



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 [ X ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]  
 Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]

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

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

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

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

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

Internet Web Site Address www.envisionrxplus.com

Statutory Statement Contact Edwin Jenaro Alicea, CPA, MPA 330-486-6377  
(Name) (Area Code) (Telephone Number) (Extension)  
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(E-mail Address) (FAX Number)

### 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 [ X ] No [ ]

b. If no:

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

**STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Envision Insurance Company**

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	6,480,402		6,480,402	6,542,738
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....	208,684		208,684	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 (\$ .....6,148,890 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	6,148,890		6,148,890	381,527
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	12,837,976	0	12,837,976	7,136,467
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	70,481		70,481	35,023
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,315,432	461,962	1,853,470	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 .....	45,973,187	1,045,961	44,927,226	10,143,398
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	1,356,404
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	0
17. Amounts receivable relating to uninsured plans .....	193,537,666	195,643	193,342,023	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	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	0
24. Health care (\$ ..... ) and other amounts receivable .....	0		0	0
25. Aggregate write-ins for other than invested assets .....	916,678	916,678	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	259,371,684	6,340,508	253,031,176	93,237,983
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	259,371,684	6,340,508	253,031,176	93,237,983
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses .....	188,917	188,917	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) .....	916,678	916,678	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 3,395,489 reinsurance ceded)	14,335,505		14,335,505	6,527,589
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	2,487,996		2,487,996	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 reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	184,782		184,782	327,843
9. General expenses due or accrued	370,434		370,434	141,631
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	32,646,852		32,646,852	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	80,852,126		80,852,126	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 \$ 99,751,494 authorized reinsurers and \$ unauthorized reinsurers)	99,751,494		99,751,494	18,292,591
20. Reinsurance in unauthorized companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	0		0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	231,475,843	0	231,475,843	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	(4,144,667)	(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	21,555,333	20,752,326
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	253,031,176	93,237,983
<b>DETAILS OF WRITE-INS</b>				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		0
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 AS OF SEPTEMBER 30, 2012 OF THE Envision Insurance Company

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	2,903,516	1,105,985	1,509,014
2. Net premium income (including \$ non-health premium income).....	XXX	80,020,213	93,758,418	121,134,753
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	80,020,213	93,758,418	121,134,753
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....			0	0
10. Other professional services .....			0	0
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....			0	0
13. Prescription drugs .....		292,215,974	112,146,020	142,400,323
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15) .....	0	292,215,974	112,146,020	142,400,323
<b>Less:</b>				
17. Net reinsurance recoveries .....		219,915,760	28,490,957	34,695,424
18. Total hospital and medical (Lines 16 minus 17) .....	0	72,300,214	83,655,063	107,704,899
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ ..... cost containment expenses.....		375,196	5,191,221	7,075,188
21. General administrative expenses.....		5,837,684	4,164,229	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	78,513,094	93,010,513	119,581,494
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	1,507,119	747,905	1,553,259
25. Net investment income earned .....		63,358	62,361	86,427
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	63,358	62,361	86,427
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....1,490 ) (amount charged off \$ .....520,000 )] .....	0	(518,510)	(180,000)	(239,842)
29. Aggregate write-ins for other income or expenses .....	0	0	(358)	(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	1,051,967	629,908	1,399,486
31. Federal and foreign income taxes incurred .....	XXX		0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	1,051,967	629,908	1,399,486
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX		0	0
0603. ....	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX		0	0
0702. ....	XXX		0	0
0703. ....	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....			0	0
1402. ....			0	0
1403. ....			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. Penalties.....			(358)	(358)
2902. ....			0	0
2903. ....			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	(358)	(358)

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	20,752,326	19,328,472	19,328,472
34. Net income or (loss) from Line 32 .....	1,051,967	629,908	1,399,486
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	(248,960)	(111,935)	24,368
40. Change in unauthorized reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	803,007	517,973	1,423,854
49. Capital and surplus end of reporting period (Line 33 plus 48)	21,555,333	19,846,445	20,752,326
<b>DETAILS OF WRITE-INS</b>			
4701. Prior Period Adjustments.....		0	0
4702. ....		0	0
4703. ....		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	73,804,936	96,804,029	114,882,335
2. Net investment income .....	66,353	116,627	135,343
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	73,871,289	96,920,656	115,017,678
5. Benefit and loss related payments .....	63,135,894	75,572,995	98,512,143
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	124,148,014	50,889,368	8,038,773
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9) .....	187,283,908	126,462,363	106,550,916
11. Net cash from operations (Line 4 minus Line 10) .....	(113,412,619)	(29,541,707)	8,466,762
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	255,000	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	255,000	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	231,117	103,250	103,250
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	231,117	103,250	103,250
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	23,883	(103,250)	(103,250)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	119,156,099	28,736,291	(9,366,469)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	119,156,099	28,736,291	(9,366,469)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	5,767,363	(908,666)	(1,002,957)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	381,527	1,384,484	1,384,484
19.2 End of period (Line 18 plus Line 19.1) .....	6,148,890	475,818	381,527

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Envision Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	136,443	.0	.0	.0	.0	.0	.0	.0	.0	136,443
2. First Quarter .....	306,447	.0	.0	.0	.0	.0	.0	.0	.0	306,447
3. Second Quarter .....	331,877	.0	.0	.0	.0	.0	.0	.0	.0	331,877
4. Third Quarter .....	355,428									355,428
5. Current Year	0									
6. Current Year Member Months	2,903,516									2,903,516
Total Member Ambulatory Encounters for Period:										
7. Physician .....	.0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a).....	311,250,070									311,250,070
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	311,250,070									311,250,070
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	281,337,806									281,337,806
18. Amount Incurred for Provision of Health Care Services	292,215,974									292,215,974

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 311,250,070



STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Envision Insurance Company

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	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 .....	6,290,000	58,202,298		14,335,505	6,290,000	6,527,588
9. Health subtotal (Lines 1 to 8).....	6,290,000	58,202,298	0	14,335,505	6,290,000	6,527,588
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	6,290,000	58,202,298	0	14,335,505	6,290,000	6,527,588

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

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

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

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

	<b>2012</b>	<b>2011</b>
<b><u>NET INCOME</u></b>		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$1,051,967	\$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	\$1,051,967	\$1,399,486
<b><u>SURPLUS</u></b>		
Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$21,555,333	\$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	\$21,555,333	\$20,752,326

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

No Change

#### C. Accounting Policy

No Change

### 2. Accounting Changes and Corrections of Errors

Not Applicable

### 3. Business Combination and Goodwill

Not Applicable

### 4. Discontinued Operations

None

### 5. Investments

D. The Company did not have loan-backed securities at September 30, 2012.

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

None

### 7. Investment Income

None

### 8. Derivative Instruments

None

### 9. Income Taxes

No Change

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

#### A. Nature of the relationship

No Change

#### B. Significant transactions for each Period

No Change

## NOTES TO FINANCIAL STATEMENTS

C. Intercompany Management and Service Arrangements

No Change

D. Amounts Due to or from Related Parties

At September 30, 2012 and the year ended December 31, 2011, the Company reported \$0 and \$0 due from affiliates and \$80,852,126 and \$43,085,299 due to affiliates, respectively. The September 30, 2012 payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

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

F. Management, Service Contracts, Cost Sharing Arrangements

No Change

G. Nature of Relationships that Could Affect Operations

No Change

H. Amount Deducted for Investment in Upstream Company

None

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

None

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

None

K. Investment in a Foreign Insurance Subsidiary

None

**11. Debt**

None

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

Not applicable

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

No Change

**14. Contingencies**

None/Not Applicable/No Change

**15. Leases**

No Change

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

None

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

C. The Company does not have any wash sales.

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

Not Applicable

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

None

**20. Fair Value Measurements**

The Company's bond portfolio are recorded at amortized/book value as of September 30, 2012. The Company has no stocks at fair value as of September 30, 2012.

## NOTES TO FINANCIAL STATEMENTS

### 21. Other Items

#### A. Other Disclosures

##### 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*  
*23.80% of issued and outstanding common stock*
  - *Barry Irwin Katz, R.Ph.*  
*1301 E. Broward Blvd., Suite 300, Ft. Lauderdale, FL 33301*  
*23.80% of issued and outstanding common stock*
  - *Joanne Newton Mindala*  
*2181 E. Aurora Road, Twinsburg, OH 44087*  
*16.68% of issued and outstanding common stock*

### 22. Events Subsequent

No Change

### 23. Reinsurance

No Change

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

No Change

### 25. Change in Incurred Losses

Unpaid claims and claims adjustment expenses were \$16,823,501 at September 30, 2012. In the year-to-date ending September 30, 2012, \$7,245,416 has been paid for incurred claims and claims adjustment expenses attributable to insured events of 2011. The reserves at September 30, 2012 are for current year activities. There are no reserves remaining for prior years.

### 26. Intercompany Pooling Arrangements

No Change

### 27. Structured Settlements

No Change

### 28. Health Care Receivables

None

### 29. Participating Policies

Not Applicable

### 30. Premium Deficiency Reserves

None

### 31. Anticipated Subrogation and Other Receivables

No Change

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes  No
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes  No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes  No
- 2.2 If yes, date of change: .....
- 3. Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes  No   
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes  No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes  No  NA   
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2011
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2009
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 12/15/2009
- 6.4 By what department or departments?  
Ohio Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes  No  NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes  No  NA
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes  No
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes  No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

## GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes  No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.

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

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

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

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

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

### FINANCIAL

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

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

### INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

## GENERAL INTERROGATORIES

16. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes  No

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

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

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

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? .....

Yes  No

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? .....

Yes  No

17.2 If no, list exceptions:

.....

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1 Operating Percentages

1.1 A&H loss percent ..... 90.4 %

1.2 A&H cost containment percent ..... 0.0 %

1.3 A&H expense percent excluding cost containment expenses ..... %

2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [X]

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

2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [X]

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

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
<p><b>NONE</b></p>						

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Envision Insurance Company

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	6,154,805						6,154,805	
2. Alaska	AK	L	37,941						37,941	
3. Arizona	AZ	L	876,139						876,139	
4. Arkansas	AR	L	2,102,349						2,102,349	
5. California	CA	L	56,862,390						56,862,390	
6. Colorado	CO	L	2,402,457						2,402,457	
7. Connecticut	CT	L	233,037						233,037	
8. Delaware	DE	L	528,786						528,786	
9. Dist. Columbia	DC	L	504,823						504,823	
10. Florida	FL	L	12,541,243						12,541,243	
11. Georgia	GA	L	5,787,026						5,787,026	
12. Hawaii	HI	L	241,779						241,779	
13. Idaho	ID	L	571,439						571,439	
14. Illinois	IL	L	9,009,766						9,009,766	
15. Indiana	IN	L	4,232,354						4,232,354	
16. Iowa	IA	L	3,197,250						3,197,250	
17. Kansas	KS	L	2,144,252						2,144,252	
18. Kentucky	KY	L	5,714,535						5,714,535	
19. Louisiana	LA	L	3,261,223						3,261,223	
20. Maine	ME	L	437,271						437,271	
21. Maryland	MD	L	2,495,689						2,495,689	
22. Massachusetts	MA	L	654,512						654,512	
23. Michigan	MI	L	6,912,531						6,912,531	
24. Minnesota	MN	L	4,744,292						4,744,292	
25. Mississippi	MS	L	3,946,116						3,946,116	
26. Missouri	MO	L	783,689						783,689	
27. Montana	MT	L	942,777						942,777	
28. Nebraska	NE	L	1,930,040						1,930,040	
29. Nevada	NV	L	368,201						368,201	
30. New Hampshire	NH	L	375,278						375,278	
31. New Jersey	NJ	L	27,311,151						27,311,151	
32. New Mexico	NM	L	1,065,748						1,065,748	
33. New York	NY	L	31,557,015						31,557,015	
34. North Carolina	NC	L	11,325,757						11,325,757	
35. North Dakota	ND	L	472,942						472,942	
36. Ohio	OH	L	16,989,267						16,989,267	
37. Oklahoma	OK	L	1,922,642						1,922,642	
38. Oregon	OR	L	1,381,625						1,381,625	
39. Pennsylvania	PA	L	13,635,907						13,635,907	
40. Rhode Island	RI	L	85,883						85,883	
41. South Carolina	SC	L	2,960,596						2,960,596	
42. South Dakota	SD	L	765,297						765,297	
43. Tennessee	TN	L	8,595,417						8,595,417	
44. Texas	TX	L	27,698,907						27,698,907	
45. Utah	UT	L	530,811						530,811	
46. Vermont	VT	L	85,831						85,831	
47. Virginia	VA	L	14,798,986						14,798,986	
48. Washington	WA	L	3,311,032						3,311,032	
49. West Virginia	WV	L	3,640,638						3,640,638	
50. Wisconsin	WI	L	2,749,835						2,749,835	
51. Wyoming	WY	L	370,793						370,793	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		311,250,070	0	0	0	0	0	311,250,070	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 51		311,250,070	0	0	0	0	0	311,250,070	0
<b>DETAILS OF WRITE-INS</b>										
5801.	XXX								0	
5802.	XXX								0	
5803.	XXX								0	
5898. Summary of remaining write-ins for Line 58 from overflow page.	XXX		0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

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

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

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Envision Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00001			26-0676699				Envision Pharmaceutical Holdings, Inc	US	UDP	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	1
			34-1939227				Rx Options, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			05-0570786				Envision Pharmaceutical Services, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			88-0511398				Envision Pharmaceutical Services, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			20-3389462				Envision Medical Solutions, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
		12747	20-4308924				Envision Insurance Company	US	DS	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			26-2434607				Orchard Pharmaceutical Services, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			59-2798509				First Florida Insurers of Tampa, LLC	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			59-3760021				Advance Benefits, LLC	US	NIA	First Florida Insurers of Tampa, LLC	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			27-4368094				Design Rx Holdings Corporation	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			20-1369429				Design Rx, LLC	US	NIA	Design Rx Holdings Corporation	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			20-5166645				Design Rxclusives, LLC	US	NIA	Design Rx Holdings Corporation	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			20-3649446				Rx Initiatives, LLC	US	NIA	Design Rx Holdings Corporation	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	

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

Asterisk	Explanation
1	Refer to Notes to the Financials, Question 21 (Other Items), Paragraph A (Other Disclosures).....

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....YES.....

**Explanation:**

**Bar Code:**

**OVERFLOW PAGE FOR WRITE-INS**

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STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Envision Insurance Company

**SCHEDULE A – VERIFICATION**

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	212,202	216,893
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other than temporary impairment recognized .....		0
8. Deduct current year's depreciation .....	3,518	4,691
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	208,684	212,202
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	208,684	212,202

**SCHEDULE B – VERIFICATION**

Mortgage Loans

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

NONE

**SCHEDULE BA – VERIFICATION**

Other Long-Term Invested Assets

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

NONE

**SCHEDULE D – VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	6,542,738	6,489,018
2. Cost of bonds and stocks acquired .....	231,117	103,250
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration for bonds and stocks disposed of .....	255,000	0
7. Deduct amortization of premium .....	38,453	49,530
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	6,480,402	6,542,738
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	6,480,402	6,542,738

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Envision Insurance Company

**SCHEDULE D - PART 1B**

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a).....	6,492,887			(12,485)	6,529,258	6,492,887	6,480,402	6,542,738
2. Class 2 (a).....	.0				.0	.0	.0	.0
3. Class 3 (a).....	.0				.0	.0	.0	.0
4. Class 4 (a).....	.0				.0	.0	.0	.0
5. Class 5 (a).....	.0				.0	.0	.0	.0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	6,492,887	0	0	(12,485)	6,529,258	6,492,887	6,480,402	6,542,738
<b>PREFERRED STOCK</b>								
8. Class 1.....	.0				.0	.0	.0	.0
9. Class 2.....	.0				.0	.0	.0	.0
10. Class 3.....	.0				.0	.0	.0	.0
11. Class 4.....	.0				.0	.0	.0	.0
12. Class 5.....	.0				.0	.0	.0	.0
13. Class 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	6,492,887	0	0	(12,485)	6,529,258	6,492,887	6,480,402	6,542,738

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

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Schedule DA - Part 1

**NONE**

Schedule DA - Verification

**NONE**

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

Schedule E - Verification

**NONE**

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

Schedule D - Part 3

**NONE**

Schedule D - Part 4

**NONE**

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Envision Insurance Company

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

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

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**SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2012 OF THE Envision Insurance Company  
 MEDICARE PART D COVERAGE SUPPLEMENT**

**(Net of Reinsurance)**

NAIC Group Code

**00000**

NAIC Company Code

12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	68,699,209	xxx	5,105,728	xxx	73,804,937
2. Earned Premiums	74,484,520	xxx	5,535,693	xxx	xxx
3. Claims Paid.....	58,768,237	xxx	4,367,658	xxx	63,135,895
4. Claims Incurred.....	65,691,214	xxx	6,609,001	xxx	xxx
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....	xxx	110,936,704	xxx	8,244,821	119,181,525
6. Aggregate Policy Reserves - Change.....		xxx		xxx	xxx
7. Expenses Paid.....	4,622,913	xxx	343,575	xxx	4,966,488
8. Expenses Incurred.....	5,783,081	xxx	429,799	xxx	xxx
9. Underwriting Gain or Loss.....	3,010,225	xxx	(1,503,107)	xxx	xxx
10. Cash Flow Result	xxx	xxx	xxx	xxx	(113,478,971)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ .....193,537,666 due from CMS or \$ .....due to CMS