



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE
ENVISION INSURANCE COMPANY

NAIC Group Code 0000 , 0000 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 US

Licensed as business type:

Life, Accident and Health [X] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [] Is HMO Federally Qualified? Yes () No ()

Incorporated/Organized February 8, 2006 Commenced Business January 1, 2007

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

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

Mail Address 2181 East Aurora Rd, Twinsburg, Ohio 44087
(Street and Number, City or Town, State and Zip Code)

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

Internet Website Address www.envisionrxplus.com

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

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

OTHER OFFICERS

Barry Irwin Katz, R. Ph. (Chief Operating Officer)

DIRECTORS OR TRUSTEES

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

State of Ohio }
County of Summit } SS

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

Kevin Michael Nagle President

Catherine Hoagland Strautman Executive Vice President

Kimberly Sue Kirkbride Treasurer

Subscribed and sworn to before me this
day of _____

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

ASSETS

| | Current Year | | | Prior Year |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|----------------------------------------------------------|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Column 1 minus Column 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D) | 5,959,856 | | 5,959,856 | 4,571,325 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | | | | |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | 221,584 | | 221,584 | 226,276 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ encumbrances) | | | | |
| 5. Cash (\$ 10,445,019 , Schedule E - Part 1) , cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$, Schedule DA) | 10,445,019 | | 10,445,019 | 449,940 |
| 6. Contract loans (including \$ premium notes) | | | | |
| 7. Other invested assets (Schedule BA) | | | | |
| 8. Receivables for securities | | | | |
| 9. Aggregate write-ins for invested assets | | | | |
| 10. Subtotals, cash and invested assets (Line 1 through Line 9) | 16,626,459 | | 16,626,459 | 5,247,541 |
| 11. Title plants less \$ charged off (for Title insurers only) | | | | |
| 12. Investment income due and accrued | 36,022 | | 36,022 | 42,367 |
| 13. Premiums and considerations: | | | | |
| 13.1 Uncollected premiums and agents' balances in the course of collection | 683,916 | 424,500 | 259,416 | 273,647 |
| 13.2 Deferred premiums , agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | | |
| 13.3 Accrued retrospective premiums | 3,841,795 | 1,045,961 | 2,795,834 | 4,183,842 |
| 14. Reinsurance: | | | | |
| 14.1 Amounts recoverable from reinsurers | 1,727,241 | | 1,727,241 | |
| 14.2 Funds held by or deposited with reinsured companies | | | | |
| 14.3 Other amounts receivable under reinsurance contracts | 1,002,857 | | 1,002,857 | |
| 15. Amounts receivable relating to uninsured plans | 15,142,381 | | 15,142,381 | 1,220,157 |
| 16.1 Current federal and foreign income tax recoverable and interest thereon | | | | |
| 16.2 Net deferred tax asset | | | | |
| 17. Guaranty funds receivable or on deposit | | | | |
| 18. Electronic data processing equipment and software | | | | |
| 19. Furniture and equipment , including health care delivery assets (\$) | 176,660 | 176,660 | | |
| 20. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 21. Receivables from parent, subsidiaries and affiliates | | | | |
| 22. Health care (\$) and other amounts receivable | | | | 1,723,866 |
| 23. Aggregate write-ins for other than invested assets | 1,733,504 | 1,733,504 | | |
| 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23) | 40,970,835 | 3,380,625 | 37,590,210 | 12,691,420 |
| 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 26. Total (Line 24 and Line 25) | 40,970,835 | 3,380,625 | 37,590,210 | 12,691,420 |
| DETAILS OF WRITE-INS | | | | |
| 0901. | | | | |
| 0902. | | | | |
| 0903. | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | | | |
| 0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above) | | | | |
| 2301. Prepaid Expenses | 105,636 | 105,636 | | |
| 2302. Intangible Asset - Licensing | 1,627,761 | 1,627,761 | | |
| 2303. Other Assets | 107 | 107 | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) | 1,733,504 | 1,733,504 | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|-------------|-------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 2,360,418 | | 2,360,418 | 3,112,367 |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | 259,868 | | 259,868 | 75,572 |
| 4. Aggregate health policy reserves | | | | 924,342 |
| 5. Aggregate life policy reserves | | | | |
| 6. Property/casualty unearned premium reserve | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | 42,642 | | 42,642 | |
| 9. General expenses due or accrued | 143,309 | | 143,309 | 147,528 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)) | | | | |
| 10.2 Net deferred tax liability | | | | |
| 11. Ceded reinsurance premiums payable | 589,630 | | 589,630 | |
| 12. Amounts withheld or retained for the account of others | 813,984 | | 813,984 | |
| 13. Remittances and items not allocated | | | | |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates | 4,461,478 | | 4,461,478 | 3,205,496 |
| 16. Payable for securities | | | | |
| 17. Funds held under reinsurance treaties with (\$ 7,330,479 authorized reinsurers and \$ unauthorized reinsurers) | 7,330,479 | | 7,330,479 | |
| 18. Reinsurance in unauthorized companies | | | | |
| 19. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 20. Liability for amounts held under uninsured plans | | | | |
| 21. Aggregate write-ins for other liabilities (including \$ current) | | | | |
| 22. Total liabilities (Line 1 to Line 21) | 16,001,808 | | 16,001,808 | 7,465,305 |
| 23. Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 24. Common capital stock | X X X | X X X | 2,000,000 | 2,000,000 |
| 25. Preferred capital stock | X X X | X X X | | |
| 26. Gross paid in and contributed surplus | X X X | X X X | 23,700,000 | 8,700,000 |
| 27. Surplus notes | X X X | X X X | | |
| 28. Aggregate write-ins for other than special surplus funds | X X X | X X X | | |
| 29. Unassigned funds (surplus) | X X X | X X X | (4,111,598) | (5,473,885) |
| 30. Less treasury stock, at cost: | | | | |
| 30.1 shares common (value included in Line 24 \$) | X X X | X X X | | |
| 30.2 shares preferred (value included in Line 25 \$) | X X X | X X X | | |
| 31. Total capital and surplus (Line 23 to Line 29 minus Line 30) | X X X | X X X | 21,588,402 | 5,226,115 |
| 32. Total liabilities, capital and surplus (Line 22 and Line 31) | X X X | X X X | 37,590,210 | 12,691,420 |
| DETAILS OF WRITE-INS | | | | |
| 2101. | | | | |
| 2102. | | | | |
| 2103. | | | | |
| 2198. Summary of remaining write-ins for Line 21 from overflow page | | | | |
| 2199. Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above) | | | | |
| 2301. | X X X | X X X | | |
| 2302. | X X X | X X X | | |
| 2303. | X X X | X X X | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | X X X | X X X | | |
| 2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) | X X X | X X X | | |
| 2801. | X X X | X X X | | |
| 2802. | X X X | X X X | | |
| 2803. | X X X | X X X | | |
| 2898. Summary of remaining write-ins for Line 28 from overflow page | X X X | X X X | | |
| 2899. Totals (Line 2801 through Line 2803 plus Line 2898) (Line 28 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year | | Prior Year |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|-------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member Months | X X X | 392,169 | 130,881 |
| 2. Net premium income (including \$ non-health premium income) | X X X | 34,037,638 | 21,954,571 |
| 3. Change in unearned premium reserves and reserve for rate credits | X X X | | |
| 4. Fee-for-service (net of \$ medical expenses) | X X X | | |
| 5. Risk revenue | X X X | | |
| 6. Aggregate write-ins for other health care related revenues | X X X | | |
| 7. Aggregate write-ins for other non-health revenues | X X X | | |
| 8. Total revenues (Line 2 to Line 7) | X X X | 34,037,638 | 21,954,571 |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits | | | |
| 10. Other professional services | | | |
| 11. Outside referrals | | | |
| 12. Emergency room and out-of-area | | | |
| 13. Prescription drugs | | 38,834,633 | 24,701,159 |
| 14. Aggregate write-ins for other hospital and medical | | | |
| 15. Incentive pool, withhold adjustments, and bonus amounts | | | |
| 16. Subtotal (Line 9 to Line 15) | | 38,834,633 | 24,701,159 |
| Less: | | | |
| 17. Net reinsurance recoveries | | 10,952,797 | |
| 18. Total hospital and medical (Line 16 minus Line 17) | | 27,881,836 | 24,701,159 |
| 19. Non-health claims (net) | | | |
| 20. Claims adjustment expenses, including \$ cost containment expenses | | 1,135,976 | 940,800 |
| 21. General administrative expenses | | 2,584,966 | 4,128,141 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | | |
| 23. Total underwriting deductions (Line 18 through Line 22) | | 31,602,778 | 29,770,100 |
| 24. Net underwriting gain or (loss) (Line 8 minus Line 23) | X X X | 2,434,860 | (7,815,529) |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17) | | 123,171 | 139,492 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | |
| 27. Net investment gains (losses) (Line 25 plus Line 26) | | 123,171 | 139,492 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ (amount charged off \$ 200,000)] | | (200,000) | (400,000) |
| 29. Aggregate write-ins for other income or expenses | | (170) | |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29) | X X X | 2,357,861 | (8,076,037) |
| 31. Federal and foreign income taxes incurred | X X X | | |
| 32. Net income (loss) (Line 30 minus Line 31) | X X X | 2,357,861 | (8,076,037) |
| DETAILS OF WRITE-INS | | | |
| 0601. | X X X | | |
| 0602. | X X X | | |
| 0603. | X X X | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | X X X | | |
| 0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) | X X X | | |
| 0701. | X X X | | |
| 0702. | X X X | | |
| 0703. | X X X | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | X X X | | |
| 0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above) | X X X | | |
| 1401. | | | |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | |
| 1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above) | | | |
| 2901. Penalties | | (170) | |
| 2902. | | | |
| 2903. | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | | |
| 2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above) | | (170) | |

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE ENVISION INSURANCE COMPANY
STATEMENT OF REVENUE AND EXPENSES (continued)

| CAPITAL AND SURPLUS ACCOUNT | 1 | 2 |
|----------------------------------------------------------------------------------------|--------------|-------------|
| | Current Year | Prior Year |
| 33. Capital and surplus prior reporting year | 5,226,115 | 10,229,594 |
| 34. Net income or (loss) from Line 32 | 2,357,861 | (8,076,037) |
| 35. Change in valuation basis of aggregate policy and claims reserves | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | (40,662) | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | |
| 38. Change in net deferred income tax | | |
| 39. Change in nonadmitted assets | (954,912) | (2,185,389) |
| 40. Change in unauthorized reinsurance | | |
| 41. Change in treasury stock | | |
| 42. Change in surplus notes | | |
| 43. Cumulative effect of changes in accounting principles | | |
| 44. Capital Changes: | | |
| 44.1 Paid in | | 900,000 |
| 44.2 Transferred from surplus (Stock Dividend) | | |
| 44.3 Transferred to surplus | | |
| 45. Surplus adjustments: | | |
| 45.1 Paid in | 15,000,000 | 4,500,000 |
| 45.2 Transferred to capital (Stock Dividend) | | |
| 45.3 Transferred from capital | | |
| 46. Dividends to stockholders | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | | (142,053) |
| 48. Net change in capital and surplus (Line 34 to Line 47) | 16,362,287 | (5,003,479) |
| 49. Capital and surplus end of reporting year (Line 33 plus Line 48) | 21,588,402 | 5,226,115 |
| DETAILS OF WRITE-INS | | |
| 4701. Prior Period Adjustments | | (142,053) |
| 4702. | | |
| 4703. | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | | |
| 4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) | | (142,053) |

CASH FLOW

| | 1 | 2 |
|--------------------------------------------------------------------------------------------------------------------------|--------------|-------------|
| | Current Year | Prior Year |
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 34,273,733 | 34,547,764 |
| 2. Net investment income | 150,052 | 140,502 |
| 3. Miscellaneous income | | |
| 4. Total (Line 1 through Line 3) | 34,423,785 | 34,688,266 |
| 5. Benefit and loss related payments | 28,647,984 | 27,686,447 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 3,536,345 | 6,453,342 |
| 8. Dividends paid to policyholders | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | | |
| 10. Total (Line 5 through Line 9) | 32,184,329 | 34,139,789 |
| 11. Net cash from operations (Line 4 minus Line 10) | 2,239,456 | 548,477 |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 3,935,000 | 300,000 |
| 12.2 Stocks | | |
| 12.3 Mortgage loans | | |
| 12.4 Real estate | | |
| 12.5 Other invested assets | | |
| 12.6 Net gains or (losses) on cash and short-term investments | | |
| 12.7 Miscellaneous proceeds | | |
| 12.8 Total investment proceeds (Line 12.1 through Line 12.7) | 3,935,000 | 300,000 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 5,344,069 | 1,578,259 |
| 13.2 Stocks | | |
| 13.3 Mortgage loans | | |
| 13.4 Real estate | | 227,644 |
| 13.5 Other invested assets | | |
| 13.6 Miscellaneous applications | | |
| 13.7 Total investments acquired (Line 13.1 through Line 13.6) | 5,344,069 | 1,805,903 |
| 14. Net increase (decrease) in contract loans and premium notes | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (1,409,069) | (1,505,903) |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | | |
| 16.2 Capital and paid in surplus, less treasury stock | 15,000,000 | 5,400,000 |
| 16.3 Borrowed funds | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | |
| 16.5 Dividends to stockholders | | |
| 16.6 Other cash provided (applied) | (5,835,308) | (5,274,879) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 9,164,692 | 125,121 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) | 9,995,079 | (832,305) |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 449,940 | 1,282,245 |
| 19.2 End of year (Line 18 plus Line 19.1) | 10,445,019 | 449,940 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | |
| 20.0001 | | |
| 20.0002 | | |
| 20.0003 | | |
| 20.0004 | | |
| 20.0005 | | |
| 20.0006 | | |
| 20.0007 | | |
| 20.0008 | | |
| 20.0009 | | |
| 20.0010 | | |

ANNUAL STATEMENT FOR THE YEAR 2009 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 and 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 | 34,037,638 | | | | | | | | 34,037,638 | |
| 2. Change in unearned premium reserves and reserve for rate credit | | | | | | | | | | |
| 3. Fee-for-service (net of \$ medical expenses) | | | | | | | | | | XXX |
| 4. Risk revenue | | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | | | | | | | | | | XXX |
| 6. Aggregate write-ins for other non-health care related revenues | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 7. Total revenues (Line 1 through Line 6) | 34,037,638 | | | | | | | | 34,037,638 | |
| 8. Hospital/medical benefits | | | | | | | | | | XXX |
| 9. Other professional services | | | | | | | | | | XXX |
| 10. Outside referrals | | | | | | | | | | XXX |
| 11. Emergency room and out-of-area | | | | | | | | | | XXX |
| 12. Prescription drugs | 38,834,633 | | | | | | | | 38,834,633 | XXX |
| 13. Aggregate write-ins for other hospital and medical | | | | | | | | | | XXX |
| 14. Incentive pool, withhold adjustments, and bonus amounts | | | | | | | | | | XXX |
| 15. Subtotal (Line 8 through Line 14) | 38,834,633 | | | | | | | | 38,834,633 | XXX |
| 16. Net reinsurance recoveries | 10,952,797 | | | | | | | | 10,952,797 | XXX |
| 17. Total hospital and medical (Line 15 minus Line 16) | 27,881,836 | | | | | | | | 27,881,836 | XXX |
| 18. Non-health claims (net) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 19. Claims adjustment expenses including \$ cost containment expenses | 1,135,976 | | | | | | | | 1,135,976 | |
| 20. General administrative expenses | 2,584,966 | | | | | | | | 2,584,966 | |
| 21. Increase in reserves for accident and health contracts | | | | | | | | | | XXX |
| 22. Increase in reserves for life contracts | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Line 17 through Line 22) | 31,602,778 | | | | | | | | 31,602,778 | |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | 2,434,860 | | | | | | | | 2,434,860 | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 0501. | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | | XXX |
| 0599. Total (Line 0501 through Line 0503 plus Line 0598) (Line 5 above) | | | | | | | | | | 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 | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0699. Total (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 1301. | | | | | | | | | | XXX |
| 1302. | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | XXX |
| 1399. Total (Line 1301 through Line 1303 plus Line 1398) (Line 13 above) | | | | | | | | | | XXX |

UNDERWRITING AND INVESTMENT EXHIBIT

Part 1 - Premiums

| Line of Business | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Ceded | 4 Net Premium Income (Column 1 plus Column 2 minus Column 3) |
|--------------------------------------------------|----------------------|--------------------------|------------------------|-----------------------------------------------------------------------|
| 1. Comprehensive (hospital and medical) | | | | |
| 2. Medicare Supplement | | | | |
| 3. Dental only | | | | |
| 4. Vision only | | | | |
| 5. Federal Employees Health Benefits Plan | | | | |
| 6. Title XVIII - Medicare | | | | |
| 7. Title XIX - Medicaid | | | | |
| 8. Other health | 44,042,531 | 11,617,695 | 21,622,588 | 34,037,638 |
| 9. Health subtotal (Line 1 through Line 8) | 44,042,531 | 11,617,695 | 21,622,588 | 34,037,638 |
| 10. Life | | | | |
| 11. Property/casualty | | | | |
| 12. Totals (Line 9 to Line 11) | 44,042,531 | 11,617,695 | 21,622,588 | 34,037,638 |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the 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. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 39,586,583 | | | | | | | | 39,586,583 | |
| 1.2 Reinsurance assumed | 8,369,400 | | | | | | | | 8,369,400 | |
| 1.3 Reinsurance ceded | 19,322,197 | | | | | | | | 19,322,197 | |
| 1.4 Net | 28,633,786 | | | | | | | | 28,633,786 | |
| 2. Paid medical incentive pools and bonuses | | | | | | | | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | |
| 3.1 Direct | 2,360,418 | | | | | | | | 2,360,418 | |
| 3.2 Reinsurance assumed | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | |
| 3.4 Net | 2,360,418 | | | | | | | | 2,360,418 | |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | |
| 4.1 Direct | | | | | | | | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | |
| 4.4 Net | | | | | | | | | | |
| 5. Accrued medical incentive pools and bonuses, current year | | | | | | | | | | |
| 6. Net healthcare receivables (a) | | | | | | | | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | |
| 8.1 Direct | 3,112,367 | | | | | | | | 3,112,367 | |
| 8.2 Reinsurance assumed | | | | | | | | | | |
| 8.3 Reinsurance ceded | | | | | | | | | | |
| 8.4 Net | 3,112,367 | | | | | | | | 3,112,367 | |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | |
| 9.1 Direct | | | | | | | | | | |
| 9.2 Reinsurance assumed | | | | | | | | | | |
| 9.3 Reinsurance ceded | | | | | | | | | | |
| 9.4 Net | | | | | | | | | | |
| 10. Accrued medical incentive pools and bonuses, prior year | | | | | | | | | | |
| 11. Amounts recoverable from reinsurers December 31, prior year | | | | | | | | | | |
| 12. Incurred benefits: | | | | | | | | | | |
| 12.1 Direct | 38,834,634 | | | | | | | | 38,834,634 | |
| 12.2 Reinsurance assumed | 8,369,400 | | | | | | | | 8,369,400 | |
| 12.3 Reinsurance ceded | 19,322,197 | | | | | | | | 19,322,197 | |
| 12.4 Net | 27,881,837 | | | | | | | | 27,881,837 | |
| 13. Incurred medical incentive pools and bonuses | | | | | | | | | | |

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

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 | 2,360,418 | | | | | | | | 2,360,418 | |
| 1.2 Reinsurance assumed | | | | | | | | | | |
| 1.3 Reinsurance ceded | | | | | | | | | | |
| 1.4 Net | 2,360,418 | | | | | | | | 2,360,418 | |
| 2. Incurred but Unreported: | | | | | | | | | | |
| 2.1 Direct | | | | | | | | | | |
| 2.2 Reinsurance assumed | | | | | | | | | | |
| 2.3 Reinsurance ceded | | | | | | | | | | |
| 2.4 Net | | | | | | | | | | |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | |
| 3.1 Direct | | | | | | | | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | |
| 3.4 Net | | | | | | | | | | |
| 4. TOTALS: | | | | | | | | | | |
| 4.1 Direct | 2,360,418 | | | | | | | | 2,360,418 | |
| 4.2 Reinsurance assumed | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | |
| 4.4 Net | 2,360,418 | | | | | | | | 2,360,418 | |

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 | 6 |
|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|
| | 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 | Claims Incurred in Prior Years (Column 1 plus Column 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | | | | | | |
| 2. Medicare Supplement | | | | | | |
| 3. Dental Only | | | | | | |
| 4. Vision Only | | | | | | |
| 5. Federal Employees Health Benefits Plan | | | | | | |
| 6. Title XVIII - Medicare | | | | | | |
| 7. Title XIX - Medicaid | | | | | | |
| 8. Other health | 3,112,367 | 25,521,418 | | 2,360,418 | 3,112,367 | 3,112,367 |
| 9. Health subtotal (Line 1 through Line 8) | 3,112,367 | 25,521,418 | | 2,360,418 | 3,112,367 | 3,112,367 |
| 10. Healthcare receivables (a) | | | | | | |
| 11. Other non-health | | | | | | |
| 12. Medical incentive pools and bonus amounts | | | | | | |
| 13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12) | 3,112,367 | 25,521,418 | | 2,360,418 | 3,112,367 | 3,112,367 |

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

ANNUAL STATEMENT FOR THE YEAR 2009 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 2005 | 2 2006 | 3 2007 | 4 2008 | 5 2009 |
| 1. Prior | | | | | |
| 2. 2005 | | | | | |
| 3. 2006 | XXX | | | | |
| 4. 2007 | XXX | XXX | 32,615 | 42,422 | |
| 5. 2008 | XXX | XXX | XXX | 17,892 | 3,112 |
| 6. 2009 | XXX | XXX | XXX | XXX | 25,521 |

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 2005 | 2 2006 | 3 2007 | 4 2008 | 5 2009 |
| 1. Prior | | | | | |
| 2. 2005 | | | | | |
| 3. 2006 | XXX | | | | |
| 4. 2007 | XXX | XXX | 38,726 | 42,422 | |
| 5. 2008 | XXX | XXX | XXX | 21,005 | |
| 6. 2009 | XXX | XXX | XXX | XXX | 27,882 |

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 (Column 3 divided by Column 2) Percent | 5 Claim and Claim Adjustment Expense Payments (Columns 2 + 3) | 6 (Column 5 divided by Column 1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Columns 5 + 7 + 8) | 10 (Column 9 divided by Column 1) Percent |
|--------------------------------------------------------------|----------------------|----------------------|----------------------------------------|------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|--------------------|----------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------|
| 1. 2005 | | | | | | | | | | |
| 2. 2006 | | | | | | | | | | |
| 3. 2007 | 28,105 | 42,422 | 575 | 1.355 | 42,997 | 152.987 | | | 42,997 | 152.987 |
| 4. 2008 | 21,955 | 21,005 | 941 | 4.480 | 21,946 | 99.959 | | | 21,946 | 99.959 |
| 5. 2009 | 34,038 | 25,521 | 876 | 3.433 | 26,398 | 77.553 | 2,360 | 260 | 29,018 | 85.252 |

ANNUAL STATEMENT FOR THE YEAR 2009 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 2005 | 2 2006 | 3 2007 | 4 2008 | 5 2009 |
| 1. Prior | | | | | |
| 2. 2005 | | | | | |
| 3. 2006 | XXX | | | | |
| 4. 2007 | XXX | XXX | 32,615 | 42,422 | |
| 5. 2008 | XXX | XXX | XXX | 17,692 | 3,112 |
| 6. 2009 | XXX | XXX | XXX | XXX | 25,521 |

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 2005 | 2 2006 | 3 2007 | 4 2008 | 5 2009 |
| 1. Prior | | | | | |
| 2. 2005 | | | | | |
| 3. 2006 | XXX | | | | |
| 4. 2007 | XXX | XXX | 38,726 | 42,422 | |
| 5. 2008 | XXX | XXX | XXX | 21,005 | |
| 6. 2009 | XXX | XXX | XXX | XXX | 27,882 |

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 (Column 3 divided by Column 2) Percent | 5 Claim and Claim Adjustment Expense Payments (Columns 2 + 3) | 6 (Column 5 divided by Column 1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Columns 5 + 7 + 8) | 10 (Column 9 divided by Column 1) Percent |
|--------------------------------------------------------------|----------------------|----------------------|----------------------------------------|------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|--------------------|----------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------|
| 1. 2005 | | | | | | | | | | |
| 2. 2006 | | | | | | | | | | |
| 3. 2007 | 28,105 | 42,422 | 575 | 1.355 | 42,997 | 152.987 | | | 42,997 | 152.987 |
| 4. 2008 | 21,955 | 21,005 | 941 | 4.480 | 21,946 | 99.959 | | | 21,946 | 99.959 |
| 5. 2009 | 34,038 | 25,521 | 876 | 3.432 | 26,397 | 77.552 | 2,360 | 260 | 29,017 | 85.249 |

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

(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) | | | 429,624 | | 429,624 |
| 2. Salaries, wages and other benefits | | | 1,733,194 | | 1,733,194 |
| 3. Commissions (less \$ 17,427 ceded plus \$ assumed) | | | (583,297) | | (583,297) |
| 4. Legal fees and expenses | | | 323,400 | | 323,400 |
| 5. Certifications and accreditation fees | | | | | |
| 6. Auditing, actuarial and other consulting services | | | 228,233 | | 228,233 |
| 7. Traveling expenses | | | 18,783 | | 18,783 |
| 8. Marketing and advertising | | | 10,945 | | 10,945 |
| 9. Postage, express, and telephone | | | 2,810 | | 2,810 |
| 10. Printing and office supplies | | | 9,887 | | 9,887 |
| 11. Occupancy, depreciation and amortization | | | | | |
| 12. Equipment | | | | | |
| 13. Cost or depreciation of EDP equipment and software | | | | | |
| 14. Outsourced services including EDP, claims, and other services | | 1,135,976 | 76,115 | | 1,212,091 |
| 15. Boards, bureaus and association fees | | | 81,343 | | 81,343 |
| 16. Insurance, except on real estate | | | 22,879 | | 22,879 |
| 17. Collection and bank service charges | | | 16,416 | | 16,416 |
| 18. Group service and administration fees | | | | | |
| 19. Reimbursements by uninsured accident and health plans | | | | | |
| 20. Reimbursements from fiscal intermediaries | | | | | |
| 21. Real estate expenses | | | 21,742 | | 21,742 |
| 22. Real estate taxes | | | 1,659 | | 1,659 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | | | 29,504 | | 29,504 |
| 23.2 State premium taxes | | | | | |
| 23.3 Regulator authority licenses and fees | | | 161,729 | | 161,729 |
| 23.4 Payroll taxes | | | | | |
| 23.5 Other (excluding federal income and real estate taxes) | | | | | |
| 24. Investment expenses not included elsewhere | | | | 23,302 | 23,302 |
| 25. Aggregate write-ins for expenses | | | | | |
| 26. Total expenses incurred (Line 1 to Line 25) | | 1,135,976 | 2,584,966 | 23,302 | (a) 3,744,244 |
| 27. Less expenses unpaid December 31, current year | | 259,868 | 143,309 | | 403,177 |
| 28. Add expenses unpaid December 31, prior year | | 75,572 | 147,528 | | 223,100 |
| 29. Amounts receivable relating to uninsured accident and health plans, prior year | | | | | |
| 30. Amounts receivable relating to uninsured accident and health plans, current year | | | | | |
| 31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30) | | 951,680 | 2,589,185 | 23,302 | 3,564,167 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. | | | | | |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | | |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | | | | | |

(a) Includes management fees of \$ 4,196,327 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

| | 1 | 2 |
|-------------------------------------------------------------------------|-----------------------|--------------------|
| | Collected During Year | Earned During Year |
| 1. U.S. Government bonds | (a) 149,516 | 143,172 |
| 1.1 Bonds exempt from U.S. tax | (a) | |
| 1.2 Other bonds (unaffiliated) | (a) | |
| 1.3 Bonds of affiliates | (a) | |
| 2.1 Preferred stocks (unaffiliated) | (b) | |
| 2.11 Preferred stocks of affiliates | (b) | |
| 2.2 Common stocks (unaffiliated) | | |
| 2.21 Common stocks of affiliates | | |
| 3. Mortgage loans | (c) | |
| 4. Real estate | (d) | |
| 5. Contract loans | | |
| 6. Cash, cash equivalents and short-term investments | (e) 3,301 | 3,301 |
| 7. Derivative instruments | (f) | |
| 8. Other invested assets | | |
| 9. Aggregate write-ins for investment income | | |
| 10. Total gross investment income | 152,817 | 146,473 |
| 11. Investment expenses | | (g) 23,302 |
| 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 | | |
| 16. Totals deductions (Line 11 through Line 15) | | 23,302 |
| 17. Net investment income (Line 10 minus Line 16) | | 123,171 |

| DETAILS OF WRITE-INS | | |
|---------------------------------------------------------------------------|--|--|
| 0901. | | |
| 0902. | | |
| 0903. | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | |
| 0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above) | | |
| 1501. | | |
| 1502. | | |
| 1503. | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | | |
| 1599. Totals (Line 1501 through Line 1503 plus Line 1598) (Line 15 above) | | |

(a) Includes \$ accrual of discount less \$ 20,538 amortization of premium and less \$ 9,268 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ 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 | 2 | 3 | 4 | 5 |
|--------------------------------------------------------------------------|-------------------------------------------|----------------------------|--------------------------------------------------|------------------------------------------|-----------------------------------------------------------|
| | Realized Gain (Loss) on Sales or Maturity | Other Realized Adjustments | Total Realized Capital Gain (Loss) (Cols. 1 + 2) | Change in Unrealized Capital Gain (Loss) | Change in Unrealized Foreign Exchange Capital Gain (Loss) |
| 1. U.S. Government bonds | | | | (40,662) | |
| 1.1 Bonds exempt from U.S. tax | | | | | |
| 1.2 Other bonds (unaffiliated) | | | | | |
| 1.3 Bonds of affiliates | | | | | |
| 2.1 Preferred stocks (unaffiliated) | | | | | |
| 2.11 Preferred stocks of affiliates | | | | | |
| 2.2 Common stocks (unaffiliated) | | | | | |
| 2.21 Common stocks of affiliates | | | | | |
| 3. Mortgage loans | | | | | |
| 4. Real estate | | | | | |
| 5. Contract loans | | | | | |
| 6. Cash, cash equivalents and short-term investments | | | | | |
| 7. Derivative instruments | | | | | |
| 8. Other invested assets | | | | | |
| 9. Aggregate write-ins for capital gains (losses) | | | | | |
| 10. Total capital gains (losses) | | | | (40,662) | |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | | | | |
| 0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above) | | | | | |

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) | | | |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | | | |
| 2.2 Common stocks | | | |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | | | |
| 3.2 Other than first liens | | | |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | | | |
| 4.2 Properties held for the production of income | | | |
| 4.3 Properties held for sale | | | |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) | | | |
| 6. Contract loans | | | |
| 7. Other invested assets (Schedule BA) | | | |
| 8. Receivable for securities | | | |
| 9. Aggregate write-ins for invested assets | | | |
| 10. Subtotals, cash and invested assets (Line 1 to Line 9) | | | |
| 11. Title plants (for Title insurers only) | | | |
| 12. Investment income due and accrued | | | |
| 13. Premiums and considerations: | | | |
| 13.1 Uncollected premiums and agents' balances in the course of collection | 424,500 | 753,284 | 328,784 |
| 13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due | | | |
| 13.3 Accrued retrospective premiums | 1,045,961 | 1,045,961 | |
| 14. Reinsurance: | | | |
| 14.1 Amounts recoverable from reinsurers | | | |
| 14.2 Funds held by or deposited with reinsured companies | | | |
| 14.3 Other amounts receivable under reinsurance contracts | | | |
| 15. Amounts receivable relating to uninsured plans | | | |
| 16.1 Current federal and foreign income tax recoverable and interest thereon | | | |
| 16.2 Net deferred tax asset | | | |
| 17. Guaranty funds receivable or on deposit | | | |
| 18. Electronic data processing equipment and software | | | |
| 19. Furniture and equipment, including health care delivery assets | 176,660 | 277,609 | 100,949 |
| 20. Net adjustment in assets and liabilities due to foreign exchange rates | | | |
| 21. Receivable from parent, subsidiaries and affiliates | | | |
| 22. Health care and other amounts receivable | | 23,784 | 23,784 |
| 23. Aggregate write-ins for other than invested assets | 1,733,504 | 325,075 | (1,408,429) |
| 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23) | 3,380,625 | 2,425,713 | (954,912) |
| 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 26. Total (Line 24 and Line 25) | 3,380,625 | 2,425,713 | (954,912) |
| DETAILS OF WRITE-INS | | | |
| 0901. | | | |
| 0902. | | | |
| 0903. | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | | |
| 0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above) | | | |
| 2301. Prepaid Expenses | 105,636 | 156,545 | 50,909 |
| 2302. Intangible Asset - Licensing | 1,627,761 | 127,761 | (1,500,000) |
| 2303. Other Non Admitted Assets | 107 | 40,769 | 40,662 |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | | |
| 2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) | 1,733,504 | 325,075 | (1,408,429) |

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 | | | | | | |
| 2. Provider Service Organizations | | | | | | |
| 3. Preferred Provider Organizations | | | | | | |
| 4. Point of Service | | | | | | |
| 5. Indemnity Only | | | | | | |
| 6. Aggregate write-ins for other lines of business | 10,588 | 29,352 | 32,380 | 35,505 | 37,350 | 392,169 |
| 7. Total | 10,588 | 29,352 | 32,380 | 35,505 | 37,350 | 392,169 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601. Medicare Part D Prescription Drug Plan | 10,588 | 29,352 | 32,380 | 35,505 | 37,350 | 392,169 |
| 0602 | | | | | | |
| 0603 | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | | | | | | |
| 0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) | 10,588 | 29,352 | 32,380 | 35,505 | 37,350 | 392,169 |

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

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

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

C. Accounting Policy

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

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

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

In addition, the Company abides by the following policies:

1. The Company has no short-term investments.
2. Bonds are stated at amortized cost.
3. The Company has no investments in common stocks.
4. The Company has no preferred stocks.
5. The Company has no mortgage loans.
6. The Company has no loan-backed securities.
7. Not applicable to the Company.
8. The Company has no minor ownership interests in joint ventures.
9. The Company has no derivatives.
10. Not applicable to the Company.
11. Claim Costs consist of Basic Claims and Supplemental Claims.
 - a. Basic Claims - Consist of pharmacy costs paid to the PBM less rebates, less the amounts paid by the insurer for the proportion of coverage for LIS Members, and less the 80% reimbursement by CMS for actual Catastrophic Claims (Uninsured Plans).
 - b. Supplemental Claims - Consist of claims not covered by Medicare Part D due to an enhanced benefit or Non Covered Drugs.

NOTES TO FINANCIAL STATEMENTS

12. Not applicable to the Company.

2. Accounting Changes and Corrections of Errors**A. Accounting Changes/Changes in Estimate**

During the current year's financial statement preparation, the Company discovered no material errors for the prior years.

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 2009 or 2008.

5. Investments**A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company did not have investments in mortgage loans at December 31, 2009 or 2008.

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2009 or 2008.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2009 or 2008.

D. Loan-Backed Securities

The Company did not have loan-backed securities at December 31, 2009 or 2008.

E. Repurchase Agreements

The Company did not enter into repurchase agreements at December 31, 2009 or 2008.

F. Real Estate

The Company purchased a residential dwelling and land at September 30, 2008 at an actual cost of \$227,644. The book/adjusted carrying value at December 31, 2009 and December 31, 2008 was \$221,584 and \$226,276, respectively.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company did not have investments in Joint Ventures, Partnerships or Limited Liability Companies that exceeded 10% of its admitted assets at December 31, 2009 or 2008.
- B. The Company did not recognize any impairment write down for its investments in joint ventures, partnerships or limited liability companies during 2009 or 2008.

7. Investment Income

- A. The Company had no due and accrued with amount that are over 90 days past due.
- B. At December 31, 2009 and 2008 there was no non-admitted accrued investment interest income.

8. Derivative Instruments

- A. The Company has no derivative instruments.

9. Income Taxes

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

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

B. Significant transactions for each Period

The Company received capital contributions from EPH in the amount of \$15,000,000 and ROI in the amount of \$5,400,000 in 2009 and 2008, respectively.

C. Intercompany Management and Service Arrangements

There were no changes to the intercompany management and service arrangements. The amounts of transactions under such agreements are presented in Schedule Y, Part 2.

D. Amounts Due to or from Related Parties

At December 31, 2009 and 2008, the Company reported \$0 and \$0 due from affiliates and \$4,461,478 and \$3,205,496 due to affiliates, respectively. The December 31, 2009 payable balances represent intercompany transaction that will be settled in accordance with the settlement terms of the intercompany agreement.

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

F. Management, Service Contracts, Cost Sharing Arrangements

ROI has agreed to provide certain management services to the Company.

G. Nature of Relationships that Could Affect Operations

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

H. Amount Deducted for Investment in Upstream Company

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

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

At December 31, 2009, the Company did not have investments in affiliates that exceeded 10% of the Company's admitted assets.

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

The Company did not record impairments on its investment in subsidiaries, controlled or affiliated companies during the year ended December 31, 2009 or 2008.

K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

11. Debt

A. Capital Notes

The Company has no capital notes outstanding at December 31, 2009 and 2008.

B. All Other Debt

The Company has no other debt outstanding at December 31, 2009 and 2008.

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

Not applicable to the Company.

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

A. Outstanding Shares

As of December 31, 2009, the Company has 20,000 shares of \$100 par value common stock authorized and outstanding.

NOTES TO FINANCIAL STATEMENTS

B. Preferred Stock

The Company has no preferred stock outstanding.

C. Dividend Restriction

The Company does not pay out dividend.

D. Maximum Ordinary Dividend During 2010

Not applicable to the Company.

E. Unassigned Surplus Restriction

Unassigned surplus funds are not restricted at December 31, 2009.

F. Mutual Surplus Advances

There have been no advances to surplus at December 31, 2009.

G. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2009.

H. Changes in Special Surplus Funds

There are no special surplus funds at December 31, 2009.

I. Changes in Unassigned Funds

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

J. Surplus Notes

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

K. Reinstatement due to Prior Quasi-Reorganizations

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

L. Quasi-Reorganizations over Prior 10 Years

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

14. Contingencies**A. Contingent Commitments**

The Company has no contingent commitments at December 31, 2008.

B. Assessments

The Company has not recorded a liability for an assessment as of December 31, 2009.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2009.

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

Not Applicable to the Company.

E. All Other Contingencies

The Company has no other contingencies.

15. Leases**A. Lessee Leasing Arrangements**

The Company leased an office facility under a non-cancelable operating lease of seven years with an option to move into a new facility built by the landlord after three years. The future annual lease payment will be \$251,640. The Company has not entered into any sale and leaseback arrangements.

B. Lessor Leasing Arrangements

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

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

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

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

A. Transfers of Receivables Reported as Sales

Not applicable to the Company.

B. Transfer and Servicing of Financial Assets

Not applicable to the Company.

C. Wash Sales

Not applicable to the Company.

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

A. Administrative Services Only (ASO) Plans

Not applicable to the Company.

B. Administrative Services Contract (ASC) Plans

Not applicable to the Company.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable to the Company.

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, 2009 and 2008.

20. Other Items

A. Extraordinary Items

Not applicable to the Company.

B. Troubled Debt Restructuring for Debtors

Not applicable to the Company.

C. Other Disclosures

Not applicable to the Company.

D. Uncollectible Premiums Receivables

At December 31, 2009 and 2008, the Company had admitted assets of \$259,416 and \$273,647, respectively, in uncollected Premium. Currently, the Company had \$424,500 and \$753,284, respectively, in non-admitted uncollected Premiums. The Company intends to contract a collection agency to recoup the outstanding balances.

E. Business Interruption Insurance Recoveries

Not applicable to the Company.

F. State Transferable Tax Credits

Not applicable to the Company.

G. Protective Tax Deposits

Not applicable to the Company.

H. Hybrid Securities

Not applicable to the Company.

NOTES TO FINANCIAL STATEMENTS**21. Events Subsequent**

The Company has no material recognizable and non-recognizable subsequent events to report or considered.

22. Reinsurance**A. Ceded Reinsurance Report**

Section I – General Interrogatories

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

Yes () No (x)

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

Yes () No (x)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (x)

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

Yes () No (x)

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$6,192,868.

(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 2009.

C. The Company had no commutation of ceded reinsurance during 2009.

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

C. The amount of net Premiums written by the Company at December 31, 2009 that are subject to retrospective Premium risk corridor was \$1,179,257, which represents 3.46% of the total net Premiums written.

24. Change in Incurred Losses

Unpaid claims and claims adjustment expenses were \$2,620,286 at December 31, 2009. In 2009, \$3,187,939 has been paid for incurred claims and claims adjustment expenses attributable to insured events of 2008. The reserves at December 31, 2009 are for current year activities. There are no reserves remaining for prior years.

NOTES TO FINANCIAL STATEMENTS

25. Intercompany Pooling Arrangements

Not applicable at December 31, 2009 and 2008.

26. Structured Settlements

Not applicable at December 31, 2009 and 2008.

27. Health Care Receivables

The Company does not have any Health Care Receivables in 2009.

28. Participating Policies

Not applicable at December 31, 2009 and 2008.

29. Premium Deficiency Reserves

The Company did not record Premium deficiency reserves at December 31, 2009 and 2008.

30. 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 ()
- 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. 12/31/2008
- 3.2 State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2008
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/15/2009
- 3.4 By what department or departments?
Ohio Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes (X) No () N/A ()
- 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 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,
- 7.21 State the percentage of foreign control;
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g. individual, corporation, government, manager or attorney-in-fact) .

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |
| | |
| | |

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X)
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i. e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 OTS | 6 FDIC | 7 SEC |
|---------------------|-----------------------------|----------|----------|----------|-----------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Skoda Minotti
 6685 Beta Dr. Mayfield Village, Ohio 44143
10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Milliman c/o Courtney R. White, FSA, MAAA
 945 E. Paces Ferry Road NE, Suite 2500 Atlanta, GA 30326-1362
- 11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes () No (X)
- 11.11 Name of real estate holding company

- 11.12 Number of parcels involved
- 11.13 Total book/adjusted carrying value \$
- 11.2 If yes, provide explanation

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

- 12.2 Does this statement contain all business transacted for the reporting entity through its United States branch on risks wherever located? Yes () No ()
- 12.3 Have there been any changes made to any of the trust indentures during the year? Yes () No ()
- 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes () No () N/A (X)
- 13.1 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. Yes (X) No ()
- 13.11 If the response to 13.1 is No, please explain:

- 13.2 Has the code of ethics for senior managers been amended? Yes () No (X)
- 13.21 If the response to 13.2 is Yes, provide information related to amendment(s).

- 13.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)
- 13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).

BOARD OF DIRECTORS

14. 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 ()
15. 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 ()
16. 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 ()

GENERAL INTERROGATORIES

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes () No (X)
- 18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---------------------------------------------------|----------|
| | 18.11 To directors or other officers | \$ |
| | 18.12 To stockholders not officers | \$ |
| | 18.13 Trustees, supreme or grand (Fraternal only) | \$ |
- 18.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---------------------------------------------------|----------|
| | 18.21 To directors or other officers | \$ |
| | 18.22 To stockholders not officers | \$ |
| | 18.23 Trustees, supreme or grand (Fraternal only) | \$ |
- 19.1 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)
- 19.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|----------------------------|----------|
| | 19.21 Rented from others | \$ |
| | 19.22 Borrowed from others | \$ |
| | 19.23 Leased from others | \$ |
| | 19.24 Other | \$ |
- 20.1 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)
- 20.2 If answer is yes:
- | | | |
|--|------------------------------------------------|----------|
| | 20.21 Amount paid as losses or risk adjustment | \$ |
| | 20.22 Amount paid as expenses | \$ |
| | 20.23 Other amounts paid | \$ |
- 21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)
- 21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3) Yes (X) No ()
- 22.2 If no, give full and complete information relating thereto:

- 22.3 For the 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 16 where this information is also provided)

- 22.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes () No () N/A (X)
- 22.5 If answer to 22.4 is YES, report amount of collateral for conforming programs. \$
- 22.6 If answer to 22.4 is NO, report amount of collateral for other programs. \$
- 23.1 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 19.1 and 22.3) Yes (X) No ()
- 23.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|--------------------------------------------------------|--------------------|
| | 23.21 Subject to repurchase agreements | \$ |
| | 23.22 Subject to reverse repurchase agreements | \$ |
| | 23.23 Subject to dollar repurchase agreements | \$ |
| | 23.24 Subject to reverse dollar repurchase agreements | \$ |
| | 23.25 Pledged as collateral | \$ |
| | 23.26 Placed under option agreements | \$ |
| | 23.27 Letter stock or securities restricted as to sale | \$ |
| | 23.28 On deposit with state or other regulatory body | \$ 3,444,801 |
| | 23.29 Other | \$ |

23.3 For category (23.27) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |
| | | |
| | | |

- 24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes () No (X)
- 24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes () No () N/A (X)
- 25.1 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)
- 25.2 If yes, state the amount thereof at December 31 of the current year. \$

GENERAL INTERROGATORIES

INVESTMENT

26. 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

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

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

26.02 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) |
|--------------|------------------|------------------------------|
| | | |
| | | |
| | | |

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes () No (X)

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

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

26.05 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 |
|------------------------------------------------|-----------|--------------|
| | | |
| | | |
| | | |

27.1 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)

27.2 If yes, complete the following schedule:

| 1 CUSIP# | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|---------------------------------------|--------------------------|-----------------------------------|
| | | |
| | | |
| | | |
| Line 27.2998 from Overflow page | | |
| Line 27.2999 TOTAL (9999999) | | |

27.3 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 |
|---------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------|------------------------|
| | | | |
| | | | |
| | | | |

GENERAL INTERROGATORIES

28. 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 (+) |
|-----------------------------|------------------------------------|--------------------|-----------------------------------------------------------------------------------------|
| 28.1 Bonds | \$ 5,959,856 | \$ 5,959,892 | \$ 36 |
| 28.2 Preferred stocks | \$ | \$ | \$ |
| 28.3 Totals | \$ 5,959,856 | \$ 5,959,892 | \$ 36 |

28.4 Describe the sources or methods utilized in determining the fair values:
 The market value was obtained per the NAIC Securities Valuation Office (SVO) disk as of December 31, 2009 except for 2 unlist

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

29.2 If 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 (X)

29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
 The Company confirmed that the custodian uses an independent pricing source.

30.1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed? Yes (X) No ()

30.2 If no, list exceptions:

OTHER

31.1 Amount of payments to Trade Associations, service organizations and statistical or Rating Bureaus, if any? \$

31.2 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 |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

32.1 Amount of payments for legal expenses, if any? \$ 323,400

32.2 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 |
|---------------------------|------------------|
| Deloitte Consulting | \$ 281,857 |
| | \$ |
| | \$ |
| | \$ |

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

33.2 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. \$
- 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 | \$ | ..... |
| 1.62 | Total incurred claims | \$ | ..... |
| 1.63 | Number of covered lives |  | ..... |
| | All years prior to most current three years: | | |
| 1.64 | Total premium earned | \$ | ..... |
| 1.65 | Total incurred claims | \$ | ..... |
| 1.66 | Number of covered lives |  | ..... |
- 1.7 Group policies:
- | | | | |
|------|----------------------------------------------|----|-------|
| | Most current three years: | | |
| 1.71 | Total premium earned | \$ | ..... |
| 1.72 | Total incurred claims | \$ | ..... |
| 1.73 | Number of covered lives |  | ..... |
| | All years prior to most current three years: | | |
| 1.74 | Total premium earned | \$ | ..... |
| 1.75 | Total incurred claims | \$ | ..... |
| 1.76 | Number of covered lives |  | ..... |
2. Health Test:
- | | | | |
|-----|---------------------------|---------------|------------|
| | | 1 | 2 |
| | | Current Year | Prior Year |
| 2.1 | Premium Numerator | \$ | \$ |
| 2.2 | Premium Denominator | \$ 34,037,638 | \$ |
| 2.3 | Premium Ratio (2.1 / 2.2) | ..... | ..... |
| 2.4 | Reserve Numerator | \$ | \$ |
| 2.5 | Reserve Denominator | \$ 2,360,418 | \$ |
| 2.6 | Reserve Ratio (2.4 / 2.5) | ..... | ..... |
- 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:

- 5.3 Maximum retained risk (see instructions)
- | | | | |
|------|----------------------------|----|-------|
| 5.31 | Comprehensive Medical | \$ | ..... |
| 5.32 | Medical Only | \$ | ..... |
| 5.33 | Medicare Supplement | \$ | ..... |
| 5.34 | Dental & Vision | \$ | ..... |
| 5.35 | Other Limited Benefit Plan | \$ | ..... |
| 5.36 | Other | \$ | ..... |
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes (X) No ()
- 7.2 If no, give details:

8. Provide the following information regarding participating providers:
- | | | |
|-----|------------------------------------------------|-------|
| 8.1 | Number of providers at start of reporting year | ..... |
| 8.2 | Number of providers at end of reporting year | ..... |
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes () No (X)
- 9.2 If yes, direct premium earned:
- | | | |
|------|----------------------------------------------------|-------|
| 9.21 | Business with rate guarantees between 15-36 months | ..... |
| 9.22 | Business with rate guarantees over 36 months | ..... |

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

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

10.2 If yes:

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

11.1 Is the reporting entity organized as:

| | | |
|-------|-----------------------------------------------|----------------|
| 11.12 | A Medical Group / Staff Model, | Yes () No (X) |
| 11.13 | An Individual Practice Association (IPA) , or | Yes () No (X) |
| 11.14 | A Mixed Model (combination of above)? | Yes () No (X) |

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes () No (X)

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

11.4 If yes, show the amount required. \$

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes () No (X)

11.6 If the amount is calculated, show the calculation

.....

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

| 1 Name of Service Area |
|---------------------------|
| |
| |
| |

13.1 Do you act as a custodian for health savings accounts? Yes () No (X)

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

13.3 Do you act as an administrator for health savings accounts? Yes () No (X)

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

FIVE - YEAR HISTORICAL DATA

| | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------------------------------------------------------------------------------|------------|-------------|-------------|-----------|-------|
| | 2009 | 2008 | 2007 | 2006 | 2005 |
| BALANCE SHEET (Page 2 and Page 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 26) | 37,590,210 | 12,691,420 | 24,452,871 | 3,351,208 | |
| 2. Total liabilities (Page 3, Line 22) | 16,001,808 | 7,465,305 | 14,223,279 | 196,140 | |
| 3. Statutory surplus | | | | | |
| 4. Total capital and surplus (Page 3, Line 31) | 21,588,402 | 5,226,115 | 10,229,594 | 3,155,067 | |
| INCOME STATEMENT (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 34,037,638 | 21,954,571 | 45,278,391 | | |
| 6. Total medical and hospital expenses (Line 18) | 27,881,836 | 24,701,159 | 38,725,542 | | |
| 7. Claims adjustment expenses (Line 20) | 1,135,976 | 940,800 | 575,011 | | |
| 8. Total administrative expenses (Line 21) | 2,584,966 | 4,128,141 | 974,645 | 94,698 | |
| 9. Net underwriting gain (loss) (Line 24) | 2,434,860 | (7,815,529) | 5,003,191 | (94,698) | |
| 10. Net investment gain (loss) (Line 27) | 123,171 | 139,492 | 159,304 | 105,497 | |
| 11. Total other income (Line 28 plus Line 29) | (200,170) | (400,000) | | | |
| 12. Net income or (loss) (Line 32) | 2,357,861 | (8,076,037) | 5,159,121 | 10,799 | |
| CASH FLOW (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | 2,239,456 | 548,477 | (6,686,153) | | |
| RISK-BASED CAPITAL ANALYSIS | | | | | |
| 14. Total adjusted capital | 21,588,402 | 5,226,115 | 10,229,594 | | |
| 15. Authorized control level risk-based capital | 997,486 | 1,015,575 | 1,222,910 | | |
| ENROLLMENT (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 37,350 | 10,588 | 22,245 | | |
| 17. Total members months (Column 6, Line 7) | 392,169 | 130,881 | 230,876 | | |
| OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Line 18 plus Line 19) | 81.9 | 112.5 | 137.8 | | |
| 20. Cost containment expenses | | | | | |
| 21. Other claims adjustment expenses | 3.3 | 4.3 | | | |
| 22. Total underwriting deductions (Line 23) | 92.8 | 135.6 | 143.3 | | |
| 23. Total underwriting gain (loss) (Line 24) | 7.2 | (35.6) | 17.8 | | |
| UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 13, Column 5) | 3,112,367 | 9,807,299 | | | |
| 25. Estimated liability of unpaid claims of prior year (Line 13, Column 6) | 3,112,367 | 6,110,988 | | | |
| INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES | | | | | |
| 26. Affiliated bonds (Schedule D Summary, Line 12, Column 1) | | | | | |
| 27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1) | | | | | |
| 28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1) | | | | | |
| 29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10) | | | | | |
| 30. Affiliated mortgage loans on real estate | | | | | |
| 31. All other affiliated | | | | | |
| 32. Total of above Line 26 to Line 31 | | | | | |

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:

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

| States, Etc. | 1 | | Direct Business Only Year to Date | | | | | | | |
|---------------------------------------------------------------|---------------|-------|-----------------------------------|---------------------------|-------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------|--------------------------------------|-----------------------------|
| | Active Status | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life and Annuity Premiums and Other Considerations | 7 Property/Casualty Premiums | 8 Total Column 2 Through Column 7 | 9 Deposit-Type Contracts |
| 1. Alabama | AL | L | 330,408 | | | | | | 330,408 | |
| 2. Alaska | AK | L | 36,677 | | | | | | 36,677 | |
| 3. Arizona | AZ | L | 199,000 | | | | | | 199,000 | |
| 4. Arkansas | AR | L | 79,887 | | | | | | 79,887 | |
| 5. California | CA | L | 1,551,851 | | | | | | 1,551,851 | |
| 6. Colorado | CO | L | 195,067 | | | | | | 195,067 | |
| 7. Connecticut | CT | L | 2,296,326 | | | | | | 2,296,326 | |
| 8. Delaware | DE | L | 649,893 | | | | | | 649,893 | |
| 9. District of Columbia | DC | L | 622,966 | | | | | | 622,966 | |
| 10. Florida | FL | L | 2,836,337 | | | | | | 2,836,337 | |
| 11. Georgia | GA | L | 527,969 | | | | | | 527,969 | |
| 12. Hawaii | HI | L | 30,158 | | | | | | 30,158 | |
| 13. Idaho | ID | L | 99,384 | | | | | | 99,384 | |
| 14. Illinois | IL | L | 660,966 | | | | | | 660,966 | |
| 15. Indiana | IN | L | 650,662 | | | | | | 650,662 | |
| 16. Iowa | IA | L | 137,055 | | | | | | 137,055 | |
| 17. Kansas | KS | L | 319,672 | | | | | | 319,672 | |
| 18. Kentucky | KY | L | 140,022 | | | | | | 140,022 | |
| 19. Louisiana | LA | L | 132,921 | | | | | | 132,921 | |
| 20. Maine | ME | N | 24,708 | | | | | | 24,708 | |
| 21. Maryland | MD | L | 3,025,854 | | | | | | 3,025,854 | |
| 22. Massachusetts | MA | L | 6,453,789 | | | | | | 6,453,789 | |
| 23. Michigan | MI | N | 698,496 | | | | | | 698,496 | |
| 24. Minnesota | MN | L | 107,760 | | | | | | 107,760 | |
| 25. Mississippi | MS | L | 162,155 | | | | | | 162,155 | |
| 26. Missouri | MO | L | 407,921 | | | | | | 407,921 | |
| 27. Montana | MT | L | 61,045 | | | | | | 61,045 | |
| 28. Nebraska | NE | L | 50,072 | | | | | | 50,072 | |
| 29. Nevada | NV | L | 142,976 | | | | | | 142,976 | |
| 30. New Hampshire | NH | L | 132,079 | | | | | | 132,079 | |
| 31. New Jersey | NJ | L | 462,824 | | | | | | 462,824 | |
| 32. New Mexico | NM | L | 61,026 | | | | | | 61,026 | |
| 33. New York | NY | L | 572,627 | | | | | | 572,627 | |
| 34. North Carolina | NC | N | 1,024,823 | | | | | | 1,024,823 | |
| 35. North Dakota | ND | L | 17,247 | | | | | | 17,247 | |
| 36. Ohio | OH | L | 725,619 | | | | | | 725,619 | |
| 37. Oklahoma | OK | L | 156,213 | | | | | | 156,213 | |
| 38. Oregon | OR | L | 119,134 | | | | | | 119,134 | |
| 39. Pennsylvania | PA | L | 516,241 | | | | | | 516,241 | |
| 40. Rhode Island | RI | L | 789,243 | | | | | | 789,243 | |
| 41. South Carolina | SC | L | 2,360,149 | | | | | | 2,360,149 | |
| 42. South Dakota | SD | L | 58,897 | | | | | | 58,897 | |
| 43. Tennessee | TN | N | 572,393 | | | | | | 572,393 | |
| 44. Texas | TX | L | 5,966,535 | | | | | | 5,966,535 | |
| 45. Utah | UT | L | 92,105 | | | | | | 92,105 | |
| 46. Vermont | VT | N | 542,462 | | | | | | 542,462 | |
| 47. Virginia | VA | L | 3,906,593 | | | | | | 3,906,593 | |
| 48. Washington | WA | N | 422,953 | | | | | | 422,953 | |
| 49. West Virginia | WV | L | 92,435 | | | | | | 92,435 | |
| 50. Wisconsin | WI | L | 2,809,411 | | | | | | 2,809,411 | |
| 51. Wyoming | WY | L | 9,525 | | | | | | 9,525 | |
| 52. American Samoa | AS | N | | | | | | | | |
| 53. Guam | GU | N | | | | | | | | |
| 54. Puerto Rico | PR | N | | | | | | | | |
| 55. U.S. Virgin Islands | VI | N | | | | | | | | |
| 56. Northern Mariana Islands | MP | N | | | | | | | | |
| 57. Canada | CN | N | | | | | | | | |
| 58. Aggregate Other Alien | OT | X X X | | | | | | | | |
| 59. Subtotal | | X X X | 44,042,531 | | | | | | 44,042,531 | |
| 60. Reporting entity contributions for Employee Benefit Plans | | X X X | | | | | | | | |
| 61. Total (Direct Business) | (a) | 45 | 44,042,531 | | | | | | 44,042,531 | |

DETAILS OF WRITE-INS

| | | | | | | | | | | |
|-------|--------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| 5801. | | | | | | | | | | |
| 5802. | | | | | | | | | | |
| 5803. | | | | | | | | | | |
| 5898. | Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | | |
| 5899. | Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above) | | | | | | | | | |

Explanation of basis of allocation by states, premiums by state, etc.

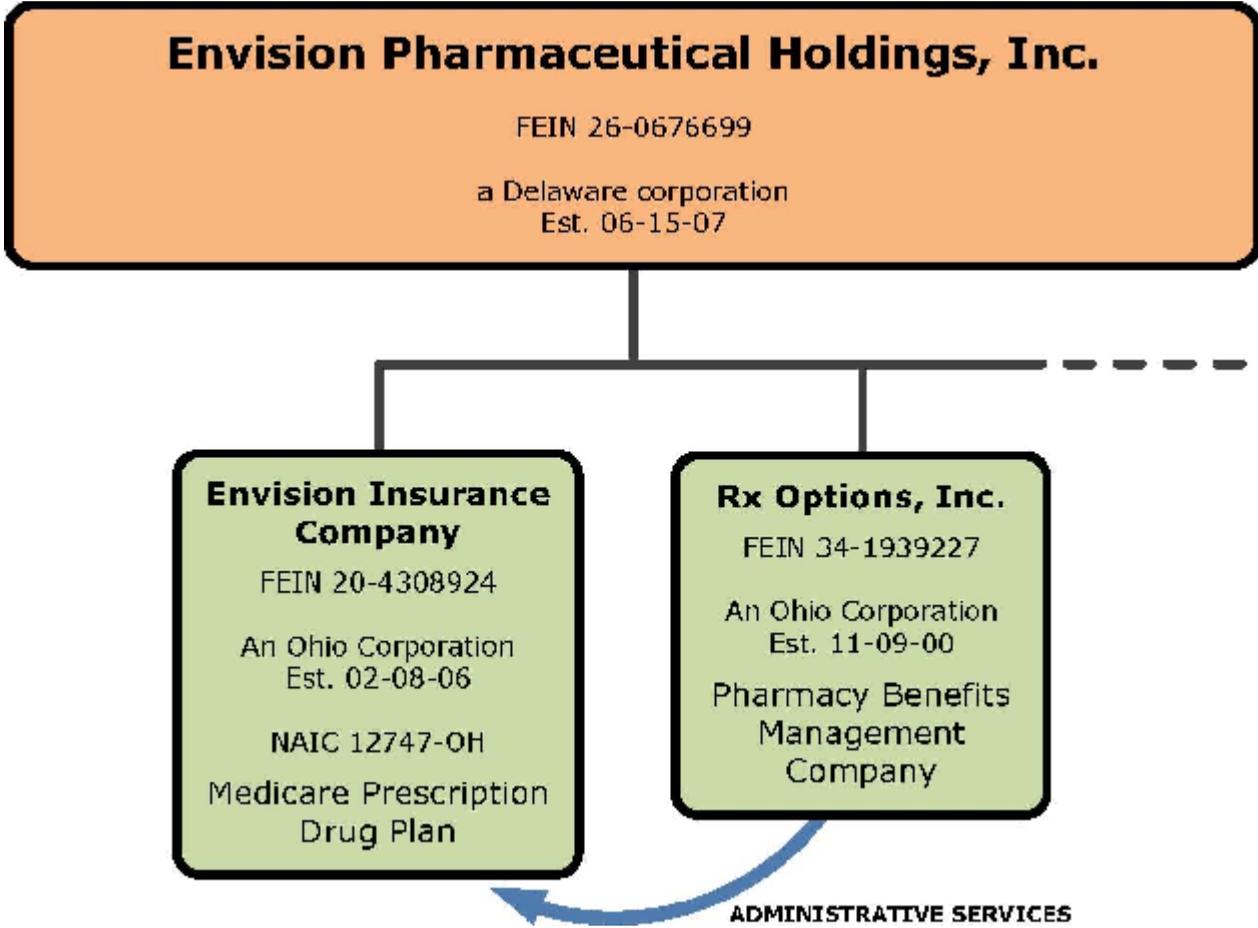
Actual premiums attributable to policyholders residing in the state are reported.

Retrospective Premium and other premiums not allocated or assigned by state

was then allocated proportionately based on total reported premium.

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

ENVISION INSURANCE COMPANY 2009 Annual Statement Schedule "Y"



Health

Annual Statement Blank Alphabetical Index

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