



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

(Name)

NAIC Group Code 00000, 00000, NAIC Company Code 12747, Employer's ID Number 20-4308924

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

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

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

Statutory Home Office 2181 East Aurora Road, Twinsburg, OH, US 44087

Main Administrative Office 2181 East Aurora Road, Twinsburg, OH, US 44087, 330-405-8089

Mail Address 2181 East Aurora Road, Twinsburg, OH, US 44087

Primary Location of Books and Records 2181 East Aurora Road, Twinsburg, OH, US 44087, 330-405-8089

Internet Web Site Address www.envisionrx.com

Statutory Statement Contact Scott David Gonia CPA, 330-486-4846, eicaccounting@envisionrx.com, 330-486-4801

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes William Carl Epling (President), Scott David Gonia (Treasurer), Robert Burns Weinberg (Senior Vice President, General Counsel & Secretary), Thomas John Welsh (Chief Financial Officer & Executive Vice President).

OTHER OFFICERS

Empty lines for other officers.

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Name, Name, Name. Includes William Carl Epling, Darren Wayne Karst, Matthew Charles Schroeder, Kermit Ray Crawford #, Kenneth Charles Black, Thomas John Welsh.

State of Ohio, County of Summit

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

William Carl Epling, President

Scott David Gonia, Treasurer

Robert Burns Weinberg, Senior Vice President, General Counsel & Secretary

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

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	.0	.0.0		.0.0		
4. Total capitation payments .....	.0	.0.0	0	.0.0	0	0
Other Payments:						
5. Fee-for-service .....	.0	.0.0	XXX	XXX		
6. Contractual fee payments .....	.0	.0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments	292,160,554	100.0	XXX	XXX	292,160,554	
12. Total other payments	292,160,554	100.0	XXX	XXX	292,160,554	0
13. Total (Line 4 plus Line 12)	292,160,554	100 %	XXX	XXX	292,160,554	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	1,259									1,259	
2. First Quarter	1,634									1,634	
3. Second Quarter	1,378									1,378	
4. Third Quarter	1,249									1,249	
5. Current Year	1,169									1,169	
6. Current Year Member Months	16,954									16,954	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	1,352,910									1,352,910	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	1,352,910									1,352,910	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,121,392									1,121,392	
18. Amount Incurred for Provision of Health Care Services	1,213,816									1,213,816	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,207,638

30.AL



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	1,373									1,373	
2. First Quarter	1,409									1,409	
3. Second Quarter	1,489									1,489	
4. Third Quarter	1,560									1,560	
5. Current Year	1,681									1,681	
6. Current Year Member Months	17,995									17,995	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	1,551,443									1,551,443	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	1,551,443									1,551,443	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,182,487									1,182,487	
18. Amount Incurred for Provision of Health Care Services	1,440,003									1,440,003	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,551,443

30.AK



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	9,057									9,057
2. First Quarter	8,913									8,913
3. Second Quarter	8,245									8,245
4. Third Quarter	7,877									7,877
5. Current Year	7,571									7,571
6. Current Year Member Months	99,153									99,153
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	7,217,931									7,217,931
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	7,217,931									7,217,931
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,079,074									5,079,074
18. Amount Incurred for Provision of Health Care Services	5,685,723									5,685,723

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,178,456

30.AZ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	662									662
2. First Quarter	747									747
3. Second Quarter	686									686
4. Third Quarter	676									676
5. Current Year	647									647
6. Current Year Member Months	8,357									8,357
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	677,769									677,769
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	677,769									677,769
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	580,511									580,511
18. Amount Incurred for Provision of Health Care Services	606,734									606,734

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$664,734

30.AR



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF California		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	19,498									19,498	
2. First Quarter	17,964									17,964	
3. Second Quarter	13,596									13,596	
4. Third Quarter	12,823									12,823	
5. Current Year	12,162									12,162	
6. Current Year Member Months	177,970									177,970	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	24,326,792									24,326,792	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	24,326,792									24,326,792	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	20,350,056									20,350,056	
18. Amount Incurred for Provision of Health Care Services	22,289,138									22,289,138	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$24,252,056

30.CA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	10,046									10,046	
2. First Quarter	10,294									10,294	
3. Second Quarter	10,194									10,194	
4. Third Quarter	10,448									10,448	
5. Current Year	10,587									10,587	
6. Current Year Member Months	123,698									123,698	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	10,672,113									10,672,113	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	10,672,113									10,672,113	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	8,048,605									8,048,605	
18. Amount Incurred for Provision of Health Care Services	9,850,892									9,850,892	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,634,414

30.CO



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	6,772									6,772	
2. First Quarter	9,535									9,535	
3. Second Quarter	10,011									10,011	
4. Third Quarter	10,618									10,618	
5. Current Year	11,072									11,072	
6. Current Year Member Months	121,483									121,483	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	6,805,632									6,805,632	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	6,805,632									6,805,632	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	4,915,393									4,915,393	
18. Amount Incurred for Provision of Health Care Services	6,491,167									6,491,167	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,730,893

30.CT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	2,698									2,698	
2. First Quarter	3,855									3,855	
3. Second Quarter	4,027									4,027	
4. Third Quarter	4,243									4,243	
5. Current Year	4,390									4,390	
6. Current Year Member Months	48,739									48,739	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	5,169,662									5,169,662	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	5,169,662									5,169,662	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	4,371,221									4,371,221	
18. Amount Incurred for Provision of Health Care Services	4,906,915									4,906,915	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,004,885

30.DE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	1,704									1,704	
2. First Quarter	1,941									1,941	
3. Second Quarter	1,971									1,971	
4. Third Quarter	2,035									2,035	
5. Current Year	2,097									2,097	
6. Current Year Member Months	23,909									23,909	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	1,924,663									1,924,663	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	1,924,663									1,924,663	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,470,892									1,470,892	
18. Amount Incurred for Provision of Health Care Services	1,817,576									1,817,576	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,923,817

30.DC



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Florida		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	3,514									3,514	
2. First Quarter	4,969									4,969	
3. Second Quarter	4,891									4,891	
4. Third Quarter	4,277									4,277	
5. Current Year	4,046									4,046	
6. Current Year Member Months	55,753									55,753	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	4,745,798									4,745,798	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	4,745,798									4,745,798	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	4,036,042									4,036,042	
18. Amount Incurred for Provision of Health Care Services	4,026,072									4,026,072	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,043,963

30.FL



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2018

NAIC Company Code 12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	15,132									15,132
2. First Quarter	21,160									21,160
3. Second Quarter	22,409									22,409
4. Third Quarter	23,977									23,977
5. Current Year	25,368									25,368
6. Current Year Member Months	272,818									272,818
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	16,088,231									16,088,231
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	16,088,231									16,088,231
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	11,726,116									11,726,116
18. Amount Incurred for Provision of Health Care Services	15,281,339									15,281,339

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$15,865,112

30.GA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	39									39
2. First Quarter	36									36
3. Second Quarter	35									35
4. Third Quarter	34									34
5. Current Year	34									34
6. Current Year Member Months	416									416
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	20,774									20,774
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	20,774									20,774
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,965									3,965
18. Amount Incurred for Provision of Health Care Services	6,867									6,867

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$20,774

30.GU



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	336									336
2. First Quarter	339									339
3. Second Quarter	338									338
4. Third Quarter	339									339
5. Current Year	329									329
6. Current Year Member Months	4,040									4,040
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	534,525									534,525
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	534,525									534,525
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	397,886									397,886
18. Amount Incurred for Provision of Health Care Services	463,781									463,781

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$533,650

30.HI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	3,361									3,361
2. First Quarter	3,553									3,553
3. Second Quarter	3,487									3,487
4. Third Quarter	3,426									3,426
5. Current Year	3,415									3,415
6. Current Year Member Months	41,850									41,850
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,408,339									3,408,339
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,408,339									3,408,339
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,487,175									2,487,175
18. Amount Incurred for Provision of Health Care Services	3,005,098									3,005,098

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,397,659

30.ID



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2018

NAIC Company Code 12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	16,430									16,430
2. First Quarter	17,273									17,273
3. Second Quarter	17,846									17,846
4. Third Quarter	18,487									18,487
5. Current Year	19,196									19,196
6. Current Year Member Months	214,766									214,766
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	17,870,050									17,870,050
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	17,870,050									17,870,050
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	12,966,411									12,966,411
18. Amount Incurred for Provision of Health Care Services	16,070,724									16,070,724

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$17,359,640

30.1L



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	2,010									2,010
2. First Quarter	2,242									2,242
3. Second Quarter	2,185									2,185
4. Third Quarter	1,977									1,977
5. Current Year	1,883									1,883
6. Current Year Member Months	25,400									25,400
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,929,651									2,929,651
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,929,651									2,929,651
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,506,222									2,506,222
18. Amount Incurred for Provision of Health Care Services	2,743,681									2,743,681

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,810,471

30.IN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	585									585
2. First Quarter	756									756
3. Second Quarter	723									723
4. Third Quarter	706									706
5. Current Year	662									662
6. Current Year Member Months	8,685									8,685
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,095,002									1,095,002
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,095,002									1,095,002
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	713,346									713,346
18. Amount Incurred for Provision of Health Care Services	777,951									777,951

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$667,262

30.1A



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	669									669
2. First Quarter	638									638
3. Second Quarter	600									600
4. Third Quarter	589									589
5. Current Year	570									570
6. Current Year Member Months	7,276									7,276
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	819,377									819,377
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	819,377									819,377
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	591,749									591,749
18. Amount Incurred for Provision of Health Care Services	737,545									737,545

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$783,188

30.KS



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	1,579									1,579
2. First Quarter	1,567									1,567
3. Second Quarter	1,511									1,511
4. Third Quarter	1,294									1,294
5. Current Year	1,227									1,227
6. Current Year Member Months	17,360									17,360
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,951,380									1,951,380
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,951,380									1,951,380
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,594,077									1,594,077
18. Amount Incurred for Provision of Health Care Services	1,782,380									1,782,380

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,899,891

30.KY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	1,106									1,106	
2. First Quarter	1,590									1,590	
3. Second Quarter	1,526									1,526	
4. Third Quarter	1,416									1,416	
5. Current Year	1,387									1,387	
6. Current Year Member Months	17,937									17,937	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	1,326,543									1,326,543	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	1,326,543									1,326,543	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,018,230									1,018,230	
18. Amount Incurred for Provision of Health Care Services	1,152,048									1,152,048	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,239,227

30.LA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	5,689									5,689
2. First Quarter	8,147									8,147
3. Second Quarter	8,538									8,538
4. Third Quarter	8,940									8,940
5. Current Year	9,208									9,208
6. Current Year Member Months	103,041									103,041
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,417,090									5,417,090
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,417,090									5,417,090
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,536,198									3,536,198
18. Amount Incurred for Provision of Health Care Services	4,950,774									4,950,774

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,410,729

30.ME



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	14,620									14,620	
2. First Quarter	19,828									19,828	
3. Second Quarter	20,686									20,686	
4. Third Quarter	21,453									21,453	
5. Current Year	21,821									21,821	
6. Current Year Member Months	248,726									248,726	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	14,057,291									14,057,291	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	14,057,291									14,057,291	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	10,291,572									10,291,572	
18. Amount Incurred for Provision of Health Care Services	13,474,754									13,474,754	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$14,033,500

30.MD



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	16,997									16,997	
2. First Quarter	23,614									23,614	
3. Second Quarter	25,025									25,025	
4. Third Quarter	26,798									26,798	
5. Current Year	28,045									28,045	
6. Current Year Member Months	304,262									304,262	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	15,891,452									15,891,452	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	15,891,452									15,891,452	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	11,308,509									11,308,509	
18. Amount Incurred for Provision of Health Care Services	15,419,038									15,419,038	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$15,891,420

30.MA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	30,890									30,890	
2. First Quarter	42,745									42,745	
3. Second Quarter	45,099									45,099	
4. Third Quarter	47,796									47,796	
5. Current Year	49,744									49,744	
6. Current Year Member Months	547,018									547,018	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	25,637,650									25,637,650	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	25,637,650									25,637,650	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	16,443,898									16,443,898	
18. Amount Incurred for Provision of Health Care Services	22,439,336									22,439,336	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$23,977,957

30.MI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	761									761	
2. First Quarter	706									706	
3. Second Quarter	641									641	
4. Third Quarter	603									603	
5. Current Year	578									578	
6. Current Year Member Months	7,771									7,771	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	1,120,969									1,120,969	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	1,120,969									1,120,969	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	890,128									890,128	
18. Amount Incurred for Provision of Health Care Services	1,023,875									1,023,875	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,120,969

30.MN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	4,779									4,779	
2. First Quarter	9,836									9,836	
3. Second Quarter	10,562									10,562	
4. Third Quarter	11,399									11,399	
5. Current Year	12,123									12,123	
6. Current Year Member Months	128,550									128,550	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	7,302,562									7,302,562	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	7,302,562									7,302,562	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	4,803,833									4,803,833	
18. Amount Incurred for Provision of Health Care Services	6,674,862									6,674,862	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,238,099

30.MS



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	2,519									2,519	
2. First Quarter	1,343									1,343	
3. Second Quarter	1,295									1,295	
4. Third Quarter	1,253									1,253	
5. Current Year	1,227									1,227	
6. Current Year Member Months	15,455									15,455	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	643,242									643,242	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	643,242									643,242	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	1,712,991									1,712,991	
18. Amount Incurred for Provision of Health Care Services	620,982									620,982	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$483,693

30.MO



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	227									227	
2. First Quarter	174									174	
3. Second Quarter	155									155	
4. Third Quarter	144									144	
5. Current Year	136									136	
6. Current Year Member Months	1,886									1,886	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	300,187									300,187	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	300,187									300,187	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	204,654									204,654	
18. Amount Incurred for Provision of Health Care Services	261,165									261,165	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$288,990

30.MT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	627									627	
2. First Quarter	552									552	
3. Second Quarter	545									545	
4. Third Quarter	534									534	
5. Current Year	499									499	
6. Current Year Member Months	6,468									6,468	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	467,884									467,884	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	467,884									467,884	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	403,580									403,580	
18. Amount Incurred for Provision of Health Care Services	422,804									422,804	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$457,240

30.NE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	461									461
2. First Quarter	638									638
3. Second Quarter	517									517
4. Third Quarter	481									481
5. Current Year	460									460
6. Current Year Member Months	6,537									6,537
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	453,476									453,476
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	453,476									453,476
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	344,909									344,909
18. Amount Incurred for Provision of Health Care Services	404,391									404,391

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$446,640

30.NV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	6,643									6,643	
2. First Quarter	10,264									10,264	
3. Second Quarter	10,827									10,827	
4. Third Quarter	11,613									11,613	
5. Current Year	12,112									12,112	
6. Current Year Member Months	132,112									132,112	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	5,236,423									5,236,423	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	5,236,423									5,236,423	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	3,318,493									3,318,493	
18. Amount Incurred for Provision of Health Care Services	4,759,243									4,759,243	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,235,676

30.NH



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	4,322									4,322	
2. First Quarter	3,069									3,069	
3. Second Quarter	2,158									2,158	
4. Third Quarter	1,992									1,992	
5. Current Year	1,861									1,861	
6. Current Year Member Months	28,918									28,918	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	4,159,705									4,159,705	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	4,159,705									4,159,705	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	3,807,347									3,807,347	
18. Amount Incurred for Provision of Health Care Services	3,826,905									3,826,905	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,158,884

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	4,114									4,114	
2. First Quarter	4,218									4,218	
3. Second Quarter	4,359									4,359	
4. Third Quarter	4,576									4,576	
5. Current Year	4,793									4,793	
6. Current Year Member Months	53,207									53,207	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	3,077,255									3,077,255	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	3,077,255									3,077,255	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,988,100									1,988,100	
18. Amount Incurred for Provision of Health Care Services	2,531,552									2,531,552	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,061,240

30.NM



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	26,181									26,181
2. First Quarter	28,779									28,779
3. Second Quarter	31,186									31,186
4. Third Quarter	34,216									34,216
5. Current Year	36,447									36,447
6. Current Year Member Months	381,174									381,174
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	23,771,249									23,771,249
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	23,771,249									23,771,249
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	18,547,064									18,547,064
18. Amount Incurred for Provision of Health Care Services	23,769,461									23,769,461

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$23,770,237

30.NY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Carolina		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	20,150									20,150	
2. First Quarter	32,725									32,725	
3. Second Quarter	34,961									34,961	
4. Third Quarter	37,421									37,421	
5. Current Year	39,135									39,135	
6. Current Year Member Months	423,951									423,951	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	21,390,621									21,390,621	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	21,390,621									21,390,621	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	14,239,110									14,239,110	
18. Amount Incurred for Provision of Health Care Services	19,675,338									19,675,338	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$21,013,855

30.NC



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	166									166	
2. First Quarter	182									182	
3. Second Quarter	178									178	
4. Third Quarter	169									169	
5. Current Year	159									159	
6. Current Year Member Months	2,118									2,118	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	212,368									212,368	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	212,368									212,368	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	173,206									173,206	
18. Amount Incurred for Provision of Health Care Services	194,220									194,220	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$208,011

30.ND



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	19,947									19,947	
2. First Quarter	33,670									33,670	
3. Second Quarter	36,629									36,629	
4. Third Quarter	40,069									40,069	
5. Current Year	42,525									42,525	
6. Current Year Member Months	446,261									446,261	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	24,019,178									24,019,178	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	24,019,178									24,019,178	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	16,233,387									16,233,387	
18. Amount Incurred for Provision of Health Care Services	22,488,984									22,488,984	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$24,010,422

30.OH



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	1,036									1,036
2. First Quarter	1,503									1,503
3. Second Quarter	1,410									1,410
4. Third Quarter	1,366									1,366
5. Current Year	1,276									1,276
6. Current Year Member Months	16,939									16,939
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,163,637									1,163,637
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,163,637									1,163,637
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	902,226									902,226
18. Amount Incurred for Provision of Health Care Services	1,022,425									1,022,425

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,048,422

30.OK



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	16,966									16,966
2. First Quarter	23,249									23,249
3. Second Quarter	24,312									24,312
4. Third Quarter	26,778									26,778
5. Current Year	27,936									27,936
6. Current Year Member Months	302,420									302,420
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	12,814,707									12,814,707
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	12,814,707									12,814,707
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	8,555,313									8,555,313
18. Amount Incurred for Provision of Health Care Services	11,591,889									11,591,889

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,797,724

30. OR



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	46,452									46,452	
2. First Quarter	68,048									68,048	
3. Second Quarter	71,581									71,581	
4. Third Quarter	76,003									76,003	
5. Current Year	80,905									80,905	
6. Current Year Member Months	870,588									870,588	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	44,500,411									44,500,411	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	44,500,411									44,500,411	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	30,632,027									30,632,027	
18. Amount Incurred for Provision of Health Care Services	42,439,816									42,439,816	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$44,465,424

30.PA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	.72									.72
2. First Quarter .....	.62									.62
3. Second Quarter .....	.57									.57
4. Third Quarter .....	.46									.46
5. Current Year .....	.45									.45
6. Current Year Member Months	661									661
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	59,255									59,255
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	59,255									59,255
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	48,567									48,567
18. Amount Incurred for Provision of Health Care Services	48,795									48,795

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$59,255

30.P.R



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	2,513									2,513	
2. First Quarter	3,931									3,931	
3. Second Quarter	4,203									4,203	
4. Third Quarter	4,527									4,527	
5. Current Year	4,609									4,609	
6. Current Year Member Months	50,750									50,750	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	2,378,973									2,378,973	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	2,378,973									2,378,973	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	1,584,137									1,584,137	
18. Amount Incurred for Provision of Health Care Services	2,206,463									2,206,463	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,302,154

30.RI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	12,002									12,002	
2. First Quarter	19,683									19,683	
3. Second Quarter	20,596									20,596	
4. Third Quarter	21,678									21,678	
5. Current Year	22,437									22,437	
6. Current Year Member Months	249,447									249,447	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	14,378,333									14,378,333	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	14,378,333									14,378,333	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	9,992,739									9,992,739	
18. Amount Incurred for Provision of Health Care Services	13,511,677									13,511,677	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$14,320,745

30.S.C



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	199									199	
2. First Quarter	196									196	
3. Second Quarter	179									179	
4. Third Quarter	170									170	
5. Current Year	170									170	
6. Current Year Member Months	2,184									2,184	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	302,676									302,676	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	302,676									302,676	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	196,756									196,756	
18. Amount Incurred for Provision of Health Care Services	240,662									240,662	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$263,064

30.SD



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	1,964									1,964	
2. First Quarter	2,221									2,221	
3. Second Quarter	2,015									2,015	
4. Third Quarter	1,910									1,910	
5. Current Year	1,772									1,772	
6. Current Year Member Months	24,354									24,354	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	2,068,241									2,068,241	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	2,068,241									2,068,241	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	1,938,959									1,938,959	
18. Amount Incurred for Provision of Health Care Services	2,005,531									2,005,531	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,924,324

30.TN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	6,299									6,299
2. First Quarter	11,635									11,635
3. Second Quarter	10,658									10,658
4. Third Quarter	10,244									10,244
5. Current Year	9,771									9,771
6. Current Year Member Months	128,861									128,861
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	8,727,274									8,727,274
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	8,727,274									8,727,274
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,296,276									7,296,276
18. Amount Incurred for Provision of Health Care Services	7,826,273									7,826,273

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,783,853

30.TX



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	2,716									2,716	
2. First Quarter	2,737									2,737	
3. Second Quarter	2,671									2,671	
4. Third Quarter	2,718									2,718	
5. Current Year	2,710									2,710	
6. Current Year Member Months	32,454									32,454	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	2,849,149									2,849,149	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	2,849,149									2,849,149	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,944,138									1,944,138	
18. Amount Incurred for Provision of Health Care Services	2,520,143									2,520,143	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,797,470

30.UT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Vermont		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	3,343									3,343	
2. First Quarter	5,182									5,182	
3. Second Quarter	5,547									5,547	
4. Third Quarter	6,036									6,036	
5. Current Year	6,312									6,312	
6. Current Year Member Months	67,776									67,776	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	2,543,122									2,543,122	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	2,543,122									2,543,122	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,585,060									1,585,060	
18. Amount Incurred for Provision of Health Care Services	2,381,168									2,381,168	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,541,956

30.VT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,736									4,736
2. First Quarter	4,125									4,125
3. Second Quarter	3,803									3,803
4. Third Quarter	3,036									3,036
5. Current Year	3,023									3,023
6. Current Year Member Months	43,762									43,762
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,196,048									4,196,048
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,196,048									4,196,048
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,704,173									3,704,173
18. Amount Incurred for Provision of Health Care Services	3,629,307									3,629,307

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,108,196

30.VA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	30,890									30,890	
2. First Quarter	41,297									41,297	
3. Second Quarter	42,687									42,687	
4. Third Quarter	44,800									44,800	
5. Current Year	46,454									46,454	
6. Current Year Member Months	519,300									519,300	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	24,106,411									24,106,411	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	24,106,411									24,106,411	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	17,086,649									17,086,649	
18. Amount Incurred for Provision of Health Care Services	22,082,881									22,082,881	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$24,106,411

30.WA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2018

NAIC Company Code

12747

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	8,421									8,421
2. First Quarter	10,623									10,623
3. Second Quarter	10,945									10,945
4. Third Quarter	11,484									11,484
5. Current Year	11,855									11,855
6. Current Year Member Months	133,163									133,163
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	8,802,116									8,802,116
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	8,802,116									8,802,116
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,544,294									6,544,294
18. Amount Incurred for Provision of Health Care Services	8,157,951									8,157,951

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,786,677

30.WV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	7,787									7,787	
2. First Quarter	8,158									8,158	
3. Second Quarter	8,158									8,158	
4. Third Quarter	8,291									8,291	
5. Current Year	8,437									8,437	
6. Current Year Member Months	98,390									98,390	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	9,857,771									9,857,771	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	9,857,771									9,857,771	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	6,615,159									6,615,159	
18. Amount Incurred for Provision of Health Care Services	8,258,092									8,258,092	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,779,413

30.WI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	152									152	
2. First Quarter	173									173	
3. Second Quarter	162									162	
4. Third Quarter	144									144	
5. Current Year	138									138	
6. Current Year Member Months	1,890									1,890	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	174,736									174,736	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	174,736									174,736	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	126,243									126,243	
18. Amount Incurred for Provision of Health Care Services	152,082									152,082	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$171,197

30.WY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2018						NAIC Company Code	12747
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	402,471	0	0	0	0	0	0	0	0	402,471	
2. First Quarter	533,728	0	0	0	0	0	0	0	0	533,728	
3. Second Quarter	549,493	0	0	0	0	0	0	0	0	549,493	
4. Third Quarter	576,739	0	0	0	0	0	0	0	0	576,739	
5. Current Year	598,216	0	0	0	0	0	0	0	0	598,216	
6. Current Year Member Months	6,684,952	0	0	0	0	0	0	0	0	6,684,952	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	402,570,046	0	0	0	0	0	0	0	0	402,570,046	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	402,570,046	0	0	0	0	0	0	0	0	402,570,046	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	292,160,550	0	0	0	0	0	0	0	0	292,160,550	
18. Amount Incurred for Provision of Health Care Services	371,362,287	0	0	0	0	0	0	0	0	371,362,287	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$394,833,019

30.GT

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 Totals							0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
82627	06-0839705	01/01/2015	SWISS RE LIFE & HLTH AMER INC.	MO		MD	30,756						
82627	06-0839705	01/01/2015	SWISS RE LIFE & HLTH AMER INC.	MO		MD	(444,238)						
88340	59-2859797	07/01/2008	HANNOVER LIFE REASSUR CO OF AMER.	FL		MD	0						
88340	59-2859797	01/01/2009	HANNOVER LIFE REASSUR CO OF AMER.	FL		MD	(91,834)						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							(505,316)	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							(505,316)	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							(505,316)	0	0	0	0	0	0
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates													
		01/01/2017	PRAM Captive Insurance Company	NC		MD	2,394,237						
1999999 - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates							2,394,237	0	0	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
		01/01/2017	Artex SAC Ltd/Fleet ENX Segregated Acct	BMU		MD	6,979,292						
2099999 - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							6,979,292	0	0	0	0	0	0
2199999 - General Account - Unauthorized - Non-Affiliates - Total Unauthorized Non-Affiliates							9,373,529	0	0	0	0	0	0
2299999 - General Account - Unauthorized - Total General Account Unauthorized							9,373,529	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							8,868,213	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,888,921	0	0	0	0	0	0
7099999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							6,979,292	0	0	0	0	0	0
9999999 Totals							8,868,213	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates														
		01/01/2017	PRAM Captive Insurance Company	0	175,440	93,865	269,305	0			100,000		368,098	269,305
1999999			General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates	0	175,440	93,865	269,305	0	XXX	0	100,000	0	368,098	269,305
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
		01/01/2017	Artex SAC Ltd/Fleet ENX Segregated Acct	0	465,445	5,482	470,927	500,000			5,813,604		203,777	470,927
2099999			General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates	0	465,445	5,482	470,927	500,000	XXX	0	5,813,604	0	203,777	470,927
2199999			General Account - Accident and Health - Non-Affiliates - Total Non-Affiliates	0	640,885	99,347	740,232	500,000	XXX	0	5,913,604	0	571,875	740,232
2299999			General Account - Accident and Health - Total Accident and Health	0	640,885	99,347	740,232	500,000	XXX	0	5,913,604	0	571,875	740,232
2399999			General Account - Total General Account	0	640,885	99,347	740,232	500,000	XXX	0	5,913,604	0	571,875	740,232
3599999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	175,440	93,865	269,305	0	XXX	0	100,000	0	368,098	269,305
3699999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	465,445	5,482	470,927	500,000	XXX	0	5,813,604	0	203,777	470,927
9999999 Totals														
				0	640,885	99,347	740,232	500,000	XXX	0	5,913,604	0	571,875	740,232

34

Issuing or Confirming Bank Reference Number (a)	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
00000011			Goldman Sachs Lending Partners LLC	500,000

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums.....	8,868	170,559	225,610	223,598	315,360
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	8,745	154,493	221,136	213,356	297,575
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	641	23,531	4,506	3,949	7,552
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	5,914	3,738	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	5,914	3,738	0	0	0
14. Letters of credit (L).....	500	500	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	121,915,325		121,915,325
2. Accident and health premiums due and unpaid (Line 15).....	133,154,779		133,154,779
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(7,863,267)	(7,863,267)
5. All other admitted assets (Balance).....	241,596,930		241,596,930
6. Total assets (Line 28)	496,667,034	(7,863,267)	488,803,767
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	127,853,216	640,884	128,494,100
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	4,418,798		4,418,798
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	7,123,311	(7,123,311)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	305,450,477	(1,380,840)	304,069,637
15. Total liabilities (Line 24).....	444,845,802	(7,863,267)	436,982,535
16. Total capital and surplus (Line 33).....	51,821,232	XXX	51,821,232
17. Total liabilities, capital and surplus (Line 34)	496,667,034	(7,863,267)	488,803,767
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	640,884		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	640,884		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	7,123,311		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	1,380,840		
30. Total ceded reinsurance payables/offsets	8,504,151		
31. Total net credit for ceded reinsurance	(7,863,267)		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
			23-1614034		84129	NYSE	Rite Aid Corporation	DE	UDP	Board of Directors	Board of Directors	100.0	Rite Aid Corporation	N	.0
			90-1011712				Hunter Lane, LLC	DE	NIA	Rite Aid Corporation	Ownership	100.0	Rite Aid Corporation	N	.0
			26-0676699				Envision Pharmaceutical Holdings LLC	DE	NIA	Hunter Lane, LLC	Ownership	100.0	Rite Aid Corporation	N	.0
		12747	20-4308924				Envision Insurance Company	OH	RE	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			34-1939227				Rx Options, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			34-4221427				MedTrak Services, LLC	MO	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			05-0570786				Envision Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			88-0511398				Envision Pharmaceutical Services, LLC	NV	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			20-3389462				Envision Medical Solutions, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			26-2434607				Orchard Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			59-2798509				First Florida Insurers of Tampa, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			59-3760021				Advance Benefits, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			27-4368094				Design Rx Holdings LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			20-1369429				Design Rx, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			20-5166645				Design Rxclusives, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			20-3649446				Rx Initiatives L.L.C	UT	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			45-4806467				Ascend Health Technology LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0
			41-1924169				Laker Software, LLC	MN	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	.0

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	59-2798509	First Florida Insurers of Tampa, LLC					795,691				795,691	
	34-1939227	Rx Options, LLC					1,441,944,006				1,441,944,006	
12747	20-4308924	Envision Insurance Company		5,000,000			(1,443,636,740)				(1,438,636,740)	
	26-0676699	Envision Pharmaceutical Holdings LLC		(5,000,000)			897,043				(4,102,957)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | <u>Responses</u> |
|---|------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

AUGUST FILING

- | | |
|---|---------------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? |YES..... |
|---|---------------|

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

MARCH FILING

- | | |
|--|---------------------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |SEE EXPLANATION..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |YES..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |NO..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|--|---------------------------|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? |SEE EXPLANATION..... |
| 25. Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? |SEE EXPLANATION..... |

AUGUST FILING

- | | |
|--|---------------------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |SEE EXPLANATION..... |
|--|---------------------------|

Explanation:

11. The Company does not offer Medicare Supplement Insurance.
12. The Company does not offer Life Insurance.
13. The Company has less than 100 shareholders
14. The Company does not write Life Insurance.
15. The Company does not write Life Insurance.
17. Not Applicable.
18. Not Applicable.
19. Not Applicable.
20. The Company does not write Long-term Care Insurance.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Not Required

24. Not Required by state of Ohio

25. Not Required by state of Ohio

26. None Required.

Bar code:

11. 
1 2 7 4 7 2 0 1 8 3 6 0 5 9 0 0 0

12. 
1 2 7 4 7 2 0 1 8 2 0 5 0 0 0 0 0

14. 
1 2 7 4 7 2 0 1 8 3 7 1 0 0 0 0 0

15. 
1 2 7 4 7 2 0 1 8 3 7 0 0 0 0 0 0

17. 
1 2 7 4 7 2 0 1 8 2 2 4 0 0 0 0 0

18. 
1 2 7 4 7 2 0 1 8 2 2 5 0 0 0 0 0

19. 
1 2 7 4 7 2 0 1 8 2 2 6 0 0 0 0 0

20. 
1 2 7 4 7 2 0 1 8 3 0 6 0 0 0 0 0

21. 
1 2 7 4 7 2 0 1 8 2 1 1 5 9 0 0 0

OVERFLOW PAGE FOR WRITE-INS



**SUPPLEMENT FOR THE YEAR 2018 OF THE Envision Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code

00000

NAIC Company Code

12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	147,299,281	XXX	17,767,418	XXX	165,066,699
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	99,930,746	XXX		XXX	99,930,746
1.2 Supplemental Benefits.....		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	101,655,623	XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	24,654,528	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	248,954,904	XXX	17,767,418	XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	124,585,274	XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....	373,540,178	XXX	17,767,418	XXX	264,997,445
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	249,225,615	XXX	10,104,963	XXX	259,330,578
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	98,044,783	XXX	3,975,269	XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	347,270,398	XXX	14,080,232	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims	347,270,398	XXX	14,080,232	XXX	259,330,578
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX	(37,562,777)	XXX	(1,786,671)	(39,349,448)
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	26,785,921	XXX	500,340	XXX	27,286,261
15. Expenses Incurred.....	25,058,787	XXX	468,078	XXX	XXX
16. Underwriting Gain/Loss.....	1,210,993	XXX	3,219,108	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	17,730,054

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