

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	47,567	0	0	47,567	0	0	0	0	0	0
2. MEMBER MONTHS.....	141,598	0	0	141,598	0	0	0	0	0	0
3. Direct Premium Income.....	97,016,554	0	0	97,016,554	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	96,474,262	0	0	96,474,262	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).....	96,474,262	0	0	96,474,262	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	78,204,777	0	0	78,204,777	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	133,147	0	0	133,147	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	78,071,630	0	0	78,071,630	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,996,188	0	0	2,996,188	0	0	0	0	0	0
15. General Administrative Expenses.....	12,540,664	0	0	12,540,664	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).....	93,608,482	0	0	93,608,482	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,865,780	0	0	2,865,780	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	49,509	0	0	49,509	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(25,400)	0	0	(25,400)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,889,889	0	0	2,889,889	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,332,834	0	0	1,332,834	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,557,055	0	0	1,557,055	0	0	0	0	0	0
24 Medical Loss Ratio	80.9%	0.0%	0.0%	80.9%	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 **DECEMBER 31, 2015**

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.....	47,567	0	0	47,567	0	0	0	0	0	0
2. MEMBER MONTHS.....	530,674	0	0	530,674	0	0	0	0	0	0
3. Direct Premium Income.....	368,838,846	0	0	368,838,846	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	366,776,289	0	0	366,776,289	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).....	366,776,289	0	0	366,776,289	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	305,523,060	0	0	305,523,060	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,001,895	0	0	7,001,895	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	298,521,165	0	0	298,521,165	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,681,627	0	0	6,681,627	0	0	0	0	0	0
15. General Administrative Expenses.....	54,759,182	0	0	54,759,182	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).....	359,961,974	0	0	359,961,974	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,814,315	0	0	6,814,315	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	177,977	0	0	177,977	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(25,400)	0	0	(25,400)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,966,892	0	0	6,966,892	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,834,441	0	0	4,834,441	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,132,451	0	0	2,132,451	0	0	0	0	0	0
24 Medical Loss Ratio	81.4%	0.0%	0.0%	81.4%	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 **DECEMBER 31, 2015**

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	8,270	0	0	0	0	0	0	8,270	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	10,879	0	0	0	0	0	0	10,879	0	0
6. Current Year Member Months	116,728	0	0	0	0	0	0	116,728	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	97,968	0	0	0	0	0	0	97,968	0	0
8. Non-Physician	52,648	0	0	0	0	0	0	52,648	0	0
9. Total	150,616	0	0	0	0	0	0	150,616	0	0
10. Hospital Patient Days Incurred	17,317	0	0	0	0	0	0	17,317	0	0
11. Number of Inpatient Admissions	2,650	0	0	0	0	0	0	2,650	0	0
12. Health Premiums Written	75,476,885	0	0	0	0	0	0	75,476,885	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	75,476,885	0	0	0	0	0	0	75,476,885	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	62,029,048	0	0	0	0	0	0	62,029,048	0	0
18. Amount Incurred for Provision of Health Care Services	62,773,505	0	0	0	0	0	0	62,773,505	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	10,879	0	0	10,879	0	0	0	0	0	0
2. MEMBER MONTHS.....	32,098	0	0	32,098	0	0	0	0	0	0
3. Direct Premium Income.....	20,341,292	0	0	20,341,292	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	20,227,489	0	0	20,227,489	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).....	20,227,489	0	0	20,227,489	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,406,537	0	0	16,406,537	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	39,789	0	0	39,789	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,366,748	0	0	16,366,748	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	619,550	0	0	619,550	0	0	0	0	0	0
15. General Administrative Expenses.....	2,644,260	0	0	2,644,260	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).....	19,630,558	0	0	19,630,558	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	596,931	0	0	596,931	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,362	0	0	10,362	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).....	607,293	0	0	607,293	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	311,558	0	0	311,558	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	295,735	0	0	295,735	0	0	0	0	0	0
24 Medical Loss Ratio	80.9%	0.0%	0.0%	80.9%	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 **DECEMBER 31, 2015**

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.....	10,879	0	0	10,879	0	0	0	0	0	0
2. MEMBER MONTHS.....	116,728	0	0	116,728	0	0	0	0	0	0
3. Direct Premium Income.....	75,476,885	0	0	75,476,885	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	75,054,590	0	0	75,054,590	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).....	75,054,590	0	0	75,054,590	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	62,773,505	0	0	62,773,505	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,433,586	0	0	1,433,586	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	61,339,919	0	0	61,339,919	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,372,272	0	0	1,372,272	0	0	0	0	0	0
15. General Administrative Expenses.....	11,127,439	0	0	11,127,439	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).....	73,839,630	0	0	73,839,630	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,214,960	0	0	1,214,960	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	36,420	0	0	36,420	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).....	1,251,380	0	0	1,251,380	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	864,743	0	0	864,743	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	386,637	0	0	386,637	0	0	0	0	0	0
24. Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	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 **DECEMBER 31, 2015**

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	3,974	0	0	0	0	0	0	3,974	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	3,214	0	0	0	0	0	0	3,214	0	0
6. Current Year Member Months	40,697	0	0	0	0	0	0	40,697	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	39,569	0	0	0	0	0	0	39,569	0	0
8. Non-Physician	21,187	0	0	0	0	0	0	21,187	0	0
9. Total	60,756	0	0	0	0	0	0	60,756	0	0
10. Hospital Patient Days Incurred	8,148	0	0	0	0	0	0	8,148	0	0
11. Number of Inpatient Admissions	1,155	0	0	0	0	0	0	1,155	0	0
12. Health Premiums Written	28,633,240	0	0	0	0	0	0	28,633,240	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	28,633,240	0	0	0	0	0	0	28,633,240	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	23,531,610	0	0	0	0	0	0	23,531,610	0	0
18. Amount Incurred for Provision of Health Care Services	23,814,030	0	0	0	0	0	0	23,814,030	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	3,214	0	0	3,214	0	0	0	0	0	0
2. MEMBER MONTHS.....	9,761	0	0	9,761	0	0	0	0	0	0
3. Direct Premium Income.....	7,164,657	0	0	7,164,657	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	7,124,573	0	0	7,124,573	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).....	7,124,573	0	0	7,124,573	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,759,756	0	0	5,759,756	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,137	0	0	1,137	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,758,619	0	0	5,758,619	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	227,498	0	0	227,498	0	0	0	0	0	0
15. General Administrative Expenses.....	918,191	0	0	918,191	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).....	6,904,308	0	0	6,904,308	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	220,265	0	0	220,265	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,670	0	0	3,670	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).....	223,935	0	0	223,935	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	112,655	0	0	112,655	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	111,280	0	0	111,280	0	0	0	0	0	0
24 Medical Loss Ratio	80.8%	0.0%	0.0%	80.8%	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 **DECEMBER 31, 2015**

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.....	3,214	0	0	3,214	0	0	0	0	0	0
2. MEMBER MONTHS.....	40,697	0	0	40,697	0	0	0	0	0	0
3. Direct Premium Income.....	28,633,240	0	0	28,633,240	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	28,473,036	0	0	28,473,036	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).....	28,473,036	0	0	28,473,036	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	23,814,030	0	0	23,814,030	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	543,851	0	0	543,851	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	23,270,179	0	0	23,270,179	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	520,591	0	0	520,591	0	0	0	0	0	0
15. General Administrative Expenses.....	4,221,354	0	0	4,221,354	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).....	28,012,124	0	0	28,012,124	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	460,912	0	0	460,912	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	13,816	0	0	13,816	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).....	474,728	0	0	474,728	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	328,053	0	0	328,053	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	146,675	0	0	146,675	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	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 **DECEMBER 31, 2015**

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	16,823	0	0	0	0	0	0	16,823	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	19,279	0	0	0	0	0	0	19,279	0	0
6. Current Year Member Months	220,639	0	0	0	0	0	0	220,639	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	207,964	0	0	0	0	0	0	207,964	0	0
8. Non-Physician	88,554	0	0	0	0	0	0	88,554	0	0
9. Total	296,518	0	0	0	0	0	0	296,518	0	0
10. Hospital Patient Days Incurred	32,294	0	0	0	0	0	0	32,294	0	0
11. Number of Inpatient Admissions	4,463	0	0	0	0	0	0	4,463	0	0
12. Health Premiums Written	171,010,713	0	0	0	0	0	0	171,010,713	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	171,010,713	0	0	0	0	0	0	171,010,713	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	140,541,462	0	0	0	0	0	0	140,541,462	0	0
18. Amount Incurred for Provision of Health Care Services	142,228,206	0	0	0	0	0	0	142,228,206	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	19,279	0	0	19,279	0	0	0	0	0	0
2. MEMBER MONTHS.....	57,695	0	0	57,695	0	0	0	0	0	0
3. Direct Premium Income.....	44,333,483	0	0	44,333,483	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	44,085,453	0	0	44,085,453	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).....	44,085,453	0	0	44,085,453	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	35,697,402	0	0	35,697,402	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	45,799	0	0	45,799	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	35,651,603	0	0	35,651,603	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,379,784	0	0	1,379,784	0	0	0	0	0	0
15. General Administrative Expenses.....	5,721,247	0	0	5,721,247	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).....	42,752,634	0	0	42,752,634	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,332,819	0	0	1,332,819	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	22,648	0	0	22,648	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).....	1,355,467	0	0	1,355,467	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	688,305	0	0	688,305	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	667,162	0	0	667,162	0	0	0	0	0	0
24 Medical Loss Ratio	80.9%	0.0%	0.0%	80.9%	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 **DECEMBER 31, 2015**

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.....	19,279	0	0	19,279	0	0	0	0	0	0
2. MEMBER MONTHS.....	220,639	0	0	220,639	0	0	0	0	0	0
3. Direct Premium Income.....	171,010,713	0	0	171,010,713	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	170,053,904	0	0	170,053,904	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).....	170,053,904	0	0	170,053,904	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	142,228,206	0	0	142,228,206	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,248,128	0	0	3,248,128	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	138,980,078	0	0	138,980,078	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,109,207	0	0	3,109,207	0	0	0	0	0	0
15. General Administrative Expenses.....	25,211,843	0	0	25,211,843	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).....	167,301,128	0	0	167,301,128	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,752,776	0	0	2,752,776	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	82,518	0	0	82,518	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).....	2,835,294	0	0	2,835,294	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,959,280	0	0	1,959,280	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	876,014	0	0	876,014	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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	5,748	0	0	0	0	0	0	5,748	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	7,186	0	0	0	0	0	0	7,186	0	0
6. Current Year Member Months	78,846	0	0	0	0	0	0	78,846	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	80,661	0	0	0	0	0	0	80,661	0	0
8. Non-Physician	41,195	0	0	0	0	0	0	41,195	0	0
9. Total	121,856	0	0	0	0	0	0	121,856	0	0
10. Hospital Patient Days Incurred	11,092	0	0	0	0	0	0	11,092	0	0
11. Number of Inpatient Admissions	1,539	0	0	0	0	0	0	1,539	0	0
12. Health Premiums Written	53,962,698	0	0	0	0	0	0	53,962,698	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	53,962,698	0	0	0	0	0	0	53,962,698	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	44,348,078	0	0	0	0	0	0	44,348,078	0	0
18. Amount Incurred for Provision of Health Care Services	44,880,333	0	0	0	0	0	0	44,880,333	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	7,186	0	0	7,186	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,289	0	0	21,289	0	0	0	0	0	0
3. Direct Premium Income.....	14,282,332	0	0	14,282,332	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	14,202,428	0	0	14,202,428	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).....	14,202,428	0	0	14,202,428	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	11,510,632	0	0	11,510,632	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	21,855	0	0	21,855	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,488,777	0	0	11,488,777	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	439,391	0	0	439,391	0	0	0	0	0	0
15. General Administrative Expenses.....	1,850,403	0	0	1,850,403	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).....	13,778,571	0	0	13,778,571	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	423,857	0	0	423,857	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,285	0	0	7,285	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).....	431,142	0	0	431,142	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	220,134	0	0	220,134	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	211,008	0	0	211,008	0	0	0	0	0	0
24 Medical Loss Ratio	80.9%	0.0%	0.0%	80.9%	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 **DECEMBER 31, 2015**

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.....	7,186	0	0	7,186	0	0	0	0	0	0
2. MEMBER MONTHS.....	78,846	0	0	78,846	0	0	0	0	0	0
3. Direct Premium Income.....	53,962,698	0	0	53,962,698	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	53,660,776	0	0	53,660,776	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).....	53,660,776	0	0	53,660,776	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	44,880,333	0	0	44,880,333	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,024,952	0	0	1,024,952	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	43,855,381	0	0	43,855,381	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	981,115	0	0	981,115	0	0	0	0	0	0
15. General Administrative Expenses.....	7,955,636	0	0	7,955,636	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).....	52,792,132	0	0	52,792,132	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	868,644	0	0	868,644	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	26,039	0	0	26,039	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).....	894,683	0	0	894,683	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	618,254	0	0	618,254	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	276,429	0	0	276,429	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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	4,218	0	0	0	0	0	0	4,218	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	7,009	0	0	0	0	0	0	7,009	0	0
6. Current Year Member Months	73,764	0	0	0	0	0	0	73,764	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	59,462	0	0	0	0	0	0	59,462	0	0
8. Non-Physician	33,281	0	0	0	0	0	0	33,281	0	0
9. Total	92,743	0	0	0	0	0	0	92,743	0	0
10. Hospital Patient Days Incurred	6,774	0	0	0	0	0	0	6,774	0	0
11. Number of Inpatient Admissions	1,033	0	0	0	0	0	0	1,033	0	0
12. Health Premiums Written	39,559,321	0	0	0	0	0	0	39,559,321	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	39,559,321	0	0	0	0	0	0	39,559,321	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	32,510,974	0	0	0	0	0	0	32,510,974	0	0
18. Amount Incurred for Provision of Health Care Services	32,901,163	0	0	0	0	0	0	32,901,163	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	7,009	0	0	7,009	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,755	0	0	20,755	0	0	0	0	0	0
3. Direct Premium Income.....	10,808,210	0	0	10,808,210	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	10,747,741	0	0	10,747,741	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).....	10,747,741	0	0	10,747,741	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,722,556	0	0	8,722,556	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	24,566	0	0	24,566	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,697,990	0	0	8,697,990	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	326,726	0	0	326,726	0	0	0	0	0	0
15. General Administrative Expenses.....	1,408,515	0	0	1,408,515	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).....	10,433,231	0	0	10,433,231	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	314,510	0	0	314,510	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,501	0	0	5,501	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).....	320,011	0	0	320,011	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	164,769	0	0	164,769	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	155,242	0	0	155,242	0	0	0	0	0	0
24 Medical Loss Ratio	80.9%	0.0%	0.0%	80.9%	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 **DECEMBER 31, 2015**

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.....	7,009	0	0	7,009	0	0	0	0	0	0
2. MEMBER MONTHS.....	73,764	0	0	73,764	0	0	0	0	0	0
3. Direct Premium Income.....	39,559,321	0	0	39,559,321	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	39,337,985	0	0	39,337,985	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).....	39,337,985	0	0	39,337,985	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	32,901,163	0	0	32,901,163	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	751,378	0	0	751,378	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,149,785	0	0	32,149,785	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	719,242	0	0	719,242	0	0	0	0	0	0
15. General Administrative Expenses.....	5,832,169	0	0	5,832,169	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).....	38,701,196	0	0	38,701,196	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	636,789	0	0	636,789	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	19,089	0	0	19,089	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).....	655,878	0	0	655,878	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	453,234	0	0	453,234	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	202,644	0	0	202,644	0	0	0	0	0	0
24. Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	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 **DECEMBER 31, 2015**

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	2,074	0	0	0	0	0	0	2,074	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	195,989	0	0	0	0	0	0	195,989	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	195,989	0	0	0	0	0	0	195,989	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	1,709,035	0	0	0	0	0	0	1,709,035	0	0
18. Amount Incurred for Provision of Health Care Services	(1,074,178)	0	0	0	0	0	0	(1,074,178)	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	86,580	0	0	86,580	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	86,579	0	0	86,579	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).....	86,579	0	0	86,579	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	107,894	0	0	107,894	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).....	107,894	0	0	107,894	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,239	0	0	3,239	0	0	0	0	0	0
15. General Administrative Expenses.....	(1,951)	0	0	(1,951)	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).....	109,182	0	0	109,182	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(22,603)	0	0	(22,603)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	43	0	0	43	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).....	(22,560)	0	0	(22,560)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(164,586)	0	0	(164,586)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	142,026	0	0	142,026	0	0	0	0	0	0
24 Medical Loss Ratio	124.6%	0.0%	0.0%	124.6%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	195,989	0	0	195,989	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	195,999	0	0	195,999	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).....	195,999	0	0	195,999	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(1,074,178)	0	0	(1,074,178)	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).....	(1,074,178)	0	0	(1,074,178)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(20,801)	0	0	(20,801)	0	0	0	0	0	0
15. General Administrative Expenses.....	410,742	0	0	410,742	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).....	(684,237)	0	0	(684,237)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	880,236	0	0	880,236	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	95	0	0	95	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).....	880,331	0	0	880,331	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	610,877	0	0	610,877	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	269,454	0	0	269,454	0	0	0	0	0	0
24 Medical Loss Ratio	-548.1%	0.0%	0.0%	-548.1%	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 **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	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 **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	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 **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

South TX
(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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	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 **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

South TX
(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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	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				