

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	37,891	0	0	37,891	0	0	0	0	0	0
2. MEMBER MONTHS.....	111,601	0	0	111,601	0	0	0	0	0	0
3. Direct Premium Income.....	85,441,311	0	0	85,441,311	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	78,078,064	0	0	78,078,064	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXX	0	0	0	0	XXXXXXX	XXXXXXX	XXXXXXX	0
7. Risk Revenue.....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	0	XXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	78,078,064	0	0	78,078,064	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	73,276,482	0	0	73,276,482	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,169,010	0	0	2,169,010	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	71,107,472	0	0	71,107,472	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,520,541	0	0	2,520,541	0	0	0	0	0	0
15. General Administrative Expenses.....	10,545,272	0	0	10,545,272	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	84,173,285	0	0	84,173,285	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,095,221)	0	0	(6,095,221)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	33,218	0	0	33,218	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,062,003)	0	0	(6,062,003)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,795,088)	0	0	(1,795,088)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,266,915)	0	0	(4,266,915)	0	0	0	0	0	0
24 Medical Loss Ratio	91.1%	0.0%	0.0%	91.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

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STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	37,891	0	0	37,891	0	0	0	0	0	0
2. MEMBER MONTHS.....	217,399	0	0	217,399	0	0	0	0	0	0
3. Direct Premium Income.....	167,637,552	0	0	167,637,552	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	153,279,217	0	0	153,279,217	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	153,279,217	0	0	153,279,217	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	140,987,128	0	0	140,987,128	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,081,531	0	0	5,081,531	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	135,905,597	0	0	135,905,597	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,745,143	0	0	4,745,143	0	0	0	0	0	0
15. General Administrative Expenses.....	24,769,427	0	0	24,769,427	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	165,420,167	0	0	165,420,167	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(12,140,950)	0	0	(12,140,950)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	68,326	0	0	68,326	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(12,072,624)	0	0	(12,072,624)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,299,824)	0	0	(2,299,824)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,772,800)	0	0	(9,772,800)	0	0	0	0	0	0
24 Medical Loss Ratio	88.7%	0.0%	0.0%	88.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	5,942	0	0	0	0	0	0	5,942	0	0
2. First Quarter	0									
3. Second Quarter	7,411	0	0	0	0	0	0	7,411	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	41,102	0	0	0	0	0	0	41,102	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	29,250	0	0	0	0	0	0	29,250	0	0
8. Non-Physician	19,438	0	0	0	0	0	0	19,438	0	0
9. Total	48,688	0	0	0	0	0	0	48,688	0	0
10. Hospital Patient Days Incurred	6,130	0	0	0	0	0	0	6,130	0	0
11. Number of Inpatient Admissions	919	0	0	0	0	0	0	919	0	0
12. Health Premiums Written	27,874,480	0	0	0	0	0	0	27,874,480	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	27,874,480	0	0	0	0	0	0	27,874,480	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	21,927,013	0	0	0	0	0	0	21,927,013	0	0
18. Amount Incurred for Provision of Health Care Services	23,475,544	0	0	0	0	0	0	23,475,544	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,411	0	0	7,411	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,519	0	0	21,519	0	0	0	0	0	0
3. Direct Premium Income.....	14,582,644	0	0	14,582,644	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,244,042	0	0	13,244,042	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	13,244,042	0	0	13,244,042	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,469,673	0	0	12,469,673	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	397,731	0	0	397,731	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,071,942	0	0	12,071,942	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	427,447	0	0	427,447	0	0	0	0	0	0
15. General Administrative Expenses.....	1,869,376	0	0	1,869,376	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,368,765	0	0	14,368,765	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,124,723)	0	0	(1,124,723)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,649	0	0	5,649	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,119,074)	0	0	(1,119,074)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(340,249)	0	0	(340,249)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(778,825)	0	0	(778,825)	0	0	0	0	0	0
24 Medical Loss Ratio	91.1%	0.0%	0.0%	91.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,411	0	0	7,411	0	0	0	0	0	0
2. MEMBER MONTHS.....	41,102	0	0	41,102	0	0	0	0	0	0
3. Direct Premium Income.....	27,874,480	0	0	27,874,480	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	25,313,438	0	0	25,313,438	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	25,313,438	0	0	25,313,438	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	23,475,544	0	0	23,475,544	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	907,201	0	0	907,201	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	22,568,343	0	0	22,568,343	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	786,509	0	0	786,509	0	0	0	0	0	0
15. General Administrative Expenses.....	4,281,774	0	0	4,281,774	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	27,636,626	0	0	27,636,626	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,323,188)	0	0	(2,323,188)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	11,284	0	0	11,284	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,311,904)	0	0	(2,311,904)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(440,416)	0	0	(440,416)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,871,488)	0	0	(1,871,488)	0	0	0	0	0	0
24 Medical Loss Ratio	89.2%	0.0%	0.0%	89.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

REPORT FOR DIVISION: **Ft Worth**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	3,129	0	0	0	0	0	0	3,129	0	0
2. First Quarter	0									
3. Second Quarter	3,868	0	0	0	0	0	0	3,868	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	21,195	0	0	0	0	0	0	21,195	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	15,395	0	0	0	0	0	0	15,395	0	0
8. Non-Physician	11,946	0	0	0	0	0	0	11,946	0	0
9. Total	27,341	0	0	0	0	0	0	27,341	0	0
10. Hospital Patient Days Incurred	4,074	0	0	0	0	0	0	4,074	0	0
11. Number of Inpatient Admissions	562	0	0	0	0	0	0	562	0	0
12. Health Premiums Written	14,462,655	0	0	0	0	0	0	14,462,655	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	14,462,655	0	0	0	0	0	0	14,462,655	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	11,376,815	0	0	0	0	0	0	11,376,815	0	0
18. Amount Incurred for Provision of Health Care Services	12,180,270	0	0	0	0	0	0	12,180,270	0	0

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STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Ft Worth**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	3,868	0	0	3,868	0	0	0	0	0	0
2. MEMBER MONTHS.....	11,147	0	0	11,147	0	0	0	0	0	0
3. Direct Premium Income.....	7,545,932	0	0	7,545,932	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,853,264	0	0	6,853,264	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	6,853,264	0	0	6,853,264	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,453,104	0	0	6,453,104	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	205,586	0	0	205,586	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,247,518	0	0	6,247,518	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	221,234	0	0	221,234	0	0	0	0	0	0
15. General Administrative Expenses.....	966,248	0	0	966,248	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	7,435,000	0	0	7,435,000	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(581,736)	0	0	(581,736)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,923	0	0	2,923	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(578,813)	0	0	(578,813)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(176,385)	0	0	(176,385)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(402,428)	0	0	(402,428)	0	0	0	0	0	0
24 Medical Loss Ratio	91.2%	0.0%	0.0%	91.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Ft Worth**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	3,868	0	0	3,868	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,195	0	0	21,195	0	0	0	0	0	0
3. Direct Premium Income.....	14,462,655	0	0	14,462,655	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,133,860	0	0	13,133,860	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	13,133,860	0	0	13,133,860	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,180,270	0	0	12,180,270	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	470,701	0	0	470,701	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,709,569	0	0	11,709,569	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	408,080	0	0	408,080	0	0	0	0	0	0
15. General Administrative Expenses.....	2,221,596	0	0	2,221,596	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,339,245	0	0	14,339,245	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,205,385)	0	0	(1,205,385)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,855	0	0	5,855	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,199,530)	0	0	(1,199,530)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(228,509)	0	0	(228,509)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(971,021)	0	0	(971,021)	0	0	0	0	0	0
24 Medical Loss Ratio	89.2%	0.0%	0.0%	89.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	14,620	0	0	0	0	0	0	14,620	0	0
2. First Quarter	0									
3. Second Quarter	16,090	0	0	0	0	0	0	16,090	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	95,149	0	0	0	0	0	0	95,149	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	78,496	0	0	0	0	0	0	78,496	0	0
8. Non-Physician	44,004	0	0	0	0	0	0	44,004	0	0
9. Total	122,500	0	0	0	0	0	0	122,500	0	0
10. Hospital Patient Days Incurred	15,246	0	0	0	0	0	0	15,246	0	0
11. Number of Inpatient Admissions	2,119	0	0	0	0	0	0	2,119	0	0
12. Health Premiums Written	83,099,989	0	0	0	0	0	0	83,099,989	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	83,099,989	0	0	0	0	0	0	83,099,989	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	65,369,274	0	0	0	0	0	0	65,369,274	0	0
18. Amount Incurred for Provision of Health Care Services	69,985,789	0	0	0	0	0	0	69,985,789	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	16,090	0	0	16,090	0	0	0	0	0	0
2. MEMBER MONTHS.....	48,069	0	0	48,069	0	0	0	0	0	0
3. Direct Premium Income.....	41,977,799	0	0	41,977,799	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	38,124,747	0	0	38,124,747	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	38,124,747	0	0	38,124,747	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	35,935,902	0	0	35,935,902	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,128,373	0	0	1,128,373	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,807,529	0	0	34,807,529	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,233,895	0	0	1,233,895	0	0	0	0	0	0
15. General Administrative Expenses.....	5,301,457	0	0	5,301,457	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	41,342,881	0	0	41,342,881	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,218,134)	0	0	(3,218,134)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	16,207	0	0	16,207	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,201,927)	0	0	(3,201,927)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,003,082)	0	0	(1,003,082)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,198,845)	0	0	(2,198,845)	0	0	0	0	0	0
24 Medical Loss Ratio	91.3%	0.0%	0.0%	91.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	16,090	0	0	16,090	0	0	0	0	0	0
2. MEMBER MONTHS.....	95,149	0	0	95,149	0	0	0	0	0	0
3. Direct Premium Income.....	83,099,989	0	0	83,099,989	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	75,464,958	0	0	75,464,958	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	75,464,958	0	0	75,464,958	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	69,985,789	0	0	69,985,789	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,704,567	0	0	2,704,567	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	67,281,222	0	0	67,281,222	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,344,757	0	0	2,344,757	0	0	0	0	0	0
15. General Administrative Expenses.....	12,764,916	0	0	12,764,916	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	82,390,895	0	0	82,390,895	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,925,937)	0	0	(6,925,937)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	33,639	0	0	33,639	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,892,298)	0	0	(6,892,298)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,312,977)	0	0	(1,312,977)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,579,321)	0	0	(5,579,321)	0	0	0	0	0	0
24 Medical Loss Ratio	89.2%	0.0%	0.0%	89.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,226	0	0	0	0	0	0	4,226	0	0
2. First Quarter	0									
3. Second Quarter	5,037	0	0	0	0	0	0	5,037	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	28,593	0	0	0	0	0	0	28,593	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	24,494	0	0	0	0	0	0	24,494	0	0
8. Non-Physician	16,396	0	0	0	0	0	0	16,396	0	0
9. Total	40,890	0	0	0	0	0	0	40,890	0	0
10. Hospital Patient Days Incurred	4,294	0	0	0	0	0	0	4,294	0	0
11. Number of Inpatient Admissions	617	0	0	0	0	0	0	617	0	0
12. Health Premiums Written	21,237,577	0	0	0	0	0	0	21,237,577	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	21,237,577	0	0	0	0	0	0	21,237,577	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	16,706,199	0	0	0	0	0	0	16,706,199	0	0
18. Amount Incurred for Provision of Health Care Services	17,886,026	0	0	0	0	0	0	17,886,026	0	0

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

**TEXAS HMO SUPPLEMENT**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,037	0	0	5,037	0	0	0	0	0	0
2. MEMBER MONTHS.....	14,803	0	0	14,803	0	0	0	0	0	0
3. Direct Premium Income.....	10,972,234	0	0	10,972,234	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	9,965,072	0	0	9,965,072	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	9,965,072	0	0	9,965,072	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,386,144	0	0	9,386,144	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	297,731	0	0	297,731	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,088,413	0	0	9,088,413	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	321,936	0	0	321,936	0	0	0	0	0	0
15. General Administrative Expenses.....	1,399,180	0	0	1,399,180	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	10,809,529	0	0	10,809,529	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(844,457)	0	0	(844,457)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,245	0	0	4,245	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(840,212)	0	0	(840,212)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(258,194)	0	0	(258,194)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(582,018)	0	0	(582,018)	0	0	0	0	0	0
24 Medical Loss Ratio	91.2%	0.0%	0.0%	91.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,037	0	0	5,037	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,596	0	0	28,596	0	0	0	0	0	0
3. Direct Premium Income.....	21,237,577	0	0	21,237,577	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,286,318	0	0	19,286,318	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	19,286,318	0	0	19,286,318	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	17,886,026	0	0	17,886,026	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	691,197	0	0	691,197	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,194,829	0	0	17,194,829	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	599,241	0	0	599,241	0	0	0	0	0	0
15. General Administrative Expenses.....	3,262,285	0	0	3,262,285	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	21,056,355	0	0	21,056,355	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,770,037)	0	0	(1,770,037)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	8,597	0	0	8,597	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,761,440)	0	0	(1,761,440)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(335,553)	0	0	(335,553)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,425,887)	0	0	(1,425,887)	0	0	0	0	0	0
24 Medical Loss Ratio	89.2%	0.0%	0.0%	89.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

REPORT FOR DIVISION: **EI Paso**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	1,839	0	0	0	0	0	0	1,839	0	0
2. First Quarter	0									
3. Second Quarter	3,251	0	0	0	0	0	0	3,251	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	17,529	0	0	0	0	0	0	17,529	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	12,477	0	0	0	0	0	0	12,477	0	0
8. Non-Physician	7,827	0	0	0	0	0	0	7,827	0	0
9. Total	20,304	0	0	0	0	0	0	20,304	0	0
10. Hospital Patient Days Incurred	1,776	0	0	0	0	0	0	1,776	0	0
11. Number of Inpatient Admissions	227	0	0	0	0	0	0	227	0	0
12. Health Premiums Written	9,459,415	0	0	0	0	0	0	9,459,415	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	9,459,412	0	0	0	0	0	0	9,459,412	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	7,441,097	0	0	0	0	0	0	7,441,097	0	0
18. Amount Incurred for Provision of Health Care Services	7,966,603	0	0	0	0	0	0	7,966,603	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	3,251	0	0	3,251	0	0	0	0	0	0
2. MEMBER MONTHS.....	9,322	0	0	9,322	0	0	0	0	0	0
3. Direct Premium Income.....	5,069,162	0	0	5,069,162	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,603,821	0	0	4,603,821	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	4,603,821	0	0	4,603,821	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,331,397	0	0	4,331,397	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	139,590	0	0	139,590	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,191,807	0	0	4,191,807	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	148,311	0	0	148,311	0	0	0	0	0	0
15. General Administrative Expenses.....	656,244	0	0	656,244	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,996,362	0	0	4,996,362	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(392,541)	0	0	(392,541)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,968	0	0	1,968	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(390,573)	0	0	(390,573)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(116,373)	0	0	(116,373)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(274,200)	0	0	(274,200)	0	0	0	0	0	0
24 Medical Loss Ratio	91.1%	0.0%	0.0%	91.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	3,251	0	0	3,251	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,529	0	0	17,529	0	0	0	0	0	0
3. Direct Premium Income.....	9,459,415	0	0	9,459,415	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,590,306	0	0	8,590,306	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	8,590,306	0	0	8,590,306	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,966,603	0	0	7,966,603	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	307,866	0	0	307,866	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,658,737	0	0	7,658,737	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	266,908	0	0	266,908	0	0	0	0	0	0
15. General Administrative Expenses.....	1,453,052	0	0	1,453,052	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	9,378,697	0	0	9,378,697	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(788,391)	0	0	(788,391)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,829	0	0	3,829	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(784,562)	0	0	(784,562)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(149,458)	0	0	(149,458)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(635,104)	0	0	(635,104)	0	0	0	0	0	0
24 Medical Loss Ratio	89.2%	0.0%	0.0%	89.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

REPORT FOR DIVISION: **Arizona**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	3,674	0	0	0	0	0	0	3,674	0	0
2. First Quarter	0									
3. Second Quarter	2,234	0	0	0	0	0	0	2,234	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	13,828	0	0	0	0	0	0	13,828	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	13,126	0	0	0	0	0	0	13,126	0	0
8. Non-Physician	5,750	0	0	0	0	0	0	5,750	0	0
9. Total	18,876	0	0	0	0	0	0	18,876	0	0
10. Hospital Patient Days Incurred	3,125	0	0	0	0	0	0	3,125	0	0
11. Number of Inpatient Admissions	428	0	0	0	0	0	0	428	0	0
12. Health Premiums Written	11,503,438	0	0	0	0	0	0	11,503,438	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	11,503,438	0	0	0	0	0	0	11,503,438	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	10,607,244	0	0	0	0	0	0	10,607,244	0	0
18. Amount Incurred for Provision of Health Care Services	9,492,895	0	0	0	0	0	0	9,492,895	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Arizona**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	2,234	0	0	2,234	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,741	0	0	6,741	0	0	0	0	0	0
3. Direct Premium Income.....	5,293,542	0	0	5,293,542	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,287,117	0	0	5,287,117	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	5,287,117	0	0	5,287,117	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,700,260	0	0	4,700,260	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,700,260	0	0	4,700,260	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	167,719	0	0	167,719	0	0	0	0	0	0
15. General Administrative Expenses.....	352,766	0	0	352,766	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	5,220,745	0	0	5,220,745	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	66,372	0	0	66,372	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,226	0	0	2,226	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	68,598	0	0	68,598	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	99,195	0	0	99,195	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(30,597)	0	0	(30,597)	0	0	0	0	0	0
24. Medical Loss Ratio	88.9%	0.0%	0.0%	88.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Wellcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Arizona**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	2,234	0	0	2,234	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,828	0	0	13,828	0	0	0	0	0	0
3. Direct Premium Income.....	11,503,438	0	0	11,503,438	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	11,490,336	0	0	11,490,336	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	11,490,336	0	0	11,490,336	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,492,895	0	0	9,492,895	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,492,895	0	0	9,492,895	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	339,649	0	0	339,649	0	0	0	0	0	0
15. General Administrative Expenses.....	785,804	0	0	785,804	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	10,618,348	0	0	10,618,348	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	871,988	0	0	871,988	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,122	0	0	5,122	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	877,110	0	0	877,110	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	167,089	0	0	167,089	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	710,021	0	0	710,021	0	0	0	0	0	0
24 Medical Loss Ratio	82.6%	0.0%	0.0%	82.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				