

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	129,535	0	0	129,535	0	0	0	0	0	0
3. Direct Premium Income.....	95,868,542	0	0	95,868,542	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	94,879,265	0	0	94,879,265	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).....	94,879,265	0	0	94,879,265	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	74,966,405	0	0	74,966,405	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,563,335	0	0	2,563,335	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	72,403,070	0	0	72,403,070	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,216,242	0	0	1,216,242	0	0	0	0	0	0
15. General Administrative Expenses.....	12,326,286	0	0	12,326,286	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).....	85,945,598	0	0	85,945,598	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,933,667	0	0	8,933,667	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	40,286	0	0	40,286	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).....	8,973,953	0	0	8,973,953	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,191,707	0	0	3,191,707	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,782,246	0	0	5,782,246	0	0	0	0	0	0
24 Medical Loss Ratio	76.3%	0.0%	0.0%	76.3%	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				

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STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	252,451	0	0	252,451	0	0	0	0	0	0
3. Direct Premium Income.....	180,799,084	0	0	180,799,084	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	179,808,615	0	0	179,808,615	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).....	179,808,615	0	0	179,808,615	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	148,617,090	0	0	148,617,090	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,303,446	0	0	5,303,446	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	143,313,644	0	0	143,313,644	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,415,627	0	0	2,415,627	0	0	0	0	0	0
15. General Administrative Expenses.....	29,676,915	0	0	29,676,915	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).....	175,406,186	0	0	175,406,186	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,402,429	0	0	4,402,429	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	78,420	0	0	78,420	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).....	4,480,849	0	0	4,480,849	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,475,134	0	0	3,475,134	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,005,715	0	0	1,005,715	0	0	0	0	0	0
24 Medical Loss Ratio	79.7%	0.0%	0.0%	79.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	9,676	0	0	0	0	0	0	9,676	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	54,270	0	0	0	0	0	0	54,270	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	45,407	0	0	0	0	0	0	45,407	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	45,407	0	0	0	0	0	0	45,407	0	0
10. Hospital Patient Days Incurred	7,785	0	0	0	0	0	0	7,785	0	0
11. Number of Inpatient Admissions	1,247	0	0	0	0	0	0	1,247	0	0
12. Health Premiums Written	36,033,384	0	0	0	0	0	0	36,033,384	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	36,033,384	0	0	0	0	0	0	36,033,384	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	29,693,294	0	0	0	0	0	0	29,693,294	0	0
18. Amount Incurred for Provision of Health Care Services	29,831,723	0	0	0	0	0	0	29,831,723	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	9,676	0	0	9,676	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,211	0	0	28,211	0	0	0	0	0	0
3. Direct Premium Income.....	19,322,741	0	0	19,322,741	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	19,125,486	0	0	19,125,486	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	19,125,486	0	0	19,125,486	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	15,201,602	0	0	15,201,602	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	519,973	0	0	519,973	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,681,629	0	0	14,681,629	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	245,956	0	0	245,956	0	0	0	0	0	0
15. General Administrative Expenses.....	2,514,809	0	0	2,514,809	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).....	17,442,394	0	0	17,442,394	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,683,092	0	0	1,683,092	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	8,126	0	0	8,126	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).....	1,691,218	0	0	1,691,218	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	458,167	0	0	458,167	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,233,051	0	0	1,233,051	0	0	0	0	0	0
24 Medical Loss Ratio	76.8%	0.0%	0.0%	76.8%	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 **JUNE 30, 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.....	9,676	0	0	9,676	0	0	0	0	0	0
2. MEMBER MONTHS.....	54,270	0	0	54,270	0	0	0	0	0	0
3. Direct Premium Income.....	36,033,384	0	0	36,033,384	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	35,835,895	0	0	35,835,895	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).....	35,835,895	0	0	35,835,895	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	29,831,723	0	0	29,831,723	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,057,440	0	0	1,057,440	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	28,774,283	0	0	28,774,283	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	486,312	0	0	486,312	0	0	0	0	0	0
15. General Administrative Expenses.....	5,917,392	0	0	5,917,392	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).....	35,177,987	0	0	35,177,987	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	657,908	0	0	657,908	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,629	0	0	15,629	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).....	673,537	0	0	673,537	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	522,363	0	0	522,363	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	151,174	0	0	151,174	0	0	0	0	0	0
24 Medical Loss Ratio	80.3%	0.0%	0.0%	80.3%	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 **JUNE 30, 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	3,375	0	0	0	0	0	0	3,375	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	21,007	0	0	0	0	0	0	21,007	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	19,838	0	0	0	0	0	0	19,838	0	0
8. Non-Physician	11,443	0	0	0	0	0	0	11,443	0	0
9. Total	31,281	0	0	0	0	0	0	31,281	0	0
10. Hospital Patient Days Incurred	4,056	0	0	0	0	0	0	4,056	0	0
11. Number of Inpatient Admissions	574	0	0	0	0	0	0	574	0	0
12. Health Premiums Written	14,656,203	0	0	0	0	0	0	14,656,203	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	14,656,203	0	0	0	0	0	0	14,656,203	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	12,077,438	0	0	0	0	0	0	12,077,438	0	0
18. Amount Incurred for Provision of Health Care Services	12,133,742	0	0	0	0	0	0	12,133,742	0	0

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STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	3,375	0	0	3,375	0	0	0	0	0	0
2. MEMBER MONTHS.....	10,223	0	0	10,223	0	0	0	0	0	0
3. Direct Premium Income.....	7,468,883	0	0	7,468,883	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	7,388,657	0	0	7,388,657	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).....	7,388,657	0	0	7,388,657	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,841,263	0	0	5,841,263	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	198,936	0	0	198,936	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,642,327	0	0	5,642,327	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	94,424	0	0	94,424	0	0	0	0	0	0
15. General Administrative Expenses.....	943,372	0	0	943,372	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).....	6,680,123	0	0	6,680,123	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	708,534	0	0	708,534	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,130	0	0	3,130	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).....	711,664	0	0	711,664	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	184,855	0	0	184,855	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	526,809	0	0	526,809	0	0	0	0	0	0
24 Medical Loss Ratio	76.4%	0.0%	0.0%	76.4%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	3,375	0	0	3,375	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,007	0	0	21,007	0	0	0	0	0	0
3. Direct Premium Income.....	14,656,203	0	0	14,656,203	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	14,575,877	0	0	14,575,877	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).....	14,575,877	0	0	14,575,877	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,133,742	0	0	12,133,742	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	430,103	0	0	430,103	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,703,639	0	0	11,703,639	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	197,802	0	0	197,802	0	0	0	0	0	0
15. General Administrative Expenses.....	2,406,838	0	0	2,406,838	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,308,279	0	0	14,308,279	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	267,598	0	0	267,598	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,357	0	0	6,357	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).....	273,955	0	0	273,955	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	212,466	0	0	212,466	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	61,489	0	0	61,489	0	0	0	0	0	0
24 Medical Loss Ratio	80.3%	0.0%	0.0%	80.3%	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 **JUNE 30, 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	18,304	0	0	0	0	0	0	18,304	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	106,490	0	0	0	0	0	0	106,490	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	99,722	0	0	0	0	0	0	99,722	0	0
8. Non-Physician	42,735	0	0	0	0	0	0	42,735	0	0
9. Total	142,457	0	0	0	0	0	0	142,457	0	0
10. Hospital Patient Days Incurred	15,736	0	0	0	0	0	0	15,736	0	0
11. Number of Inpatient Admissions	2,176	0	0	0	0	0	0	2,176	0	0
12. Health Premiums Written	84,944,273	0	0	0	0	0	0	84,944,273	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	84,944,273	0	0	0	0	0	0	84,944,273	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	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	69,998,290	0	0	0	0	0	0	69,998,290	0	0
18. Amount Incurred for Provision of Health Care Services	70,324,620	0	0	0	0	0	0	70,324,620	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	18,304	0	0	18,304	0	0	0	0	0	0
2. MEMBER MONTHS.....	54,277	0	0	54,277	0	0	0	0	0	0
3. Direct Premium Income.....	44,577,779	0	0	44,577,779	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	44,112,788	0	0	44,112,788	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).....	44,112,788	0	0	44,112,788	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	34,983,867	0	0	34,983,867	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,194,470	0	0	1,194,470	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	33,789,397	0	0	33,789,397	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	565,811	0	0	565,811	0	0	0	0	0	0
15. General Administrative Expenses.....	5,730,192	0	0	5,730,192	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).....	40,085,400	0	0	40,085,400	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,027,388	0	0	4,027,388	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	18,718	0	0	18,718	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).....	4,046,106	0	0	4,046,106	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,076,334	0	0	1,076,334	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,969,772	0	0	2,969,772	0	0	0	0	0	0
24 Medical Loss Ratio	76.6%	0.0%	0.0%	76.6%	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 **JUNE 30, 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.....	18,304	0	0	18,304	0	0	0	0	0	0
2. MEMBER MONTHS.....	106,490	0	0	106,490	0	0	0	0	0	0
3. Direct Premium Income.....	84,944,273	0	0	84,944,273	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	84,478,717	0	0	84,478,717	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).....	84,478,717	0	0	84,478,717	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	70,324,620	0	0	70,324,620	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,492,784	0	0	2,492,784	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	67,831,836	0	0	67,831,836	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,146,420	0	0	1,146,420	0	0	0	0	0	0
15. General Administrative Expenses.....	13,949,525	0	0	13,949,525	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	82,927,781	0	0	82,927,781	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,550,936	0	0	1,550,936	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	36,843	0	0	36,843	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).....	1,587,779	0	0	1,587,779	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,231,407	0	0	1,231,407	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	356,372	0	0	356,372	0	0	0	0	0	0
24 Medical Loss Ratio	80.3%	0.0%	0.0%	80.3%	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 **JUNE 30, 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	6,501	0	0	0	0	0	0	6,501	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	37,244	0	0	0	0	0	0	37,244	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	37,721	0	0	0	0	0	0	37,721	0	0
8. Non-Physician	19,558	0	0	0	0	0	0	19,558	0	0
9. Total	57,279	0	0	0	0	0	0	57,279	0	0
10. Hospital Patient Days Incurred	5,589	0	0	0	0	0	0	5,589	0	0
11. Number of Inpatient Admissions	762	0	0	0	0	0	0	762	0	0
12. Health Premiums Written	26,492,481	0	0	0	0	0	0	26,492,481	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	26,492,481	0	0	0	0	0	0	26,492,481	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	21,831,117	0	0	0	0	0	0	21,831,117	0	0
18. Amount Incurred for Provision of Health Care Services	21,932,893	0	0	0	0	0	0	21,932,893	0	0

TEXAS HMO SUPPLEMENT

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	6,501	0	0	6,501	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,154	0	0	19,154	0	0	0	0	0	0
3. Direct Premium Income.....	14,071,157	0	0	14,071,157	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	13,926,133	0	0	13,926,133	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	13,926,133	0	0	13,926,133	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	11,058,059	0	0	11,058,059	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	377,942	0	0	377,942	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,680,117	0	0	10,680,117	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	178,885	0	0	178,885	0	0	0	0	0	0
15. General Administrative Expenses.....	1,821,386	0	0	1,821,386	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).....	12,680,388	0	0	12,680,388	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,245,745	0	0	1,245,745	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,914	0	0	5,914	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).....	1,251,659	0	0	1,251,659	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	336,334	0	0	336,334	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	915,325	0	0	915,325	0	0	0	0	0	0
24 Medical Loss Ratio	76.7%	0.0%	0.0%	76.7%	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				

TEXAS HMO SUPPLEMENT

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: 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.....	6,501	0	0	6,501	0	0	0	0	0	0
2. MEMBER MONTHS.....	37,244	0	0	37,244	0	0	0	0	0	0
3. Direct Premium Income.....	26,492,481	0	0	26,492,481	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	26,347,283	0	0	26,347,283	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).....	26,347,283	0	0	26,347,283	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	21,932,893	0	0	21,932,893	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	777,451	0	0	777,451	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	21,155,442	0	0	21,155,442	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	357,546	0	0	357,546	0	0	0	0	0	0
15. General Administrative Expenses.....	4,350,588	0	0	4,350,588	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).....	25,863,576	0	0	25,863,576	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	483,707	0	0	483,707	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	11,491	0	0	11,491	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).....	495,198	0	0	495,198	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	384,052	0	0	384,052	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	111,146	0	0	111,146	0	0	0	0	0	0
24. Medical Loss Ratio	80.3%	0.0%	0.0%	80.3%	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 **JUNE 30, 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	6,067	0	0	0	0	0	0	6,067	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	33,440	0	0	0	0	0	0	33,440	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	26,863	0	0	0	0	0	0	26,863	0	0
8. Non-Physician	15,246	0	0	0	0	0	0	15,246	0	0
9. Total	42,109	0	0	0	0	0	0	42,109	0	0
10. Hospital Patient Days Incurred	3,306	0	0	0	0	0	0	3,306	0	0
11. Number of Inpatient Admissions	466	0	0	0	0	0	0	466	0	0
12. Health Premiums Written	18,594,220	0	0	0	0	0	0	18,594,220	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	18,594,220	0	0	0	0	0	0	18,594,220	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	15,322,559	0	0	0	0	0	0	15,322,559	0	0
18. Amount Incurred for Provision of Health Care Services	15,393,992	0	0	0	0	0	0	15,393,992	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	6,067	0	0	6,067	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,670	0	0	17,670	0	0	0	0	0	0
3. Direct Premium Income.....	10,085,886	0	0	10,085,886	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	9,984,095	0	0	9,984,095	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	9,984,095	0	0	9,984,095	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,944,969	0	0	7,944,969	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	272,013	0	0	272,013	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,672,956	0	0	7,672,956	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	128,571	0	0	128,571	0	0	0	0	0	0
15. General Administrative Expenses.....	1,321,090	0	0	1,321,090	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).....	9,122,617	0	0	9,122,617	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	861,478	0	0	861,478	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,245	0	0	4,245	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	865,723	0	0	865,723	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	236,868	0	0	236,868	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	628,855	0	0	628,855	0	0	0	0	0	0
24 Medical Loss Ratio	76.9%	0.0%	0.0%	76.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	6,067	0	0	6,067	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,440	0	0	33,440	0	0	0	0	0	0
3. Direct Premium Income.....	18,594,220	0	0	18,594,220	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	18,492,310	0	0	18,492,310	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).....	18,492,310	0	0	18,492,310	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	15,393,992	0	0	15,393,992	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	545,668	0	0	545,668	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,848,324	0	0	14,848,324	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	250,950	0	0	250,950	0	0	0	0	0	0
15. General Administrative Expenses.....	3,053,538	0	0	3,053,538	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).....	18,152,812	0	0	18,152,812	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	339,498	0	0	339,498	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	8,065	0	0	8,065	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).....	347,563	0	0	347,563	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	269,554	0	0	269,554	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	78,009	0	0	78,009	0	0	0	0	0	0
24 Medical Loss Ratio	80.3%	0.0%	0.0%	80.3%	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 **JUNE 30, 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									
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	78,523	0	0	0	0	0	0	78,523	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	78,523	0	0	0	0	0	0	78,523	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	1,671,078	0	0	0	0	0	0	1,671,078	0	0
18. Amount Incurred for Provision of Health Care Services	(999,880)	0	0	0	0	0	0	(999,880)	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	342,096	0	0	342,096	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	342,106	0	0	342,106	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).....	342,106	0	0	342,106	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(63,355)	0	0	(63,355)	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).....	(63,355)	0	0	(63,355)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,596	0	0	2,596	0	0	0	0	0	0
15. General Administrative Expenses.....	(4,563)	0	0	(4,563)	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).....	(65,322)	0	0	(65,322)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	407,428	0	0	407,428	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	152	0	0	152	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).....	407,580	0	0	407,580	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	899,148	0	0	899,148	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(491,568)	0	0	(491,568)	0	0	0	0	0	0
24 Medical Loss Ratio	-18.5%	0.0%	0.0%	-18.5%	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 **JUNE 30, 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.....	78,523	0	0	78,523	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	78,533	0	0	78,533	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).....	78,533	0	0	78,533	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(999,880)	0	0	(999,880)	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).....	(999,880)	0	0	(999,880)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(23,403)	0	0	(23,403)	0	0	0	0	0	0
15. General Administrative Expenses.....	(966)	0	0	(966)	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).....	(1,024,249)	0	0	(1,024,249)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,102,782	0	0	1,102,782	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	34	0	0	34	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).....	1,102,816	0	0	1,102,816	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	855,292	0	0	855,292	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	247,524	0	0	247,524	0	0	0	0	0	0
24 Medical Loss Ratio	-1273.2%	0.0%	0.0%	-1273.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State				* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)				0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	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
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	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
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	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
14. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	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
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	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
19. Net Investments Gains / (Losses).....	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
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	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
23. NET INCOME/(LOSS) (L21 less L22).....	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%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0			

TEXAS HMO SUPPLEMENT

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