



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2011
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, State and Zip Code)

Main Administrative Office 2181 East Aurora Road (Street and Number), Twinsburg, OH 44087 (City, 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, State and Zip Code)

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

Internet Web Site Address www.envisionrxplus.com

Statutory Statement Contact Edwin Jenaro Alicea, CPA, MPA (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.

Kevin Michael Nagle
President

Catherine Hoagland Strautman
Executive Vice President

Kimberly Sue Kirkbride
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

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company**

**ASSETS**

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	6,542,738		6,542,738	6,489,018
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....	212,202		212,202	216,893
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 (\$ .....381,527 , Schedule E-Part 1), cash equivalents (\$ .....0 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	381,527		381,527	1,384,484
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....			0	0
8. Other invested assets (Schedule BA) .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	7,136,467	0	7,136,467	8,090,395
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	35,023		35,023	34,409
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	688,528	282,335	406,193	210,138
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.....	11,189,359	1,045,961	10,143,398	2,797,248
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,356,404		1,356,404	7,789,227
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 .....	74,356,141	195,643	74,160,498	78,085,593
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....			0	0
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	0
24. Health care (\$ ..... ) and other amounts receivable.....			0	0
25. Aggregate write-ins for other than invested assets .....	847,344	847,344	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	99,329,530	6,091,547	93,237,983	97,007,010
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	99,329,530	6,091,547	93,237,983	97,007,010
<b>DETAILS OF WRITE-INS</b>				
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.....	119,583	119,583	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)	847,344	847,344	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....325,237 reinsurance ceded)	6,527,589		6,527,589	3,767,656
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	955,416		955,416	818,237
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 reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	327,843		327,843	250,255
9. General expenses due or accrued	141,631		141,631	130,574
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	2,308,336		2,308,336	944,807
12. Amounts withheld or retained for the account of others	846,952		846,952	1,027,167
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	43,085,299		43,085,299	31,726,653
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ .....18,292,591 authorized reinsurers and \$ .....0 unauthorized reinsurers)	18,292,591		18,292,591	39,013,189
20. Reinsurance in unauthorized 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)	72,485,657	0	72,485,657	77,678,538
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	23,700,000	23,700,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(4,947,674)	(6,371,528)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... )	XXX	XXX	0	0
32.2 ..... shares preferred (value included in Line 27 \$ ..... )	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	20,752,326	19,328,472
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	93,237,983	97,007,010
<b>DETAILS OF WRITE-INS</b>				
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. ....	XXX	XXX	0	0
2502. ....	XXX	XXX	0	0
2503. ....	XXX	XXX	0	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	0	0
3001. ....	XXX	XXX	0	0
3002. ....	XXX	XXX	0	0
3003. ....	XXX	XXX	0	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 OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,509,014	1,123,353
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	121,134,753	57,978,186
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	121,134,753	57,978,186
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....			0
10. Other professional services .....			0
11. Outside referrals .....			0
12. Emergency room and out-of-area .....			0
13. Prescription drugs .....		142,400,323	96,306,911
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15) .....	0	142,400,323	96,306,911
<b>Less:</b>			
17. Net reinsurance recoveries .....		34,695,424	46,328,588
18. Total hospital and medical (Lines 16 minus 17) .....	0	107,704,899	49,978,323
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....0 cost containment expenses.....		7,075,188	2,716,706
21. General administrative expenses.....		4,801,407	4,618,204
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	119,581,494	57,313,233
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	1,553,259	664,953
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		86,427	77,315
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	86,427	77,315
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....158 ) (amount charged off \$ .....240,000 )].....		(239,842)	(166,908)
29. Aggregate write-ins for other income or expenses .....	0	(358)	0
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	1,399,486	575,360
31. Federal and foreign income taxes incurred .....	XXX		0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	1,399,486	575,360
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		0
0602. ....	XXX		0
0603. ....	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		0
0702. ....	XXX		0
0703. ....	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. ....			0
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. Penalties.....		(358)	0
2902. ....			0
2903. ....			0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	(358)	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	19,328,472	21,588,402
34. Net income or (loss) from Line 32 .....	1,399,486	575,360
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....		0
39. Change in nonadmitted assets .....	24,368	(2,735,290)
40. Change in unauthorized reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	(100,000)
48. Net change in capital & surplus (Lines 34 to 47) .....	1,423,854	(2,259,930)
49. Capital and surplus end of reporting year (Line 33 plus 48)	20,752,326	19,328,472
<b>DETAILS OF WRITE-INS</b>		
4701. Prior Period Adjustments.....		(100,000)
4702. ....		0
4703. ....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	(100,000)

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	114,882,335	55,998,020
2. Net investment income .....	135,343	112,495
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	115,017,678	56,110,515
5. Benefit and loss related payments .....	98,512,143	54,633,071
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	8,038,773	69,923,440
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	106,550,916	124,556,511
11. Net cash from operations (Line 4 minus Line 10) .....	8,466,762	(68,445,996)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	1,425,000
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	1,425,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	103,250	1,987,729
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	103,250	1,987,729
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(103,250)	(562,729)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(9,366,469)	59,948,190
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(9,366,469)	59,948,190
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(1,002,957)	(9,060,535)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	1,384,484	10,445,019
19.2 End of year (Line 18 plus Line 19.1) .....	381,527	1,384,484

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	121,134,753	0	0	0	0	0	0	0	121,134,753	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	121,134,753	0	0	0	0	0	0	0	121,134,753	0
8. Hospital/medical benefits	0									XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	142,400,323								142,400,323	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	142,400,323	0	0	0	0	0	0	0	142,400,323	XXX
16. Net reinsurance recoveries	34,695,424								34,695,424	XXX
17. Total hospital and medical (Lines 15 minus 16)	107,704,899	0	0	0	0	0	0	0	107,704,899	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	7,075,188								7,075,188	
20. General administrative expenses	4,801,407								4,801,407	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	119,581,494	0	0	0	0	0	0	0	119,581,494	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	1,553,259	0	0	0	0	0	0	0	1,553,259	0
<b>DETAILS OF WRITE-INS</b>										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....	162,298,682	.0	41,163,929	121,134,753
9. Health subtotal (Lines 1 through 8) .....	162,298,682	.0	41,163,929	121,134,753
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	162,298,682	0	41,163,929	121,134,753

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	139,735,731								139,735,731	
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	34,790,764								34,790,764	
1.4 Net .....	104,944,967	0	0	0	0	0	0	0	104,944,967	0
2. Paid medical incentive pools and bonuses .....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	6,852,826	0	0	0	0	0	0	0	6,852,826	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	325,237	0	0	0	0	0	0	0	325,237	0
3.4 Net .....	6,527,588	0	0	0	0	0	0	0	6,527,588	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	0									
4.2 Reinsurance assumed .....	0									
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year .....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	4,188,233	0	0	0	0	0	0	0	4,188,233	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	420,577	0	0	0	0	0	0	0	420,577	0
8.4 Net .....	3,767,656	0	0	0	0	0	0	0	3,767,656	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct .....	142,400,324	0	0	0	0	0	0	0	142,400,324	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	34,695,424	0	0	0	0	0	0	0	34,695,424	0
12.4 Net .....	107,704,899	0	0	0	0	0	0	0	107,704,899	0
13. Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	6,852,826								6,852,826	
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	325,237								325,237	
1.4. Net .....	6,527,588	0	0	0	0	0	0	0	6,527,588	0
2. Incurred but Unreported:										
2.1. Direct .....	0									
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	0	0	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	0									
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct .....	6,852,826	0	0	0	0	0	0	0	6,852,826	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	325,237	0	0	0	0	0	0	0	325,237	0
4.4. Net .....	6,527,588	0	0	0	0	0	0	0	6,527,588	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability Dec. 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 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 .....	2,676,961	102,268,006		6,527,588	2,676,961	3,767,656
9. Health subtotal (Lines 1 to 8).....	2,676,961	102,268,006	0	6,527,588	2,676,961	3,767,656
10. Healthcare 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)	2,676,961	102,268,006	0	6,527,588	2,676,961	3,767,656

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

Pt 2C - Sn A - Paid Claims - Comp

**NONE**

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

Pt 2C - Sn A - Paid Claims - XV

**NONE**

Pt 2C - Sn A - Paid Claims - XI

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....	.0	.0	.0	.0	
2. 2007 .....	32,615	42,422	42,422	41,643	41,643
3. 2008 .....	XXX	17,892	21,005	21,005	21,005
4. 2009 .....	XXX	XXX	25,521	27,785	27,785
5. 2010 .....	XXX	XXX	XXX	47,085	49,762
6. 2011 .....	XXX	XXX	XXX	XXX	102,268

**Section B – Incurred Health Claims - Other**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....	38,726	42,422	42,422	41,643	41,643
3. 2008 .....	XXX	21,005	21,005	21,005	21,005
4. 2009 .....	XXX	XXX	27,882	27,785	27,785
5. 2010 .....	XXX	XXX	XXX	50,854	49,763
6. 2011 .....	XXX	XXX	XXX	XXX	108,796

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2007 .....	28,105	41,643	575	1.4	42,218	150.2			42,218	150.2
2. 2008 .....	21,955	21,005	941	4.5	21,946	100.0			21,946	100.0
3. 2009 .....	34,038	27,785	1,136	4.1	28,921	85.0			28,921	85.0
4. 2010 .....	57,978	49,762	2,716	5.5	52,478	90.5			52,478	90.5
5. 2011 .....	121,135	102,268	6,120	6.0	108,388	89.5	6,528	955	115,871	95.7

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....	.0	.0	.0	.0	.0
2. 2007 .....	32,615	42,422	42,422	41,643	41,643
3. 2008 .....	XXX	17,892	21,005	21,005	21,005
4. 2009 .....	XXX	XXX	25,521	27,785	27,785
5. 2010 .....	XXX	XXX	XXX	47,085	49,762
6. 2011 .....	XXX	XXX	XXX	XXX	102,268

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....	.0	.0	.0	.0	.0
2. 2007 .....	38,726	42,422	42,422	41,643	41,643
3. 2008 .....	XXX	21,005	21,005	21,005	21,005
4. 2009 .....	XXX	XXX	27,882	27,785	27,785
5. 2010 .....	XXX	XXX	XXX	50,854	49,763
6. 2011 .....	XXX	XXX	XXX	XXX	108,796

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2007 .....	28,105	41,643	575	1.4	42,218	150.2	.0	.0	42,218	150.2
2. 2008 .....	21,955	21,005	941	4.5	21,946	100.0	.0	.0	21,946	100.0
3. 2009 .....	34,038	27,785	1,136	4.1	28,921	85.0	.0	.0	28,921	85.0
4. 2010 .....	57,978	49,762	2,716	5.5	52,478	90.5	.0	.0	52,478	90.5
5. 2011 .....	121,135	102,268	6,120	6.0	108,388	89.5	6,528	955	115,871	95.7

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Pt 2C - Sn B - Incurred Claims - Comp

**NONE**

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XV

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Part 2C - Sn C - Claims Expense Ratio Co

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS

**NONE**

Part 2C - Sn C - Claims Expense Ratio DO

**NONE**

Part 2C - Sn C - Claims Expense Ratio VO

**NONE**

Part 2C - Sn C - Claims Expense Ratio FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio XV

**NONE**

Part 2C - Sn C - Claims Expense Ratio XI

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0	<b>NONE</b>							
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.0								
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building).....			527,887		527,887
2. Salaries, wages and other benefits.....			1,338,100		1,338,100
3. Commissions (less \$ .....20,274 ceded plus \$ .....assumed).....			(93,701)		(93,701)
4. Legal fees and expenses.....			20,939		20,939
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....			404,851		404,851
7. Traveling expenses.....			43,144		43,144
8. Marketing and advertising.....					0
9. Postage, express and telephone.....			28,068		28,068
10. Printing and office supplies.....			877,104		877,104
11. Occupancy, depreciation and amortization.....					0
12. Equipment.....			8,511		8,511
13. Cost or depreciation of EDP equipment and software.....			106,233		106,233
14. Outsourced services including EDP, claims, and other services.....		7,075,188	837,065		7,912,253
15. Boards, bureaus and association fees.....			324,447		324,447
16. Insurance, except on real estate.....			18,263		18,263
17. Collection and bank service charges.....			68,338		68,338
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....			9,116		9,116
22. Real estate taxes.....			3,440		3,440
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....			86,636		86,636
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....			97,454		97,454
23.4 Payroll taxes.....			85,411		85,411
23.5 Other (excluding federal income and real estate taxes).....			10,101		10,101
24. Investment expenses not included elsewhere.....				27,062	27,062
25. Aggregate write-ins for expenses.....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25).....	0	7,075,188	4,801,407	27,062	(a) 11,903,657
27. Less expenses unpaid December 31, current year.....		955,416	141,631		1,097,047
28. Add expenses unpaid December 31, prior year.....	0	818,237	130,574	0	948,811
29. Amounts receivable relating to uninsured plans, prior year.....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	6,938,009	4,790,350	27,062	11,755,421
<b>DETAILS OF WRITE-INS</b>					
2501. ....					0
2502. ....					0
2503. ....					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 + 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$ .....3,826,884 to affiliates and \$ .....to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 112,448	113,063
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 426	426
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	112,874	113,489
11. Investment expenses		(g) 27,062
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		27,062
17. Net investment income (Line 10 minus Line 16)		86,427
<b>DETAILS OF WRITE-INS</b>		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		0

- (a) Includes \$ ..... accrual of discount less \$ .....49,530 amortization of premium and less \$ .....846 paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ .....0 paid for accrued dividends on purchases.
- (c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)			0		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
0901.			0		
0902.			0		
0903.			0		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0	0	0	0

NONE

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	282,335	131,005	(151,330)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	.0	.0	.0
15.3 Accrued retrospective premiums.....	1,045,961	1,045,961	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	3,720,264	3,720,264	.0
17. Amounts receivable relating to uninsured plans .....	195,643	195,643	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	.0	.0	.0
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets.....	.0	75,712	75,712
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	.0	.0	.0
25. Aggregate write-ins for other than invested assets .....	847,344	947,330	99,986
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,091,547	6,115,915	24,368
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	6,091,547	6,115,915	24,368
<b>DETAILS OF WRITE-INS</b>			
1101. ....	.0	.0	.0
1102. ....	.0	.0	.0
1103. ....	.0	.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	119,583	219,462	99,879
2502. Intangible Asset - Licensing.....	127,761	127,761	.0
2503. Deferred Acquisition Cost.....	600,000	600,000	.0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	107	107
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	847,344	947,330	99,986

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	117,913	119,043	124,923	131,311	136,443	1,509,014
7. Total	117,913	119,043	124,923	131,311	136,443	1,509,014
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare Part D Prescription Drug Plan.....	117,913	119,043	124,923	131,311	136,443	1,509,014
0602. ....	.0					
0603. ....	.0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	117,913	119,043	124,923	131,311	136,443	1,509,014

## 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.

	2011	2010
<b><u>NET INCOME</u></b>		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$1,399,486	\$575,360
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	<u>\$1,399,486</u>	<u>\$575,360</u>
<b><u>SURPLUS</u></b>		
Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$20,752,326	\$19,328,472
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	<u>\$20,752,326</u>	<u>\$19,328,472</u>

#### 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

The Company receives Premium for plans offered under Medicare Part D. There are 5 sources of Premium as follows:

1. Part D Subsidy – The amount of Premium remitted by Medicare for each insured that is enrolled in a plan.
2. Basic Member Premium - The amount of Premium remitted by the individual Insured enrolled in a plan.
3. Low Income Subsidy Premium - The amount of Premium remitted by Medicare for each Insured eligible for Low Income Subsidies ("LIS"). This amount is paid on behalf of the Insured for their Premium.
4. Risk Corridor Adjustment – The calculated Premium adjustment for losses that exceed the target profit thresholds that are set in the annual Medicare Part D bids.
5. Supplemental Member Premium – Premium an Insured pays for Enhanced Benefit coverage and or Non Medicare covered drugs.

Expenses incurred in connection with acquiring new business and retaining existing business are charged to operations as incurred.

In addition, the Company abides by the following policies:

1. The Company has no short-term investments.
2. Bonds are stated at amortized cost using the interest method.
3. The Company has no investments in common stocks.
4. The Company has no preferred stocks.
5. The Company has no mortgage loans.
6. The Company has no loan-backed securities.
7. Not applicable to the Company.

## NOTES TO FINANCIAL STATEMENTS

8. The Company has no minor ownership interests in joint ventures.
9. The Company has no derivatives.
10. Not applicable to the Company.
11. Claim Costs consist of Basic Claims and Supplemental Claims.
  - a. Basic Claims - Consist of pharmacy costs paid to the PBM less rebates, less the amounts paid by the insurer for the proportion of coverage for LIS Members, less brand gap reimbursed by the drug manufacturers and less the 80% reimbursement by CMS for actual Catastrophic Claims (Uninsured Plans).
  - b. Supplemental Claims - Consist of claims not covered by Medicare Part D due to an enhanced benefit or Non Covered Drugs.
12. Not applicable to the Company.
13. Not applicable to the Company.

### 2. Accounting Changes and Corrections of Errors

Not applicable to the Company.

### 3. Business Combination and Goodwill

- A. Statutory Purchase Method - Not Applicable
- B. Statutory Merger - Not Applicable
- C. Assumption Reinsurance - Not Applicable
- D. Impairment Loss - Not Applicable

### 4. Discontinued Operations

The Company had no operations that were discontinued during 2011 or 2010.

### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2011 or 2010.

- B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2011 or 2010.

- C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2011 or 2010.

- D. Loan-Backed Securities

The Company did not have loan-backed securities at December 31, 2011 or 2010.

- E. Repurchase Agreements

The Company did not enter into repurchase agreements at December 31, 2011 or 2010.

- F. Real Estate

The Company purchased a residential dwelling and land at September 30, 2008 at an actual cost of \$227,644. The book/adjusted carrying value at December 31, 2011 and December 31, 2010 was \$212,202 and \$216,893, respectively.

### 6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company did not have investments in Joint Ventures, Partnerships or Limited Liability Companies that exceeded 10% of its admitted assets at December 31, 2011 or 2010.
- B. The Company did not recognize any impairment write down for its investments in joint ventures, partnerships or limited liability companies during 2011 or 2010.

## NOTES TO FINANCIAL STATEMENTS

### 7. Investment Income

- A. The Company had no due and accrued with amount that are over 90 days past due.
- B. At December 31, 2011 and 2010 there was no non-admitted accrued investment interest income.

### 8. Derivative Instruments

- A. The Company has no derivative instruments.

### 9. Income Taxes

- A. For Federal income tax purposes, the Company is not taxed as an insurance company. The Company is an S corporation for Federal income tax purposes and all items of income or loss are reported by the S corporation shareholders on their personal tax returns. Therefore, there are no current or deferred taxes recorded.

The Company's federal income tax return is consolidated with its parent company, Envision Pharmaceutical Holdings, Inc.

### 10. Information Concerning Parent, Subsidiaries and Affiliates

- A. Nature of the relationship

Envision Insurance Company is a wholly-owned subsidiary of Envision Pharmaceutical Holdings, Inc. ("EPH"). Rx Options, Inc. ("ROI") is an affiliate of EIC and a wholly-owned subsidiary of EPH.

- B. Significant transactions for each Period

There were no significant transactions in 2011 and 2010.

- C. Intercompany Management and Service Arrangements

The Company entered into a management agreement with its affiliate Rx Options, Inc. This agreement was approved by ODI on May 26, 2010 and went into effect retroactive to January 1, 2010. The management agreement and service contracts transactions totaled \$420,392,331 and \$327,976,684 for 2011 and 2010, respectively.

- D. Amounts Due to or from Related Parties

At December 31, 2011 and 2010, the Company reported \$0 and \$0 due from affiliates and \$43,085,299 and \$31,726,653 due to affiliates, respectively. The December 31, 2011 payable balances represent intercompany transaction 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

ROI has agreed to provide certain management services to the Company. These delegated services include but not limited to payroll, facilities, claims processing, customer service and other general administrative services.

- G. Nature of Relationships that Could Affect Operations

ROI adjudicates and pays claims on behalf of EIC for which EIC reimburses the claims. Additionally, ROI provides delegated and management services in exchange for a management fees paid by EIC under an intercompany pharmacy benefit management services agreement.

- H. Amount Deducted for Investment in Upstream Company

The Company does not own shares of upstream intermediate entities or EPH.

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

At December 31, 2011, the Company did not have investments in affiliates that exceeded 10% of the Company's admitted assets.

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

The Company did not record impairments on its investment in subsidiaries, controlled or affiliated companies during the year ended December 31, 2011 or 2010.

- K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

## NOTES TO FINANCIAL STATEMENTS

L. Investment in a Downstream Noninsurance Holding Company

Not applicable to the Company.

### 11. Debt

A. Capital Notes

The Company has no capital notes outstanding at December 31, 2011 and 2010.

B. All Other Debt

The Company has no other debt outstanding at December 31, 2011 and 2010.

### 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

A. Outstanding Shares

As of December 31, 2011 the Company has 20,000 shares of \$100 par value common stock authorized, issued and outstanding.

B. Preferred Stock

The Company has no preferred stock outstanding.

C. Dividend Restriction

The Company does not pay out dividend.

D. Maximum Ordinary Dividend During 2011

Not applicable to the Company.

E. Unassigned Surplus Restriction

Unassigned surplus funds are not restricted at December 31, 2011.

F. Mutual Surplus Advances

There have been no advances to surplus at December 31, 2011.

G. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2011.

H. Changes in Special Surplus Funds

There are no special surplus funds at December 31, 2011.

I. Changes in Unassigned Funds

The Company has no cumulative unrealized capital gains and losses included in unassigned funds.

J. Surplus Notes

The Company has not issued any surplus notes or debentures or similar obligations.

K. Reinstatement due to Prior Quasi-Reorganizations

The Company had no restatements due to prior quasi-reorganizations.

L. Quasi-Reorganizations over Prior 10 Years

The Company has not been involved in quasi-reorganization during the past 10 years.

## NOTES TO FINANCIAL STATEMENTS

### 14. Contingencies

A. Contingent Commitments

The Company has no contingent commitments at December 31, 2011.

B. Assessments

The Company has not recorded a liability for an assessment as of December 31, 2011.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2011.

D. Claims-Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not Applicable to the Company.

E. All Other Contingencies

On March 17, 2010, the Company commenced arbitration in order to pursue the collection of funds owed to the Company by Quality Health Plans (QHP) under a reinsurance agreement. The net asset amount in dispute is \$2.5 million, in which \$3.7 million in gross assets has been non-admitted on the Company's statutory financial statements. In November 2011, QHP was placed in receivership by the Florida Department of Insurance. The Company is awaiting its share of the receivership assets.

### 15. Leases

A. Lessee Leasing Arrangements

The Company leased an office facility under a non-cancelable operating lease expiring October 1, 2015 with an option to extend the lease for two additional terms of 5 years each. The future annual lease payment will be \$251,640 through October 1, 2015. The Company has not entered into any sale and leaseback arrangements.

B. Lessor Leasing Arrangements

The Company has not entered into any operation leases and any leveraged leases.

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

The Company has no financial instruments with off-balance sheet risk and concentration of credit risk.

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

A. Transfers of Receivables Reported as Sales

Not applicable to the Company.

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

A. Administrative Services Only (ASO) Plans

Not applicable to the Company.

B. Administrative Services Contract (ASC) Plans

Not applicable to the Company.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable to the Company.

## NOTES TO FINANCIAL STATEMENTS

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

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2011 and 2010.

### 20. Fair Value Measurements

The Company's bond portfolio are recorded at amortized/book value as of December 31, 2011. The Company has no stocks at fair value as of December 31, 2011.

### 21. Other Items

#### A. Extraordinary Items

Not applicable to the Company.

#### B. Troubled Debt Restructuring for Debtors

Not applicable to the Company.

#### C. Other Disclosures

##### Quota Share Reinsurance Rate

Effective January 1, 2012 the Company's quota share reinsurance rate with Hannover Life Reinsurance was increased from 25% to 75% for individual business. The group business remains at the 50% quota share rate.

##### Sch. Y, Pt. 1A, Col 15

The ultimate controlling person in the insurance holding company system is as follows:

(a) The name of the UDP is: *Envision Pharmaceutical Holdings, Inc.*

(b) The home office of the UDP is: *2181 E Aurora Road, Twinsburg, OH 44087*

(c) The principal executive office of the UDP is: *1100 Investment Blvd., El Dorado Hills, CA 95762*

(d) The organizational structure of the UDP is: *an Ohio, privately-held, for-profit corporation*

(e) The principal business of the UDP is: *to serve as a holding company for its shareholders*

(f) The name and address of any person who holds or owns ten percent (10%) or more of any class of voting security of the UDP, the class of such security, the number of shares held of record or known to be beneficially owned, and the percentage of class so held or owned is as follows:

- *Kevin Michael Nagle*  
*1100 Investment Blvd., El Dorado Hills, CA 95762*  
*23.75% of issued and outstanding common stock*
- *Barry Irwin Katz, R.Ph.*  
*1301 E. Broward Blvd., Suite 300, Ft. Lauderdale, FL 33301*  
*23.75% of issued and outstanding common stock*
- *Joanne Newton Mindala*  
*2181 E. Aurora Road, Twinsburg, OH 44087*  
*16.33% of issued and outstanding common stock*

#### D. Uncollectible Premiums Receivables

At December 31, 2011 and 2010, the Company had admitted assets of \$406,193 and \$210,138, respectively, in Uncollected Premium. Currently, the Company had \$282,335 and \$131,005, respectively, in non-admitted Uncollected Premiums. The Company has contracted a collection agency to recoup the outstanding balances.

#### E. Business Interruption Insurance Recoveries

Not applicable to the Company.

#### F. State Transferable Tax Credits

Not applicable to the Company.

#### G. Protective Tax Deposits

Not applicable to the Company.

## NOTES TO FINANCIAL STATEMENTS

### H. Hybrid Securities

Not applicable to the Company.

### 22. Events Subsequent

The Company has no material recognizable and non-recognizable subsequent events to report or consider through the filing date.

### 23. Reinsurance

#### A. Ceded Reinsurance Report

##### Section I – 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 premium or similar credit?

Yes ( ) No (x)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits 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 premium 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 \$18,919,286.

(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 were in force or force or which had existing reserves established by the Company as the effective date of the agreement?

Yes ( ) No (x)

B. The Company had no uncollectible reinsurance written off during 2011.

C. The Company had no commutation of ceded reinsurance during 2011.

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company offers Medicare Part D Prescription Benefits Plans. As part of these plans, risk-sharing corridors are established between the providers (the Company) and the Centers for Medicare and Medicaid Services (“CMS”). After all costs are known, a retrospectively rated Premium adjustment is developed and paid by (or to) CMS.

B. The Company records accrued retrospective Premiums through written Premiums. A targeted amount is factored in determining the retrospective adjustments.

C. The amount of net Premiums written by the Company at December 31, 2011 that are subject to retrospective Premium risk corridor was \$6,633,373, which represents 5.48% of the total net Premiums written.

## NOTES TO FINANCIAL STATEMENTS

### **25. Change in Incurred Claims and Claims Adjustment Expenses**

Unpaid claims and claims adjustment expenses were \$7,483,005 at December 31, 2011. In 2011, \$3,495,198 has been paid for incurred claims and claims adjustment expenses attributable to insured events of 2010. The reserves at December 31, 2011 are for current year activities. There are no reserves remaining for prior years.

### **26. Intercompany Pooling Arrangements**

Not applicable at December 31, 2011 and 2010.

### **27. Structured Settlements**

Not applicable at December 31, 2011 and 2010.

### **28. Health Care Receivables**

The Company does not have any Health Care Receivables in 2011.

### **29. Participating Policies**

Not applicable at December 31, 2011 and 2010.

### **30. Premium Deficiency Reserves**

The Company did not record Premium deficiency reserves at December 31, 2011 and 2010.

### **31. Anticipated Subrogation and Other Receivables**

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses. No reduction in liability was required.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 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
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes  No  N/A
- 1.3 State Regulating? Ohio.....
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2008
- 3.2 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
- 3.3 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
- 3.4 By what department or departments? Ohio Department of Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes  No  N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  No  N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes  No
- 4.12 renewals? Yes  No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes  No
- 4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes  No
- 5.2 If yes, provide the name of the 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
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 6.1 Has the 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
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes  No
- 7.2 If yes,
- 7.21 State the percentage of foreign control .....
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

## GENERAL INTERROGATORIES

- 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Skoda Minotti 6685 Beta Dr. Mayfield Village, Ohio 44143.....  
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]  
 10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Milliman c/o Courtney R. White, FSA, MAAA, 945 E. Paces Ferry NE., Suite 2500, Atlanta, GA. 30326-1362.....  
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]  
     12.11 Name of real estate holding company .....  
     12.12 Number of parcels involved .....  
     12.13 Total book/adjusted carrying value \$.....  
 12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:  
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]  
 14.1 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.  
 14.11 If the response to 14.1 is no, please explain:  
 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s)  
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

## GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
  - 20.12 To stockholders not officers \$.....
  - 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
  - 20.22 To stockholders not officers \$.....
  - 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
  - 21.22 Borrowed from others \$.....
  - 21.23 Leased from others \$.....
  - 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
  - 22.22 Amount paid as expenses \$.....
  - 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

### INVESTMENT

- 24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.3) Yes [ X ] No [ ]
- 24.2 If no, give full and complete information, relating thereto
- 24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [ X ]
- 24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs. \$.....
- 24.6 If answer to 24.4 is no, report amount of collateral for other programs. \$.....
- 24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]
- 24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]

## GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3). Yes [  ] No [  ]

25.2 If yes, state the amount thereof at December 31 of the current year:

	25.21 Subject to repurchase agreements	\$ .....
	25.22 Subject to reverse repurchase agreements	\$ .....
	25.23 Subject to dollar repurchase agreements	\$ .....
	25.24 Subject to reverse dollar repurchase agreements	\$ .....
	25.25 Pledged as collateral	\$ .....
	25.26 Placed under option agreements	\$ .....
	25.27 Letter stock or securities restricted as to sale	\$ .....
	25.28 On deposit with state or other regulatory body	\$ .....4,199,096
	25.29 Other	\$ .....

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [  ] No [  ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [  ] No [  ] N/A [  ]  
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [  ] No [  ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$ .....

28. 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 [  ] No [  ]

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

1 Name of Custodian(s)	2 Custodian's Address
Huntington National Bank.....	30 Market Street , Akron, OH 44308.....
Wells Fargo Bank.....	40 Capital Market Street, Suite 702, Sacramento, CA 95814.....

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [  ] No [  ]

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

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

28.05 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 Number(s)	2 Name	3 Address

## GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]
- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	6,542,738	6,708,074	165,336
30.2 Preferred Stocks.....	0		0
30.3 Totals	6,542,738	6,708,074	165,336

- 30.4 Describe the sources or methods utilized in determining the fair values:  
SVO.....
- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [ X ]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 32.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [ X ] No [ ]
- 32.2 If no, list exceptions:

## GENERAL INTERROGATORIES

### OTHER

33.1 Amount of payments to Trade associations, service organizations and statistical or rating bureaus, if any? \$ .....

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

34.1 Amount of payments for legal expenses, if any? \$ .....20,939

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Epstein Becker Green, P.C.....	\$.....17,247

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ X ]
- 1.2 If yes, indicate premium earned on U. S. business only \$ .....0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....
- 1.31 Reason for excluding .....
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ .....
- 1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ .....0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ .....0
- 1.62 Total incurred claims \$ .....0
- 1.63 Number of covered lives .....0
- All years prior to most current three years:
- 1.64 Total premium earned \$ .....0
- 1.65 Total incurred claims \$ .....0
- 1.66 Number of covered lives .....0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$ .....0
- 1.72 Total incurred claims \$ .....0
- 1.73 Number of covered lives .....0
- All years prior to most current three years:
- 1.74 Total premium earned \$ .....0
- 1.75 Total incurred claims \$ .....0
- 1.76 Number of covered lives .....0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ .....0	\$ .....0
2.2	Premium Denominator	\$ .....121,134,753	\$ .....57,978,186
2.3	Premium Ratio (2.1/2.2)	.....0.000	.....0.000
2.4	Reserve Numerator	\$ .....0	\$ .....0
2.5	Reserve Denominator	\$ .....6,527,589	\$ .....3,767,656
2.6	Reserve Ratio (2.4/2.5)	.....0.000	.....0.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ X ]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ ] No [ X ]
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ X ]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [ ] No [ X ]
- 5.2 If no, explain:  
The Company has Stand Alone Medicare Part D business only.
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ .....
- 5.32 Medical Only \$ .....
- 5.33 Medicare Supplement \$ .....
- 5.34 Dental and Vision \$ .....
- 5.35 Other Limited Benefit Plan \$ .....
- 5.36 Other \$ .....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
Participating provider agreements contain a provision under which the provider agrees it shall not collect or attempt to collect from covered individuals, any amount for drugs dispensed to any covered individual that are the responsibility of the insurer, except for applicable copayment/deductible
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]
- 7.2 If no, give details:
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year .....
- 8.2 Number of providers at end of reporting year .....
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [ X ]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months .....
- 9.22 Business with rate guarantees over 36 months .....

## GENERAL INTERROGATORIES

### PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [  ] No [  ]

10.2 If yes:

	10.21 Maximum amount payable bonuses	\$.....
	10.22 Amount actually paid for year bonuses	\$.....
	10.23 Maximum amount payable withholds	\$.....
	10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

	11.12 A Medical Group/Staff Model,	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
	11.13 An Individual Practice Association (IPA), or,	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
	11.14 A Mixed Model (combination of above) ?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [  ] No [  ]

11.3 If yes, show the name of the state requiring such net worth. .....

11.4 If yes, show the amount required. \$.....

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [  ] No [  ]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area

13.1 Do you act as a custodian for health savings accounts? Yes [  ] No [  ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....

13.3 Do you act as an administrator for health savings accounts? Yes [  ] No [  ]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

**FIVE - YEAR HISTORICAL DATA**

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	93,237,983	97,007,010	37,590,210	12,691,420	24,452,871
2. Total liabilities (Page 3, Line 24)	72,485,657	77,678,538	16,001,808	7,465,305	14,223,279
3. Statutory surplus		0	0	0	0
4. Total capital and surplus (Page 3, Line 33)	20,752,326	19,328,472	21,588,402	5,226,115	10,229,594
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	121,134,753	57,978,186	34,037,638	21,954,571	45,278,391
6. Total medical and hospital expenses (Line 18)	107,704,899	49,978,323	27,881,836	24,701,159	38,725,542
7. Claims adjustment expenses (Line 20)	7,075,188	2,716,706	1,135,976	940,800	575,011
8. Total administrative expenses (Line 21)	4,801,407	4,618,204	2,584,966	4,128,141	974,645
9. Net underwriting gain (loss) (Line 24)	1,553,259	664,953	2,434,860	(7,815,529)	5,003,191
10. Net investment gain (loss) (Line 27)	86,427	77,315	123,171	139,492	159,304
11. Total other income (Lines 28 plus 29)	(240,200)	(166,908)	(200,170)	(400,000)	0
12. Net income or (loss) (Line 32)	1,399,486	575,360	2,357,861	(8,076,037)	5,159,121
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	8,466,762	(68,445,996)	2,239,456	548,477	(6,686,153)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	20,752,326	19,328,472	21,588,402	5,226,115	10,229,594
15. Authorized control level risk-based capital	3,009,796	2,470,099	997,486	1,015,575	1,222,910
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	136,443	117,913	37,350	10,588	22,245
17. Total members months (Column 6, Line 7)	1,509,014	1,123,353	392,169	130,881	230,876
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	88.9	86.2	81.9	112.5	137.8
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	5.8	4.7	3.3	4.3	0.0
22. Total underwriting deductions (Line 23)	98.7	98.9	92.8	135.6	143.3
23. Total underwriting gain (loss) (Line 24)	1.3	1.1	7.2	(35.6)	17.8
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	2,676,961	1,484,999	3,112,367	9,807,299	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	3,767,656	2,360,418	3,112,367	6,110,988	0
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Envision Insurance Company

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, 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	5,803,439						5,803,439	0
2. Alaska	AK	L	40,353						40,353	0
3. Arizona	AZ	L	358,267						358,267	0
4. Arkansas	AR	L	1,526,459						1,526,459	0
5. California	CA	L	2,245,251						2,245,251	0
6. Colorado	CO	L	494,852						494,852	0
7. Connecticut	CT	L	259,939						259,939	0
8. Delaware	DE	L	156,399						156,399	0
9. District of Columbia	DC	L	43,109						43,109	0
10. Florida	FL	L	16,476,559						16,476,559	0
11. Georgia	GA	L	5,233,365						5,233,365	0
12. Hawaii	HI	L	41,292						41,292	0
13. Idaho	ID	L	140,654						140,654	0
14. Illinois	IL	L	759,699						759,699	0
15. Indiana	IN	L	707,554						707,554	0
16. Iowa	IA	L	308,580						308,580	0
17. Kansas	KS	L	736,265						736,265	0
18. Kentucky	KY	L	372,761						372,761	0
19. Louisiana	LA	L	2,413,575						2,413,575	0
20. Maine	ME	L	99,587						99,587	0
21. Maryland	MD	L	603,624						603,624	0
22. Massachusetts	MA	L	758,292						758,292	0
23. Michigan	MI	L	721,441						721,441	0
24. Minnesota	MN	L	295,350						295,350	0
25. Mississippi	MS	L	343,716						343,716	0
26. Missouri	MO	L	1,209,284						1,209,284	0
27. Montana	MT	L	80,222						80,222	0
28. Nebraska	NE	L	260,523						260,523	0
29. Nevada	NV	L	240,315						240,315	0
30. New Hampshire	NH	L	130,517						130,517	0
31. New Jersey	NJ	L	19,701,782						19,701,782	0
32. New Mexico	NM	L	142,141						142,141	0
33. New York	NY	L	33,415,609						33,415,609	0
34. North Carolina	NC	L	1,357,617						1,357,617	0
35. North Dakota	ND	L	62,560						62,560	0
36. Ohio	OH	L	1,239,727						1,239,727	0
37. Oklahoma	OK	L	581,843						581,843	0
38. Oregon	OR	L	138,966						138,966	0
39. Pennsylvania	PA	L	8,161,007						8,161,007	0
40. Rhode Island	RI	L	77,683						77,683	0
41. South Carolina	SC	L	673,973						673,973	0
42. South Dakota	SD	L	113,863						113,863	0
43. Tennessee	TN	L	8,630,381						8,630,381	0
44. Texas	TX	L	30,863,589						30,863,589	0
45. Utah	UT	L	118,871						118,871	0
46. Vermont	VT	N	98,913						98,913	0
47. Virginia	VA	L	10,737,228						10,737,228	0
48. Washington	WA	L	434,143						434,143	0
49. West Virginia	WV	L	2,029,229						2,029,229	0
50. Wisconsin	WI	L	813,303						813,303	0
51. Wyoming	WY	L	45,010						45,010	0
52. American Samoa	AS	N							0	0
53. Guam	GU	N							0	0
54. Puerto Rico	PR	N							0	0
55. U.S. Virgin Islands	VI	N							0	0
56. Northern Mariana Islands	MP	N							0	0
57. Canada	CN	N							0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		162,298,681	0	0	0	0	0	162,298,681	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 50		162,298,681	0	0	0	0	0	162,298,681	0
<b>DETAILS OF WRITE-INS</b>										
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	
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		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.

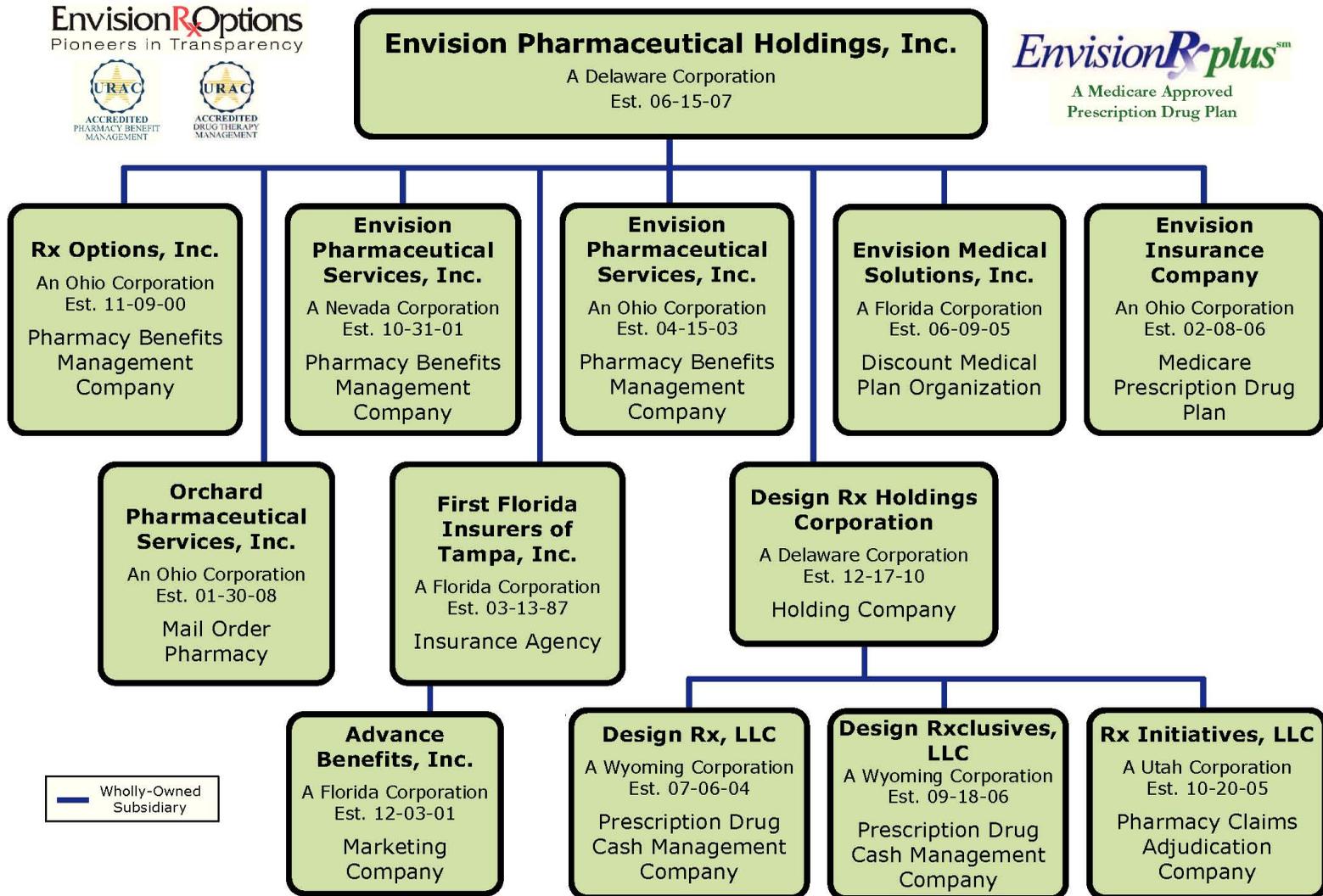
Explanation of basis of allocation by states, premiums by state, etc.: Premium by residency. Retrospective allocated proportionately

(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

Organizational Chart and Legal Structure



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