



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
 OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

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

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

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

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

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

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

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

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

Internet Web Site Address www.envisionrx.com

Statutory Statement Contact Scott David Gonia CPA , 330-486-4846
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(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER OFFICERS

<u>Frank John Sheehy #</u>	<u>Chief Executive Officer</u>	<u>Catherine Hoagland Strautman</u>	<u>Executive Vice President</u>
<u>Dawn Gail Sherman #</u>	<u>Executive Vice President</u>	<u>Eugene Paul Samuels JD</u>	<u>General Counsel</u>

DIRECTORS OR TRUSTEES

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

State of Ohio
 County of Summit **ss**

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

William Carl Epling
 President & Chief Operating Officer

Kimberly Sue Kirkbride
 Treasurer

Michael Pryor DeMinico
 Vice President & Secretary

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 2014 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).....	6,464,286		6,464,286	6,557,290
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).....	198,128		198,128	202,820
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 19,506,597 , Schedule E-Part 1), cash equivalents (\$ 0 , Schedule E-Part 2) and short-term investments (\$ 99,934 , Schedule DA).....	19,606,531		19,606,531	14,407,378
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)	26,268,945	0	26,268,945	21,167,488
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	40,369		40,369	47,726
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	584,748		584,748	1,071,896
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	0		0	0
15.3 Accrued retrospective premiums.....	26,991,001		26,991,001	28,709,453
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	0
17. Amounts receivable relating to uninsured plans	453,891,673	195,643	453,696,030	257,531,265
18.1 Current federal and foreign income tax recoverable and interest thereon	613,984		613,984	0
18.2 Net deferred tax asset.....	835,626	24,312	811,314	383,165
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	349,649
24. Health care (\$) and other amounts receivable.....	6,029,666		6,029,666	295,680
25. Aggregate write-ins for other-than-invested assets	1,039,132	1,039,132	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	520,015,408	4,979,351	515,036,057	309,556,322
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	520,015,408	4,979,351	515,036,057	309,556,322
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses.....	311,371	311,371	0	0
2502. Intangible Asset - Licensing.....	127,761	127,761	0	0
2503. Deferred Acquisition Cost.....	600,000	600,000	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,039,132	1,039,132	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 7,551,858 reinsurance ceded)	19,824,163		19,824,163	5,907,544
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	852,345		852,345	1,170,263
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	833,837		833,837	1,121,321
9. General expenses due or accrued	123,614		123,614	128,897
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	246,084
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	19,810,507		19,810,507	16,232,674
12. Amounts withheld or retained for the account of others	846,654		846,654	949,935
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	105,314,612		105,314,612	73,058,693
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ 329,784,628 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	329,784,628		329,784,628	185,276,601
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	477,390,360	0	477,390,360	284,092,012
25. Aggregate write-ins for special surplus funds	XXX	XXX	7,450,000	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	15,000,000	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(10,504,303)	(235,690)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	37,645,697	25,464,310
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	515,036,057	309,556,322
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. Reserve for ACA Section 9010 Fee	XXX	XXX	7,450,000	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	7,450,000	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	4,470,998	5,633,167
2. Net premium income (including \$0 non-health premium income).....	XXX	119,931,209	134,696,413
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	119,931,209	134,696,413
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		409,196,267	502,723,543
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	409,196,267	502,723,543
Less:			
17. Net reinsurance recoveries		297,574,880	381,117,000
18. Total hospital and medical (Lines 16 minus 17)	0	111,621,387	121,606,543
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$0 cost containment expenses.....		1,531,940	3,760,138
21. General administrative expenses.....		7,841,580	5,276,672
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	120,994,907	130,643,353
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,063,698)	4,053,060
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		12,015	55,686
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	12,015	55,686
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$10,147) (amount charged off \$2,057,489)].....		(2,047,342)	(2,302,476)
29. Aggregate write-ins for other income or expenses	0	25,000	250,000
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(3,074,025)	2,056,270
31. Federal and foreign income taxes incurred	XXX	54,931	246,084
32. Net income (loss) (Lines 30 minus 31)	XXX	(3,128,956)	1,810,186
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. Legal settlement.....		25,000	250,000
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	25,000	250,000

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	25,464,310	22,029,501
34. Net income or (loss) from Line 32	(3,128,956)	1,810,186
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	421,852	413,773
39. Change in nonadmitted assets	(111,509)	1,210,850
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	15,000,000	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)	12,181,387	3,434,809
49. Capital and surplus end of reporting year (Line 33 plus 48)	37,645,697	25,464,310
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	125,427,160	122,447,539
2. Net investment income	118,804	125,868
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	125,545,964	122,573,407
5. Benefit and loss related payments	97,704,768	119,842,738
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	207,879,137	70,062,855
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	915,000	0
10. Total (Lines 5 through 9)	306,498,905	189,905,593
11. Net cash from operations (Line 4 minus Line 10)	(180,952,941)	(67,332,186)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	300,000	4,745,000
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	300,000	4,745,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	306,429	4,921,481
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)	306,429	4,921,481
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)	(6,429)	(176,481)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	15,000,000	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
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	171,158,523	67,459,232
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	186,158,523	67,459,232
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	5,199,153	(49,435)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	14,407,378	14,456,813
19.2 End of year (Line 18 plus Line 19.1)	19,606,531	14,407,378

ANNUAL STATEMENT FOR THE YEAR 2014 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	119,931,209	0	0	0	0	0	0	0	119,931,209	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)	119,931,209	0	0	0	0	0	0	0	119,931,209	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	409,196,267								409,196,267	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)	409,196,267	0	0	0	0	0	0	0	409,196,267	XXX
16. Net reinsurance recoveries	297,574,880								297,574,880	XXX
17. Total hospital and medical (Lines 15 minus 16)	111,621,387	0	0	0	0	0	0	0	111,621,387	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	1,531,940								1,531,940	
20. General administrative expenses	7,841,579								7,841,579	
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)	120,994,906	0	0	0	0	0	0	0	120,994,906	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(1,063,697)	0	0	0	0	0	0	0	(1,063,697)	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 2014 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.....	435,291,035		315,359,826	119,931,209
9. Health subtotal (Lines 1 through 8)	435,291,035	0	315,359,826	119,931,209
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	435,291,035	0	315,359,826	119,931,209

ANNUAL STATEMENT FOR THE YEAR 2014 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	392,094,713								392,094,713	
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	294,389,944								294,389,944	
1.4 Net	97,704,769	0	0	0	0	0	0	0	97,704,769	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	27,376,020	0	0	0	0	0	0	0	27,376,020	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	7,551,858	0	0	0	0	0	0	0	7,551,858	0
3.4 Net	19,824,162	0	0	0	0	0	0	0	19,824,162	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	10,274,466	0	0	0	0	0	0	0	10,274,466	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	4,366,922	0	0	0	0	0	0	0	4,366,922	0
8.4 Net	5,907,544	0	0	0	0	0	0	0	5,907,544	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									
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	409,196,267	0	0	0	0	0	0	0	409,196,267	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	297,574,880	0	0	0	0	0	0	0	297,574,880	0
12.4 Net	111,621,387	0	0	0	0	0	0	0	111,621,387	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2014 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	27,376,020								27,376,020	
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	7,551,858								7,551,858	
1.4. Net	19,824,162	0	0	0	0	0	0	0	19,824,162	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	27,376,020	0	0	0	0	0	0	0	27,376,020	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	7,551,858	0	0	0	0	0	0	0	7,551,858	0
4.4. Net	19,824,162	0	0	0	0	0	0	0	19,824,162	0

ANNUAL STATEMENT FOR THE YEAR 2014 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 December 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	5,790,455	91,914,313		19,824,163	5,790,455	5,907,544
9. Health subtotal (Lines 1 to 8).....	5,790,455	91,914,313	.0	19,824,163	5,790,455	5,907,544
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)	5,790,455	91,914,313	0	19,824,163	5,790,455	5,907,544

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

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

Pt 2C - Sn A - Paid Claims - XI

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	90,433	90,433	90,433	90,495	90,495
2. 2010	47,085	49,762	49,618	49,716	49,776
3. 2011	XXX	102,268	107,238	107,692	107,689
4. 2012	XXX	XXX	96,638	91,941	92,664
5. 2013	XXX	XXX	XXX	123,926	128,937
6. 2014	XXX	XXX	XXX	XXX	91,914

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	90,433	90,433	90,433	90,495	90,495
2. 2010	50,854	49,762	49,618	49,716	49,776
3. 2011	XXX	108,796	107,238	107,692	107,689
4. 2012	XXX	XXX	100,782	92,941	92,664
5. 2013	XXX	XXX	XXX	128,833	128,937
6. 2014	XXX	XXX	XXX	XXX	111,738

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 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. 2010	57,978	49,776	2,716	5.5	52,492	90.5			52,492	90.5
2. 2011	121,135	107,689	7,075	6.6	114,764	94.7			114,764	94.7
3. 2012	107,408	92,664	514	0.6	93,178	86.8			93,178	86.8
4. 2013	134,696	128,937	3,760	2.9	132,697	98.5			132,697	98.5
5. 2014	119,931	91,914	680	0.7	92,594	77.2	19,824	852	113,270	94.4

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ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.90,433	.90,433	.90,433	.90,495	.90,495
2. 2010	47,085	49,762	49,618	49,716	49,776
3. 2011	XXX	102,268	107,238	107,692	107,689
4. 2012	XXX	XXX	96,638	91,941	92,664
5. 2013	XXX	XXX	XXX	123,926	128,937
6. 2014	XXX	XXX	XXX	XXX	91,914

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.90,433	.90,433	.90,433	.90,495	.90,495
2. 2010	50,854	49,762	49,618	49,716	49,776
3. 2011	XXX	108,796	107,238	107,692	107,689
4. 2012	XXX	XXX	100,782	92,941	92,664
5. 2013	XXX	XXX	XXX	128,833	128,937
6. 2014	XXX	XXX	XXX	XXX	111,738

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. 2010	57,978	49,776	2,716	5.5	52,492	90.5	.0	.0	52,492	90.5
2. 2011	121,135	107,689	7,075	6.6	114,764	94.7	.0	.0	114,764	94.7
3. 2012	107,408	92,664	514	0.6	93,178	86.8	.0	.0	93,178	86.8
4. 2013	134,696	128,937	3,760	2.9	132,697	98.5	.0	.0	132,697	98.5
5. 2014	119,931	91,914	680	0.7	92,594	77.2	19,824	852	113,270	94.4

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Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XV

NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 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	NONE							
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

(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)			82,296		82,296
2. Salaries, wages and other benefits			1,811,105		1,811,105
3. Commissions (less \$1,197,060 ceded plus \$assumed)			1,133,412		1,133,412
4. Legal fees and expenses			24,886		24,886
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			313,733		313,733
7. Traveling expenses			77,754		77,754
8. Marketing and advertising			45,000		45,000
9. Postage, express and telephone			31,200		31,200
10. Printing and office supplies		2,692,404	1,162,839		3,855,243
11. Occupancy, depreciation and amortization					0
12. Equipment			62,400		62,400
13. Cost or depreciation of EDP equipment and software			60,000		60,000
14. Outsourced services including EDP, claims, and other services		29,000,481	199,438		29,199,919
15. Boards, bureaus and association fees			165,131		165,131
16. Insurance, except on real estate			14,918		14,918
17. Collection and bank service charges			342,548		342,548
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			11,809		11,809
22. Real estate taxes			1,833		1,833
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			109,555		109,555
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			102,289		102,289
23.4 Payroll taxes			201,234		201,234
23.5 Other (excluding federal income and real estate taxes)			1,888,200		1,888,200
24. Investment expenses not included elsewhere				25,192	25,192
25. Aggregate write-ins for expenses	0	(30,160,945)	0	0	(30,160,945)
26. Total expenses incurred (Lines 1 to 25)	0	1,531,940	7,841,580	25,192 (a)	9,398,712
27. Less expenses unpaid December 31, current year		852,345	123,614		975,959
28. Add expenses unpaid December 31, prior year	0	1,170,263	128,897	0	1,299,160
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	1,849,858	7,846,863	25,192	9,721,913
DETAILS OF WRITE-INS					
2501. Ceding Commissions.....		(30,160,945)			(30,160,945)
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 plus 2598) (Line 25 above)	0	(30,160,945)	0	0	(30,160,945)

(a) Includes management fees of \$3,734,945 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) 41,992	34,635
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) 2,572	2,572
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	44,564	37,207
11. Investment expenses		(g) 25,192
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)		25,192
17. Net investment income (Line 10 minus Line 16)		12,015
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 \$99,432 amortization of premium and less \$2,188 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
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

NONE

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums.....	.0	.0	.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.....	24,312	30,609	6,297
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	1,039,132	921,326	(117,806)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	4,979,351	4,867,842	(111,509)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	4,979,351	4,867,842	(111,509)
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.....	311,371	193,565	(117,806)
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)	1,039,132	921,326	(117,806)

ANNUAL STATEMENT FOR THE YEAR 2014 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.....	484,188	387,201	371,780	360,025	356,784	4,470,998
7. Total	484,188	387,201	371,780	360,025	356,784	4,470,998
DETAILS OF WRITE-INS						
0601. Medicare Part D Prescription Drug Plan.....	484,188	387,201	371,780	360,025	356,784	4,470,998
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)	484,188	387,201	371,780	360,025	356,784	4,470,998

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

	2014	2013
<u>NET INCOME</u>		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	(\$3,128,956)	\$1,810,186
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	(\$3,128,956)	\$1,810,186
<u>SURPLUS</u>		
Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$37,645,697	\$25,464,310
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	\$37,645,697	\$25,464,310

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

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

C. Accounting Policy

The Company receives premium for plans offered under Medicare Part D. Premiums are earned on a monthly basis over the terms of the contract. There are 5 sources of Premium as follows:

- 1) Part D Subsidy – The amount of Premium remitted by Medicare for each individual that is enrolled in a plan (“Insured”).
- 2) Basic Member Premium - The amount of Premium remitted by the individual Insured.
- 3) Low Income Premium Subsidy - The amount of Basic Member 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) The Company has no investments in subsidiaries, controlled or affiliated entities.
- 8) The Company has no investments in joint ventures, partnerships or limited liability companies
- 9) The Company has no derivatives.
- 10) The Company had no premium deficiency calculation.
- 11) The Company's claims primarily consist of prescription drug claims processed at the point of sale with the pharmacy. As such, no estimate for loss liabilities or claims adjustment expenses is needed. All loss liabilities are based on claims and claims adjustments expenses processed, but unpaid to the pharmacy benefit manager.
- 12) The Company does not have a capitalization policy.
- 13) The Company does not have pharmaceutical rebate receivables.

2. Accounting Changes and Corrections of Errors

None.

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 2014 or 2013.

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2014 or 2013.

- B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2014 or 2013.

- C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2014 or 2013.

- D. Loan-Backed Securities

The Company did not have loan-backed securities at December 31, 2014 or 2013.

- E. Repurchase Agreements

The Company did not enter into repurchase agreements at December 31, 2014 or 2013.

- F. Real Estate

The Company did not have any reportable real estate transactions for the year ended December 31, 2014 or 2013.

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

The Company did not have any investments in LIHTC at December 31, 2014 or 2013.

NOTES TO FINANCIAL STATEMENTS

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Place under option contracts						
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock						
i. FHLB capital stock						
j. On deposit with states	\$4,801,774	\$4,244,783	\$557,064	\$4,801,774	0.9%	0.9%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (Including assets backing funding agreements)						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	\$4,801,774	\$4,244,783	\$557,064	\$4,801,774	0.9%	0.9%

I. Working Capital Finance Investments

The Company did not have any working capital finance investments for the year ended December 31, 2014 or 2013.

J. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting and netting of assets and liabilities for the year ended December 31, 2014 or 2013.

K. Structured Notes

The Company did not have any structured notes for the year ended December 31, 2014 or 2013.

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, 2014 or 2013.

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, 2014 and 2013 there was no non-admitted accrued investment interest income.

8. Derivative Instruments

The Company has no derivative instruments at December 31, 2014 or 2013.

9. Income Taxes

For the period January 1, 2013 to November 3, 2013, EIC was considered an S Corporation under the Internal Revenue Code. In lieu of corporate Federal income and state taxes, the shareholders of

NOTES TO FINANCIAL STATEMENTS

an S Corporation are taxed on their proportionate share of the Company's taxable income. Therefore, there are no current or deferred taxes recorded by EIC for this time period.

Effective with the acquisition of EPH by TPG Capital and EPH's conversion to a limited liability company on November 4, 2013, EIC became a C Corporation under the Internal Revenue Code. A tax provision for the period from November 4, 2013 to December 31, 2013 has been recorded and applicable deferred taxes have been recorded as of December 31, 2013.

The Change in net deferred income tax on the Statement of Revenue and Expenses is composed of the following components for 2013:

Cumulative effect of change in tax status	\$ 517,338
Change in net deferred tax assets	<u>(103,565)</u>
Change in net deferred income tax	<u>\$ 413,773</u>

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

	12/31/2014			12/31/2013			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
1. (a) Gross Deferred Tax Assets	\$ 965,201	\$ -	\$ 965,201	\$ 526,854	\$ -	\$ 526,854	\$ 438,347	\$ -	\$ 438,347
(b) Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	965,201	-	965,201	526,854	-	526,854	438,347	-	438,347
(d) Deferred Tax Assets Nonadmitted	24,312	-	24,312	30,609	-	30,609	(6,297)	-	(6,297)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	940,889	-	940,889	496,245	-	496,245	444,644	-	444,644
(f) Deferred Tax Liabilities	129,575	-	129,575	113,080	-	113,080	16,495	-	16,495
(g) Net Admitted Deferred Tax Asset/ (Net Deferred Tax Liability) (1e - 1f)	\$ 811,314	\$ -	\$ 811,314	\$ 383,165	\$ -	\$ 383,165	\$ 428,149	\$ -	\$ 428,149

	12/31/2014			12/31/2013			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
2. Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 681,739	-	\$ 681,739	\$ 270,085	-	\$ 270,085	\$ 411,654	\$ -	\$ 411,654
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 940,889	-	\$ 940,889	\$ 496,244	-	\$ 496,244	\$ 444,645	\$ -	\$ 444,645
2. Adjusted Gross Deferred Tax Assets Allowed Per Limitation Threshold	XXX	XXX	\$ -	XXX	XXX	\$ -	XXX	XXX	\$ -
(c) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) Offset by Gross Deferred Tax Liabilities	\$ 129,575	-	\$ 129,575	\$ 113,080	-	\$ 113,080	\$ 16,495	\$ -	\$ 16,495
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 811,314	\$ -	\$ 811,314	\$ 383,165	\$ -	\$ 383,165	\$ 428,149	\$ -	\$ 428,149

3.

	2014	2013
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	317%	350%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$ 36,834,383	\$ 25,081,145

4. EIC did not have any tax planning strategies, including reinsurance, that would affect admitted deferred tax assets.

B. There are no deferred tax liabilities that are not recognized at December 31, 2014 and 2013.

C. Current income taxes incurred consist of the following major components:

NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2014	(2) 12/31/2013	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 54,932	\$ 246,084	\$ (191,152)
(b) Foreign			-
(c) Subtotal	54,932	246,084	(191,152)
(d) Federal income tax on net capital gains			-
(e) Utilization of capital loss carryforwards			-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ 54,932	\$ 246,084	\$ (191,152)
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ -	\$ -	\$ -
(2) Unearned premium reserve			-
(3) Policyholder reserves			-
(4) Investments			-
(5) Deferred acquisition costs			-
(6) Policyholder dividends accrual			-
(7) Fixed Assets	25,726	32,390	(6,664)
(8) Compensation and benefits accrual			-
(9) Pension accrual			-
(10) Receivables - nonadmitted	508,608	494,464	14,144
(11) Net operating loss carry-forward	411,147		411,147
(12) Tax credit carryforward			-
(13) Other (including items <5% of total ordinary tax assets)	19,720		19,720
(99) Subtotal	\$ 965,201	\$ 526,854	\$ 438,347
(b) Statutory valuation allowance adjustments	-	-	-
(c) Nonadmitted	24,312	30,609	(6,297)
(d) Admitted ordinary deferred tax assets (2(a)(99) - 2(b) - 2(c))	940,889	496,245	444,644
(e - h) Admitted capital deferred tax assets	-	-	-
(i) Admitted deferred tax assets (2(d) + 2(h))	\$ 940,889	\$ 496,245	\$ 444,644
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ -	\$ -	\$ -
(2) Fixed Assets	-	-	-
(3) Deferred and uncollected premium			-
(4) Policyholder reserves			-
(5) Other (including items <5% of total ordinary tax assets)	(129,575)	(113,080)	(16,495)
(99) Subtotal	\$ (129,575)	\$ (113,080)	\$ (16,495)
(b) Capital	-	-	-
(c) Deferred tax liabilities	\$ (129,575)	\$ (113,080)	\$ (16,495)
4. Net deferred tax assets/liabilities (2(i) + 3(c))	\$ 811,314	\$ 383,165	\$ 428,149

D. There are no significant reconciling items that affect EIC's incurred tax rate as compared to the federal statutory rate.

E. Not applicable.

F. The company's federal income tax return was consolidated with the parent, EPH, at December 31, 2013 and November 3, 2014 before the acquisition noted above. For the periods after the acquisition, the Company's return will no longer be consolidated.

G. Not applicable.

NOTES TO FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of the relationship

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

B. Significant transactions for each Period

See Note 13 regarding the issuance of a surplus note to EPH in December 2014.

C. Intercompany Management and Service Arrangements

The Company has a pharmacy benefit management services agreement ("PBMSA") with ROI. The transactions under the agreement totaled \$1,580,930,036 and \$1,722,488,860 for the years end December 31, 2014 and 2013, respectively.

The Company has a general insurance agency agreement with FFI. The Company incurred \$2,330,472 and \$1,283,474 in commissions to FFI for the years end December 31, 2014 and 2013, respectively.

D. Amounts Due to or from Related Parties

At December 31, 2014 and December 31, 2013, the Company reported \$0 and \$349,649 due from affiliates and \$105,314,612 and \$73,058,693 due to affiliates, respectively. Additionally, the amounts reported as unpaid claims and unpaid claims adjustment expenses are due to ROI under the PBMSA in the amounts of \$19,824,163 and \$852,345 as of December 31, 2014 and \$5,907,544 and \$1,170,263 as of December 31, 2013. The December 31, 2014 payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the PBMSA.

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

F. Management, Service Contracts, Cost Sharing Arrangements

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

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by EPH.

H. Amount Deducted for Investment in Upstream Company

None

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

The Company has no debt outstanding at December 31, 2014 and 2013.

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

Not applicable to the Company.

NOTES TO FINANCIAL STATEMENTS

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

1) Outstanding Shares

As of December 31, 2014, the Company has 20,000 shares of \$100 par value common stock authorized, issued and outstanding.

2) Preferred Stock

The Company has no preferred stock outstanding.

3) Dividend Restriction

The Company does not pay dividends.

4) Dividends Paid

The Company does not pay dividends.

5) Profits Payable as Dividends

The Company does not pay dividends.

6) Unassigned Surplus Restriction

Unassigned surplus funds are not restricted at December 31, 2014.

7) Mutual Surplus Advances

There have been no advances to surplus at December 31, 2014.

8) Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2014.

9) Changes in Special Surplus Funds

There are no special surplus funds at December 31, 2014.

10) Changes in Unassigned Funds

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

11) Surplus Notes

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
12/23/2014	0.34%	\$15,000,000	\$15,000,000	\$0	\$0	\$0	12/15/2015
	Total	\$15,000,000	\$15,000,000	\$0	\$0	\$0	XXX

On December 23, 2014, the Company received a loan in the form of a \$15 million note from its parent, EPH. The note, which has been issued to maintain risk based capital requirements, has been recorded as a surplus note and included as a component of statutory net worth. Payment of principal or interest is subject to approval by the Ohio Department of Insurance. Payment of the principal or interest on this note is subordinated to the prior payment of all claims of the policyholders, claimants, beneficiaries and all other classes of creditors other than surplus note holders. Additionally, no accrued interest has been recorded as approval for payment has not been obtained from the Ohio Department of Insurance.

12) Reinstatement due to Prior Quasi-Reorganizations

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

13) Quasi-Reorganizations over Prior 10 Years

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

NOTES TO FINANCIAL STATEMENTS

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company has no contingent commitments at December 31, 2014.

B. Assessments

The Company has not recorded a liability for an assessment as of December 31, 2014.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2014.

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

Not Applicable to the Company.

E. Joint and Several Liabilities

Not Applicable to the Company

F. 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.

In January 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 alleged 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 sought punitive damages and costs. In December 2014, this lawsuit was settled and the Company received \$25,000 related to the settlement of the claims.

15. Leases

A. Lessee Leasing Arrangements

The Company has not entered into any lessee leasing arrangements.

The Company has not entered into any sale and leaseback arrangements.

B. Lessor Leasing Arrangements

The Company has not entered into any operating or 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

NOTES TO FINANCIAL STATEMENTS

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees in excess of actual expenses)	\$5,244	\$0	\$5,244
b. Total net other income or expenses (including interest paid to or received from plans)	\$0	\$0	\$0
c. Net gain or loss from operations	\$5,244	\$0	\$5,244
d. Total claim payment volume	10,212	N/A	10,212

B. Administrative Services Contract (ASC) Plans

Not applicable to the Company.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable to the Company.

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, 2014 and 2013.

20. Fair Value Measurements

The Company has no assets recorded at fair value as of December 31, 2014 or 2013.

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 and Unusual Items

1) Quota Share Reinsurance Rate

For 2014 and 2013, the Company's quota share reinsurance rate with Hannover Life Reinsurance was 75% for individual business and 50% for group business.

D. Business Interruption Insurance Recoveries

Not applicable to the Company.

E. State Transferable Tax Credits

Not applicable to the Company.

F. Subprime-Mortgage-Related Risk Exposure

Not applicable to the Company.

G. Retained Assets

Not applicable to the Company.

22. Events Subsequent

The Company used February 20, 2015, the date these statutory financial statements were available to be issued as the date through which subsequent events have been evaluated for disclosure.

Type I – Recognized Subsequent Events:

No items were discovered that require disclosure.

Type II – Nonrecognized Subsequent Events:

NOTES TO FINANCIAL STATEMENTS

Acquisition

On February 11, 2015, Envision Pharmaceutical Holdings LLC, the parent company of Envision Insurance Company, signed a definitive agreement to be acquired by Rite Aid Corporation. The company will operate as a stand-alone subsidiary of Rite Aid and the current management team will continue to lead the business after the transaction closes. The transaction is expected to close during the third quarter of 2015 and is subject to customary closing conditions and regulatory approvals.

ACA 9010 Fee

Effective January 1, 2014, the Company was subject to an annual fee under section 9010 of the Federal Affordable Care Act ("ACA"). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for an U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015 and estimates the Company's portion of the annual health insurance industry fee to be payable on Sept. 30, 2015 to be \$7.45 million. This amount is reflected in special surplus.

		Current Year	Prior Year
A.	ACA fee assessment payable for the upcoming year	\$7,450,000	\$388,883
B.	ACA fee assessment paid	\$7,310,296	\$0
C.	Premium written subject to ACA 9010 assessment	\$435,291,034	\$134,696,413
D.	Total Adjusted Capital before surplus adjustment	\$37,645,697	N/A
E.	Authorized control level before surplus adjustment	\$11,605,750	N/A
F.	Total Adjusted Capital after surplus adjustment	\$30,195,697	N/A
G.	Authorized control level after surplus adjustment	\$11,605,750	N/A
H.	Would reporting the ACA assessment as of December 31, 2014 have triggered an RBC action level (YES/NO)?	NO	N/A

The current year fee assessment paid of \$7.3 million reported above was subject to recovery from our reinsurance contract. The ACA fee expense recorded in fiscal year 2014, net of the reinsured portion, was \$1,888,200. The current fee assessment payable is reported net of the amount of expected reinsurance recovery.

The amounts reported as fees payable and premiums in the prior year are net of reinsurance. Upon filing the Form 8968 in 2014, it was determined that the ACA annual fee was to be reported and calculated on gross, direct written premiums. If this method had been utilized, in 2014, the Company would have reported a fee assessment payable, net of the reinsured portion, of \$1.9 million and premiums subject to the ACA assessment of \$534 million.

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?

NOTES TO FINANCIAL STATEMENTS

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.

\$304,941,245

- (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 2014.
C. The Company had no commutation of ceded reinsurance during 2014.
D. The Company had no certified reinsurer during 2014.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Medicare Part D

- 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 the retrospective premium risk corridor for 2014 was \$6,632,643 which represents 5.5% of the total net premiums written.

Group Plans

- A. The Company offers Employer Group Waiver Plans under its Medicare Part D Contract. Certain of these plans have contingent premium clauses based on the plans loss experience compared to targets established in the group agreement. Accruals are based on annual experience available at the end of the plan year. At December 31, 2014, no amounts have been accrued for contingent premiums.
B. The Company records contingent premium payable through written premiums
C. The amount of net premiums subject to these group contingent premium clauses written by the company at December 31, 2014 was \$12 million, which represents 10% of the total net premiums written.

Medical Loss Ratio Rebates Pursuant to the Public Health Service Act

The Company only provides coverage under a Medicare Part D Contract which was exempt from the medical loss ratio reporting and rebate requirements for 2013. Starting with plan year 2014, the Company will be required to report its medical loss ratio and be subject to medical loss ratio and rebate requirements for its Medicare Part D contract.

Risk-Sharing Provisions of the Affordable Care Act (ACA)

The Company only provides coverage under a Medicare Part D Contract and does not provide coverage subject to the ACA risk-sharing provisions.

25. Change in Incurred Claims and Claims Adjustment Expenses

Unpaid claims and claims adjustment expenses were \$20,676,508 at December 31, 2014. In 2014, \$6,960,718 was paid for incurred claims and claims adjustment expenses attributable to insured events of 2013 and prior years. There was no unusual claims development for prior years. The reserves at December 31, 2014 are for current year activities. There are no reserves remaining for prior years.

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2014 and 2013.

NOTES TO FINANCIAL STATEMENTS

27. Structured Settlements

Not applicable at December 31, 2014 and 2013.

28. Health Care Receivables

The Company does not have any health care receivables disclosures at December 31, 2014 or 2013.

29. Participating Policies

Not applicable at December 31, 2014 and 2013.

30. Premium Deficiency Reserves

The Company did not record premium deficiency reserves at December 31, 2014 or 2013.

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 [X] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 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 [X] 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 [X]
- 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 [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] 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 [X]
- 4.12 renewals? Yes [] No [X]
- 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 [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 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 [X]
- 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 [X]
- 7.2 If yes,0.0
- 7.21 State the percentage of foreign control0.0
- 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 []
 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 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 []
 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 []
 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 [] 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 []
 12.11 Name of real estate holding company
 12.12 Number of parcels involved0
 12.13 Total book/adjusted carrying value \$0
 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 [] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
 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 | \$..... | 0 |
| 21.22 Borrowed from others | \$..... | 0 |
| 21.23 Leased from others | \$..... | 0 |
| 21.24 Other | \$..... | 0 |
- 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 | \$..... | 0 |
| 22.22 Amount paid as expenses | \$..... | 0 |
| 22.23 Other amounts paid | \$..... | 0 |
- 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 | \$..... | |
| 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$..... | |
| 24.103 Total payable for securities lending reported on the liability page | \$..... | |

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 [X] No []

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

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$4,801,847
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) 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 [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
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 [X]

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 [X] 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
Wells Fargo Bank.....	40 Capital Market Street, Suite 702, Sacramento, CA 95814.....
Huntington National Bank.....	300 Market Street, Akron, OH 44308.....

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 [X]

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

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

GENERAL INTERROGATORIES

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
.....
.....
.....

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

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	6,464,286	6,476,031	11,745
30.2 Preferred Stocks.....	0		0
30.3 Totals	6,464,286	6,476,031	11,745

30.4 Describe the sources or methods utilized in determining the fair values:

Wall Street Journal.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$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? \$32,997

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.....	\$.....31,997

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. \$
- 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	\$119,931,209	\$	.....134,696,413
2.2	Premium Denominator	\$119,931,209	\$	.....134,696,413
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$19,824,163	\$	.....5,907,544
2.5	Reserve Denominator	\$19,824,163	\$	.....5,907,544
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 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 \$0
- 5.32 Medical Only \$0
- 5.33 Medicare Supplement \$0
- 5.34 Dental and Vision \$0
- 5.35 Other Limited Benefit Plan \$0
- 5.36 Other \$0
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 year68,394
- 8.2 Number of providers at end of reporting year69,404
- 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 months0
- 9.22 Business with rate guarantees over 36 months0

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 \$.....0
- 10.22 Amount actually paid for year bonuses \$.....0
- 10.23 Maximum amount payable withholds \$.....0
- 10.24 Amount actually paid for year withholds \$.....0
- 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 [X] No []
- 11.3 If yes, show the name of the state requiring such net worth. Florida, Wisconsin.....
- 11.4 If yes, show the amount required. \$.....37,110,548
- 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
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
All 50 States & District of Columbia.....
Guam.....
Puerto Rico.....

- 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. \$0
- 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. \$0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [X N/A []
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- 15.1 Direct Premium Written (prior to reinsurance ceded) \$.....
- 15.2 Total incurred claims \$.....
- 15.3 Number of covered lives

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	515,036,057	309,556,322	237,780,833	93,237,983	97,007,010
2. Total liabilities (Page 3, Line 24)	477,390,360	284,092,012	215,751,332	72,485,657	77,678,538
3. Statutory surplus	37,110,548	20,970,840	0	0	0
4. Total capital and surplus (Page 3, Line 33)	37,645,697	25,464,310	22,029,501	20,752,326	19,328,472
Income Statement (Page 4)					
5. Total revenues (Line 8)	119,931,209	134,696,413	107,407,968	121,134,753	57,978,186
6. Total medical and hospital expenses (Line 18)	111,621,387	121,606,543	99,079,705	107,704,899	49,978,323
7. Claims adjustment expenses (Line 20)	1,531,940	3,760,138	513,966	7,075,188	2,716,706
8. Total administrative expenses (Line 21)	7,841,580	5,276,672	5,449,686	4,801,407	4,618,204
9. Net underwriting gain (loss) (Line 24)	(1,063,698)	4,053,060	2,364,611	1,553,259	664,953
10. Net investment gain (loss) (Line 27)	12,015	55,686	75,763	86,427	77,315
11. Total other income (Lines 28 plus 29)	(2,022,342)	(2,052,476)	(1,176,054)	(240,200)	(166,908)
12. Net income or (loss) (Line 32)	(3,128,956)	1,810,186	1,264,320	1,399,486	575,360
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(180,952,941)	(67,332,186)	(114,825,772)	8,466,762	(68,445,996)
Risk-Based Capital Analysis					
14. Total adjusted capital	37,645,697	25,464,310	22,029,501	20,752,326	19,328,472
15. Authorized control level risk-based capital	11,605,750	7,169,910	5,641,150	3,009,796	2,470,099
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	356,784	484,188	376,263	136,443	117,913
17. Total members months (Column 6, Line 7)	4,470,998	5,633,167	3,996,719	1,509,014	1,123,353
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)	93.1	90.3	92.2	88.9	86.2
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.3	2.8	0.5	5.8	4.7
22. Total underwriting deductions (Line 23)	100.9	97.0	97.8	98.7	98.9
23. Total underwriting gain (loss) (Line 24)	(0.9)	3.0	2.2	1.3	1.1
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	5,790,455	(3,083,043)	4,825,503	2,676,961	1,484,999
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	5,907,544	4,143,739	6,527,588	3,767,656	2,360,418
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 2014 OF THE Envision Insurance Company

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

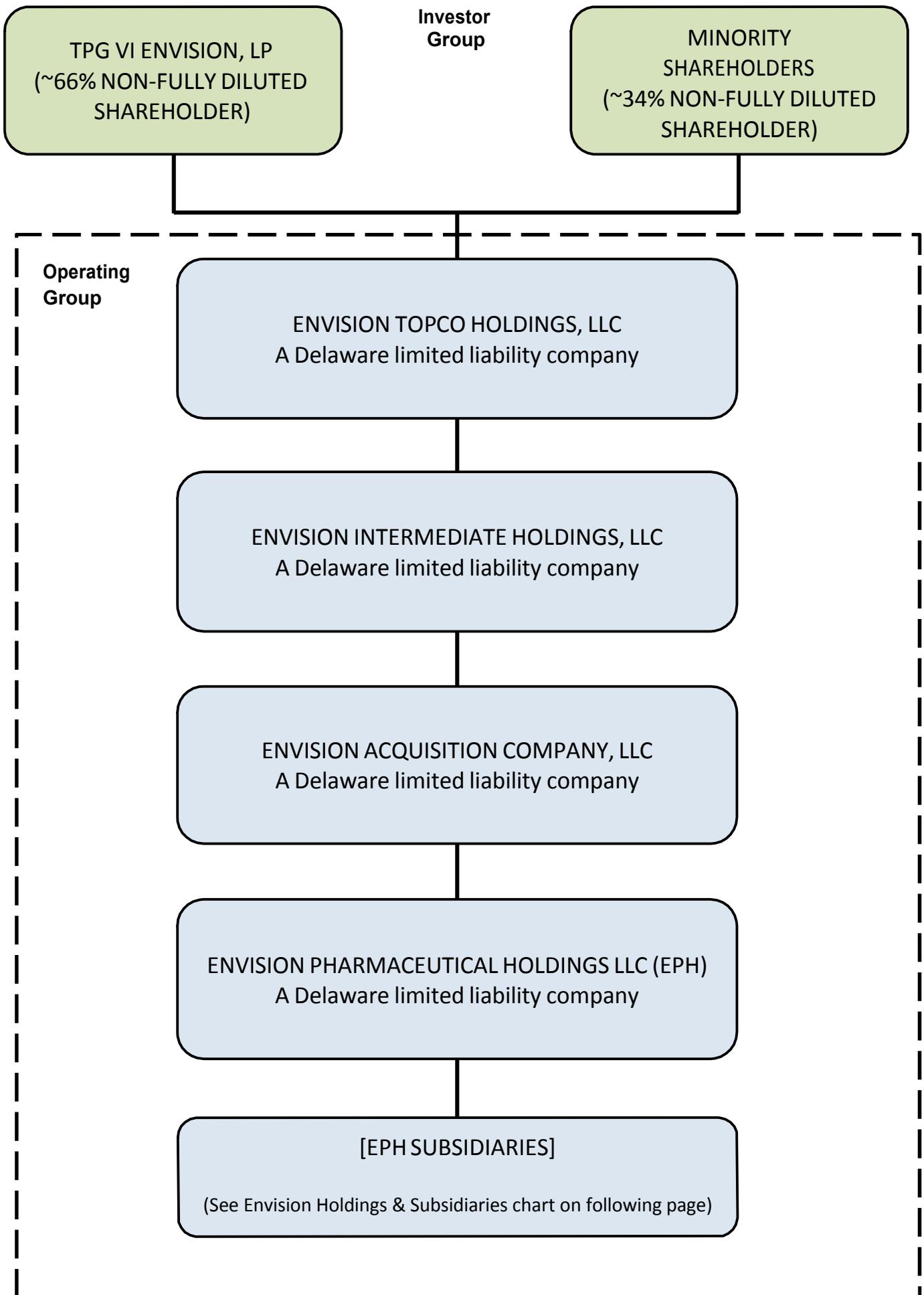
State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	2,129,305						2,129,305	0
2. Alaska	AK	L	810,805						810,805	0
3. Arizona	AZ	L	6,741,914						6,741,914	0
4. Arkansas	AR	L	1,114,126						1,114,126	0
5. California	CA	L	151,885,684						151,885,684	0
6. Colorado	CO	L	9,284,163						9,284,163	0
7. Connecticut	CT	L	724,026						724,026	0
8. Delaware	DE	L	740,653						740,653	0
9. District of Columbia	DC	L	866,457						866,457	0
10. Florida	FL	L	5,620,875						5,620,875	0
11. Georgia	GA	L	2,816,715						2,816,715	0
12. Hawaii	HI	L	447,557						447,557	0
13. Idaho	ID	L	1,880,895						1,880,895	0
14. Illinois	IL	L	18,990,887						18,990,887	0
15. Indiana	IN	L	10,013,415						10,013,415	0
16. Iowa	IA	L	4,317,531						4,317,531	0
17. Kansas	KS	L	1,067,186						1,067,186	0
18. Kentucky	KY	L	10,877,528						10,877,528	0
19. Louisiana	LA	L	5,183,320						5,183,320	0
20. Maine	ME	L	913,441						913,441	0
21. Maryland	MD	L	5,299,854						5,299,854	0
22. Massachusetts	MA	L	786,595						786,595	0
23. Michigan	MI	L	13,162,099						13,162,099	0
24. Minnesota	MN	L	6,769,311						6,769,311	0
25. Mississippi	MS	L	7,473,489						7,473,489	0
26. Missouri	MO	L	686,412						686,412	0
27. Montana	MT	L	1,315,422						1,315,422	0
28. Nebraska	NE	L	2,517,264						2,517,264	0
29. Nevada	NV	L	1,052,844						1,052,844	0
30. New Hampshire	NH	L	306,068						306,068	0
31. New Jersey	NJ	L	27,430,519						27,430,519	0
32. New Mexico	NM	L	1,787,822						1,787,822	0
33. New York	NY	L	11,742,007						11,742,007	0
34. North Carolina	NC	L	3,892,612						3,892,612	0
35. North Dakota	ND	L	668,317						668,317	0
36. Ohio	OH	L	27,683,462						27,683,462	0
37. Oklahoma	OK	L	1,390,989						1,390,989	0
38. Oregon	OR	L	4,674,532						4,674,532	0
39. Pennsylvania	PA	L	20,681,636						20,681,636	0
40. Rhode Island	RI	L	91,633						91,633	0
41. South Carolina	SC	L	1,611,303						1,611,303	0
42. South Dakota	SD	L	1,419,227						1,419,227	0
43. Tennessee	TN	L	3,119,154						3,119,154	0
44. Texas	TX	L	10,314,159						10,314,159	0
45. Utah	UT	L	1,730,166						1,730,166	0
46. Vermont	VT	L	85,000						85,000	0
47. Virginia	VA	L	16,412,038						16,412,038	0
48. Washington	WA	L	10,137,441						10,137,441	0
49. West Virginia	WV	L	4,999,110						4,999,110	0
50. Wisconsin	WI	L	9,066,140						9,066,140	0
51. Wyoming	WY	L	557,927						557,927	0
52. American Samoa	AS	N							0	0
53. Guam	GU	L							0	0
54. Puerto Rico	PR	L	0						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		435,291,035	0	0	0	0	0	435,291,035	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	0
61. Total (Direct Business)	(a) 53		435,291,035	0	0	0	0	0	435,291,035	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.

ENVISION GROUP ORGANIZATIONAL STRUCTURE ¹

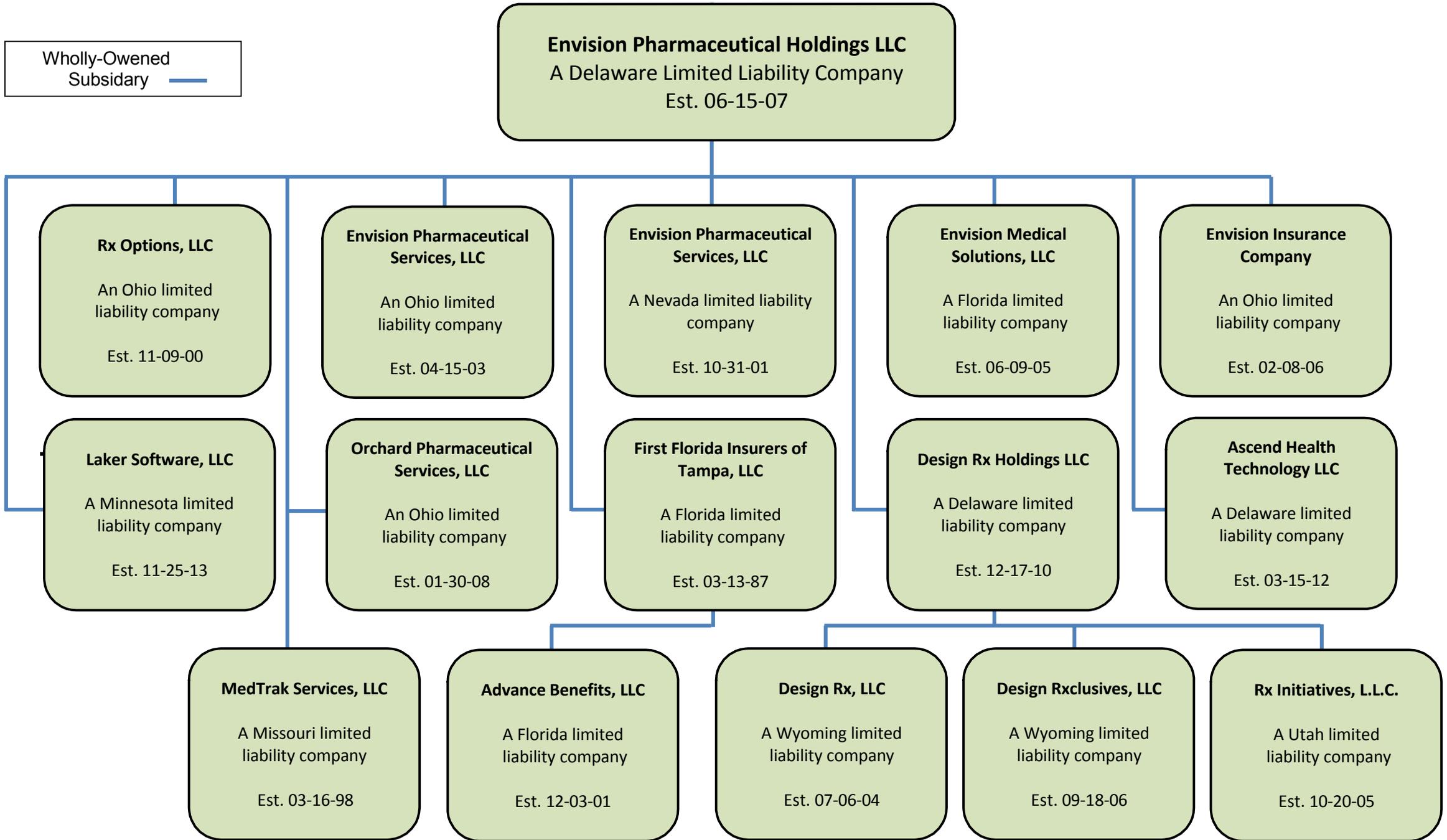


¹ Unless otherwise noted, each subsidiary is 100% owned by its direct parent. Does not reflect dilution to take into account issuance of Class C Profits Interest Units.

ENVISION HOLDINGS & SUBSIDIARIES

↑ TO PARENT COMPANY

Wholly-Owned
Subsidiary —



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