

III. PROOF OF CLAIM FORM

Use Part II of the Proof of Claim Form entitled “Schedule of Transactions in WellCare Common Stock” to supply all required details of your transactions in WellCare common stock, traded under the ticker WCG on NASDAQ’s Global Select Market (the “Eligible Security”), during the period on or after August 11, 2004 through November 7, 2007, inclusive. If you need more space to list your transactions, make a copy of the applicable page. Additional copies of the schedule can also be found on the Fair Fund website, www.WellCareFairFund.com. Fill in the circle at the bottom of the transaction page, then sign and print or type your name on each additional schedule.

On the schedules, provide **all** of the requested information with respect to all of your purchases, acquisitions, sales, and disposition(s) of the Security during the period between on or after August 11, 2004 through November 7, 2007, inclusive, regardless of whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to your holdings in the Security at the opening of trading on August 10, 2004 **and** the close of trading on November 7, 2007. Failure to report all such transactions may result in the rejection of your claim.

List these transactions separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

The date of covering a “short sale” is deemed to be the date of purchase of the Eligible Security.

The date of a “short sale” is deemed to be the date of sale of the Eligible Security.

Copies of broker confirmations or other documentation of your transactions should be attached to your Proof of Claim Form. If any such documents are not in your possession, please obtain a copy or equivalent documents from your broker, because these documents are necessary to prove and process your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

You are required to provide a certification of your taxpayer identification number and potential exceptions. The interest component of any potential distribution payment is U.S. source income. To ensure that the WellCare Fair Fund can comply with its reporting and/or withholding obligations, please complete section III of the Proof of Claim Form or include with your submission one (1) of the following forms, as applicable:

- IRS Form W-9; OR
- IRS Form W-8BEN, W-8BEN-E, or other W-8 series form.

If you are a U.S. person, as that term is defined below, then you should complete Part III entitled “Substitute Form W-9” on page five of the Proof of Claim Form.

If you are not a U.S. person, then you should not complete the Substitute Form W-9 included with the Proof of Claim Form. Instead, you should complete the IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: <https://www.irs.gov/forms-instructions>.

The term “U.S. person” means:

- A citizen or resident of the United States,
- A partnership created or organized in the United States or under the laws of the United States or of any State, or the District of Columbia,
- A corporation created or organized in the United States or under the laws of the United States or of any State, or the District of Columbia,
- Any estate or trust other than a foreign estate or foreign trust (see Internal Revenue Code § 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

If the WellCare Fair Fund does not receive a valid and complete Form W-9 or W-8 from you, the WellCare Fair Fund may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The WellCare Fair Fund may be required to presume the interest is being paid to: (1) a payee subject to 30% withholding under the Foreign Account Tax Compliance Act (“FATCA”) and reporting on Form 1042-S; (2) a nonresident alien of the U.S. (“NRA”) subject to reporting and 30% NRA withholding and reporting on Form 1042-S; or (3) a U.S. person subject to 24% backup withholding and reporting on Form 1099-INT.

NOTICE TO BROKERS, CUSTODIANS, AND THIRD-PARTY ELECTRONIC FILERS REGARDING ELECTRONIC FILING: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All claimants **MUST** submit a manually signed paper Proof of Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must use the required file layout that is available at www.WellCareFairFund.com. No electronic files or electronic submission will be considered to have been properly submitted unless the Distribution Agent issues the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.