

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	45,711	0	0	45,711	0	0	0	0	0	0
2. MEMBER MONTHS.....	136,444	0	0	136,444	0	0	0	0	0	0
3. Direct Premium Income.....	95,742,881	0	0	95,742,881	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	95,269,495	0	0	95,269,495	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).....	95,269,495	0	0	95,269,495	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	77,796,951	0	0	77,796,951	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	48,422	0	0	48,422	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	77,748,529	0	0	77,748,529	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,724,831	0	0	1,724,831	0	0	0	0	0	0
15. General Administrative Expenses.....	18,118,522	0	0	18,118,522	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).....	97,591,882	0	0	97,591,882	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,322,387)	0	0	(2,322,387)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	71,877	0	0	71,877	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,250,510)	0	0	(2,250,510)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,245,088	0	0	1,245,088	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,495,598)	0	0	(3,495,598)	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	45,711	0	0	45,711	0	0	0	0	0	0
2. MEMBER MONTHS.....	136,444	0	0	136,444	0	0	0	0	0	0
3. Direct Premium Income.....	95,742,881	0	0	95,742,881	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	95,269,495	0	0	95,269,495	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).....	95,269,495	0	0	95,269,495	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	77,796,951	0	0	77,796,951	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	48,422	0	0	48,422	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	77,748,529	0	0	77,748,529	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,724,831	0	0	1,724,831	0	0	0	0	0	0
15. General Administrative Expenses.....	18,118,522	0	0	18,118,522	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).....	97,591,882	0	0	97,591,882	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,322,387)	0	0	(2,322,387)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	71,877	0	0	71,877	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,250,510)	0	0	(2,250,510)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,245,088	0	0	1,245,088	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,495,598)	0	0	(3,495,598)	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 **MARCH 31, 2016**

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	10,879	0	0	0	0	0	0	10,879	0	0
2. First Quarter	10,940	0	0	0	0	0	0	10,940	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	32,502	0	0	0	0	0	0	32,502	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	27,998	0	0	0	0	0	0	27,998	0	0
8. Non-Physician	13,487	0	0	0	0	0	0	13,487	0	0
9. Total	41,485	0	0	0	0	0	0	41,485	0	0
10. Hospital Patient Days Incurred	4,246	0	0	0	0	0	0	4,246	0	0
11. Number of Inpatient Admissions	733	0	0	0	0	0	0	733	0	0
12. Health Premiums Written	21,256,238	0	0	0	0	0	0	21,256,238	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	21,256,238	0	0	0	0	0	0	21,256,238	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	16,948,837	0	0	0	0	0	0	16,948,837	0	0
18. Amount Incurred for Provision of Health Care Services	17,283,099	0	0	0	0	0	0	17,283,099	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	10,940	0	0	10,940	0	0	0	0	0	0
2. MEMBER MONTHS.....	32,502	0	0	32,502	0	0	0	0	0	0
3. Direct Premium Income.....	21,256,238	0	0	21,256,238	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	21,151,073	0	0	21,151,073	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).....	21,151,073	0	0	21,151,073	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	17,283,099	0	0	17,283,099	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	10,757	0	0	10,757	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,272,342	0	0	17,272,342	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	383,183	0	0	383,183	0	0	0	0	0	0
15. General Administrative Expenses.....	4,025,139	0	0	4,025,139	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).....	21,680,664	0	0	21,680,664	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(529,591)	0	0	(529,591)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,958	0	0	15,958	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).....	(513,633)	0	0	(513,633)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	284,166	0	0	284,166	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(797,799)	0	0	(797,799)	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	10,940	0	0	10,940	0	0	0	0	0	0
2. MEMBER MONTHS.....	32,502	0	0	32,502	0	0	0	0	0	0
3. Direct Premium Income.....	21,256,238	0	0	21,256,238	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	21,151,073	0	0	21,151,073	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).....	21,151,073	0	0	21,151,073	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	17,283,099	0	0	17,283,099	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	10,757	0	0	10,757	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,272,342	0	0	17,272,342	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	383,183	0	0	383,183	0	0	0	0	0	0
15. General Administrative Expenses.....	4,025,139	0	0	4,025,139	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).....	21,680,664	0	0	21,680,664	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(529,591)	0	0	(529,591)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,958	0	0	15,958	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).....	(513,633)	0	0	(513,633)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	284,166	0	0	284,166	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(797,799)	0	0	(797,799)	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State				* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)				0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	3,214	0	0	0	0	0	0	3,214	0	0
2. First Quarter	2,895	0	0	0	0	0	0	2,895	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	8,774	0	0	0	0	0	0	8,774	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	8,672	0	0	0	0	0	0	8,672	0	0
8. Non-Physician	3,928	0	0	0	0	0	0	3,928	0	0
9. Total	12,600	0	0	0	0	0	0	12,600	0	0
10. Hospital Patient Days Incurred	1,328	0	0	0	0	0	0	1,328	0	0
11. Number of Inpatient Admissions	206	0	0	0	0	0	0	206	0	0
12. Health Premiums Written	6,720,379	0	0	0	0	0	0	6,720,379	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	6,720,379	0	0	0	0	0	0	6,720,379	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	5,358,550	0	0	0	0	0	0	5,358,550	0	0
18. Amount Incurred for Provision of Health Care Services	5,464,230	0	0	0	0	0	0	5,464,230	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	2,895	0	0	2,895	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,774	0	0	8,774	0	0	0	0	0	0
3. Direct Premium Income.....	6,720,379	0	0	6,720,379	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	6,687,130	0	0	6,687,130	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).....	6,687,130	0	0	6,687,130	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,464,230	0	0	5,464,230	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,401	0	0	3,401	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,460,829	0	0	5,460,829	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	121,147	0	0	121,147	0	0	0	0	0	0
15. General Administrative Expenses.....	1,272,589	0	0	1,272,589	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).....	6,854,565	0	0	6,854,565	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(167,435)	0	0	(167,435)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,045	0	0	5,045	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).....	(162,390)	0	0	(162,390)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	89,842	0	0	89,842	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(252,232)	0	0	(252,232)	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	2,895	0	0	2,895	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,774	0	0	8,774	0	0	0	0	0	0
3. Direct Premium Income.....	6,720,379	0	0	6,720,379	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	6,687,130	0	0	6,687,130	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).....	6,687,130	0	0	6,687,130	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,464,230	0	0	5,464,230	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,401	0	0	3,401	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,460,829	0	0	5,460,829	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	121,147	0	0	121,147	0	0	0	0	0	0
15. General Administrative Expenses.....	1,272,589	0	0	1,272,589	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).....	6,854,565	0	0	6,854,565	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(167,435)	0	0	(167,435)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,045	0	0	5,045	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).....	(162,390)	0	0	(162,390)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	89,842	0	0	89,842	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(252,232)	0	0	(252,232)	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	19,279	0	0	0	0	0	0	19,279	0	0
2. First Quarter	18,257	0	0	0	0	0	0	18,257	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	54,576	0	0	0	0	0	0	54,576	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	52,696	0	0	0	0	0	0	52,696	0	0
8. Non-Physician	22,245	0	0	0	0	0	0	22,245	0	0
9. Total	74,941	0	0	0	0	0	0	74,941	0	0
10. Hospital Patient Days Incurred	7,955	0	0	0	0	0	0	7,955	0	0
11. Number of Inpatient Admissions	1,133	0	0	0	0	0	0	1,133	0	0
12. Health Premiums Written	42,686,460	0	0	0	0	0	0	42,686,460	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	42,686,460	0	0	0	0	0	0	42,686,460	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	34,036,401	0	0	0	0	0	0	34,036,401	0	0
18. Amount Incurred for Provision of Health Care Services	34,707,660	0	0	0	0	0	0	34,707,660	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	18,257	0	0	18,257	0	0	0	0	0	0
2. MEMBER MONTHS.....	54,576	0	0	54,576	0	0	0	0	0	0
3. Direct Premium Income.....	42,686,460	0	0	42,686,460	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	42,475,267	0	0	42,475,267	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).....	42,475,267	0	0	42,475,267	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	34,707,660	0	0	34,707,660	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	21,603	0	0	21,603	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,686,057	0	0	34,686,057	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	769,502	0	0	769,502	0	0	0	0	0	0
15. General Administrative Expenses.....	8,083,223	0	0	8,083,223	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).....	43,538,782	0	0	43,538,782	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,063,515)	0	0	(1,063,515)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	32,046	0	0	32,046	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).....	(1,031,469)	0	0	(1,031,469)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	570,657	0	0	570,657	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,602,126)	0	0	(1,602,126)	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	18,257	0	0	18,257	0	0	0	0	0	0
2. MEMBER MONTHS.....	54,576	0	0	54,576	0	0	0	0	0	0
3. Direct Premium Income.....	42,686,460	0	0	42,686,460	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	42,475,267	0	0	42,475,267	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).....	42,475,267	0	0	42,475,267	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	34,707,660	0	0	34,707,660	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	21,603	0	0	21,603	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,686,057	0	0	34,686,057	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	769,502	0	0	769,502	0	0	0	0	0	0
15. General Administrative Expenses.....	8,083,223	0	0	8,083,223	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).....	43,538,782	0	0	43,538,782	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,063,515)	0	0	(1,063,515)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	32,046	0	0	32,046	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).....	(1,031,469)	0	0	(1,031,469)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	570,657	0	0	570,657	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,602,126)	0	0	(1,602,126)	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	7,186	0	0	0	0	0	0	7,186	0	0
2. First Quarter	7,172	0	0	0	0	0	0	7,172	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	21,244	0	0	0	0	0	0	21,244	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	23,831	0	0	0	0	0	0	23,831	0	0
8. Non-Physician	10,516	0	0	0	0	0	0	10,516	0	0
9. Total	34,347	0	0	0	0	0	0	34,347	0	0
10. Hospital Patient Days Incurred	2,712	0	0	0	0	0	0	2,712	0	0
11. Number of Inpatient Admissions	458	0	0	0	0	0	0	458	0	0
12. Health Premiums Written	14,497,027	0	0	0	0	0	0	14,497,027	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	14,497,027	0	0	0	0	0	0	14,497,027	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	11,559,324	0	0	0	0	0	0	11,559,324	0	0
18. Amount Incurred for Provision of Health Care Services	11,787,295	0	0	0	0	0	0	11,787,295	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,172	0	0	7,172	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,244	0	0	21,244	0	0	0	0	0	0
3. Direct Premium Income.....	14,497,027	0	0	14,497,027	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	14,425,302	0	0	14,425,302	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).....	14,425,302	0	0	14,425,302	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	11,787,295	0	0	11,787,295	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,337	0	0	7,337	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,779,958	0	0	11,779,958	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	261,335	0	0	261,335	0	0	0	0	0	0
15. General Administrative Expenses.....	2,745,196	0	0	2,745,196	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).....	14,786,489	0	0	14,786,489	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(361,187)	0	0	(361,187)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,883	0	0	10,883	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).....	(350,304)	0	0	(350,304)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	193,805	0	0	193,805	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(544,109)	0	0	(544,109)	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,172	0	0	7,172	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,244	0	0	21,244	0	0	0	0	0	0
3. Direct Premium Income.....	14,497,027	0	0	14,497,027	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	14,425,302	0	0	14,425,302	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).....	14,425,302	0	0	14,425,302	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	11,787,295	0	0	11,787,295	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,337	0	0	7,337	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,779,958	0	0	11,779,958	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	261,335	0	0	261,335	0	0	0	0	0	0
15. General Administrative Expenses.....	2,745,196	0	0	2,745,196	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).....	14,786,489	0	0	14,786,489	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(361,187)	0	0	(361,187)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,883	0	0	10,883	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).....	(350,304)	0	0	(350,304)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	193,805	0	0	193,805	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(544,109)	0	0	(544,109)	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State				* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)				0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	7,009	0	0	0	0	0	0	7,009	0	0
2. First Quarter	6,447	0	0	0	0	0	0	6,447	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	19,348	0	0	0	0	0	0	19,348	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	17,284	0	0	0	0	0	0	17,284	0	0
8. Non-Physician	8,820	0	0	0	0	0	0	8,820	0	0
9. Total	26,104	0	0	0	0	0	0	26,104	0	0
10. Hospital Patient Days Incurred	2,088	0	0	0	0	0	0	2,088	0	0
11. Number of Inpatient Admissions	314	0	0	0	0	0	0	314	0	0
12. Health Premiums Written	10,521,219	0	0	0	0	0	0	10,521,219	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	10,521,219	0	0	0	0	0	0	10,521,219	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	8,389,181	0	0	0	0	0	0	8,389,181	0	0
18. Amount Incurred for Provision of Health Care Services	8,554,631	0	0	0	0	0	0	8,554,631	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	6,447	0	0	6,447	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,348	0	0	19,348	0	0	0	0	0	0
3. Direct Premium Income.....	10,521,219	0	0	10,521,219	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	10,469,165	0	0	10,469,165	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).....	10,469,165	0	0	10,469,165	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,554,631	0	0	8,554,631	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,325	0	0	5,325	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,549,306	0	0	8,549,306	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	189,664	0	0	189,664	0	0	0	0	0	0
15. General Administrative Expenses.....	1,992,326	0	0	1,992,326	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).....	10,731,296	0	0	10,731,296	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(262,131)	0	0	(262,131)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,899	0	0	7,899	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).....	(254,232)	0	0	(254,232)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	140,654	0	0	140,654	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(394,886)	0	0	(394,886)	0	0	0	0	0	0
24 Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	6,447	0	0	6,447	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,348	0	0	19,348	0	0	0	0	0	0
3. Direct Premium Income.....	10,521,219	0	0	10,521,219	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	10,469,165	0	0	10,469,165	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).....	10,469,165	0	0	10,469,165	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,554,631	0	0	8,554,631	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,325	0	0	5,325	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,549,306	0	0	8,549,306	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	189,664	0	0	189,664	0	0	0	0	0	0
15. General Administrative Expenses.....	1,992,326	0	0	1,992,326	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).....	10,731,296	0	0	10,731,296	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(262,131)	0	0	(262,131)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,899	0	0	7,899	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).....	(254,232)	0	0	(254,232)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	140,654	0	0	140,654	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(394,886)	0	0	(394,886)	0	0	0	0	0	0
24. Medical Loss Ratio	81.7%	0.0%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	61,558	0	0	0	0	0	0	61,558	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	61,558	0	0	0	0	0	0	61,558	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	37	0	0	0	0	0	0	37	0	0
18. Amount Incurred for Provision of Health Care Services	36	0	0	0	0	0	0	36	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	61,558	0	0	61,558	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	61,558	0	0	61,558	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).....	61,558	0	0	61,558	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	36	0	0	36	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).....	36	0	0	36	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	48	0	0	48	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	84	0	0	84	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	61,474	0	0	61,474	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	46	0	0	46	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).....	61,520	0	0	61,520	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(34,036)	0	0	(34,036)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	95,556	0	0	95,556	0	0	0	0	0	0
24 Medical Loss Ratio	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	61,558	0	0	61,558	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	61,558	0	0	61,558	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).....	61,558	0	0	61,558	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	36	0	0	36	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).....	36	0	0	36	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	48	0	0	48	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	84	0	0	84	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	61,474	0	0	61,474	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	46	0	0	46	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).....	61,520	0	0	61,520	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(34,036)	0	0	(34,036)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	95,556	0	0	95,556	0	0	0	0	0	0
24 Medical Loss Ratio	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(Location)

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

Indicate Reporting Period: Current Quarter X

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

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(Location)

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

Indicate Reporting Period: Year-to-Date X

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

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

South TX
(Location)

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

Indicate Reporting Period: Current Quarter X

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

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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				