



QUARTERLY STATEMENT

AS OF JUNE 30, 2014
OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

NAIC Group Code 00000 (Current Period) , 00000 (Prior Period) NAIC Company Code 12747 Employer's ID Number 20-4308924

Organized under the Laws of Ohio , State of Domicile or Port of Entry Ohio

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
 Other [] Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 02/08/2006 Commenced Business 01/01/2007

Statutory Home Office 2181 East Aurora Road , Twinsburg, OH, US 44087
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2181 East Aurora Road Twinsburg, OH, US 44087 330-405-8089
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2181 East Aurora Road Twinsburg, OH, US 44087
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2181 East Aurora Road Twinsburg, OH, US 44087 330-405-8089
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.envisionrxplus.com

Statutory Statement Contact Scott David Gonia CPA 330-486-4846
(Name) (Area Code) (Telephone Number) (Extension)

eicaccounting@rxoptions.net 330-486-4801
(E-Mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>William Carl Epling</u>	<u>President & Chief Operating Officer</u>	<u>Kimberly Sue Kirkbride</u>	<u>Treasurer</u>
<u>Michael Pryor DeMinico #</u>	<u>Secretary</u>	<u>Thomas John Welsh</u>	<u>Chief Financial Officer</u>

OTHER OFFICERS

<u>Frank John Sheehy #</u>	<u>Chief Executive Officer</u>	<u>Catherine Hoagland Strautman</u>	<u>Executive Vice President</u>
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DIRECTORS OR TRUSTEES

<u>William Carl Epling</u>	<u>Barry Irwin Katz R.Ph.</u>	<u>Kimberly Sue Kirkbride</u>	<u>Kevin Michael Nagle</u>
<u>Eugene Paul Samuels JD</u>	<u>Catherine Hoagland Strautman</u>	<u>Thomas John Welsh</u>	

State of Ohio

ss

County of Summit

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

William Carl Epling
President & Chief Operating Officer

Kimberly Sue Kirkbride
Treasurer

Thomas John Welsh
Chief Financial Officer

a. Is this an original filing? Yes [] No []

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Subscribed and sworn to before me this _____ day of _____

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	6,514,209		6,514,209	6,557,290
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	200,474		200,474	202,820
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$21,950,044), cash equivalents (\$0) and short-term investments (\$0)	21,950,044		21,950,044	14,407,378
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	28,664,727	0	28,664,727	21,167,488
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	43,249		43,249	47,726
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,075,221		1,075,221	1,071,896
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums	42,859,547		42,859,547	28,709,453
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	3,720,264	3,720,264	0	0
17. Amounts receivable relating to uninsured plans	392,411,022	195,643	392,215,379	257,531,265
18.1 Current federal and foreign income tax recoverable and interest thereon	0		0	0
18.2 Net deferred tax asset	458,457	27,346	431,111	383,165
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	349,649
24. Health care (\$397,934) and other amounts receivable	397,934		397,934	295,680
25. Aggregate write-ins for other-than-invested assets	1,063,569	1,063,569	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	470,693,990	5,006,822	465,687,168	309,556,322
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	470,693,990	5,006,822	465,687,168	309,556,322
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses	335,808	335,808	0	0
2502. Intangible Asset - Licensing	127,761	127,761	0	0
2503. Deferred Acquisition Cost	600,000	600,000	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,063,569	1,063,569	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 9,100,232 reinsurance ceded)	15,677,210		15,677,210	5,907,544
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	876,548		876,548	1,170,263
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	1,081,666		1,081,666	1,121,321
9. General expenses due or accrued	1,793,162		1,793,162	128,897
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	151,834		151,834	246,084
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	35,523,925		35,523,925	16,232,674
12. Amounts withheld or retained for the account of others	958,445		958,445	949,935
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	98,418,817		98,418,817	73,058,693
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ 285,955,973 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	285,955,973		285,955,973	185,276,601
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	440,437,580	0	440,437,580	284,092,012
25. Aggregate write-ins for special surplus funds	XXX	XXX	208,086	0
26. Common capital stock	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	23,700,000	23,700,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(658,498)	(235,690)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	25,249,588	25,464,310
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	465,687,168	309,556,322
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. Reserve for ACA Section 9010 Fee	XXX	XXX	208,086	0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	208,086	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	2,301,923	2,772,371	5,633,167
2. Net premium income (including \$ non-health premium income).....	XXX	60,775,797	69,146,755	134,696,413
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	60,775,797	69,146,755	134,696,413
Hospital and Medical:				
9. Hospital/medical benefits			0	0
10. Other professional services			0	0
11. Outside referrals			0	0
12. Emergency room and out-of-area			0	0
13. Prescription drugs		255,013,882	293,548,312	502,723,543
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0	0
16. Subtotal (Lines 9 to 15)	0	255,013,882	293,548,312	502,723,543
Less:				
17. Net reinsurance recoveries		198,586,448	229,932,607	381,117,000
18. Total hospital and medical (Lines 16 minus 17)	0	56,427,434	63,615,705	121,606,543
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ cost containment expenses.....		824,819	348,301	3,760,138
21. General administrative expenses.....		2,329,577	3,145,761	5,276,672
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	59,581,830	67,109,767	130,643,353
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,193,967	2,036,988	4,053,060
25. Net investment income earned		5,885	31,518	55,686
26. Net realized capital gains (losses) less capital gains tax of \$			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	5,885	31,518	55,686
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ (amount charged off \$ 1,099,530)]		(1,099,530)	(1,475,570)	(2,302,476)
29. Aggregate write-ins for other income or expenses	0	0	0	250,000
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	100,322	592,936	2,056,270
31. Federal and foreign income taxes incurred	XXX	220,749	0	246,084
32. Net income (loss) (Lines 30 minus 31)	XXX	(120,427)	592,936	1,810,186
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.			0	250,000
2902.			0	0
2903.			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	250,000

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	25,464,310	22,029,501	22,029,501
34. Net income or (loss) from Line 32	(120,427)	592,936	1,810,186
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	44,683	0	413,773
39. Change in nonadmitted assets	(138,979)	1,220,859	1,210,850
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(214,723)	1,813,795	3,434,809
49. Capital and surplus end of reporting period (Line 33 plus 48)	25,249,587	23,843,296	25,464,310
DETAILS OF WRITE-INS			
4701. Prior Period Adjustments.....		0	0
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	65,873,974	65,589,607	122,447,539
2. Net investment income	59,872	60,235	125,868
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	65,933,846	65,649,842	122,573,407
5. Benefit and loss related payments	46,657,768	46,298,368	119,842,738
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	137,565,142	46,922,701	70,062,855
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	315,000	0	0
10. Total (Lines 5 through 9)	184,537,910	93,221,069	189,905,593
11. Net cash from operations (Line 4 minus Line 10)	(118,604,064)	(27,571,227)	(67,332,186)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	300,000	3,745,000	4,745,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	300,000	3,745,000	4,745,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	306,429	3,902,731	4,921,481
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	306,429	3,902,731	4,921,481
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(6,429)	(157,731)	(176,481)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	126,153,159	43,425,472	67,459,232
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	126,153,159	43,425,472	67,459,232
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	7,542,666	15,696,514	(49,435)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	14,407,378	14,456,813	14,456,813
19.2 End of period (Line 18 plus Line 19.1)	21,950,044	30,153,327	14,407,378

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	484,188	.0	.0	.0	.0	.0	.0	.0	.0	484,188
2. First Quarter	387,201	.0	.0	.0	.0	.0	.0	.0	.0	387,201
3. Second Quarter	371,780	.0	.0	.0	.0	.0	.0	.0	.0	371,780
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Period:										
7. Physician .....	.0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a).....	220,614,394									220,614,394
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	220,614,394									220,614,394
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	240,510,906									240,510,906
18. Amount Incurred for Provision of Health Care Services	255,013,882									255,013,882

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health	5,756,447	40,901,320		15,677,210	5,756,447	5,907,544
9. Health subtotal (Lines 1 to 8).....	5,756,447	40,901,320	0	15,677,210	5,756,447	5,907,544
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	5,756,447	40,901,320	0	15,677,210	5,756,447	5,907,544

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Envision Insurance Company (Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. There is no deviation from the NAIC Accounting Practices and Procedures Manual.

	2014	2013
<u>NET INCOME</u>		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$(120,427)	\$1,810,186
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	\$(120,427)	\$1,810,186
 <u>SURPLUS</u>		
Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$25,249,588	25,464,310
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	\$25,249,588	\$25,464,310

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

No Change

2. Accounting Changes and Corrections of Errors

A. New Accounting Principles

Effective for 2014, the Company has adopted the accounting in Statement of Statutory Accounting Principles (SSAP) No. 35R related to the Affordable Care Act (ACA) Section 9010 Assessment. Statutory accounting requires that the Section 9010 ACA assessment be recognized in full on January 1 of the fee year (2014) as a liability and an operating expense. This creates a difference between Generally Accepted Accounting Principles (GAAP) and SSAP. GAAP recognizes this expense on a straight line basis over the twelve months of the year. The result is an additional expense recorded for statutory reporting at June 30, 2014 of \$194,442 causing a net statutory loss for the quarter. However, this is strictly a timing difference since there will not be any additional Section 9010 ACA expense during the remainder of 2014 for SSAP purposes. At December 31, 2014, the total expense recognized for GAAP and SSAP will be equal and no difference in reported income will exist.

Additionally, SSAP No. 35R requires that the Section 9010 ACA assessment fee related to the subsequent fee year (2015) be reclassified from unassigned surplus to special surplus based on an amount accrued monthly throughout the data year (2014). While this is a GAAP to SSAP difference, there is no impact on total statutory capital and surplus or net income.

B. Accounting Change

At June 30, 2014, certain expenses classified as administrative expenses at June 30, 2013 have been classified as claims adjustment expenses. The change in classification is to match expenses under the Pharmacy Benefit Management Services Agreement to the appropriate statutory statement line item. No adjustments have been made to the June 30, 2013 balances on the Statement of Revenue and Expenses. If this classification had been made at June 30, 2013, claims adjustment expenses would have increased and administrative expenses would have decreased by \$969,657, respectively.

3. Business Combination and Goodwill

Not applicable to the Company.

NOTES TO FINANCIAL STATEMENTS

4. Discontinued Operations

Not applicable to the Company.

5. Investments

- D. Loan-Backed Securities - Not applicable to the Company
- E. Repurchase Agreements - Not applicable to the Company
- I. Working Capital Finance Notes - Not applicable to the Company

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable to the Company

7. Investment Income

Not applicable to the Company.

8. Derivative Instruments

Not applicable to the Company.

9. Income Taxes

No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of the relationship

Envision Insurance Company is a wholly-owned subsidiary of Envision Pharmaceutical Holdings LLC. ("EPH"). Rx Options, LLC ("ROI") and First Florida Insurers of Tampa, LLC ("FFI") are affiliates of EIC and wholly-owned subsidiaries of EPH.

B. Significant transactions for each Period

None

C. Intercompany Management and Service Arrangements

The Company has a pharmacy benefit management services agreement ("PBMSA") with ROI. The transactions under the agreement totaled \$784,037,769 for the year to date ended June 30, 2014.

The Company has a general insurance agency agreement with its affiliate, First Florida Insurers of Tampa, LLC ("FFI"). The Company incurred \$1,160,776 in commissions to FFI for the year to date ending June 30, 2014.

D. Amounts Due to or from Related Parties

At June 30, 2014 and December 31, 2013, the Company reported \$0 and \$349,649 due from affiliates and \$98,418,817 and \$73,058,693 due to affiliates, respectively. Additionally, the amounts reported as unpaid claims and unpaid claims adjustment expenses are due to ROI under the PBMSA in the amounts of \$15,677,210 and \$876,548 as of June 30, 2014 and \$5,907,544 and \$1,170,263 as of December 31, 2013. The June 30, 2014 payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the PBMSA.

E. The Company did not enter into guarantees or undertaking for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

F. Management, Service Contracts, Cost Sharing Arrangements

Under the PBMSA, ROI has agreed to provide certain management services to the Company. These designated services include but are not limited to payroll, claims processing, facilities, customer service and other general administrative services. The PBMSA with ROI was extended to December 31, 2014.

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by EPH.

H. Amount Deducted for Investment in Upstream Company

None

NOTES TO FINANCIAL STATEMENTS

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

None

J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated Companies

None

K. Investment in a Foreign Insurance Subsidiary

None

11. Debt

Not applicable to the Company.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

Not applicable to the Company.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No Change

14. Contingencies

In 2014, the Company is liable for the Affordable Care Act (ACA) Section 9010 Assessment based on 2013 premiums. The Company was required by the Internal Revenue Service (IRS) to declare the amount of premiums written for health insurance to be used in allocating the fee to the Company on Form 8963. In completing Form 8963, the Company noted that the definition of net premiums in the instructions to the form is inconsistent with the 26 CFR 602 Section 57.2 regulations used to record the Company's original estimate in the March 31, 2014 statutory statement of revenue and expenses. As such, the amount of net premiums reported on Form 8963 and related Section 9010 Assessment were larger than the estimate originally utilized by the Company in preparing the March 31, 2014 statutory statement of revenue and expenses. This would potentially impact the 2014 net income of the Company unfavorably by approximately \$1.5 million (net of quota-share reinsurance). The Company has reserved the right to change the premiums reported in our Form 8963 filed with the IRS pending clarification of the definition of net premiums. We expect to resolve this later in 2014 with the receipt and payment of the final fee to the IRS.

15. Leases

Not applicable to the Company.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable to the Company.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- B. Transfer and Servicing of Financial Assets - Not applicable to the Company
- C. Wash Sales - Not applicable to the Company.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable to the Company.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable to the Company.

20. Fair Value Measurements

The Company has no assets recorded at fair value as of June 30, 2014 or 2013.

21. Other Items

- H. Offsetting and Netting of Assets and Liabilities - Not applicable to the Company.

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

None

23. Reinsurance

No Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No Change

25. Change in Incurred Claims and Claims Adjustment Expenses

Unpaid claims and claims adjustment expenses were \$16,553,758 at June 30, 2014. In 2014, \$6,926,710 was paid for incurred claims and claims adjustment expenses attributable to insured events of 2013 and prior years. The reserves at June 30, 2014 are for current year activities. There are no reserves remaining for prior years.

26. Intercompany Pooling Arrangements

Not applicable to the Company.

27. Structured Settlements

Not applicable to the Company.

28. Health Care Receivables

Not applicable to the Company.

29. Participating Policies

Not applicable to the Company.

30. Premium Deficiency Reserves

Not applicable to the Company.

31. Anticipated Subrogation and Other Receivables

Not applicable to the Company.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No
- 1.2 If yes, has the report been filed with the domiciliary state? Yes No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes No
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes No NA
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2011
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2011
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).02/18/2013
- 6.4 By what department or departments?
Ohio Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No NA
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$0

13. Amount of real estate and mortgages held in short-term investments: \$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$0	\$0
14.23 Common Stock	\$0	\$0
14.24 Short-Term Investments	\$0	\$0
14.25 Mortgage Loans on Real Estate	\$0	\$0
14.26 All Other	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
 - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
 - 16.3 Total payable for securities lending reported on the liability page \$0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Wells Fargo Bank.....	40 Capital Market Street, Suite 702, Sacramento, CA 95814.....
Huntington National Bank.....	300 Market Street, Akron, OH 44308.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [X] No []

18.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- | | |
|--|--------|
| 1.1 A&H loss percent..... | 92.8 % |
| 1.2 A&H cost containment percent | 0.0 % |
| 1.3 A&H expense percent excluding cost containment expenses..... | % |
- 2.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$ _____
- 2.3 Do you act as an administrator for health savings accounts?..... Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ _____

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
NONE								

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

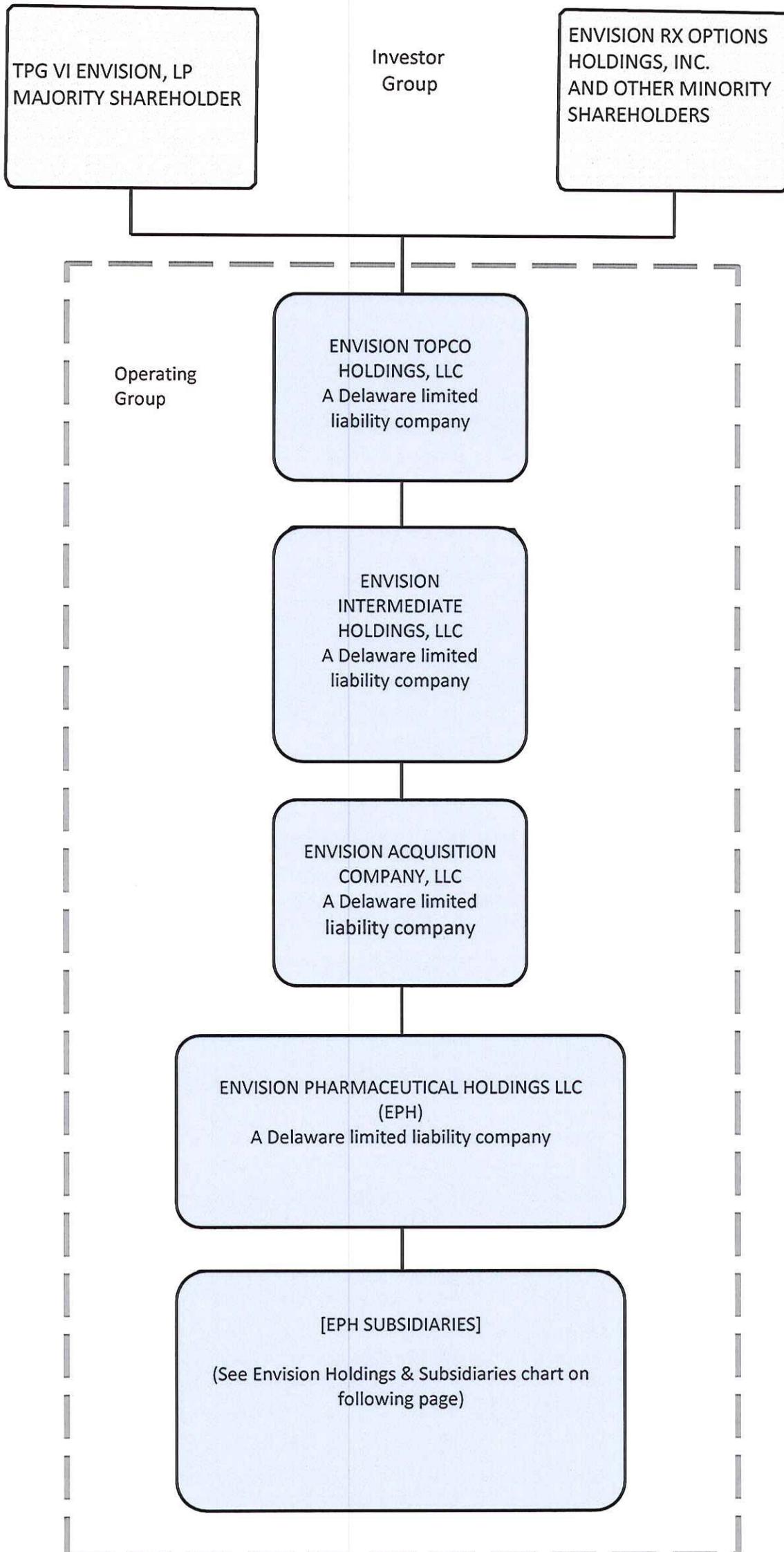
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	1,109,489						1,109,489	
2. Alaska	AK	L	370,547						370,547	
3. Arizona	AZ	L	3,213,146						3,213,146	
4. Arkansas	AR	L	519,220						519,220	
5. California	CA	L	77,380,022						77,380,022	
6. Colorado	CO	L	4,423,816						4,423,816	
7. Connecticut	CT	L	376,976						376,976	
8. Delaware	DE	L	368,276						368,276	
9. Dist. Columbia	DC	L	425,144						425,144	
10. Florida	FL	L	2,936,320						2,936,320	
11. Georgia	GA	L	1,418,937						1,418,937	
12. Hawaii	HI	L	262,891						262,891	
13. Idaho	ID	L	930,072						930,072	
14. Illinois	IL	L	9,988,761						9,988,761	
15. Indiana	IN	L	4,993,130						4,993,130	
16. Iowa	IA	L	2,149,096						2,149,096	
17. Kansas	KS	L	518,293						518,293	
18. Kentucky	KY	L	5,462,042						5,462,042	
19. Louisiana	LA	L	2,504,163						2,504,163	
20. Maine	ME	L	483,059						483,059	
21. Maryland	MD	L	2,626,407						2,626,407	
22. Massachusetts	MA	L	409,461						409,461	
23. Michigan	MI	L	6,285,818						6,285,818	
24. Minnesota	MN	L	3,359,414						3,359,414	
25. Mississippi	MS	L	3,780,739						3,780,739	
26. Missouri	MO	L	352,090						352,090	
27. Montana	MT	L	655,148						655,148	
28. Nebraska	NE	L	1,240,766						1,240,766	
29. Nevada	NV	L	516,739						516,739	
30. New Hampshire	NH	L	154,229						154,229	
31. New Jersey	NJ	L	13,902,457						13,902,457	
32. New Mexico	NM	L	922,372						922,372	
33. New York	NY	L	6,162,275						6,162,275	
34. North Carolina	NC	L	1,979,675						1,979,675	
35. North Dakota	ND	L	330,503						330,503	
36. Ohio	OH	L	14,123,228						14,123,228	
37. Oklahoma	OK	L	761,577						761,577	
38. Oregon	OR	L	2,306,444						2,306,444	
39. Pennsylvania	PA	L	10,851,561						10,851,561	
40. Rhode Island	RI	L	44,339						44,339	
41. South Carolina	SC	L	817,393						817,393	
42. South Dakota	SD	L	704,602						704,602	
43. Tennessee	TN	L	1,653,138						1,653,138	
44. Texas	TX	L	5,082,086						5,082,086	
45. Utah	UT	L	879,712						879,712	
46. Vermont	VT	L	43,698						43,698	
47. Virginia	VA	L	8,632,034						8,632,034	
48. Washington	WA	L	5,013,276						5,013,276	
49. West Virginia	WV	L	2,572,375						2,572,375	
50. Wisconsin	WI	L	4,339,215						4,339,215	
51. Wyoming	WY	L	278,223						278,223	
52. American Samoa	AS	N							0	
53. Guam	GU	L	0						0	
54. Puerto Rico	PR	L	0						0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		220,614,394	0	0	0	0	0	220,614,394	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 53		220,614,394	0	0	0	0	0	220,614,394	0
DETAILS OF WRITE-INS										
58001	XXX									
58002	XXX									
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

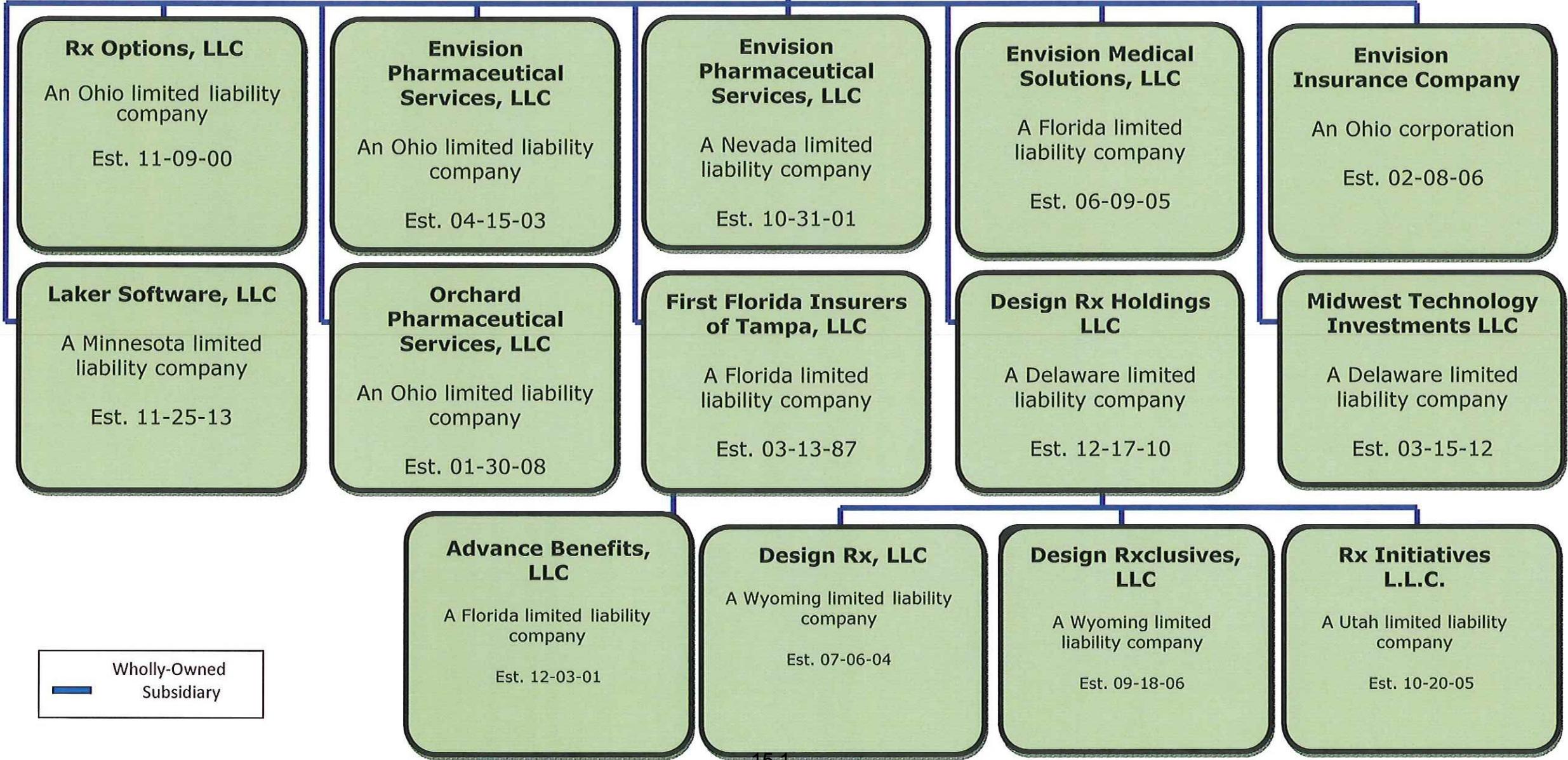
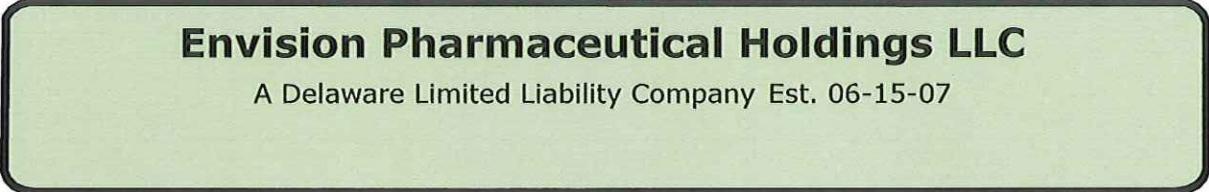
ENVISION GROUP ORGANIZATION STRUCTURE ¹



¹ Unless otherwise noted, each subsidiary is 100% owned by its direct parent.

ENVISION HOLDINGS & SUBSIDIARIES

TO PARENT COMPANY



— Wholly-Owned Subsidiary

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
			46-4057731				Envision Topco Holdings, LLC	.DE	UDP	TPG VI Envision, LP	Ownership	65.0	TPG VI Envision, LP	.0
			35-2481124				Envision Intermediate Holdings, LLC	.DE	NIA	Envision Topco Holdings, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			46-3129138				Envision Acquisition Company, LLC	.DE	NIA	Envision Intermediate Holdings, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			26-0676699				Envision Pharmaceutical Holdings LLC	.DE	NIA	Envision Acquisition Company, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			34-1939227				Rx Options, LLC	.OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			05-0570786				Envision Pharmaceutical Services, LLC	.OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			88-0511398				Envision Pharmaceutical Services, LLC	.NV	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			20-3389462				Envision Medical Solutions, LLC	.FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
		12747	20-4308924				Envision Insurance Company	.OH	RE	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			26-2434607				Orchard Pharmaceutical Services, LLC	.OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			59-2798509				First Florida Insurers of Tampa, LLC	.FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			59-3760021				Advance Benefits, LLC	.FL	NIA	First Florida Insurers of Tampa, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			27-4368094				Design Rx Holdings LLC	.DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			20-1369429				Design Rx, LLC	.WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			20-5166645				Design Rxclusives, LLC	.WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			20-3649446				Rx Initiatives L.L.C	.UT	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			45-4806467				Midwest Technology Investments LLC	.DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			41-1924169				Laker Software, LLC	.MN	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0

16

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....YES.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	202,820	207,511
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/adjusted carrying value	0	0
7. Deduct current year's other-than-temporary impairment recognized	0	0
8. Deduct current year's depreciation	2,346	4,691
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	200,474	202,820
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	200,474	202,820

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance	0	0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	6,557,290	6,462,495
2. Cost of bonds and stocks acquired	306,429	4,921,481
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	300,000	4,745,000
7. Deduct amortization of premium	49,510	81,686
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	6,514,209	6,557,290
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	6,514,209	6,557,290

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	6,532,428	306,429	300,000	(24,648)	6,532,428	6,514,209	0	6,557,290
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	6,532,428	306,429	300,000	(24,648)	6,532,428	6,514,209	0	6,557,290
PREFERRED STOCK								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	6,532,428	306,429	300,000	(24,648)	6,532,428	6,514,209	0	6,557,290

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

S102

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments																					
912828-KY-5	US Treasury 2.625% & 6/30/2014		06/30/2014	Maturity		300,000	300,000	302,965	300,273	0	(273)	0	(273)	0	300,000	0	0	0	3,938	06/30/2014	1
0599999 - Bonds - U.S. Governments						300,000	300,000	302,965	300,273	0	(273)	0	(273)	0	300,000	0	0	0	3,938	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						300,000	300,000	302,965	300,273	0	(273)	0	(273)	0	300,000	0	0	0	3,938	XXX	XXX
8399999 - Subtotals - Bonds						300,000	300,000	302,965	300,273	0	(273)	0	(273)	0	300,000	0	0	0	3,938	XXX	XXX
9999999 Totals						300,000	XXX	302,965	300,273	0	(273)	0	(273)	0	300,000	0	0	0	3,938	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2014 OF THE Envision Insurance Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<p>NONE</p>							
8699999 Total Cash Equivalents					0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2014 OF THE Envision Insurance Company
 MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code.....00000

NAIC Company Code.....12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	57,119,430	XXX	8,754,544	XXX	65,873,974
2. Earned Premiums	52,698,793	XXX	8,077,005	XXX	XXX
3. Claims Paid.....	38,437,664	XXX	8,220,103	XXX	46,657,767
4. Claims Incurred.....	46,486,124	XXX	9,941,310	XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	XXX	116,784,814	XXX	17,899,300	134,684,114
6. Aggregate Policy Reserves - Change.....		XXX		XXX	XXX
7. Expenses Paid.....	2,498,144	XXX	382,884	XXX	2,881,028
8. Expenses Incurred.....	2,735,182	XXX	419,214	XXX	XXX
9. Underwriting Gain or Loss.....	3,477,487	XXX	(2,283,519)	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	(118,348,935)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$392,411,022 due from CMS or \$due to CMS