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QUARTERLY STATEMENT

AS OF MARCH 31, 2010

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 [X] 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 (Street and Number), Twinsburg, OH 44087 (City or Town, State and Zip Code)

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

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

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

Internet Web Site Address www.envisionrxplus.com

Statutory Statement Contact Edwin Jenaro Alicea (Name) 330-486-6377 (Area Code) (Telephone Number) (Extension)

ealicea@rxoptions.net (E-mail Address) 330-486-4801 (FAX Number)

OFFICERS

Name	Title	Name	Title
Kevin Michael Nagle	President	Catherine Hoagland Strautman	Executive Vice President
Kimberly Sue Kirkbride	Treasurer	Eugene Paul Samuels	Secretary

OTHER OFFICERS

Barry Irwin Katz R. Ph.	Chief Operating Officer		

DIRECTORS OR TRUSTEES

Kevin Michael Nagle	Catherine Hoagland Strautman	Barry Irwin Katz R. Ph.	Kimberly Sue Kirkbride
Eugene Paul Samuels JD			

State of Ohio
County of Summit
ss

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.

President	Executive Vice President	Treasurer

Subscribed and sworn to before me this
day of ,

a. Is this an original filing? Yes [X] No [ ]
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	5,953,983		5,953,983	5,959,856
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)	220,411		220,411	221,584
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 ($ 2,741,927), cash equivalents ($ 0) and short-term investments ($ 0)	2,741,927		2,741,927	10,445,019
6. Contract loans (including $ ..... premium notes)			0	0
7. Derivatives			0	
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Aggregate write-ins for invested assets	0	0	0	0
11. Subtotals, cash and invested assets (Lines 1 to 10)	8,916,321	0	8,916,321	16,626,459
12. Title plants less $ ..... charged off (for Title insurers only)			0	0
13. Investment income due and accrued	26,861		26,861	36,022
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection	443,568	332,186	111,382	259,416
14.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
14.3 Accrued retrospective premiums	13,851,168	1,045,961	12,805,207	2,795,834
15. Reinsurance:				
15.1 Amounts recoverable from reinsurers	4,343,738		4,343,738	1,727,241
15.2 Funds held by or deposited with reinsured companies			0	0
15.3 Other amounts receivable under reinsurance contracts	2,462,744		2,462,744	1,002,857
16. Amounts receivable relating to uninsured plans	18,670,182		18,670,182	15,142,381
17.1 Current federal and foreign income tax recoverable and interest thereon			0	0
17.2 Net deferred tax asset			0	0
18. Guaranty funds receivable or on deposit			0	0
19. Electronic data processing equipment and software			0	0
20. Furniture and equipment, including health care delivery assets ($ .....)	151,423	151,423	0	0
21. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
22. Receivables from parent, subsidiaries and affiliates			0	0
23. Health care ($ .....) and other amounts receivable			0	0
24. Aggregate write-ins for other than invested assets	1,756,576	1,756,576	0	0
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 to 24)	50,622,581	3,286,146	47,336,435	37,590,210
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
27. Total (Lines 25 and 26)	50,622,581	3,286,146	47,336,435	37,590,210
DETAILS OF WRITE-INS				
1001.			0	0
1002.			0	0
1003.			0	0
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)	0	0	0	0
2401. Prepaid Expenses	128,708	128,708	0	0
2402. Intangible Asset - Licensing	1,627,761	1,627,761	0	0
2403. Other Assets	107	107	0	0
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	1,756,576	1,756,576	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	7,346,682		7,346,682	2,360,418
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	501,522		501,522	259,868
4. Aggregate health policy reserves			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	73,460		73,460	42,642
9. General expenses due or accrued	141,943		141,943	143,309
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	4,392,893		4,392,893	589,630
12. Amounts withheld or retained for the account of others	1,320,884		1,320,884	813,984
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	2,178,585		2,178,585	4,461,478
16. Derivatives			0	
17. Payable for securities			0	0
18. Funds held under reinsurance treaties (with $ 9,272,432 authorized reinsurers and $ ..... unauthorized reinsurers)	9,272,432		9,272,432	7,330,479
19. Reinsurance in unauthorized companies			0	0
20. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
21. Liability for amounts held under uninsured plans			0	0
22. Aggregate write-ins for other liabilities (including $ ..... current)	0	0	0	0
23. Total liabilities (Lines 1 to 22)	25,228,401	0	25,228,401	16,001,808
24. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
25. Common capital stock	XXX	XXX	2,000,000	2,000,000
26. Preferred capital stock	XXX	XXX		0
27. Gross paid in and contributed surplus	XXX	XXX	23,700,000	23,700,000
28. Surplus notes	XXX	XXX		0
29. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
30. Unassigned funds (surplus)	XXX	XXX	(3,591,966)	(4,111,598)
31. Less treasury stock, at cost:				
31.1 ..... shares common (value included in Line 25 $ .....)	XXX	XXX		0
31.2 ..... shares preferred (value included in Line 26 $ .....)	XXX	XXX		0
32. Total capital and surplus (Lines 24 to 30 minus Line 31)	XXX	XXX	22,108,034	21,588,402
33. Total liabilities, capital and surplus (Lines 23 and 32)	XXX	XXX	47,336,435	37,590,210
DETAILS OF WRITE-INS				
2201.			0	0
2202.			0	0
2203.			0	0
2298. Summary of remaining write-ins for Line 22 from overflow page	0	0	0	0
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above)	0	0	0	0
2401.	XXX	XXX		0
2402.	XXX	XXX		0
2403.	XXX	XXX		0
2498. Summary of remaining write-ins for Line 24 from overflow page	XXX	XXX	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	XXX	XXX	0	0
2901.	XXX	XXX		0
2902.	XXX	XXX		0
2903.	XXX	XXX		0
2998. Summary of remaining write-ins for Line 29 from overflow page	XXX	XXX	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date 1 Uncovered	Current Year To Date 2 Total	Prior Year To Date 3 Total	Prior Year Ended December 31 4 Total
1. Member Months	XXX	211,458	83,335	392,169
2. Net premium income (including $ non-health premium income)	XXX	18,296,036	12,087,196	34,037,638
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	18,296,036	12,087,196	34,037,638
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		29,644,242	12,415,225	38,834,633
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	29,644,242	12,415,225	38,834,633
Less:				
17. Net reinsurance recoveries		13,160,291	2,531,431	10,952,797
18. Total hospital and medical (Lines 16 minus 17)	0	16,483,951	9,883,794	27,881,836
19. Non-health claims (net)			0	0
20. Claims adjustment expenses, including $ cost containment expenses		536,034	448,076	1,135,976
21. General administrative expenses		773,008	569,723	2,584,966
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	17,792,993	10,901,593	31,602,778
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	503,043	1,185,603	2,434,860
25. Net investment income earned		22,110	37,899	123,171
26. Net realized capital gains (losses) less capital gains tax of $			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	22,110	37,899	123,171
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			360,605	(200,000)
29. Aggregate write-ins for other income or expenses	0	0	0	(170)
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	525,153	1,584,107	2,357,861
31. Federal and foreign income taxes incurred	XXX		0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	525,153	1,584,107	2,357,861
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. REBATES			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. Penalties			0	(170)
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	(170)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	21,588,402	5,226,115	5,226,115
34.	Net income or (loss) from Line 32	525,153	1,584,107	2,357,861
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	(40,662)
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	0
39.	Change in nonadmitted assets	94,479	(197,105)	(954,912)
40.	Change in unauthorized 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		5,000,000	15,000,000
	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	(100,000)	92,886	0
48.	Net change in capital and surplus (Lines 34 to 47)	519,632	6,479,888	16,362,287
49.	Capital and surplus end of reporting period (Line 33 plus 48)	22,108,034	11,706,003	21,588,402
	DETAILS OF WRITE-INS			
4701.	Prior Period Adjustments	(100,000)	92,886	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)	(100,000)	92,886	0

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	10,901,205	6,596,316	34,273,733
2. Net investment income	39,115	64,259	150,052
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	10,940,320	6,660,575	34,423,785
5. Benefit and loss related payments	14,114,184	7,232,433	28,647,984
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	4,595,382	519,714	3,536,345
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	18,709,566	7,752,147	32,184,329
11. Net cash from operations (Line 4 minus Line 10)	(7,769,246)	(1,091,572)	2,239,456
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	325,000	1,000,000	3,935,000
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)	325,000	1,000,000	3,935,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	326,971	1,511,235	5,344,069
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)	326,971	1,511,235	5,344,069
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)	(1,971)	(511,235)	(1,409,069)
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	5,000,000	15,000,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	68,125	4,983,202	(5,835,308)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	68,125	9,983,202	9,164,692
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)	(7,703,092)	8,380,395	9,995,079
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	10,445,019	449,940	449,940
19.2 End of period (Line 18 plus Line 19.1)	2,741,927	8,830,335	10,445,019

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	37,350	0	0	0	0	0	0	0	0	37,350
2 First Quarter	71,689	0	0	0	0	0	0	0	0	71,689
3 Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	211,458									211,458
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)	30,945,845									30,945,845
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	30,945,845									30,945,845
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	29,644,242									29,644,242

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 30,945,845

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
Rx Options, Inc.	7,346,682					7,346,682
0199999 Individually listed claims unpaid	7,346,682	0	0	0	0	7,346,682
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	7,346,682	0	0	0	0	7,346,682
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	7,346,682
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	

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	6
	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior 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	2,360,418	9,137,269		7,346,682	2,360,418	2,360,418
9. Health subtotal (Lines 1 to 8)	2,360,418	9,137,269	0	7,346,682	2,360,418	2,360,418
10. Health care receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals	2,360,418	9,137,269	0	7,346,682	2,360,418	2,360,418

(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 (the 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.

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

No Change

2. Accounting Changes and Corrections of Errors

The Company recorded a $100,000 prior period decrease adjustment in surplus from financial changes made during the Company's 2009 GAAP annual audit. The Company's 2009 annual audit was part of the parent company's 2009 GAAP annual audit.

3. Business Combination and Goodwill

No Change

4. Discontinued Operations

No Change

5. Investments

No Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Change

7. Investment Income

No Change

8. Derivative Instruments

No Change

9. Income Taxes

No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of the relationship

No Change

B. Significant transactions for each Period

No Change

C. Intercompany Management and Service Arrangements

No Change

D. Amounts Due to or from Related Parties

At March 31, 2010 and the year ended December 31, 2009, the Company reported $0 and $0 due from affiliates and $2,178,585 and $4,461,478 due to affiliates, respectively. The March 31, 2010 payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

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

No Change

G. Nature of Relationships that Could Affect Operations

No Change

H. Amount Deducted for Investment in Upstream Company

NOTES TO FINANCIAL STATEMENTS

No Change

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

No Change

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

No Change

K. Investment in a Foreign Insurance Subsidiary

No Change

11. Debt

No Change

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

No Change

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

No Change

14. Contingencies

No Change

15. Leases

No Change

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

No Change

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

C. The Company does not have any wash sales.

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

No Change

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

No Change

20. Other Items

No Change

21. Events Subsequent

No subsequent events

22. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative officer, trustee, or director of the company?

Yes ( ) No(X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( ) No(X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credit?

Yes ( ) No(X)

NOTES TO FINANCIAL STATEMENTS

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued though the statement date may result in a payment to the reinsurer of amounts that, in aggregate an allowing for offset of mutual credit from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No(X)

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premiums or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.

$6,192,868 (per 2009 Schedule S Part 6)

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that are in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No(X)

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at March 31, 2010.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during the quarter ended March 31, 2010.

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No Change

24. Change in Incurred Losses

Unpaid claims and claims adjustment expenses were $7,848,204 at March 31, 2010. In the quarter ending March 31, 2010, $2,620,286 has been paid for incurred claims and claims adjustment expenses attributable to insured events of 2009. The reserves at March 31, 2010 are for current year activities. There are no reserves remaining for prior years.

25. Intercompany Pooling Arrangements

No Change

26. Structured Settlements

No Change

27. Health Care Receivables

No change

28. Participating Policies

No Change

29. Premium Deficiency Reserves

No Change

30. Anticipated Subrogation and Other Receivables

No Change

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 [X]

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 [X]

2.2 If yes, date of change:

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

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 [X] 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. 12/31/2008

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. 12/31/2008

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). 12/15/2009

6.4 By what department or departments?

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 [X] No [ ] NA [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] 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 [X]

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 [X]

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 [X]

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 Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 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 [X] 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 [X]

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 [X]

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 [X]

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 [X]

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: $

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	$	$
14.22 Preferred Stock	$	$
14.23 Common Stock	$	$
14.24 Short-Term Investments	$	$
14.25 Mortgage Loans on Real Estate	$	$
14.26 All Other	$	$
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	$	$

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

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. 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 [ ]

16.1 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
Huntington National Bank	30 Market Street , Akron, OH 44308
Wells Fargo Bank	40 Capital Market Street, Suite 702, Sacramento,CA 95614

16.2 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)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? ..... Yes [ ] No [X]

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

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

16.5 Identify all investment advisors, brokers/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

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

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1 Operating Percentages

1.1 A&H loss percent	90.1 %
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 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
States, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama AL	L	78,909						78,909	
2. Alaska AK	L	5,872						5,872	
3. Arizona AZ	L	56,728						56,728	
4. Arkansas AR	L	19,630						19,630	
5. California CA	L	449,399						449,399	
6. Colorado CO	L	51,424						51,424	
7. Connecticut CT	L	75,731						75,731	
8. Delaware DE	L	31,012						31,012	
9. Dist. of Columbia DC	L	10,636						10,636	
10. Florida FL	L	9,184,975						9,184,975	
11. Georgia GA	L	120,844						120,844	
12. Hawaii HI	L	8,906						8,906	
13. Idaho ID	L	28,849						28,849	
14. Illinois IL	L	147,472						147,472	
15. Indiana IN	L	144,594						144,594	
16. Iowa IA	L	30,196						30,196	
17. Kansas KS	L	61,655						61,655	
18. Kentucky KY	L	50,200						50,200	
19. Louisiana LA	L	49,013						49,013	
20. Maine ME	N	11,915						11,915	
21. Maryland MD	L	130,143						130,143	
22. Massachusetts MA	L	249,637						249,637	
23. Michigan MI	N	20,122						20,122	
24. Minnesota MN	L	31,411						31,411	
25. Mississippi MS	L	38,927						38,927	
26. Missouri MO	L	979,074						979,074	
27. Montana MT	L	14,397						14,397	
28. Nebraska NE	L	20,409						20,409	
29. Nevada NV	L	40,007						40,007	
30. New Hampshire NH	L	26,550						26,550	
31. New Jersey NJ	L	4,075,370						4,075,370	
32. New Mexico NM	L	19,697						19,697	
33. New York NY	L	4,298,354						4,298,354	
34. North Carolina NC	N	225,312						225,312	
35. North Dakota ND	L	5,233						5,233	
36. Ohio OH	L	189,809						189,809	
37. Oklahoma OK	L	59,876						59,876	
38. Oregon OR	L	28,036						28,036	
39. Pennsylvania PA	L	128,863						128,863	
40. Rhode Island RI	L	23,043						23,043	
41. South Carolina SC	L	157,687						157,687	
42. South Dakota SD	L	12,437						12,437	
43. Tennessee TN	N	142,418						142,418	
44. Texas TX	L	5,922,036						5,922,036	
45. Utah UT	L	27,690						27,690	
46. Vermont VT	N	25,698						25,698	
47. Virginia VA	L	3,192,304						3,192,304	
48. Washington WA	L	97,498						97,498	
49. West Virginia WV	L	21,290						21,290	
50. Wisconsin WI	L	122,526						122,526	
51. Wyoming WY	L	2,031						2,031	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CN	N							0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	30,945,845	0	0	0	0	0	30,945,845	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 46	30,945,845	0	0	0	0	0	30,945,845	0
DETAILS OF WRITE-INS									
5801.	XXX							0	
5802.	XXX							0	
5803.	XXX							0	
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

NONE

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	221,584	226,276
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		0
8. Deduct current year's depreciation	1,173	4,692
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	220,411	221,584
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	220,411	221,584

SCHEDULE B – VERIFICATION

Mortgage Loans

NONE

	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
2.2. Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other than temporary impairment recognized		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
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

NONE

	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
2.2. Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		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	5,959,856	4,571,325
2. Cost of bonds and stocks acquired	326,971	5,344,069
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of	325,000	3,935,000
7. Deduct amortization of premium	7,844	20,538
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	5,953,983	5,959,856
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	5,953,983	5,959,856

SCHEDULE D - PART 1B

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

	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. Class 1 (a)	5,959,856	326,971	325,000	(7,844)	5,953,983	0	0	5,959,856
2. Class 2 (a)	0				0	0	0	0
3. Class 3 (a)	0				0	0	0	0
4. Class 4 (a)	0				0	0	0	0
5. Class 5 (a)	0				0	0	0	0
6. Class 6 (a)	0				0	0	0	0
7. Total Bonds	5,959,856	326,971	325,000	(7,844)	5,953,983	0	0	5,959,856
PREFERRED STOCK								
8. Class 1	0				0	0	0	0
9. Class 2	0				0	0	0	0
10. Class 3	0				0	0	0	0
11. Class 4	0				0	0	0	0
12. Class 5	0				0	0	0	0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	5,959,856	326,971	325,000	(7,844)	5,953,983	0	0	5,959,856

(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 $

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

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828-LU-2	US TREASURY 3.125% 10/31/16		02/01/2010	US Bank		126,096	125,000	1,014	1
912828-MR-8	US TREASURY 2.375% 02/28/15		03/01/2010	Huntington Bank		100,313	100,000	6	1
912828-MR-8	US TREASURY 2.375% 02/28/15		03/04/2010	Huntington Bank		100,563	100,000	26	1
0399999 - Total - Bonds - U.S. Government						326,971	325,000	1,047	XXX
8399997 - Subtotals- Bonds - Part 3						326,971	325,000	1,047	XXX
8399999 - Subtotals - Bonds						326,971	325,000	1,047	XXX
9999999 Totals						326,971	XXX	1,047	XXX

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

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 Identi-fication	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	Maturity Date	NAIC Desig-nation or Market Indicator (a)
Bonds - U.S. Governments																					
912828-HS-2	US Treasury 2.0% 2/28/2010		02/28/2010	Matured		100,000	100,000	101,969	101,060		(1,060)		(1,060)		100,000			0	1,000	02/28/2010	1
912828-HP-8	US Treasury 2.125% 1/31/2010		01/31/2010	Matured		125,000	125,000	125,901	125,038		(38)		(38)		125,000			0	1,328	01/31/2010	1
912828-HS-2	US Treasury 2.0% 2/28/2010		02/28/2010	Matured		100,000	100,000	100,953	100,079		(79)		(79)		100,000			0	1,000	02/28/2010	1
0399999 - Totals - Bonds - U.S. Governments						325,000	325,000	328,823	326,177	0	(1,177)	0	(1,177)	0	325,000	0	0	0	3,328	XXX	XXX
8399997 - Total - Bonds - Part 4						325,000	325,000	328,823	326,177	0	(1,177)	0	(1,177)	0	325,000	0	0	0	3,328	XXX	XXX
8399999 - Total - Bonds						325,000	325,000	328,823	326,177	0	(1,177)	0	(1,177)	0	325,000	0	0	0	3,328	XXX	XXX
9999999 Totals						325,000	XXX	328,823	326,177	0	(1,177)	0	(1,177)	0	325,000	0	0	0	3,328	XXX	XXX

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

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Huntington National Bank, Akron, Ohio		0.450	447		843,476	747,914	2,654,949	XXX
Wells Fargo, Portland, Oregon		0.200	25		78,069	78,077	74,148	XXX
0199998 Deposits in 5 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX			5,750	5,750	12,830	XXX
0199999 Total Open Depositories	XXX	XXX	472	0	927,295	831,741	2,741,927	XXX
0299998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Suspended Depositories	XXX	XXX						XXX
0299999 Total Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999 Total Cash on Deposit	XXX	XXX	472	0	927,295	831,741	2,741,927	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total Cash	XXX	XXX	472	0	927,295	831,741	2,741,927	XXX

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
NONE							
8699999 Total Cash Equivalents					0	0	0

1 2 7 4 7 2 0 1 0 3 6 5 0 0 1 0 1

STATEMENT AS OF MARCH 31, 2010 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
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected	10,644,601	xxx	256,604	xxx	10,901,205
2 Earned Premiums	17,865,364	xxx	430,672	xxx	xxx
3 Claims Paid	13,781,949	xxx	332,235	xxx	14,114,184
4. Claims Incurred	29,208,732	xxx	435,510	xxx	xxx
5 Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	xxx	18,230,703	xxx	439,479	18,670,182
6 Aggregate Policy Reserves - Change	0	xxx	0	xxx	xxx
7. Expenses Paid	(13,743,492)	xxx	(331,308)	xxx	(14,074,800)
8 Expenses Incurred	1,278,228	xxx	30,814	xxx	xxx
9 Underwriting Gain or Loss	(12,621,596)	xxx	(35,652)	xxx	xxx
10. Cash Flow Result	xxx	xxx	xxx	xxx	(7,808,361)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: $ 18,670,182 due from CMS or $ ..... due to CMS