

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	41,570	0	0	41,570	0	0	0	0	0	0
2. MEMBER MONTHS.....	122,916	0	0	122,916	0	0	0	0	0	0
3. Direct Premium Income.....	84,930,542	0	0	84,930,542	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	84,929,350	0	0	84,929,350	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).....	84,929,350	0	0	84,929,350	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	73,650,685	0	0	73,650,685	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,740,111	0	0	2,740,111	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	70,910,574	0	0	70,910,574	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,199,385	0	0	1,199,385	0	0	0	0	0	0
15. General Administrative Expenses.....	17,350,629	0	0	17,350,629	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).....	89,460,588	0	0	89,460,588	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,531,238)	0	0	(4,531,238)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	38,134	0	0	38,134	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).....	(4,493,104)	0	0	(4,493,104)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	283,427	0	0	283,427	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,776,531)	0	0	(4,776,531)	0	0	0	0	0	0
24 Medical Loss Ratio	83.5%	0.0%	0.0%	83.5%	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 **MARCH 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.....	41,570	0	0	41,570	0	0	0	0	0	0
2. MEMBER MONTHS.....	122,916	0	0	122,916	0	0	0	0	0	0
3. Direct Premium Income.....	84,930,542	0	0	84,930,542	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	84,929,350	0	0	84,929,350	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).....	84,929,350	0	0	84,929,350	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	73,650,685	0	0	73,650,685	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,740,111	0	0	2,740,111	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	70,910,574	0	0	70,910,574	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,199,385	0	0	1,199,385	0	0	0	0	0	0
15. General Administrative Expenses.....	17,350,629	0	0	17,350,629	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).....	89,460,588	0	0	89,460,588	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,531,238)	0	0	(4,531,238)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	38,134	0	0	38,134	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).....	(4,493,104)	0	0	(4,493,104)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	283,427	0	0	283,427	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,776,531)	0	0	(4,776,531)	0	0	0	0	0	0
24 Medical Loss Ratio	83.5%	0.0%	0.0%	83.5%	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 **MARCH 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	8,865	0	0	0	0	0	0	8,865	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	26,059	0	0	0	0	0	0	26,059	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	20,483	0	0	0	0	0	0	20,483	0	0
8. Non-Physician	11,136	0	0	0	0	0	0	11,136	0	0
9. Total	31,619	0	0	0	0	0	0	31,619	0	0
10. Hospital Patient Days Incurred	3,715	0	0	0	0	0	0	3,715	0	0
11. Number of Inpatient Admissions	611	0	0	0	0	0	0	611	0	0
12. Health Premiums Written	16,710,643	0	0	0	0	0	0	16,710,643	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	16,710,643	0	0	0	0	0	0	16,710,643	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	13,786,567	0	0	0	0	0	0	13,786,567	0	0
18. Amount Incurred for Provision of Health Care Services	14,630,121	0	0	0	0	0	0	14,630,121	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	8,865	0	0	8,865	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,059	0	0	26,059	0	0	0	0	0	0
3. Direct Premium Income.....	16,710,643	0	0	16,710,643	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	16,710,409	0	0	16,710,409	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).....	16,710,409	0	0	16,710,409	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,630,121	0	0	14,630,121	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	537,467	0	0	537,467	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,092,654	0	0	14,092,654	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	240,356	0	0	240,356	0	0	0	0	0	0
15. General Administrative Expenses.....	3,402,583	0	0	3,402,583	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).....	17,735,593	0	0	17,735,593	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,025,184)	0	0	(1,025,184)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,503	0	0	7,503	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).....	(1,017,681)	0	0	(1,017,681)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	64,196	0	0	64,196	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,081,877)	0	0	(1,081,877)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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 **MARCH 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.....	8,865	0	0	8,865	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,059	0	0	26,059	0	0	0	0	0	0
3. Direct Premium Income.....	16,710,643	0	0	16,710,643	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	16,710,409	0	0	16,710,409	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).....	16,710,409	0	0	16,710,409	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,630,121	0	0	14,630,121	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	537,467	0	0	537,467	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,092,654	0	0	14,092,654	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	240,356	0	0	240,356	0	0	0	0	0	0
15. General Administrative Expenses.....	3,402,583	0	0	3,402,583	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).....	17,735,593	0	0	17,735,593	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,025,184)	0	0	(1,025,184)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,503	0	0	7,503	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).....	(1,017,681)	0	0	(1,017,681)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	64,196	0	0	64,196	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,081,877)	0	0	(1,081,877)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	3,523	0	0	0	0	0	0	3,523	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	10,784	0	0	0	0	0	0	10,784	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	9,430	0	0	0	0	0	0	9,430	0	0
8. Non-Physician	5,893	0	0	0	0	0	0	5,893	0	0
9. Total	15,323	0	0	0	0	0	0	15,323	0	0
10. Hospital Patient Days Incurred	2,099	0	0	0	0	0	0	2,099	0	0
11. Number of Inpatient Admissions	290	0	0	0	0	0	0	290	0	0
12. Health Premiums Written	7,187,320	0	0	0	0	0	0	7,187,320	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	7,187,320	0	0	0	0	0	0	7,187,320	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	5,929,662	0	0	0	0	0	0	5,929,662	0	0
18. Amount Incurred for Provision of Health Care Services	6,292,479	0	0	0	0	0	0	6,292,479	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	3,523	0	0	3,523	0	0	0	0	0	0
2. MEMBER MONTHS.....	10,784	0	0	10,784	0	0	0	0	0	0
3. Direct Premium Income.....	7,187,320	0	0	7,187,320	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	7,187,220	0	0	7,187,220	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).....	7,187,220	0	0	7,187,220	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,292,479	0	0	6,292,479	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	231,167	0	0	231,167	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,061,312	0	0	6,061,312	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	103,378	0	0	103,378	0	0	0	0	0	0
15. General Administrative Expenses.....	1,463,466	0	0	1,463,466	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).....	7,628,156	0	0	7,628,156	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(440,936)	0	0	(440,936)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,227	0	0	3,227	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).....	(437,709)	0	0	(437,709)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	27,611	0	0	27,611	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(465,320)	0	0	(465,320)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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 **MARCH 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.....	3,523	0	0	3,523	0	0	0	0	0	0
2. MEMBER MONTHS.....	10,784	0	0	10,784	0	0	0	0	0	0
3. Direct Premium Income.....	7,187,320	0	0	7,187,320	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	7,187,220	0	0	7,187,220	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).....	7,187,220	0	0	7,187,220	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,292,479	0	0	6,292,479	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	231,167	0	0	231,167	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,061,312	0	0	6,061,312	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	103,378	0	0	103,378	0	0	0	0	0	0
15. General Administrative Expenses.....	1,463,466	0	0	1,463,466	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).....	7,628,156	0	0	7,628,156	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(440,936)	0	0	(440,936)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,227	0	0	3,227	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).....	(437,709)	0	0	(437,709)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	27,611	0	0	27,611	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(465,320)	0	0	(465,320)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	17,584	0	0	0	0	0	0	17,584	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	52,213	0	0	0	0	0	0	52,213	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	48,222	0	0	0	0	0	0	48,222	0	0
8. Non-Physician	20,931	0	0	0	0	0	0	20,931	0	0
9. Total	69,153	0	0	0	0	0	0	69,153	0	0
10. Hospital Patient Days Incurred	7,733	0	0	0	0	0	0	7,733	0	0
11. Number of Inpatient Admissions	1,077	0	0	0	0	0	0	1,077	0	0
12. Health Premiums Written	40,366,494	0	0	0	0	0	0	40,366,494	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	40,366,494	0	0	0	0	0	0	40,366,494	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	33,303,049	0	0	0	0	0	0	33,303,049	0	0
18. Amount Incurred for Provision of Health Care Services	35,340,753	0	0	0	0	0	0	35,340,753	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	17,584	0	0	17,584	0	0	0	0	0	0
2. MEMBER MONTHS.....	52,213	0	0	52,213	0	0	0	0	0	0
3. Direct Premium Income.....	40,366,494	0	0	40,366,494	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	40,365,929	0	0	40,365,929	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).....	40,365,929	0	0	40,365,929	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	35,340,753	0	0	35,340,753	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,298,314	0	0	1,298,314	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,042,439	0	0	34,042,439	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	580,609	0	0	580,609	0	0	0	0	0	0
15. General Administrative Expenses.....	8,219,333	0	0	8,219,333	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).....	42,842,381	0	0	42,842,381	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,476,452)	0	0	(2,476,452)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	18,125	0	0	18,125	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).....	(2,458,327)	0	0	(2,458,327)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	155,073	0	0	155,073	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,613,400)	0	0	(2,613,400)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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 **MARCH 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.....	17,584	0	0	17,584	0	0	0	0	0	0
2. MEMBER MONTHS.....	52,213	0	0	52,213	0	0	0	0	0	0
3. Direct Premium Income.....	40,366,494	0	0	40,366,494	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	40,365,929	0	0	40,365,929	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).....	40,365,929	0	0	40,365,929	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	35,340,753	0	0	35,340,753	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,298,314	0	0	1,298,314	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,042,439	0	0	34,042,439	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	580,609	0	0	580,609	0	0	0	0	0	0
15. General Administrative Expenses.....	8,219,333	0	0	8,219,333	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).....	42,842,381	0	0	42,842,381	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,476,452)	0	0	(2,476,452)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	18,125	0	0	18,125	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).....	(2,458,327)	0	0	(2,458,327)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	155,073	0	0	155,073	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,613,400)	0	0	(2,613,400)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	6,131	0	0	0	0	0	0	6,131	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	18,090	0	0	0	0	0	0	18,090	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	18,038	0	0	0	0	0	0	18,038	0	0
8. Non-Physician	9,267	0	0	0	0	0	0	9,267	0	0
9. Total	27,305	0	0	0	0	0	0	27,305	0	0
10. Hospital Patient Days Incurred	2,683	0	0	0	0	0	0	2,683	0	0
11. Number of Inpatient Admissions	386	0	0	0	0	0	0	386	0	0
12. Health Premiums Written	12,421,324	0	0	0	0	0	0	12,421,324	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	12,421,324	0	0	0	0	0	0	12,421,324	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	10,247,805	0	0	0	0	0	0	10,247,805	0	0
18. Amount Incurred for Provision of Health Care Services	10,874,834	0	0	0	0	0	0	10,874,834	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	6,131	0	0	6,131	0	0	0	0	0	0
2. MEMBER MONTHS.....	18,090	0	0	18,090	0	0	0	0	0	0
3. Direct Premium Income.....	12,421,324	0	0	12,421,324	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	12,421,150	0	0	12,421,150	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).....	12,421,150	0	0	12,421,150	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,874,834	0	0	10,874,834	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	399,509	0	0	399,509	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,475,325	0	0	10,475,325	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	178,661	0	0	178,661	0	0	0	0	0	0
15. General Administrative Expenses.....	2,529,202	0	0	2,529,202	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).....	13,183,188	0	0	13,183,188	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(762,038)	0	0	(762,038)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,577	0	0	5,577	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).....	(756,461)	0	0	(756,461)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	47,718	0	0	47,718	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(804,179)	0	0	(804,179)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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 **MARCH 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.....	6,131	0	0	6,131	0	0	0	0	0	0
2. MEMBER MONTHS.....	18,090	0	0	18,090	0	0	0	0	0	0
3. Direct Premium Income.....	12,421,324	0	0	12,421,324	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	12,421,150	0	0	12,421,150	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).....	12,421,150	0	0	12,421,150	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,874,834	0	0	10,874,834	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	399,509	0	0	399,509	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,475,325	0	0	10,475,325	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	178,661	0	0	178,661	0	0	0	0	0	0
15. General Administrative Expenses.....	2,529,202	0	0	2,529,202	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).....	13,183,188	0	0	13,183,188	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(762,038)	0	0	(762,038)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,577	0	0	5,577	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).....	(756,461)	0	0	(756,461)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	47,718	0	0	47,718	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(804,179)	0	0	(804,179)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	5,467	0	0	0	0	0	0	5,467	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	15,770	0	0	0	0	0	0	15,770	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	12,422	0	0	0	0	0	0	12,422	0	0
8. Non-Physician	6,844	0	0	0	0	0	0	6,844	0	0
9. Total	19,266	0	0	0	0	0	0	19,266	0	0
10. Hospital Patient Days Incurred	1,519	0	0	0	0	0	0	1,519	0	0
11. Number of Inpatient Admissions	231	0	0	0	0	0	0	231	0	0
12. Health Premiums Written	8,508,334	0	0	0	0	0	0	8,508,334	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	8,508,334	0	0	0	0	0	0	8,508,334	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	7,019,522	0	0	0	0	0	0	7,019,522	0	0
18. Amount Incurred for Provision of Health Care Services	7,449,023	0	0	0	0	0	0	7,449,023	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	5,467	0	0	5,467	0	0	0	0	0	0
2. MEMBER MONTHS.....	15,770	0	0	15,770	0	0	0	0	0	0
3. Direct Premium Income.....	8,508,334	0	0	8,508,334	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	8,508,215	0	0	8,508,215	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).....	8,508,215	0	0	8,508,215	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,449,023	0	0	7,449,023	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	273,655	0	0	273,655	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,175,368	0	0	7,175,368	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	122,379	0	0	122,379	0	0	0	0	0	0
15. General Administrative Expenses.....	1,732,448	0	0	1,732,448	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).....	9,030,195	0	0	9,030,195	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(521,980)	0	0	(521,980)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,820	0	0	3,820	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).....	(518,160)	0	0	(518,160)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	32,686	0	0	32,686	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(550,846)	0	0	(550,846)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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 **MARCH 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.....	5,467	0	0	5,467	0	0	0	0	0	0
2. MEMBER MONTHS.....	15,770	0	0	15,770	0	0	0	0	0	0
3. Direct Premium Income.....	8,508,334	0	0	8,508,334	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	8,508,215	0	0	8,508,215	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).....	8,508,215	0	0	8,508,215	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,449,023	0	0	7,449,023	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	273,655	0	0	273,655	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,175,368	0	0	7,175,368	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	122,379	0	0	122,379	0	0	0	0	0	0
15. General Administrative Expenses.....	1,732,448	0	0	1,732,448	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).....	9,030,195	0	0	9,030,195	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(521,980)	0	0	(521,980)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,820	0	0	3,820	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).....	(518,160)	0	0	(518,160)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	32,686	0	0	32,686	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(550,846)	0	0	(550,846)	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	0.0%	0.0%	84.3%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	0	0	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	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	(263,573)	0	0	0	0	0	0	(263,573)	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	(263,573)	0	0	0	0	0	0	(263,573)	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	1,580,183	0	0	0	0	0	0	1,580,183	0	0
18. Amount Incurred for Provision of Health Care Services	(936,525)	0	0	0	0	0	0	(936,525)	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	(263,573)	0	0	(263,573)	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	(263,573)	0	0	(263,573)	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).....	(263,573)	0	0	(263,573)	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(936,525)	0	0	(936,525)	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).....	(936,525)	0	0	(936,525)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(25,999)	0	0	(25,999)	0	0	0	0	0	0
15. General Administrative Expenses.....	3,597	0	0	3,597	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).....	(958,927)	0	0	(958,927)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	695,354	0	0	695,354	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(118)	0	0	(118)	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).....	695,236	0	0	695,236	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(43,856)	0	0	(43,856)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	739,092	0	0	739,092	0	0	0	0	0	0
24 Medical Loss Ratio	355.3%	0.0%	0.0%	355.3%	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 **MARCH 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.....	(263,573)	0	0	(263,573)	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	(263,573)	0	0	(263,573)	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).....	(263,573)	0	0	(263,573)	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(936,525)	0	0	(936,525)	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).....	(936,525)	0	0	(936,525)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(25,999)	0	0	(25,999)	0	0	0	0	0	0
15. General Administrative Expenses.....	3,597	0	0	3,597	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).....	(958,927)	0	0	(958,927)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	695,354	0	0	695,354	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(118)	0	0	(118)	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).....	695,236	0	0	695,236	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(43,856)	0	0	(43,856)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	739,092	0	0	739,092	0	0	0	0	0	0
24 Medical Loss Ratio	355.3%	0.0%	0.0%	355.3%	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 **MARCH 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 **MARCH 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 **MARCH 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 **MARCH 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				