

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	136,625	0	0	136,625	0	0	0	0	0	0
3. Direct Premium Income.....	91,023,208	0	0	91,023,208	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	90,493,412	0	0	90,493,412	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).....	90,493,412	0	0	90,493,412	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	78,701,193	0	0	78,701,193	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,565,302	0	0	1,565,302	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	77,135,891	0	0	77,135,891	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,269,812	0	0	1,269,812	0	0	0	0	0	0
15. General Administrative Expenses.....	12,541,603	0	0	12,541,603	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).....	90,947,306	0	0	90,947,306	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(453,894)	0	0	(453,894)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	50,048	0	0	50,048	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).....	(403,846)	0	0	(403,846)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	26,473	0	0	26,473	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(430,319)	0	0	(430,319)	0	0	0	0	0	0
24 Medical Loss Ratio	85.2%	0.0%	0.0%	85.2%	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 **SEPTEMBER 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.....	389,076	0	0	389,076	0	0	0	0	0	0
3. Direct Premium Income.....	271,822,292	0	0	271,822,292	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	270,302,027	0	0	270,302,027	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).....	270,302,027	0	0	270,302,027	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	227,318,283	0	0	227,318,283	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,868,748	0	0	6,868,748	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	220,449,535	0	0	220,449,535	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,685,439	0	0	3,685,439	0	0	0	0	0	0
15. General Administrative Expenses.....	42,218,518	0	0	42,218,518	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).....	266,353,492	0	0	266,353,492	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,948,535	0	0	3,948,535	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	128,468	0	0	128,468	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).....	4,077,003	0	0	4,077,003	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,501,607	0	0	3,501,607	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	575,396	0	0	575,396	0	0	0	0	0	0
24 Medical Loss Ratio	81.6%	0.0%	0.0%	81.6%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	10,404	0	0	0	0	0	0	10,404	0	0
5. Current Year	0									
6. Current Year Member Months	84,630	0	0	0	0	0	0	84,630	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	72,070	0	0	0	0	0	0	72,070	0	0
8. Non-Physician	39,012	0	0	0	0	0	0	39,012	0	0
9. Total	111,082	0	0	0	0	0	0	111,082	0	0
10. Hospital Patient Days Incurred	12,294	0	0	0	0	0	0	12,294	0	0
11. Number of Inpatient Admissions	1,937	0	0	0	0	0	0	1,937	0	0
12. Health Premiums Written	55,135,593	0	0	0	0	0	0	55,135,593	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	55,135,593	0	0	0	0	0	0	55,135,593	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	46,506,376	0	0	0	0	0	0	46,506,376	0	0
18. Amount Incurred for Provision of Health Care Services	46,366,968	0	0	0	0	0	0	46,366,968	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	10,404	0	0	10,404	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,360	0	0	30,360	0	0	0	0	0	0
3. Direct Premium Income.....	19,102,209	0	0	19,102,209	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	18,991,206	0	0	18,991,206	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).....	18,991,206	0	0	18,991,206	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,535,245	0	0	16,535,245	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	336,357	0	0	336,357	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,198,888	0	0	16,198,888	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	266,410	0	0	266,410	0	0	0	0	0	0
15. General Administrative Expenses.....	2,565,787	0	0	2,565,787	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	19,031,085	0	0	19,031,085	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(39,879)	0	0	(39,879)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,429	0	0	10,429	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).....	(29,450)	0	0	(29,450)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	30,822	0	0	30,822	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(60,272)	0	0	(60,272)	0	0	0	0	0	0
24 Medical Loss Ratio	85.3%	0.0%	0.0%	85.3%	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 **SEPTEMBER 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.....	10,404	0	0	10,404	0	0	0	0	0	0
2. MEMBER MONTHS.....	84,630	0	0	84,630	0	0	0	0	0	0
3. Direct Premium Income.....	55,135,593	0	0	55,135,593	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	54,827,101	0	0	54,827,101	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).....	54,827,101	0	0	54,827,101	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	46,366,968	0	0	46,366,968	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,393,797	0	0	1,393,797	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	44,973,171	0	0	44,973,171	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	752,722	0	0	752,722	0	0	0	0	0	0
15. General Administrative Expenses.....	8,483,179	0	0	8,483,179	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).....	54,209,072	0	0	54,209,072	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	618,029	0	0	618,029	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	26,058	0	0	26,058	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).....	644,087	0	0	644,087	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	553,185	0	0	553,185	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	90,902	0	0	90,902	0	0	0	0	0	0
24. Medical Loss Ratio	82.0%	0.0%	0.0%	82.0%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	3,286	0	0	0	0	0	0	3,286	0	0
5. Current Year	0									
6. Current Year Member Months	30,936	0	0	0	0	0	0	30,936	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	29,772	0	0	0	0	0	0	29,772	0	0
8. Non-Physician	16,790	0	0	0	0	0	0	16,790	0	0
9. Total	46,562	0	0	0	0	0	0	46,562	0	0
10. Hospital Patient Days Incurred	6,336	0	0	0	0	0	0	6,336	0	0
11. Number of Inpatient Admissions	899	0	0	0	0	0	0	899	0	0
12. Health Premiums Written	21,468,583	0	0	0	0	0	0	21,468,583	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	21,468,583	0	0	0	0	0	0	21,468,583	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	18,108,557	0	0	0	0	0	0	18,108,557	0	0
18. Amount Incurred for Provision of Health Care Services	18,054,274	0	0	0	0	0	0	18,054,274	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	3,286	0	0	3,286	0	0	0	0	0	0
2. MEMBER MONTHS.....	9,929	0	0	9,929	0	0	0	0	0	0
3. Direct Premium Income.....	6,812,380	0	0	6,812,380	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	6,772,586	0	0	6,772,586	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	6,772,586	0	0	6,772,586	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,920,532	0	0	5,920,532	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	112,611	0	0	112,611	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,807,921	0	0	5,807,921	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	95,291	0	0	95,291	0	0	0	0	0	0
15. General Administrative Expenses.....	896,325	0	0	896,325	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).....	6,799,537	0	0	6,799,537	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(26,951)	0	0	(26,951)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,789	0	0	3,789	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).....	(23,162)	0	0	(23,162)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,932	0	0	2,932	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(26,094)	0	0	(26,094)	0	0	0	0	0	0
24 Medical Loss Ratio	85.8%	0.0%	0.0%	85.8%	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 **SEPTEMBER 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.....	3,286	0	0	3,286	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,936	0	0	30,936	0	0	0	0	0	0
3. Direct Premium Income.....	21,468,583	0	0	21,468,583	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	21,348,463	0	0	21,348,463	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).....	21,348,463	0	0	21,348,463	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	18,054,274	0	0	18,054,274	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	542,714	0	0	542,714	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,511,560	0	0	17,511,560	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	293,093	0	0	293,093	0	0	0	0	0	0
15. General Administrative Expenses.....	3,303,163	0	0	3,303,163	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	21,107,816	0	0	21,107,816	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	240,647	0	0	240,647	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,146	0	0	10,146	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).....	250,793	0	0	250,793	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	215,398	0	0	215,398	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	35,395	0	0	35,395	0	0	0	0	0	0
24. Medical Loss Ratio	82.0%	0.0%	0.0%	82.0%	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				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	18,993	0	0	0	0	0	0	18,993	0	0
5. Current Year	0									
6. Current Year Member Months	162,944	0	0	0	0	0	0	162,944	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	154,723	0	0	0	0	0	0	154,723	0	0
8. Non-Physician	65,987	0	0	0	0	0	0	65,987	0	0
9. Total	220,710	0	0	0	0	0	0	220,710	0	0
10. Hospital Patient Days Incurred	23,748	0	0	0	0	0	0	23,748	0	0
11. Number of Inpatient Admissions	3,312	0	0	0	0	0	0	3,312	0	0
12. Health Premiums Written	126,677,230	0	0	0	0	0	0	126,677,230	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	126,677,230	0	0	0	0	0	0	126,677,230	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	106,851,103	0	0	0	0	0	0	106,851,103	0	0
18. Amount Incurred for Provision of Health Care Services	106,530,804	0	0	0	0	0	0	106,530,804	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	18,993	0	0	18,993	0	0	0	0	0	0
2. MEMBER MONTHS.....	56,454	0	0	56,454	0	0	0	0	0	0
3. Direct Premium Income.....	41,732,957	0	0	41,732,957	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	41,489,734	0	0	41,489,734	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).....	41,489,734	0	0	41,489,734	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	36,206,184	0	0	36,206,184	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	709,545	0	0	709,545	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	35,496,639	0	0	35,496,639	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	583,003	0	0	583,003	0	0	0	0	0	0
15. General Administrative Expenses.....	5,541,071	0	0	5,541,071	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	41,620,713	0	0	41,620,713	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(130,979)	0	0	(130,979)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	23,027	0	0	23,027	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).....	(107,952)	0	0	(107,952)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	39,568	0	0	39,568	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(147,520)	0	0	(147,520)	0	0	0	0	0	0
24 Medical Loss Ratio	85.6%	0.0%	0.0%	85.6%	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 **SEPTEMBER 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.....	18,993	0	0	18,993	0	0	0	0	0	0
2. MEMBER MONTHS.....	162,944	0	0	162,944	0	0	0	0	0	0
3. Direct Premium Income.....	126,677,230	0	0	126,677,230	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	125,968,451	0	0	125,968,451	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).....	125,968,451	0	0	125,968,451	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	106,530,804	0	0	106,530,804	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,202,329	0	0	3,202,329	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	103,328,475	0	0	103,328,475	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,729,423	0	0	1,729,423	0	0	0	0	0	0
15. General Administrative Expenses.....	19,490,596	0	0	19,490,596	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	124,548,494	0	0	124,548,494	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,419,957	0	0	1,419,957	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	59,870	0	0	59,870	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).....	1,479,827	0	0	1,479,827	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,270,975	0	0	1,270,975	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	208,852	0	0	208,852	0	0	0	0	0	0
24 Medical Loss Ratio	82.0%	0.0%	0.0%	82.0%	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				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	6,892	0	0	0	0	0	0	6,892	0	0
5. Current Year	0									
6. Current Year Member Months	57,557	0	0	0	0	0	0	57,557	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	59,083	0	0	0	0	0	0	59,083	0	0
8. Non-Physician	31,262	0	0	0	0	0	0	31,262	0	0
9. Total	90,345	0	0	0	0	0	0	90,345	0	0
10. Hospital Patient Days Incurred	8,451	0	0	0	0	0	0	8,451	0	0
11. Number of Inpatient Admissions	1,172	0	0	0	0	0	0	1,172	0	0
12. Health Premiums Written	39,680,366	0	0	0	0	0	0	39,680,366	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	39,680,366	0	0	0	0	0	0	39,680,366	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	33,470,032	0	0	0	0	0	0	33,470,032	0	0
18. Amount Incurred for Provision of Health Care Services	33,369,701	0	0	0	0	0	0	33,369,701	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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.....	6,892	0	0	6,892	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,313	0	0	20,313	0	0	0	0	0	0
3. Direct Premium Income.....	13,187,885	0	0	13,187,885	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	13,111,065	0	0	13,111,065	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).....	13,111,065	0	0	13,111,065	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	11,436,808	0	0	11,436,808	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	225,646	0	0	225,646	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,211,162	0	0	11,211,162	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	184,178	0	0	184,178	0	0	0	0	0	0
15. General Administrative Expenses.....	1,754,645	0	0	1,754,645	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).....	13,149,985	0	0	13,149,985	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(38,920)	0	0	(38,920)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,263	0	0	7,263	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).....	(31,657)	0	0	(31,657)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	14,068	0	0	14,068	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(45,725)	0	0	(45,725)	0	0	0	0	0	0
24 Medical Loss Ratio	85.5%	0.0%	0.0%	85.5%	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 **SEPTEMBER 30, 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.....	6,892	0	0	6,892	0	0	0	0	0	0
2. MEMBER MONTHS.....	57,557	0	0	57,557	0	0	0	0	0	0
3. Direct Premium Income.....	39,680,366	0	0	39,680,366	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	39,458,348	0	0	39,458,348	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	39,458,348	0	0	39,458,348	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	33,369,701	0	0	33,369,701	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,003,097	0	0	1,003,097	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,366,604	0	0	32,366,604	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	541,724	0	0	541,724	0	0	0	0	0	0
15. General Administrative Expenses.....	6,105,233	0	0	6,105,233	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).....	39,013,561	0	0	39,013,561	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	444,787	0	0	444,787	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	18,754	0	0	18,754	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).....	463,541	0	0	463,541	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	398,120	0	0	398,120	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	65,421	0	0	65,421	0	0	0	0	0	0
24 Medical Loss Ratio	82.0%	0.0%	0.0%	82.0%	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 **SEPTEMBER 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	0									
4. Third Quarter	6,693	0	0	0	0	0	0	6,693	0	0
5. Current Year	0									
6. Current Year Member Months	53,009	0	0	0	0	0	0	53,009	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	42,829	0	0	0	0	0	0	42,829	0	0
8. Non-Physician	24,558	0	0	0	0	0	0	24,558	0	0
9. Total	67,387	0	0	0	0	0	0	67,387	0	0
10. Hospital Patient Days Incurred	5,041	0	0	0	0	0	0	5,041	0	0
11. Number of Inpatient Admissions	747	0	0	0	0	0	0	747	0	0
12. Health Premiums Written	28,751,111	0	0	0	0	0	0	28,751,111	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	28,751,111	0	0	0	0	0	0	28,751,111	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	24,251,303	0	0	0	0	0	0	24,251,303	0	0
18. Amount Incurred for Provision of Health Care Services	24,178,607	0	0	0	0	0	0	24,178,607	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	6,693	0	0	6,693	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,569	0	0	19,569	0	0	0	0	0	0
3. Direct Premium Income.....	10,156,891	0	0	10,156,891	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	10,097,934	0	0	10,097,934	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	10,097,934	0	0	10,097,934	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,784,615	0	0	8,784,615	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	181,144	0	0	181,144	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,603,471	0	0	8,603,471	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	141,566	0	0	141,566	0	0	0	0	0	0
15. General Administrative Expenses.....	1,370,116	0	0	1,370,116	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	10,115,153	0	0	10,115,153	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(17,219)	0	0	(17,219)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,523	0	0	5,523	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).....	(11,696)	0	0	(11,696)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	18,911	0	0	18,911	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(30,607)	0	0	(30,607)	0	0	0	0	0	0
24 Medical Loss Ratio	85.2%	0.0%	0.0%	85.2%	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 **SEPTEMBER 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.....	6,693	0	0	6,693	0	0	0	0	0	0
2. MEMBER MONTHS.....	53,009	0	0	53,009	0	0	0	0	0	0
3. Direct Premium Income.....	28,751,111	0	0	28,751,111	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	28,590,244	0	0	28,590,244	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	28,590,244	0	0	28,590,244	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	24,178,607	0	0	24,178,607	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	726,812	0	0	726,812	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	23,451,795	0	0	23,451,795	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	392,516	0	0	392,516	0	0	0	0	0	0
15. General Administrative Expenses.....	4,423,654	0	0	4,423,654	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	28,267,965	0	0	28,267,965	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	322,279	0	0	322,279	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	13,588	0	0	13,588	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).....	335,867	0	0	335,867	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	288,465	0	0	288,465	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	47,402	0	0	47,402	0	0	0	0	0	0
24 Medical Loss Ratio	82.0%	0.0%	0.0%	82.0%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0	0	0	0	0	0	0	0	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	109,409	0	0	0	0	0	0	109,409	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	109,409	0	0	0	0	0	0	109,409	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	1,676,015	0	0	0	0	0	0	1,676,015	0	0
18. Amount Incurred for Provision of Health Care Services	(1,182,072)	0	0	0	0	0	0	(1,182,072)	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	30,886	0	0	30,886	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	30,887	0	0	30,887	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).....	30,887	0	0	30,887	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(182,192)	0	0	(182,192)	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).....	(182,192)	0	0	(182,192)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(637)	0	0	(637)	0	0	0	0	0	0
15. General Administrative Expenses.....	413,659	0	0	413,659	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).....	230,830	0	0	230,830	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(199,943)	0	0	(199,943)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	18	0	0	18	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).....	(199,925)	0	0	(199,925)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(79,829)	0	0	(79,829)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(120,096)	0	0	(120,096)	0	0	0	0	0	0
24 Medical Loss Ratio	-589.9%	0.0%	0.0%	-589.9%	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 **SEPTEMBER 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.....	109,409	0	0	109,409	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	109,420	0	0	109,420	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).....	109,420	0	0	109,420	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(1,182,072)	0	0	(1,182,072)	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	(1,182,072)	0	0	(1,182,072)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(24,040)	0	0	(24,040)	0	0	0	0	0	0
15. General Administrative Expenses.....	412,693	0	0	412,693	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).....	(793,419)	0	0	(793,419)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	902,839	0	0	902,839	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	52	0	0	52	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).....	902,891	0	0	902,891	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	775,463	0	0	775,463	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	127,428	0	0	127,428	0	0	0	0	0	0
24. Medical Loss Ratio	-1080.3%	0.0%	0.0%	-1080.3%	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 **SEPTEMBER 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	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 **SEPTEMBER 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 **SEPTEMBER 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 **SEPTEMBER 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				