



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2012
 OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

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

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

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address www.envisionrxplus.com

Statutory Statement Contact Edwin Jenaro Alicea, CPA, MPA , 330-486-6377
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OFFICERS

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

OTHER OFFICERS

<u>Barry Irwin Katz R. Ph.</u>	<u>Chief Operating Officer</u>	<u>Thomas John Welsh #</u>	<u>Chief Financial Officer</u>
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DIRECTORS OR TRUSTEES

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

State of Ohio

ss

County of Summit

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

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 [] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Envision Insurance Company

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	6,462,494		6,462,494	6,542,738
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).....	207,511		207,511	212,202
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 (\$14,456,813 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	14,456,813		14,456,813	381,527
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)	21,126,818	0	21,126,818	7,136,467
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	36,222		36,222	35,023
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,331,969	269,885	1,062,084	406,193
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.....	18,232,663	1,045,961	17,186,702	10,143,398
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	1,356,404
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	198,564,650	195,643	198,369,007	74,160,498
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	846,939	846,939	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	243,859,525	6,078,692	237,780,833	93,237,983
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	243,859,525	6,078,692	237,780,833	93,237,983
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses.....	119,178	119,178	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)	846,939	846,939	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$2,571,185 reinsurance ceded)	4,143,739		4,143,739	6,527,589
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	672,681		672,681	955,416
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	1,110,386		1,110,386	327,843
9. General expenses due or accrued	442,481		442,481	141,631
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	18,275,766		18,275,766	2,308,336
12. Amounts withheld or retained for the account of others	846,654		846,654	846,952
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	46,499,025		46,499,025	43,085,299
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$143,760,600 authorized reinsurers, \$ unauthorized reinsurers and (\$ certified reinsurers)	143,760,600		143,760,600	18,292,591
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	215,751,332	0	215,751,332	72,485,657
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
28. Gross paid in and contributed surplus	XXX	XXX	23,700,000	23,700,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(3,670,499)	(4,947,674)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	22,029,501	20,752,326
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	237,780,833	93,237,983
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,996,719	1,509,014
2. Net premium income (including \$0 non-health premium income).....	XXX	107,407,968	121,134,753
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	107,407,968	121,134,753
Hospital and Medical:			
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		358,235,341	142,400,323
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	358,235,341	142,400,323
Less:			
17. Net reinsurance recoveries		259,155,636	34,695,424
18. Total hospital and medical (Lines 16 minus 17)	0	99,079,705	107,704,899
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$0 cost containment expenses.....		513,966	7,075,188
21. General administrative expenses.....		5,449,686	4,801,407
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	105,043,357	119,581,494
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,364,611	1,553,259
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		75,763	86,427
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	75,763	86,427
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$2,556) (amount charged off \$1,178,610)].....		(1,176,054)	(239,842)
29. Aggregate write-ins for other income or expenses	0	0	(358)
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	1,264,320	1,399,486
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	1,264,320	1,399,486
DETAILS OF WRITE-INS			
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)
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	0	(358)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	20,752,326	19,328,472
34. Net income or (loss) from Line 32	1,264,320	1,399,486
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	12,855	24,368
40. Change in unauthorized and certified 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	0
48. Net change in capital and surplus (Lines 34 to 47)	1,277,175	1,423,854
49. Capital and surplus end of reporting year (Line 33 plus 48)	22,029,501	20,752,326
DETAILS OF WRITE-INS		
4701.		0
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	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	116,471,196	114,882,335
2. Net investment income	135,592	135,343
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	116,606,788	115,017,678
5. Benefit and loss related payments	100,107,151	98,512,143
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	131,325,409	8,038,773
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)	231,432,560	106,550,916
11. Net cash from operations (Line 4 minus Line 10)	(114,825,772)	8,466,762
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	355,000	0
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)	355,000	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	335,785	103,250
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)	335,785	103,250
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)	19,215	(103,250)
Cash from Financing and Miscellaneous Sources		
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)	128,881,843	(9,366,469)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	128,881,843	(9,366,469)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	14,075,286	(1,002,957)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	381,527	1,384,484
19.2 End of year (Line 18 plus Line 19.1)	14,456,813	381,527

ANNUAL STATEMENT FOR THE YEAR 2012 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	107,407,968	0	0	0	0	0	0	0	107,407,968	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)	107,407,968	0	0	0	0	0	0	0	107,407,968	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	358,235,342								358,235,342	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)	358,235,342	0	0	0	0	0	0	0	358,235,342	XXX
16. Net reinsurance recoveries	259,155,636								259,155,636	XXX
17. Total hospital and medical (Lines 15 minus 16)	99,079,706	0	0	0	0	0	0	0	99,079,706	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	513,966								513,966	
20. General administrative expenses	5,449,686								5,449,686	
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)	105,043,358	0	0	0	0	0	0	0	105,043,358	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	2,364,610	0	0	0	0	0	0	0	2,364,610	0
DETAILS OF WRITE-INS										
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 2012 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.....	393,049,053		285,641,085	107,407,968
9. Health subtotal (Lines 1 through 8)	393,049,053	0	285,641,085	107,407,968
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	393,049,053	0	285,641,085	107,407,968

ANNUAL STATEMENT FOR THE YEAR 2012 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	358,373,244								358,373,244	
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	256,909,688								256,909,688	
1.4 Net	101,463,556	0	0	0	0	0	0	0	101,463,556	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	6,714,924	0	0	0	0	0	0	0	6,714,924	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	2,571,185	0	0	0	0	0	0	0	2,571,185	0
3.4 Net	4,143,739	0	0	0	0	0	0	0	4,143,739	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	6,852,826	0	0	0	0	0	0	0	6,852,826	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	325,237	0	0	0	0	0	0	0	325,237	0
8.4 Net	6,527,588	0	0	0	0	0	0	0	6,527,588	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	358,235,342	0	0	0	0	0	0	0	358,235,342	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	259,155,636	0	0	0	0	0	0	0	259,155,636	0
12.4 Net	99,079,706	0	0	0	0	0	0	0	99,079,706	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 expended.

ANNUAL STATEMENT FOR THE YEAR 2012 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	6,714,924								6,714,924	
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	2,571,185								2,571,185	
1.4. Net	4,143,739	0	0	0	0	0	0	0	4,143,739	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	6,714,924	0	0	0	0	0	0	0	6,714,924	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	2,571,185	0	0	0	0	0	0	0	2,571,185	0
4.4. Net	4,143,739	0	0	0	0	0	0	0	4,143,739	0

ANNUAL STATEMENT FOR THE YEAR 2012 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	4,825,503	96,638,052		4,143,739	4,825,503	6,527,588
9. Health subtotal (Lines 1 to 8).....	4,825,503	96,638,052	.0	4,143,739	4,825,503	6,527,588
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)	4,825,503	96,638,052	0	4,143,739	4,825,503	6,527,588

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

ANNUAL STATEMENT FOR THE YEAR 2012 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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	42,422	42,422	41,643	41,643	41,643
2. 2008	17,892	21,005	21,005	21,005	21,005
3. 2009	XXX	25,521	27,785	27,785	27,785
4. 2010	XXX	XXX	47,085	49,762	49,618
5. 2011	XXX	XXX	XXX	102,268	107,238
6. 2012	XXX	XXX	XXX	XXX	96,638

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	42,422	42,422	41,643	41,643	41,643
2. 2008	21,005	21,005	21,005	21,005	21,005
3. 2009	XXX	27,882	27,785	27,785	27,785
4. 2010	XXX	XXX	50,854	49,763	49,618
5. 2011	XXX	XXX	XXX	108,796	107,238
6. 2012	XXX	XXX	XXX	XXX	100,782

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. 2008	21,955	21,005	941	4.5	21,946	100.0			21,946	100.0
2. 2009	34,038	27,785	1,136	4.1	28,921	85.0			28,921	85.0
3. 2010	57,978	49,618	2,716	5.5	52,334	90.3			52,334	90.3
4. 2011	121,135	107,238	7,075	6.6	114,313	94.4			114,313	94.4
5. 2012	107,408	96,638	(159)	(0.2)	96,479	89.8	4,142	672	101,293	94.3

12-OT

ANNUAL STATEMENT FOR THE YEAR 2012 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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	42,422	42,422	41,643	41,643	41,643
2. 2008	17,892	21,005	21,005	21,005	21,005
3. 2009	XXX	25,521	27,785	27,785	27,785
4. 2010	XXX	XXX	47,085	49,762	49,618
5. 2011	XXX	XXX	XXX	102,268	107,238
6. 2012	XXX	XXX	XXX	XXX	96,638

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	42,422	42,422	41,643	41,643	41,643
2. 2008	21,005	21,005	21,005	21,005	21,005
3. 2009	XXX	27,882	27,785	27,785	27,785
4. 2010	XXX	XXX	50,854	49,763	49,618
5. 2011	XXX	XXX	XXX	108,796	107,238
6. 2012	XXX	XXX	XXX	XXX	100,782

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. 2008	21,955	21,005	941	4.5	21,946	100.0	0	0	21,946	100.0
2. 2009	34,038	27,785	1,136	4.1	28,921	85.0	0	0	28,921	85.0
3. 2010	57,978	49,618	2,716	5.5	52,334	90.3	0	0	52,334	90.3
4. 2011	121,135	107,238	7,075	6.6	114,313	94.4	0	0	114,313	94.4
5. 2012	107,408	96,638	(159)	(0.2)	96,479	89.8	4,142	672	101,293	94.3

12-GT

ANNUAL STATEMENT FOR THE YEAR 2012 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								
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
DETAILS OF WRITE-INS									
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

NONE

(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).....	0	0	417,215	0	417,215
2. Salaries, wages and other benefits.....	0	0	804,236	0	804,236
3. Commissions (less \$400,842 ceded plus \$assumed).....	0	0	400,550	0	400,550
4. Legal fees and expenses.....	0	0	37,120	0	37,120
5. Certifications and accreditation fees.....	0	0	0	0	0
6. Auditing, actuarial and other consulting services.....	0	0	584,430	0	584,430
7. Traveling expenses.....	0	0	70,344	0	70,344
8. Marketing and advertising.....	0	0	0	0	0
9. Postage, express and telephone.....	0	0	17,734	0	17,734
10. Printing and office supplies.....	0	0	2,130,292	0	2,130,292
11. Occupancy, depreciation and amortization.....	0	0	0	0	0
12. Equipment.....	0	0	10,272	0	10,272
13. Cost or depreciation of EDP equipment and software.....	0	0	82,175	0	82,175
14. Outsourced services including EDP, claims, and other services.....	0	513,966	171,629	0	685,595
15. Boards, bureaus and association fees.....	0	0	283,933	0	283,933
16. Insurance, except on real estate.....	0	0	11,026	0	11,026
17. Collection and bank service charges.....	0	0	187,425	0	187,425
18. Group service and administration fees.....	0	0	0	0	0
19. Reimbursements by uninsured plans.....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries.....	0	0	0	0	0
21. Real estate expenses.....	0	0	11,708	0	11,708
22. Real estate taxes.....	0	0	3,672	0	3,672
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....	0	0	46,146	0	46,146
23.2 State premium taxes.....	0	0	0	0	0
23.3 Regulatory authority licenses and fees.....	0	0	128,445	0	128,445
23.4 Payroll taxes.....	0	0	51,334	0	51,334
23.5 Other (excluding federal income and real estate taxes).....	0	0	0	0	0
24. Investment expenses not included elsewhere.....	0	0	0	25,387	25,387
25. Aggregate write-ins for expenses.....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25).....	0	513,966	5,449,686	25,387	5,989,039
27. Less expenses unpaid December 31, current year.....		672,681	442,481		1,115,162
28. Add expenses unpaid December 31, prior year.....	0	955,416	141,631	0	1,097,047
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	796,701	5,148,836	25,387	5,970,924
DETAILS OF WRITE-INS					
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 \$3,200,696 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) 99,632	100,830
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) 319	319
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	99,951	101,149
11. Investment expenses		(g) 25,386
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)		25,386
17. Net investment income (Line 10 minus Line 16)		75,763
DETAILS OF WRITE-INS		
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 \$ 61,028 amortization of premium and less \$ 1,181 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		
6. Cash, cash equivalents and short-term investments			0	0	0
7. Derivative instruments			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
NONE					
DETAILS OF WRITE-INS					
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

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.....	269,885	282,335	12,450
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	.0	.0
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	846,939	847,344	405
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,078,692	6,091,547	12,855
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	6,078,692	6,091,547	12,855
DETAILS OF WRITE-INS			
1101. ....		.0	.0
1102. ....		.0	.0
1103. ....		.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	119,178	119,583	405
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	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	846,939	847,344	405

ANNUAL STATEMENT FOR THE YEAR 2012 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.....	136,443	305,743	330,310	352,927	376,263	3,996,719
7. Total	136,443	305,743	330,310	352,927	376,263	3,996,719
DETAILS OF WRITE-INS						
0601. Medicare Part D Prescription Drug Plan.....	136,443	305,743	330,310	352,927	376,263	3,996,719
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)	136,443	305,743	330,310	352,927	376,263	3,996,719

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.

	2012	2011
<u>NET INCOME</u>		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$1,264,320	\$1,399,486
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	\$1,264,320	\$1,399,486
<u>SURPLUS</u>		
Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$22,029,501	\$20,752,326
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	\$22,029,501	\$20,752,326

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 that is enrolled in a plan (“Insured”).
2. Basic Member Premium - The amount of Premium remitted by the individual Insured.
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 Company’s 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. Amortization of the bond premium or discount is calculated using the scientific (constant yield) interest method taking into consideration specified interest and premium provisions over the life of the bonds.
3. The Company has no investments in common stocks.
4. The Company has no preferred stocks.
5. The Company has no mortgage loans.

NOTES TO FINANCIAL STATEMENTS

6. The Company has no loan-backed securities.
7. Not applicable to the Company.
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 Company's contracted Pharmacy Benefit Manager (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 2012 or 2011.

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2012 or 2011.

- B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2012 or 2011.

- C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2012 or 2011.

- D. Loan-Backed Securities

The Company did not have loan-backed securities at December 31, 2012 or 2011.

- E. Repurchase Agreements

The Company did not enter into repurchase agreements at December 31, 2012 or 2011.

- 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, 2012 and December 31, 2011 was \$207,511 and \$212,202, respectively.

- G. Low-Income Housing Tax Credits (LIHTC)

The Company did not have any investments in LIHTC at December 31, 2012 or 2011.

NOTES TO FINANCIAL STATEMENTS

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, 2012 or 2011.
- B. Not applicable to the Company.

7. Investment Income

- A. The Company had no due and accrued investment income with amounts that are over 90 days past due.
- B. At December 31, 2012 and 2011 there was no non-admitted accrued investment interest income.

8. Derivative Instruments

- A. The Company has no derivative instruments at December 31, 2012 or 2011.

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 2012 and 2011.

- C. Intercompany Management and Service Arrangements

The Company entered into a management agreement with its affiliate ROI. This agreement was approved by ODI on May 26, 2010 and went into effect January 1, 2010. The management agreement and service contracts transactions totaled \$1,194,623,555 and \$420,392,331 for 2012 and 2011, respectively. The Company also has a general insurance agency agreement with its affiliate, First Florida Insurers of Tampa, Inc. ("FFI"). The Company paid \$801,392 to FFI in 2012.

- D. Amounts Due to or from Related Parties

At December 31, 2012 and 2011, the Company reported \$0 and \$0 due from affiliates and \$46,499,025 and \$43,085,299 due to affiliates, respectively. The December 31, 2012 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 designated services include but not limited to payroll, claims processing, facilities, customer service and other general administrative services.

- G. Nature of Relationships that Could Affect Operations

ROI adjudicates and pays claims on behalf of the Company for which the Company reimburses the claims. Additionally, ROI provides delegated and management services in exchange for a management fees paid by the Company under an intercompany PBM 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, 2012, the Company did not have investments in affiliates that exceeded 10% of the Company's admitted assets.

NOTES TO FINANCIAL STATEMENTS

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

Not applicable to the Company.

- K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

- 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, 2012 and 2011.

- B. All Other Debt

The Company has no other debt outstanding at December 31, 2012 and 2011.

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, 2012, 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 2012

Not applicable to the Company.

- E. Unassigned Surplus Restriction

Unassigned surplus funds are not restricted at December 31, 2012.

- F. Mutual Surplus Advances

There have been no advances to surplus at December 31, 2012.

- G. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2012.

- H. Changes in Special Surplus Funds

There are no special surplus funds at December 31, 2012.

- 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.

NOTES TO FINANCIAL STATEMENTS

L. Quasi-Reorganizations over Prior 10 Years

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

14. Contingencies

A. Contingent Commitments

The Company has no contingent commitments at December 31, 2012.

B. Assessments

The Company has not recorded a liability for an assessment as of December 31, 2012.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2012.

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.

NOTES TO FINANCIAL STATEMENTS

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable to the Company.

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, 2012 and 2011.

20. Fair Value Measurements

The Company's bond portfolio is recorded at amortized/book value as of December 31, 2012. The Company has no stocks at fair value as of December 31, 2012.

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
23.93% of issued and outstanding common stock
- *Barry Irwin Katz, R.Ph.*
1301 E. Broward Blvd., Suite 300, Ft. Lauderdale, FL 33301
23.93% of issued and outstanding common stock
- *Joanne Newton Mindala*
2181 E. Aurora Road, Twinsburg, OH 44087
15.83% of issued and outstanding common stock

D. Uncollectible Premiums Receivables

At December 31, 2012 and 2011, the Company had admitted assets of \$1,062,084 and \$406,193, respectively, in Uncollected Premium. At December 31, 2012 and 2011, the Company had \$269,885 and \$282,335, 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.

NOTES TO FINANCIAL STATEMENTS

G. Subprime-Mortgage-Related Risk Exposure

Not applicable to the Company.

H. Retained Assets

Not applicable to the Company.

22. Events Subsequent

Type II – Non-recognized Subsequent Events:

In January of 2013, the Company filed a lawsuit against the principal owners, parent companies, and attorneys of QHP (“Defendants”) asserting causes of action for racketeering, conspiracy, fraud and other wrongful acts arising from the improper and illegal profiteering from a federal Medicare contract. The suit alleges that, under the Medicare fraud scheme, the Defendants made material misrepresentations and willfully withheld relevant and important information from the Company which resulted in millions of dollars of damages to the Company. The suit also seeks punitive damages and costs. This event is not expected to negatively affect the collectability of the contingency amounts disclosed in 14.E on page 25.4. An estimate of any other financial effect of this event cannot be made at this time.

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 \$159,465,181.

- (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 2012.

C. The Company had no commutation of ceded reinsurance during 2012.

D. The Company had no certified reinsurer during 2012.

NOTES TO FINANCIAL STATEMENTS

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, 2012 that are subject to retrospective Premium risk corridor was \$7,810,298, which represents 7.27% of the total net Premiums written.

25. Change in Incurred Claims and Claims Adjustment Expenses

Unpaid claims and claims adjustment expenses were \$4,816,420 at December 31, 2012. In 2011, \$5,780,919 has been paid for incurred claims and claims adjustment expenses attributable to insured events of 2011. The reserves at December 31, 2012 are for current year activities. There are no reserves remaining for prior years.

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2012 and 2011.

27. Structured Settlements

Not applicable at December 31, 2012 and 2011.

28. Health Care Receivables

The Company does not have any Health Care Receivables in 2012.

29. Participating Policies

Not applicable at December 31, 2012 and 2011.

30. Premium Deficiency Reserves

The Company did not record Premium deficiency reserves at December 31, 2012 and 2011.

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.12/31/2011
- 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.12/31/2011
- 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).02/18/2013
- 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 Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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, 3424 Peachtree Road NE, Suite 1900, Atlanta, Georgia 30326-1123.....
 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?
 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 [X] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
 In 2012, Envision Insurance Company made the following changes to its code of ethics: (1) EIC's code of ethics is now known as the Code of Ethics and Conflicts of Interest Policy (Code); and (2) The guiding principles of the Code are now grouped by the standards listed in 14.1.....
 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 where the issuing or confirming bank is not on the SVO Bank List? 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 | \$.....0 |
| | 20.12 To stockholders not officers | \$.....0 |
| | 20.13 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 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 | \$.....0 |
| | 20.22 To stockholders not officers | \$.....0 |
| | 20.23 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 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

- 24.01 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 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 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)
Not applicable.....
- 24.04 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]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 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]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 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]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | | |
|--|--|----------|
| | 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| | 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| | 24.103 Total payable for securities lending reported on the liability page | \$.....0 |

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 24.03). Yes No

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

25.21 Subject to repurchase agreements	\$	0
25.22 Subject to reverse repurchase agreements	\$	0
25.23 Subject to dollar repurchase agreements	\$	0
25.24 Subject to reverse dollar repurchase agreements	\$	0
25.25 Pledged as collateral	\$	0
25.26 Placed under option agreements	\$	0
25.27 Letter stock or securities restricted as to sale	\$	0
25.28 On deposit with state or other regulatory body	\$	4,194,284
25.29 Other	\$	0

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 []
- 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.....	6,462,494	6,539,485	76,991
30.2 Preferred Stocks.....	0		0
30.3 Totals	6,462,494	6,539,485	76,991

- 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 []
- 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 [] 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? \$0

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? \$20,000

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.....	\$.....18,383

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0

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 lives0
- 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 lives0
- 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 lives0
- 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 lives0

2. Health Test:

	1		2
	Current Year		Prior Year
2.1 Premium Numerator	\$0		\$0
2.2 Premium Denominator	\$107,407,968		\$121,134,753
2.3 Premium Ratio (2.1/2.2)	.....0.000		.....0.000
2.4 Reserve Numerator	\$0		\$0
2.5 Reserve Denominator	\$4,143,739		\$6,527,589
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:
- 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 [X]

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 [] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [] No [X]

11.14 A Mixed Model (combination of above) ? Yes [] No [X]

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

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 [X]

11.6 If the amount is calculated, show the calculation.

Risk Based Capital

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 [X]

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 [X]

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

FIVE - YEAR HISTORICAL DATA

	1 2012	2 2011	3 2010	4 2009	5 2008
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	237,780,833	93,237,983	97,007,010	37,590,210	12,691,420
2. Total liabilities (Page 3, Line 24)	215,751,332	72,485,657	77,678,538	16,001,808	7,465,305
3. Statutory surplus		0	0	0	0
4. Total capital and surplus (Page 3, Line 33)	22,029,501	20,752,326	19,328,472	21,588,402	5,226,115
Income Statement (Page 4)					
5. Total revenues (Line 8)	107,407,968	121,134,753	57,978,186	34,037,638	21,954,571
6. Total medical and hospital expenses (Line 18)	99,079,705	107,704,899	49,978,323	27,881,836	24,701,159
7. Claims adjustment expenses (Line 20)	513,966	7,075,188	2,716,706	1,135,976	940,800
8. Total administrative expenses (Line 21)	5,449,686	4,801,407	4,618,204	2,584,966	4,128,141
9. Net underwriting gain (loss) (Line 24)	2,364,611	1,553,259	664,953	2,434,860	(7,815,529)
10. Net investment gain (loss) (Line 27)	75,763	86,427	77,315	123,171	139,492
11. Total other income (Lines 28 plus 29)	(1,176,054)	(240,200)	(166,908)	(200,170)	(400,000)
12. Net income or (loss) (Line 32)	1,264,320	1,399,486	575,360	2,357,861	(8,076,037)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(114,825,772)	8,466,762	(68,445,996)	2,239,456	548,477
Risk-Based Capital Analysis					
14. Total adjusted capital	22,029,501	20,752,326	19,328,472	21,588,402	5,226,115
15. Authorized control level risk-based capital	5,641,150	3,009,796	2,470,099	997,486	1,015,575
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	376,263	136,443	117,913	37,350	10,588
17. Total members months (Column 6, Line 7)	3,996,719	1,509,014	1,123,353	392,169	130,881
Operating Percentage (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)	92.2	88.9	86.2	81.9	112.5
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.5	5.8	4.7	3.3	4.3
22. Total underwriting deductions (Line 23)	97.8	98.7	98.9	92.8	135.6
23. Total underwriting gain (loss) (Line 24)	2.2	1.3	1.1	7.2	(35.6)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	4,825,503	2,676,961	1,484,999	3,112,367	9,807,299
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	6,527,588	3,767,656	2,360,418	3,112,367	6,110,988
Investments In Parent, Subsidiaries and Affiliates					
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
33. Total investment in parent included in Lines 26 to 31 above	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 2012 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	7,776,523						7,776,523	0
2. Alaska	AK	L	72,812						72,812	0
3. Arizona	AZ	L	1,312,336						1,312,336	0
4. Arkansas	AR	L	2,832,863						2,832,863	0
5. California	CA	L	72,986,584						72,986,584	0
6. Colorado	CO	L	3,219,715						3,219,715	0
7. Connecticut	CT	L	296,756						296,756	0
8. Delaware	DE	L	685,571						685,571	0
9. District of Columbia	DC	L	657,907						657,907	0
10. Florida	FL	L	15,011,267						15,011,267	0
11. Georgia	GA	L	7,753,285						7,753,285	0
12. Hawaii	HI	L	344,339						344,339	0
13. Idaho	ID	L	751,834						751,834	0
14. Illinois	IL	L	11,334,946						11,334,946	0
15. Indiana	IN	L	5,461,905						5,461,905	0
16. Iowa	IA	L	4,013,983						4,013,983	0
17. Kansas	KS	L	2,696,540						2,696,540	0
18. Kentucky	KY	L	7,142,098						7,142,098	0
19. Louisiana	LA	L	4,204,496						4,204,496	0
20. Maine	ME	L	704,262						704,262	0
21. Maryland	MD	L	3,278,955						3,278,955	0
22. Massachusetts	MA	L	837,451						837,451	0
23. Michigan	MI	L	9,593,525						9,593,525	0
24. Minnesota	MN	L	5,990,168						5,990,168	0
25. Mississippi	MS	L	4,968,000						4,968,000	0
26. Missouri	MO	L	977,894						977,894	0
27. Montana	MT	L	1,192,151						1,192,151	0
28. Nebraska	NE	L	2,404,352						2,404,352	0
29. Nevada	NV	L	471,071						471,071	0
30. New Hampshire	NH	L	540,910						540,910	0
31. New Jersey	NJ	L	33,197,067						33,197,067	0
32. New Mexico	NM	L	1,529,185						1,529,185	0
33. New York	NY	L	38,832,482						38,832,482	0
34. North Carolina	NC	L	14,097,618						14,097,618	0
35. North Dakota	ND	L	599,151						599,151	0
36. Ohio	OH	L	21,271,007						21,271,007	0
37. Oklahoma	OK	L	2,646,469						2,646,469	0
38. Oregon	OR	L	1,945,306						1,945,306	0
39. Pennsylvania	PA	L	17,055,490						17,055,490	0
40. Rhode Island	RI	L	109,413						109,413	0
41. South Carolina	SC	L	3,814,989						3,814,989	0
42. South Dakota	SD	L	967,365						967,365	0
43. Tennessee	TN	L	10,794,254						10,794,254	0
44. Texas	TX	L	34,297,069						34,297,069	0
45. Utah	UT	L	715,732						715,732	0
46. Vermont	VT	L	111,680						111,680	0
47. Virginia	VA	L	18,353,384						18,353,384	0
48. Washington	WA	L	4,579,268						4,579,268	0
49. West Virginia	WV	L	4,522,230						4,522,230	0
50. Wisconsin	WI	L	3,624,542						3,624,542	0
51. Wyoming	WY	L	470,853						470,853	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	CAN	N							0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		393,049,053	0	0	0	0	0	393,049,053	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	0
61. Total (Direct Business)	(a) 51		393,049,053	0	0	0	0	0	393,049,053	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

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

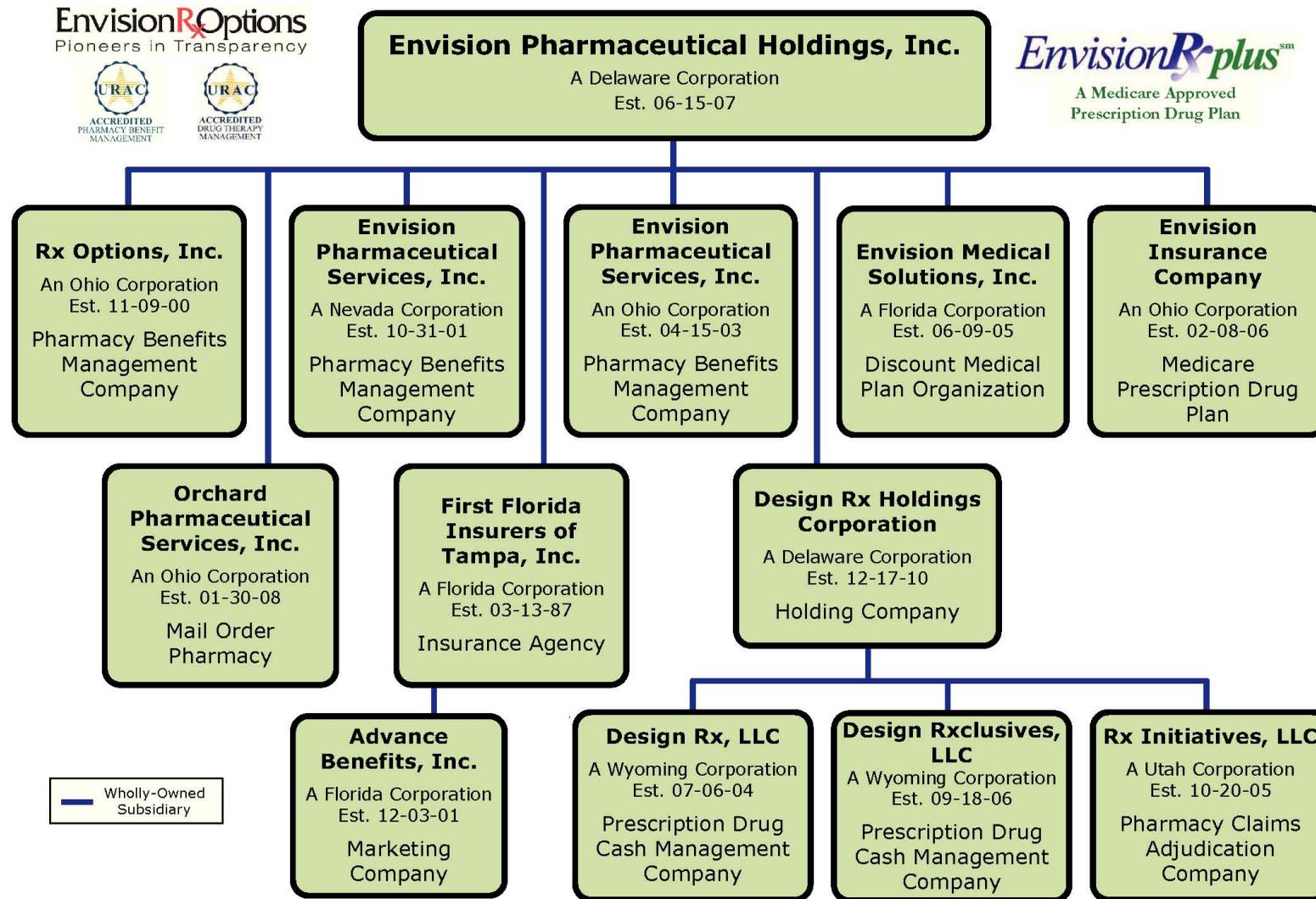
Explanation of basis of allocation by states, premiums by state, etc. Premiums by residency. Retrospective allocated proportionately.

(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



EnvisionRxOptions
Pioneers in Transparency



EnvisionRxplusSM
A Medicare Approved Prescription Drug Plan

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D	E22
Schedule DB – Verification	SI14
Schedule DL – Part 1	E23
Schedule DL – Part 2	E24
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

