

Attachment B.11.p  
Comprehensive Reinsurance

## **CompRe - Louisiana RFP**

1. Indicate your organization's legal name, trade name, dba, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (e.g. publicly traded corporation).

### **RESPONSE:**

**The legal name of the responding affiliate subcontractor is Comprehensive Reinsurance, Ltd. ("CompRe"). CompRe does business under its legal name. The address (both physical and mailing) and phone number of its headquarters office is:**

- a. **Physical Address: PO Box 1051, Governors Square, 23 Lime Tree Bay Avenue, KY1-1102, Grand Cayman, Cayman Islands**
- b. **Mailing Address: PO Box 1051, Governors Square, 23 Lime Tree Bay Avenue, KY1-1102, Grand Cayman, Cayman Islands**
- c. **Telephone No.: (345) 914-5758**

**CompRe, a Cayman Islands company, is a wholly owned indirect subsidiary of a publicly traded company, WellCare Health Plans, Inc. and is an affiliate of the Proposer, WellCare of Louisiana, Inc.**

**As an affiliate of the Proposer, CompRe's direct and indirect ownership is reflected in the WellCare Group of Companies organizational chart which is included with the Proposer's response as Exhibit A to question B.9.**

**CompRe provides reinsurance services for certain WellCare health plan subsidiaries, including the Proposer, through reinsurance agreements that are reviewed and approved by the appropriate regulatory agencies.**

2. Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable).

### **RESPONSE:**

**CompRe is a Cayman Islands company. The names, addresses, and telephone number of all officers and directors are listed in the table below:**

<b>Name</b>	<b>Title</b>	<b>Address &amp; Phone Number</b>
<b>Alec R. Cunningham</b>	<b>Director, Chief Executive Officer &amp; President</b>	<b>8735 Henderson Road Tampa, FL 33634 813-290-6200</b>

Thomas L. Tran	Director, Chief Financial Officer, Sr. VP & Treasurer	8735 Henderson Road Tampa, FL 33634 813-290-6200
Marsh Management Company	Assistant Secretary	PO Box 1051, Governors Square, 23 Lime Tree Bay Avenue, KY1-1102, Grand Cayman, Cayman Islands

3. Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest.

**RESPONSE:**

**As noted previously, CompRe is an indirect wholly-owned subsidiary of a publicly traded company, WellCare Health Plans, Inc. None of CompRe's parent companies are health professionals. However, as a publicly traded organization, WellCare Health Plans, Inc. has many passive investors that do not exert control over any WellCare company.**

**Information regarding holders of 5% or more of the WellCare Health Plans, Inc. publicly traded stock is available in the WellCare Health Plans, Inc. Proxy Statement, Schedule 14A, as filed with the Securities and Exchange Commission on April 12, 2011.**

4. Provide your federal taxpayer identification number and Louisiana taxpayer identification number.

**RESPONSE:**

**CompRe's Federal Tax Identification Number is 98-0448921. CompRe does not have a Louisiana tax identification number.**

5. Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provide the name and address of the local representative; if none, so state.

**RESPONSE:**

**CompRe is a Cayman Islands company. As an affiliate of the Proposer, CompRe's in-state and out-of-state contacts would be the same as identified by the Proposer in Section B.1.**

6. Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. Include your organization's parent organization, affiliates, and subsidiaries.

**RESPONSE:**

**CompRe has no employees. All services provided to and performed on behalf of CompRe are managed and administered through Marsh Management Company.**

7. Provide a narrative description of your proposed Louisiana Medicaid Coordinated Care Network project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level. If proposing for more than one (1) GSA, include in your description and organizational chart if: 1) the team will be responsible for all GSAs or 2) if each GSA will differ provide details outlining the differences and how it will differ.

**RESPONSE:**

**CompRe has no employees. All services provided to and performed on behalf of CompRe are managed and administered through Marsh Management Company.**