In the Matters of WellCare Health, Inc.

SECURITIES AND EXCHANGE COMMISSION
ADMINISTRATIVE PROCEEDING

Case No. 8:09-cv-00910-VMC-JSS

Must Be Postmarked
No Later Than
June 4, 2022

WLE

PROOF OF CLAIM AND RELEASE

Please Type or Print in the Boxes Below

Do NOT use Red Ink, Pencil, or Staples

THE FUND ADMINISTRATOR WILL USE THIS INFORMATION FOR ALL COMMUNICATIONS RELEVANT TO THIS CLAIM, INCLUDING THE CHECK, IF ELIGIBLE FOR PAYMENT.

IF THIS INFORMATION CHANGES, YOU MUST NOTIFY THE FUND ADMINISTRATOR IN WRITING AT THE ADDRESS LISTED BELOW ON PAGE 6.

IMPORTANT: THIS INFORMATION MUST MATCH THE SUBSTITUTE FORM W-9 INFORMATION REQUIRED ON PAGE 5 OF THIS FORM.

PART I. CLAIMANT IDENTIFICATION

Payee Name (as you would like the name(s) to appear on the check, if eligible for payment):

Payee Name (cont'd)

Payee Name (cont'd)

Social Security Number — — or Taxpayer Identification Number —

Telephone Number (Primary Daytime) — — Telephone Number (Alternate) — —

Email Address

MAILING INFORMATION

Address

Address

City State ZIP Code

Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

FOR CLAIMS PROCESSING ONLY	OB	CB	ATP KE ICI	BE DR EM	FL ME ND	OP RE SH	M M / D D / Y Y Y Y	FOR CLAIMS PROCESSING ONLY

PART II. Schedule of Transactions in WellCare Health, Inc.

A. Number of shares of the Security held as of the close of trading August 10, 2004: _____ Proof Enclosed? ○ Y ○ N

B. Shares of the Security purchased or otherwise acquired between August 11, 2004 and October 24, 2007, inclusive:

PURCHASES

	Trade Date(s) of Shares (List Chronologically)	Number of Shares Purchased or Acquired	Total Purchase or Acquisition Price (Excluding Commissions, Taxes and Fees). Please round off to the nearest whole dollar	Proof of Purchase Enclosed?
	M M / D D / Y Y Y Y			
1.	/ /		$ .00	○ Y ○ N
2.	/ /		$ .00	○ Y ○ N
3.	/ /		$ .00	○ Y ○ N
4.	/ /		$ .00	○ Y ○ N
5.	/ /		$ .00	○ Y ○ N

C. Total number of shares of the Security purchased or otherwise acquired between August 11, 2004 and October 24, 2007, inclusive: _____ Proof Enclosed? ○ Y ○ N

D. Shares of the Security sold between August 11, 2004 and November 7, 2007, inclusive:

SALES

	Trade Date(s) of Shares (List Chronologically)	Number of Shares Sold	Total Sales Price (Excluding Commissions, Taxes and Fees). Please round off to the nearest whole dollar	Proof of Sales Enclosed?
	M M / D D / Y Y Y Y			
1.	/ /		$ .00	○ Y ○ N
2.	/ /		$ .00	○ Y ○ N
3.	/ /		$ .00	○ Y ○ N
4.	/ /		$ .00	○ Y ○ N
5.	/ /		$ .00	○ Y ○ N

E. Number of shares of the Security held as of the close of trading November 7, 2007: _____ Proof Enclosed? ○ Y ○ N

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND FILL IN THIS CIRCLE: ○

IF YOU DO NOT FILL IN THIS CIRCLE, THESE ADDITIONAL PAGES MAY NOT BE REVIEWED.

YOU MUST READ AND SIGN THE CERTIFICATION ON PAGE 6. FAILURE TO SIGN THE CERTIFICATION MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

IMPORTANT: THE INFORMATION BELOW MUST MATCH THE INFORMATION LISTED ON PAGE 3 OF THIS CLAIM FORM

PART III. FORM W-9
Taxpayer Identification Number Certification

Social Security Number: ___ — ___ — ____

or

Taxpayer Identification Number: ___ — _____

Your name (as it appears on your federal income tax return):
First and last name for individuals or entity Name for businesses, trusts, etc.

Tax Classification:
Fill appropriate circle for federal tax classification of the claimant below

○ Individual ○ C Corporation ○ S Corporation ○ Partnership ○ Trust/Estate ○ Other _____

○ Limited Liability Company

Choose tax classification of LLC: ○ C Corporation ○ S Corporation ○ Partnership

Exemptions:
Codes apply only to certain entities, not individuals; see www.irs.gov/pub/irs-pdf/iw9.pdf for additional information.

Exempt Payee Code (if any) ____ Exemption from FATCA reporting code (if any) ____

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

_____ _____
Signature of U.S. Person Dated (mm/dd/yyyy)

PART IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I submit this Proof of Claim Form under the terms of the Plan of Distribution. I also submit to the jurisdiction of the United States Securities and Exchange Commission with respect to my claim as a harmed investor and for purposes of enforcing the release set forth herein. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Fair Fund. I agree to furnish additional information to the Fund Administrator to support this claim if requested to do so. I have not submitted any other claim covering the same purchases, acquisitions or sales of the Security during the Relevant Period and know of no other person having done so on my behalf.

PART V. CERTIFICATION

1. I understand that terms used herein not otherwise defined shall have the meaning ascribed to them in the Plan.

2. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter related to this Claim Form.

3. I (We) hereby warrant and represent that I (we) have accurately and completely reported on this Claim Form all of my (our) transactions in the Security that occurred during the Relevant Period as well as my (our) holdings in the Security at the close of trading on August 10, 2004 and November 7, 2007.

4. I (We) hereby warrant and represent that I (we) are not an Excluded Party per the definition in the accompanying instructions.

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this_____ day of _____ in _____
(Month/Year) (City/State/Country)

_____	_____
(Sign your name here)	(Sign your name here)
_____	_____
(Type or print your name here)	(Type or print your name here)
_____	_____
(Capacity of person(s) signing, *e.g.*, Beneficial Purchaser or Acquirer, Executor or Administrator)	(Capacity of person(s) signing, *e.g.*, Beneficial Purchaser or Acquirer, Executor or Administrator)

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please completely fill out the form, including the Substitute Form W-9 and the above certification.
2. If this claim is being made on behalf of Joint Potentially Eligible Claimants, then both must sign.
3. Remember to attach copies of supporting documentation.
4. **Do not send** original certificates.
5. Keep a copy of your Proof of Claim Form and all supporting documentation for your records.
6. The Distribution Agent will acknowledge receipt of your Proof of Claim by mail within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Fund Administrator toll-free at 1-866-779-6546.
7. If you move, please send your new address to the address below or via email to info@WellCareFairFund.com.
8. **Do not use red pen or highlighter** on the Proof of Claim Form or supporting documentation.

THIS PROOF OF CLAIM FORM MUST BE SUBMITTED TO THE BELOW ADDRESS POSTMARKED NO LATER THAN JUNE 4, 2022:

WellCare Fair Fund
c/o KCC Class Action Services
Distribution Agent
P.O. Box 43252
Providence, RI 02940-3252