC over 90 days old is non-admitted in accordance with statutory accounting principles.

The Company’s transactions, amounts due to and admitted amounts due from related parties in exchange for services provided for the years ended December 31, 2025 and 2024 are as follows:

Affiliate	Expense 2025	Expense 2024	Amount due from (to) 2025	Amount due from (to) 2024	Services Provided
CMC	\$ 30,727,258	\$ 17,552,060	\$ 15,117,162	\$ 1,000,657	General management services and capital contributions
Envolve Dental, Inc.	780,357	395,648	(61,496)	(40,867)	Managed dental services
Envolve Vision, Inc.	803,845	360,443	(64,523)	(41,906)	Managed vision services
Centene Pharmacy Services, Inc.	761,604	395,980	(1,486)	31,696	Pharmacy support services

Capital Contributions- In 2025 and 2024, the Company received capital contributions of \$63,600,000 and \$0 respectively, from its affiliated management company, CMC.

C. The Company did not have any transactions with related parties who are not reported on Schedule Y.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

D. At December 31, 2025 and 2024, the Company reported a balance of \$15,117,162 and \$1,032,353, receivable from parent, subsidiaries and affiliates and a \$127,505 and \$82,773, payable to parent, subsidiaries and affiliates, respectively.

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

F. The Company did not have any guarantees or undertakings for the benefit of an affiliate or related party that would result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

G. 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 turn owned by WellCare Health Plans, Inc., which is in turn owned by Centene Corporation.

H. The Company did not have any amounts deducted from the value of an upstream intermediate entities or parent, either directly or indirectly, via a downstream SCA.

I. The Company did not have any investments in SCA entities that exceed 10% of admitted assets.

J. The Company did not have any investments in impaired SCA entities.

K. The Company did not have any investments in foreign insurance subsidiaries.

L. The Company did not hold any investments in a downstream noninsurance holding company.

M. The Company did not have any investments in noninsurance SCA entities.

N. The Company did not have any investments in insurance SCA entities.

O. The Company did not have any investments in SCA entities or joint ventures, partnerships or LLC's in which the Company's share is losses that exceed the investment.

### **11. Debt**

The Company did not have any debt or Federal Home Loan Bank agreements.

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

The Company did not sponsor any retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement benefits plan.

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

A. The Company has 1,000,000 shares of \$1 par value common stock authorized of which 1,000,000 shares are issued and outstanding.

B. The Company has no preferred stock outstanding.

C. Dividend Restrictions - Under the laws of the State of Kentucky, all dividends and other distributions to shareholders must be reported to the Kentucky Department. If surplus is determined by the Department not to be reasonable in relation to the insurer's outstanding liabilities and adequate to meet its financial needs, the Department shall have the authority to limit the amount of the dividends or distributions. No dividend or other distribution may be declared or paid at any time when the surplus of the insurer is less than the surplus required by law, or when the payment of a dividend or other distribution would reduce its surplus to less than such amount.

D. Dividends - The Company did not pay any dividends in 2025 or 2024.

E. Within the limitation of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

G. The Company did not have any advances to surplus not repaid.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

H. The Company held no stock for special purposes including conversion of preferred stock, employee stock options and stock purchase warrants.

I. The Company did not have any special surplus funds.

J. The Company had no unrealized gains and losses.

K. The Company did not have any surplus notes.

L. The Company was not involved in a quasi-reorganization.

M. The Company has not been involved in a quasi-reorganization in the last 10 years.

**14. Liabilities, Contingencies and Assessments**

A. There were no contingent commitments.

B. There were no assessments that could have a material financial effect.

C. There were no gain contingencies.

D. There were no claims related extra contractual obligations and bad faith losses stemming from lawsuits.

E. There were no joint and several liabilities.

F. All Other Contingencies - Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets it considers impaired.

**15. Leases**

The Company did not have any noncancelable operating leases.

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

The Company did not have any off-balance sheet risk and concentration of credit risk for financial instruments.

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

A. The Company did not have any transfer of receivables reported as sales.

B. The Company did not have any transfer and servicing of financial assets and extinguishments of liabilities.

C. The Company had no wash sales transaction with an NAIC designation 3 or below or unrated securities.

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

A. - B. The Company did not have any Administrative Services Only Plans or Administrative Services Contract Plans.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

1. There were no major components of revenue by payor.

2. The Company did not have any receivables from payors relating to uninsured accident and health plans.

3. There were no recorded allowances or reserves for adjustment of recorded revenues.

4. There were no adjustments to revenue resulting from audit of receivables related to revenue recorded in prior periods.

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

The Company did not have any direct premiums written or reduced by managing general agents or third-party administrators.

**20. Fair Value Measurements**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

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

1. The following table summarizes fair value measurements by level at December 31, 2025, for assets and liabilities measured at fair value:

Description of each class of asset or liability	Level 1	Level 2	Level 3	(NAV)	Total
<b>a. Assets at fair value</b>					
Cash, cash equivalents and short-term investments	\$ 70,134,796	\$ -	\$ -	\$ -	70,134,796
<b>Bonds</b>					
Issuer credit obligations	\$ -	\$ -	\$ -	\$ -	-
Asset-backed securities	-	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -	-
<b>Common stock</b>					
Parent, subsidiaries and affiliates	\$ -	\$ -	\$ -	\$ -	-
Total Common stock	\$ -	\$ -	\$ -	\$ -	-
<b>Derivatives assets</b>					
Total Derivatives assets	\$ -	\$ -	\$ -	\$ -	-
<b>Separate account assets</b>					
Total assets at fair value	\$ 70,134,796	\$ -	\$ -	\$ -	70,134,796
<b>b. Liabilities at fair value</b>					
Separate account liabilities	\$ -			\$ -	-
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 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 input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

C. Aggregate Fair Value for all Financial Instruments

The following table summarizes fair value measurements by level at December 31, 2025, for all financial instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 70,134,796	\$ 70,134,796	\$ 70,134,796	\$ -	\$ -	\$ -	-
Issuer credit obligations	528,527	529,364	528,527	-	-	-	-

D. & E. The Company did not have any investments where it was not practicable to estimate fair value nor measuring using the NAV practical value.

**21. Other Items**

A. The Company did not have any unusual or infrequent items.

B. The Company did not have any troubled debt restructuring.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.  
NOTES TO FINANCIAL STATEMENT

- C. There were no other disclosures and unusual items.
- D. There were no business interruption insurance recoveries.
- E. There were no state and federal tax credits.
- F. There were no subprime mortgage related risk exposure.
- G. There were no retained assets.
- H. There were no insurance-linked securities contracts.
- I. There were no amounts that could be realized on life insurance where the Company is owner and beneficiary or has otherwise obtained rights to control the policy.

**22. Events Subsequent**

In February 2026, the Company received a cash capital contribution of \$9,500,000 from its affiliated management company, CMC. The Department was given prior notification of the capital contribution. The Company recorded the contribution in its December 31, 2025 statement as a Type I subsequent event in accordance with Statutory Statement of Accounting Principles No. 72 — *Surplus and Quasi-Reorganizations*, paragraph 8.

Besides the event listed above, there were no additional events occurring subsequent to December 31, 2025 requiring disclosure. Subsequent events have been considered through February 25, 2026, which was the date the statutory-basis financial statements were issued.

**23. Reinsurance**

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

- 1. 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.
- 2. 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) that 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

- 1. 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 credit? Yes ( ) No ( X ) If yes, give full details.
  - (a) 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 \$0.
  - (b) 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
- 2. 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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

1. 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 \$0.
  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?
- B. The Company did not have any uncollectible reinsurance.
- C. The Company did not commute any ceded reinsurance.
- D. The Company did not have any certified reinsurer's rating downgraded or status subject to revocation.
- E. The Company did not have any deposit accounting reinsurance contracts subject to A-791.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

- A. The Company estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the Administrative Care Act ("ACA") Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA Medical Loss Ratio ("MLR") Rebate program.
- 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, 2025, that are subject to retrospective rating features was \$284,465,952 or 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical loss ratio ("MLR") rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
<b>Prior Reporting Year</b>					
(1) Medical loss ratio rebates incurred	\$ 1,090,316	\$ -	\$ -	\$ -	\$ 1,090,316
(2) Medical loss ratio rebates paid	1,090,316	-	-	-	1,090,316
(3) Medical loss ratio rebates unpaid	-	-	-	-	-
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	<u>\$ -</u>
<b>Current Reporting Year-to-Date</b>					
(7) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	-
(8) Medical loss ratio rebates paid	-	-	-	-	-
(9) Medical loss ratio rebates unpaid	-	-	-	-	-
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	<u>\$ -</u>

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

**E. Risk Sharing Provisions of the ACA**

1) Did the reporting entity write accident and health insurance premium that is subject to the ACA risk-sharing provisions (YES/NO)?  
YES

2) Impact of Risk Sharing Provisions of the ACA on Admitted Assets, Liabilities and Revenue for the Current Year:

**a) Permanent ACA Risk Adjustment Program**

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment \$ -

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ -

3. Premium adjustments payable due to ACA Risk Adjustment \$ 14,426,386

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment \$ 15,677,407

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 94,460

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date			
			Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Re f	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
			5	6	7	8		9	10	
1	2	3	4	5	6	7	8		9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program										
1) Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2) Premium adjustments (payable)	-	2,518,593	-	1,267,572	-	1,251,021	-	(1,251,021)	B	-
3) Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ 2,518,593	\$ -	\$ 1,267,572	\$ -	\$ 1,251,021	\$ -	\$ (1,251,021)		\$ -

A & B - Adjustments due to updated 2024 transfers liabilities and RADV transfer liabilities driven by final CMS announcements

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

A. Reserves for unpaid claims as of December 31, 2024 were \$17,321,387. As of December 31, 2025, \$19,776,069 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$2,884,405 as a result of re-estimation of unpaid claims. Therefore, there has been \$(5,339,088) unfavorable prior-year development since December 31, 2024. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Adjustments to claims adjustment expenses incurred attributable to insured events of the prior year were immaterial.

B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses for the most recent reporting period presented.

**26. Intercompany Pooling Arrangements**

The Company did not have any intercompany pooling arrangements.

**27. Structured Settlements**

The Company did not have any structured settlements.

**28. Health Care Receivables**

A. 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, 2025, were \$4,459,522, of which \$512,094 is aged ninety days or older and is nonadmitted.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

The following is a summary of pharmacy rebates by quarter:

<b>Quarter Ending</b>	<b>Estimated Rebates</b>	<b>Rebates Invoiced</b>	<b>Collected Within 90 days of Invoicing</b>	<b>Collected Within 91 to 180 days of Invoicing</b>	<b>Collected More than 180 days of Invoicing</b>
12/31/2025 \$	9,910,448 \$	- \$	3,193,378 \$	- \$	-
9/30/2025	8,870,054	8,349,465	9,151,341	-	-
6/30/2025	8,122,745	7,915,996	8,585,628	74,929	-
3/31/2025	7,075,197	6,354,572	6,957,829	71,469	1,416
12/31/2024	5,543,235	5,166,133	5,183,921	219,513	(237,301)
9/30/2024	5,260,400	4,760,626	4,721,802	46,585	(7,761)
6/30/2024	3,846,322	3,805,581	3,599,857	212,323	(6,302)
3/31/2024	2,527,362	2,434,096	1,354,132	795,056	283,281
12/31/2023	1,346,701	1,572,971	1,520,851	(26,387)	(163,294)
9/30/2023	1,182,038	1,348,497	1,276,794	-	(92,748)
6/30/2023	776,510	942,646	891,115	-	(13,914)
3/31/2023	685,891	754,223	712,699	-	2,459

B. The Company did not have any risk sharing receivables billed, received, and accrued for three years.

C. The Company did not have any Medicare prescription payment plan receivables.

**29. Participating Policies**

The Company had no participating policies.

**30. Premium Deficiency Reserves**

The following table summarizes the Company's premium deficiency reserves at December 31, 2025:

1. Liability carried for premium deficiency reserves -	\$	—
2. Date of most recent evaluation of this liability -		January 31, 2026
3. Was anticipated investment income utilized in the calculation?		YES

**31. Anticipated Salvage and Subrogation**

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$121,000.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes  No   
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes  No  N/A
- 1.3 State Regulating? Kentucky.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes  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. 0001071739.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes  No
- 2.2 If yes, date of change: .....05/26/2025
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2022
- 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. ....12/31/2022
- 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). ....07/03/2024
- 3.4 By what department or departments? Kentucky Department of Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes  No  N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  No  N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes  No
- 4.12 renewals? Yes  No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes  No
- 4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes  No
- 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
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes  No
- 7.2 If yes, 7.21 State the percentage of foreign control .....0.0 %
- 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
.....	.....
.....	.....
.....	.....

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes  No
- 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
.....	.....	.....	.....	.....	.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes  No
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes  No  N/A
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? KPMG LLP, 10 S. Broadway, Suite 900, St. Louis, MO 63102.....
- 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
- 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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

- 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  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?  
Alison Murman (Employee), Centene Corporation, 7700 Forsyth Blvd, St. Louis 63105.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes  No
- 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?  
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  No
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
On December 6, 2024, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Code of Conduct, which is applicable to and adopted by the Company.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes  No
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 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
- 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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	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  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  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  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
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....  
20.12 To stockholders not officers \$.....  
20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 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 \$.....  
20.22 To stockholders not officers \$.....  
20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 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
- 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
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....2,803,616  
22.22 Amount paid as expenses \$.....0  
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
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes  No
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
--------------------------	--

**INVESTMENT**

- 25.01 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 25.03) Yes [ X ] No [ ]
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities 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)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....
- 25.06 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 ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 25.08 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 ]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 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 24.1 and 25.03). Yes [ X ] No [ ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....
- 26.22 Subject to reverse repurchase agreements \$.....
- 26.23 Subject to dollar repurchase agreements \$.....
- 26.24 Subject to reverse dollar repurchase agreements \$.....
- 26.25 Placed under option agreements \$.....
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
- 26.27 FHLB Capital Stock \$.....
- 26.28 On deposit with states \$.....529,364
- 26.29 On deposit with other regulatory bodies \$.....
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....
- 26.32 Other \$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]
- 27.2 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.

**LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
- 27.42 Permitted accounting practice Yes [ ] No [ ]
- 27.43 Other accounting guidance Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

29. 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 [ X ]

29.01 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

29.02 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)

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ X ]
- 29.04 If yes, give full and complete information relating thereto:

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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

29.05 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. This includes both primary and sub-advisors. 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

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets? Yes [ ] No [ X ] NA [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets? Yes [ ] No [ X ] NA [ ]

29.06 For those firms or individuals listed in the table for 29.05 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 Registered With	4 Investment Management Agreement (IMA) Filed

30.1 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 ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 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

31. 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 (+)
31.1 Issuer Credit Obligations.....	529,364	528,527	(837)
31.2 Asset-Backed Securities.....			0
31.3 Preferred Stocks.....	0		0
31.4 Totals	529,364	528,527	(837)

31.5 Describe the sources or methods utilized in determining the fair values:  
The Company’s pricing vendor is London Stock Exchange Group (“LSEG”), formerly Refinitiv, with pricing data provided through Clearwater. When LSEG pricing is unavailable, the Company utilizes ICE DATA Pricing & Reference Data, provided through its custodians.....

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

32.2 If the answer to 32.1 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 [ X ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2 If no, list exceptions:

34. 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 [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:  
a. The security was either:  
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or  
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons (“waived submission PLR securities”).  
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.  
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.  
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [ ] No [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
  - b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
  - c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
  - d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ X ] No [ ] NA [ ]

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [ ] No [ ]

39.22 Immediately converted to U.S. dollars Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

**OTHER**

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

40.2 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
.....	\$ .....
.....	\$ .....
.....	\$ .....

41.1 Amount of payments for legal expenses, if any? \$ .....24,395

41.2 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
WILLIAMS & CONNOLLY, LLP.....	\$ .....8,172
LIGHTHOUSE.....	\$ .....7,906

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

42.2 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 lives .....0
- 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 lives .....0
- 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 lives .....0
- 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 lives .....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....284,465,952		\$ .....163,266,246
2.2	Premium Denominator	\$ .....284,465,952		\$ .....163,266,246
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$ .....52,907,993		\$ .....18,667,909
2.5	Reserve Denominator	\$ .....52,907,993		\$ .....18,667,909
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 [ ] No [ X ]
- 5.2 If no, explain:  
The Company determined it was not cost effective to utilize stop-loss reinsurance.
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ .....
- 5.32 Medical Only \$ .....
- 5.33 Medicare Supplement \$ .....
- 5.34 Dental and Vision \$ .....
- 5.35 Other Limited Benefit Plan \$ .....
- 5.36 Other \$ .....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
The Company is required by the Department of Insurance to have a restricted bank account funded for the specific event of the insolvency. Additionally, all provider contracts include provision for continuity of care to its subscribers.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year .....10,348
- 8.2 Number of providers at end of reporting year .....10,347
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [ X ]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months .....
- 9.22 Business with rate guarantees over 36 months .....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes  No
- 10.2 If yes:
- |   |         |         |
|---|---------|---------|
| 10.21 Maximum amount payable bonuses          | \$..... | 937,645 |
| 10.22 Amount actually paid for year bonuses   | \$..... | 536,073 |
| 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above) ?        | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes  No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Kentucky.....
- 11.4 If yes, show the amount required. \$.....3,250,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes  No
- 11.6 If the amount is calculated, show the calculation  
Kentucky State Statute 304.38-070
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Adair, Allen, Anderson, Ballard, Barren,.....
Bell, Boone, Boyd, Boyle, Bracken,.....
Breathitt, Breckinridge, Bullitt, Caldwell,.....
Calloway, Campbell, Carroll, Carter,.....
Clark, Clay, Clinton, Crittenden,.....
Cumberland, Daviess, Estill, Fayette,.....
Floyd, Franklin, Gallatin, Garrard,.....
Grant, Greenup, Hancock, Hardin, Harlan,.....
Hart, Henderson, Henry, Hopkins,.....
Jefferson, Jessamine, Johnson, Kenton,.....
Knott, Knox, Larue, Lawrence, Leslie,.....
Letcher, Lincoln, Livingston, Lyon,.....
Madison, Magoffin, Martin, McCracken,.....
McCreary, McLean, Meade, Mercer,.....
Monroe, Morgan, Muhlenberg, Ohio,.....
Oldham, Owen, Pendleton, Perry,.....
Pike, Scott, Shelby, Simpson, Spencer, Trigg, Trimble, Union, Warren, Washington, Webster, Whitley,.....
Woodford.....

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

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

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- |                              |         |       |
|------------------------------|---------|-------|
| 15.1 Direct Premium Written  | \$..... |       |
| 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
- 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

**FIVE - YEAR HISTORICAL DATA**

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	102,747,443	43,083,394	22,365,330	9,151,150	4,697,411
2. Total liabilities (Page 3, Line 24)	65,550,522	26,700,105	10,553,883	5,297,614	174,603
3. Statutory minimum capital and surplus requirement	3,250,000	3,250,000	3,250,000	3,250,000	3,000,000
4. Total capital and surplus (Page 3, Line 33)	37,196,921	16,383,289	11,811,447	3,853,536	4,522,808
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	284,465,952	163,266,246	41,914,277	15,861,042	0
6. Total medical and hospital expenses (Line 18)	304,900,249	136,323,822	37,875,219	13,925,771	0
7. Claims adjustment expenses (Line 20)	2,789,742	1,285,262	387,080	165,037	0
8. Total administrative expenses (Line 21)	31,709,522	19,465,721	9,272,126	2,026,568	12,763
9. Net underwriting gain (loss) (Line 24)	(54,933,562)	6,191,441	(5,211,381)	(665,101)	(12,763)
10. Net investment gain (loss) (Line 27)	1,244,411	983,348	322,256	104,802	12,757
11. Total other income (Lines 28 plus 29)	(620,040)	(412,487)	(142,058)	(48,145)	0
12. Net income or (loss) (Line 32)	(43,011,401)	5,160,085	(3,922,273)	(587,351)	(6,801)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	(9,041,925)	12,792,412	(2,810,530)	3,577,410	171,315
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	37,196,921	16,383,289	11,811,447	3,853,536	4,522,808
15. Authorized control level risk-based capital	12,199,284	5,554,628	1,999,854	1,054,244	10,870
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	42,288	26,102	7,408	2,368	0
17. Total members months (Column 6, Line 7)	513,976	269,991	68,877	28,634	0
<b>Operating Percentage</b> (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)	107.2	83.5	90.4	87.8	0.0
20. Cost containment expenses	0.1	0.0	0.1	0.1	0.0
21. Other claims adjustment expenses	0.9	0.7	0.9	1.0	0.0
22. Total underwriting deductions (Line 23)	119.3	96.2	112.4	104.2	0.0
23. Total underwriting gain (loss) (Line 24)	(19.3)	3.8	(12.4)	(4.2)	0.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	22,660,474	5,067,331	2,325,439	0	0
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	17,321,387	6,435,367	2,239,479	0	0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1)	0	0	0	0	0
29. Affiliated mortgage loans on real estate	0	0	0	0	0
30. All other affiliated	0	0	0	0	0
31. Total of above Lines 26 to 30	0	0	0	0	0
32. Total investment in parent included in Lines 26 to 30 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 Corrections 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 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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	L	284,465,952							284,465,952	.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	.N								0	.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	.0
59. Subtotal	.XXX	284,465,952	.0	.0	.0	.0	.0	.0	284,465,952	.0	.0
60. Reporting entity contributions for employee benefit plans	.XXX								0		
61. Total (direct business)	.XXX	284,465,952	0	0	0	0	0	0	284,465,952	0	0
<b>DETAILS OF WRITE-INS</b>											
58001.	.XXX										
58002.	.XXX										
58003.	.XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	.XXX	.0	.0	.0	.0	.0	.0	.0	0	0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.XXX	0	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	1	4. Q – Qualified – Qualified or accredited reinsurer	0
2. R – Registered – Non-domiciled RRGs	0	5. N – None of the above – Not allowed to write business in the state.	56
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	0		

(b) Explanation of basis of allocation by states, premiums by states, etc.

The Company does business only in the state of Kentucky



Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

	Granite State Health Plan, Inc.									45-4792498	NH	14226
	California Health and Wellness Plan									46-0907261	CA	
	Western Sky Community Care, Inc.									45-5583511	NM	16351
	Tennessee Total Care, Inc.									26-1849394	TN	
	SilverSummit Healthplan, Inc.									20-4761189	NV	16143
	University Health Plans, Inc.									22-3292245	NJ	
	Agate Resources, Inc.									20-0483299	OR	
	Trillium Community Health Plan, Inc.									42-1694349	OR	12559
	Nebraska Total Care, Inc.									47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.									47-5340613	PA	16041
	Ambetter Health of Pennsylvania, Inc.									33-3859301	PA	
	Sunshine Health Community Solutions, Inc.									47-5667095	VA	15927
	Buckeye Health Plan Community Solutions, Inc.									47-5664342	OH	16112
	Arkansas Health & Wellness Health Plan, Inc.									81-1282251	AR	16130
	Arkansas Total Care Holding Company, LLC (49%)									38-4042368	DE	
	Arkansas Total Care, Inc.									82-2649097	AR	16256
	Bridgeway Health Solutions, LLC									20-4980875	DE	
	Bridgeway Health Solutions of Arizona, Inc.									20-4980818	AZ	16310
	Celtic Group, Inc.									36-2979209	DE	
	Celtic Insurance Company									06-0641618	IL	80799
	Ambetter of Magnolia Inc.									35-2525384	MS	15762
	Ambetter of Peach State Inc.									36-4802632	GA	15729
	Ambetter Health of Louisiana, Inc.									92-3523808	LA	17514
	Novasys Health, Inc.									27-2221367	DE	
	Centene Management Company LLC									39-1864073	WI	
	CMC Real Estate Company, LLC									20-0057283	DE	
	Centene Center LLC									26-4094682	DE	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

			Centene Center I, LLC							82-1816153	DE	
			Centene Center II, LLC							47-5156015	DE	
			Illinois Health Practice Alliance, LLC (50%)							82-2761995	DE	
			Lifeshare Management Group, LLC							46-2798132	NH	
			Envolve Holdings, LLC							22-3889471	DE	
			Cenpatico Behavioral Health, LLC							68-0461584	CA	
			Envolve, Inc.							37-1788565	DE	
			Envolve Benefit Options, Inc.							61-1846191	DE	
			Envolve Vision Benefits, Inc.							20-4730341	DE	
			Envolve Vision of Texas, Inc.							75-2592153	TX	95302
			Envolve Vision, Inc.							20-4773088	DE	
			Envolve Vision of Florida, Inc.							65-0094759	FL	
			Envolve Total Vision, Inc.							20-4861241	DE	
			Envolve Dental, Inc.							46-2783884	DE	
			Envolve Dental of Florida, Inc.							81-2969330	FL	
			Envolve Dental of Texas, Inc.							81-2796896	TX	16106
			Centene Pharmacy Services, Inc.							77-0578529	DE	
			Specialty Therapeutic Care Holdings, LLC							27-3617766	DE	
			Presonyx, Inc.							80-0856383	DE	
			AcariaHealth, Inc.							45-2780334	DE	
			AcariaHealth Pharmacy #14, Inc.							27-1599047	CA	
			AcariaHealth Pharmacy #11, Inc.							20-8192615	TX	
			AcariaHealth Pharmacy #12, Inc.							27-2765424	NY	
			AcariaHealth Pharmacy, Inc.							13-4262384	CA	
			Homescripts.Com, LLC							27-3707698	MI	
			Foundation Care LLC							20-0873587	MO	
			AcariaHealth Pharmacy #26, Inc.							20-8420512	DE	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

Health Net, LLC										47-5208076	DE	
	Health Net of California, Inc.									95-4402957	CA	
		Health Net Life Insurance Company								73-0654885	CA	66141
		Health Net Life Reinsurance Company								98-0409907	CJ	
		MEB Ventures II, LLC								83-1570018	DE	
			BLR Properties, LLC (80%)							83-1576137	DE	
		Managed Health Network, LLC								95-4117722	DE	
			Managed Health Network							95-3817988	CA	
			MHN Services, LLC							95-4146179	CA	
		Health Net Federal Services, LLC								68-0214809	DE	
			Network Providers, LLC							88-0357895	DE	
		Health Net Health Plan of Oregon, Inc.								93-1004034	OR	95800
		Health Net Community Solutions, Inc.								54-2174068	CA	
		Health Net of Arizona, Inc.								36-3097810	AZ	95206
		Health Net Community Solutions of Arizona, Inc.								81-1348826	AZ	15895
	Centene Health Plan Holdings, Inc.									82-1172163	DE	
		Ambetter of North Carolina, Inc.								82-5032556	NC	16395
		Carolina Complete Health Holding Company Partnership (80%)								82-2699483	DE	
			Carolina Complete Health, Inc.							82-2699332	NC	16526
	New York Quality Healthcare Corporation									82-3380290	NY	16352
		WellCare of Connecticut, Inc.								06-1405640	CT	95310
	Community Medical Holdings Corp.									47-4179393	DE	
		Access Medical Acquisition, LLC								46-3485489	DE	
			Access Medical Group of North Miami Beach, LLC							45-3191569	FL	
			Access Medical Group of Miami, LLC							45-3191719	FL	
			Access Medical Group of Hialeah, LLC							45-3192283	FL	
			Access Medical Group of Westchester, LLC							45-3199819	FL	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

			Access Medical Group of Opa-Locka, LLC					45-3505196	FL	
			Access Medical Group of Perrine, LLC					45-3192955	FL	
			Access Medical Group of Florida City, LLC					45-3192366	FL	
			Access Medical Group of Tampa, LLC					82-1737078	FL	
			Access Medical Group of Tampa II, LLC					82-1750978	FL	
			Access Medical Group of Tampa III, LLC					82-1773315	FL	
			Access Medical Group of Lakeland, LLC					84-2750188	FL	
			Access Medical Group of Pembroke Pines, LLC					88-2251274	FL	
			Access Medical Group of Margate, LLC					88-2263310	FL	
			Access Medical Group of Riverview, LLC					88-2284518	FL	
			Access Medical Group of Kendall, LLC					92-0235557	FL	
			Access Medical Group of Lauderdale Lakes, LLC					92-0261029	FL	
			Access Medical Group of Sand Lake, LLC					33-2792794	FL	
			Access Medical Group of Miami Medicare, LLC					39-2435871	FL	
			Access Medical Group of Hillsborough Peds, LLC					39-2463326	FL	
	Interpreta Holdings, Inc. (80.1%)							82-4883921	DE	
		Interpreta, Inc.						46-5517858	DE	
		Next Door Neighbors, LLC						32-2434596	DE	
		Next Door Neighbors, Inc.						83-2381790	DE	
			Centene Venture Company Alabama Health Plan, Inc.					84-3707689	AL	16771
			Centene Venture Company Illinois					83-2425735	IL	16505
			Centene Venture Company Kansas					83-2409040	KS	16528
			Centene Venture Company Florida					83-2434596	FL	16499
			Centene Venture Company Indiana, Inc.					84-3679376	IN	16773
			Centene Venture Company Tennessee					84-3724374	TN	16770
			Centene Venture Insurance Company Texas					86-1543217	TX	16990
			Centene Venture Company Michigan					83-2446307	MI	16613

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

	Comprehensive Health Management, LLC								59-3547616	FL	
	WellCare Health Plans, Inc.								83-4405939	DE	
	WCG Health Management, Inc.								04-3669698	DE	
	The WellCare Management Group, Inc.								14-1647239	NY	
	WellCare of Mississippi, Inc.								81-5442932	MS	16329
	WellCare of Virginia, Inc.								82-0664467	VA	
	WellCare of Oklahoma, Inc.								81-3299281	OK	16117
	WellCare Health Insurance Company of Nevada, Inc.								84-3731013	NV	
	WellCare Health Insurance of the Southwest, Inc.								84-3739752	AZ	16692
	WellCare of Georgia, Inc.								20-2103320	GA	10760
	WellCare of Texas, Inc.								20-8058761	TX	12964
	WellCare of South Carolina, Inc.								32-0062883	SC	11775
	WellCare Health Plans of New Jersey, Inc.								20-8017319	NJ	13020
	WellCare Health Plans of Massachusetts, Inc.								84-3547689	MA	16970
	WellCare Health Insurance Company of Oklahoma, Inc.								84-4449030	OK	16752
	WellCare Health Plans of Missouri, Inc.								84-3907795	MO	16753
	WellCare Prescription Insurance, Inc.								20-2383134	AZ	10155
	WellCare Health Insurance of Hawaii, Inc.								84-4664883	HI	17002
	WellCare Health Plans of Rhode Island, Inc.								84-4627844	RI	16766
	WellCare of Illinois, Inc.								84-4649985	IL	16765
	Rhythm Health Tennessee, Inc.								45-5154364	TN	16533
	WellCare Health Insurance of New York, Inc.								11-3197523	NY	10884
	Ohana Health Plan, Inc.								27-0386122	HI	
	WellCare of Indiana, Inc.								83-2840051	IN	
	America's 1st Choice California Holdings, LLC								45-3236788	FL	
	WellCare of California, Inc.								20-5327501	CA	
	WellCare Health Insurance of Tennessee, Inc.								83-2276159	TN	16532

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

			WellCare of New Hampshire, Inc.					83-2914327	NH	16515
			WellCare Health Plans of Vermont, Inc.					83-2255514	IA	16514
			WellCare Health Insurance of Connecticut, Inc.					83-2126269	CT	16513
			WellCare of Washington, Inc.					83-2069308	WA	16571
			WellCare Health Plans of Kentucky, Inc.					47-0971481	KY	15510
			WellCare of Alabama, Inc.					82-1301128	AL	16239
			WellCare of Maine, Inc.					82-3114517	ME	16344
			Harmony Health Systems, Inc.					22-3391045	NJ	
			Harmony Health Plan, Inc.					36-4050495	IL	11229
			WellCare Health Insurance Company of Kentucky, Inc.					36-6069295	KY	64467
			WellCare Health Insurance of Arizona, Inc.					86-0269558	AZ	83445
			WellCare Health Insurance of North Carolina, Inc.					83-3493160	NC	16548
			WellCare Health Insurance Company of Louisiana, Inc.					83-3333918	LA	16788
			WellCare of Missouri Health Insurance Company, Inc.					83-3525830	MO	16512
			One Care by Care1st Health Plan of Arizona, Inc.					06-1742685	AZ	
			WellCare Health Insurance Company of Washington, Inc.					83-3166908	WA	16570
			WellCare of North Carolina, Inc.					82-5488080	NC	16547
			WellCare Health Insurance Company of America					82-4247084	AR	16343
			WellCare National Health Insurance Company					82-5127096	TX	16342
			WellCare Health Insurance Company of New Hampshire, Inc.					83-3091673	NH	16516
			Wellcare Health Insurance Company of New Jersey, Inc.					84-4709471	NJ	16789
			WellCare of Michigan Holding Company					26-4004578	MI	
			Meridian Health Plan of Michigan, Inc.					38-3253977	MI	52563
			Meridian Health Plan of Illinois, Inc.					20-3209671	IL	13189
			Sunshine State Health Plan, Inc. (50%)					20-8937577	FL	13148
			Universal American Corp.					27-4683816	DE	
			Universal American Holdings, LLC					45-1352914	DE	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

			American Progressive Life and Health Insurance Company of New York	13-1851754	NY	80624
			Heritage Health Systems, Inc.	62-1517194	TX	
			SelectCare of Texas, Inc.	62-1819658	TX	10096
			Heritage Health Systems of Texas, Inc.	76-0459857	TX	
	QCA Health Plan, Inc.			71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company, Inc.			71-0386640	AR	70998
	District Community Care, Inc.			84-4119570	DC	16814
	Oklahoma Complete Health Holding Company, LLC			86-2318658	DE	
	Oklahoma Complete Health, Inc.			81-3121527	OK	16904
	RI Health & Wellness, Inc.			86-2694770	RI	
	Delaware First Health, Inc.			88-3410060	DE	
	Delaware First Health Complete, Inc.			88-4145615	DE	
	Magellan Health, Inc.			58-1076937	DE	
	Magellan Pharmacy Services, Inc.			47-5588795	DE	
	Magellan Behavioral Health of New Jersey, LLC			52-2310906	NJ	12632
	Magellan Health Services of California, Inc. - Employer Services			95-2868243	CA	
	Magellan Healthcare, Inc.			52-2135463	DE	
	Human Affairs International of California			93-0999350	CA	
	Magellan Complete Care of Louisiana, Inc.			46-4188169	LA	15550
	Magellan Behavioral Health of Florida, Inc.			20-1919978	FL	
	Magellan Health Services of Arizona, Inc.			20-1728452	AZ	
	Magellan Health Services of New Mexico, Inc.			85-0420095	NM	
	Magellan of Idaho, LLC			85-4065417	ID	
	Magellan Complete Care of Pennsylvania, Inc.			46-4457706	PA	15924
	Magellan Life Insurance Company			57-0724249	DE	97292
	Merit Behavioral Care Corporation			22-3236927	DE	
	Magellan Providers of Texas, Inc.			76-0513383	TX	

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE WellCare Health Plans of Kentucky, Inc.**

			Magellan Behavioral Health of Pennsylvania, Inc.						23-2759528	PA	47019
			Magellan Behavioral of Michigan, Inc.						52-1946167	MI	
			Magellan of Maryland, LLC						92-0642038	MD	
			Magnolia Joint Venture Holding Company, Inc.						92-0679069	DE	
			Ambetter Health of Texas, Inc.						33-1995487	TX	17804
			Ambetter Health of Florida, Inc.						33-2010592	FL	17793
			Idaho Complete Health, Inc.						39-4149441	ID	
			Health Plan Real Estate Holding II, Inc.						42-2483231	MO	
			Ambetter Health of California, Inc.						41-2541685	CA	
			Ambetter Health Solutions of Pennsylvania, Inc.						41-3157902	PA	
			Ambetter Health Insurance of Utah, Inc.						41-3198544	UT	