



QUARTERLY STATEMENT

AS OF MARCH 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

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

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

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address www.envisionrx.com

Statutory Statement Contact Scott David Gonia CPA 330-486-4846
(Name) (Area Code) (Telephone Number) (Extension)

eicaccounting@envisionrx.com 330-486-4801
(E-Mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>William Carl Epling</u>	<u>President</u>	<u>Scott David Gonia #</u>	<u>Vice President, Insurance Accounting & Treasurer</u>
<u>Robert Burns Weinberg #</u>	<u>Senior Vice President, General Counsel & Secretary</u>	<u>Thomas John Welsh</u>	<u>Chief Financial Officer & Executive Vice President</u>

OTHER OFFICERS

<u>Frank John Sheehy</u>	<u>Chief Executive Officer</u>	<u>Dawn Gail Sherman</u>	<u>Executive Vice President</u>
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DIRECTORS OR TRUSTEES

<u>William Carl Epling</u>	<u>Douglas Elwood Donley</u>	<u>Matthew Charles Schroeder</u>	<u>Kenneth Charles Black</u>
<u>Frank John Sheehy</u>	<u>Darren Wayne Karst</u>	<u>Thomas John Welsh</u>	

State of Ohio

ss

County of Summit

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

William Carl Epling
President

Thomas John Welsh
Chief Financial Officer

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

STATEMENT AS OF MARCH 31, 2016 OF THE Envision Insurance Company

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	6,567,143		6,567,143	6,069,176
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$46,497,764), cash equivalents (\$0) and short-term investments (\$124,659)	46,622,423		46,622,423	34,270,325
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	53,189,566	0	53,189,566	40,339,501
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	42,869		42,869	36,632
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,371,658		2,371,658	648,640
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$40,239,788) and contracts subject to redetermination (\$)	40,239,788		40,239,788	23,907,273
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	275,359,545		275,359,545	265,193,037
18.1 Current federal and foreign income tax recoverable and interest thereon	607,822		607,822	1,057,898
18.2 Net deferred tax asset	631,757	24,207	607,550	1,547,832
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$0) and other amounts receivable	93,419		93,419	40,654
25. Aggregate write-ins for other-than-invested assets	585,441	585,441	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	373,121,865	609,648	372,512,217	332,771,467
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	373,121,865	609,648	372,512,217	332,771,467
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses	585,441	585,441	0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	585,441	585,441	0	0

STATEMENT AS OF MARCH 31, 2016 OF THE Envision Insurance Company

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$5,457,211 reinsurance ceded).....	58,309,831		58,309,831	24,283,432
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	4,465,615		4,465,615	2,728,597
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	2,712,946		2,712,946	1,758,977
9. General expenses due or accrued	4,044,773		4,044,773	2,799,778
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable	62,536,314		62,536,314	35,890,562
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	71,160,591		71,160,591	82,573,975
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$122,117,478 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	122,117,478		122,117,478	131,614,112
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	325,347,548	0	325,347,548	281,649,433
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	3,555,000
26. Common capital stock	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	23,700,000	23,700,000
29. Surplus notes	XXX	XXX	30,000,000	30,000,000
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(8,535,331)	(8,132,965)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	47,164,669	51,122,035
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	372,512,217	332,771,468
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. Reserve for ACA Section 9010 Fee.....	XXX	XXX		3,555,000
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	3,555,000
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	1,157,905	1,170,962	4,849,458
2. Net premium income (including \$ non-health premium income).....	XXX	58,093,146	57,879,538	237,341,458
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	58,093,146	57,879,538	237,341,458
Hospital and Medical:				
9. Hospital/medical benefits			0	0
10. Other professional services			0	0
11. Outside referrals			0	0
12. Emergency room and out-of-area			0	0
13. Prescription drugs		129,979,792	126,149,489	435,899,147
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0	0
16. Subtotal (Lines 9 to 15)	0	129,979,792	126,149,489	435,899,147
Less:				
17. Net reinsurance recoveries		75,662,701	72,900,314	213,356,311
18. Total hospital and medical (Lines 16 minus 17)	0	54,317,091	53,249,175	222,542,836
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ cost containment expenses.....		1,033,026	1,414,225	4,918,969
21. General administrative expenses.....		5,014,964	7,651,231	11,797,855
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	60,365,081	62,314,631	239,259,660
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(2,271,935)	(4,435,093)	(1,918,202)
25. Net investment income earned		25,125	20,425	88,093
26. Net realized capital gains (losses) less capital gains tax of \$			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	25,125	20,425	88,093
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 56,617) (amount charged off \$ 231,617)]		(175,000)	(207,500)	(607,500)
29. Aggregate write-ins for other income or expenses	0	0	0	(4,320,264)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(2,421,810)	(4,622,168)	(6,757,873)
31. Federal and foreign income taxes incurred	XXX	450,076	661,639	17,102
32. Net income (loss) (Lines 30 minus 31)	XXX	(2,871,886)	(5,283,807)	(6,774,975)
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Legal Settlement.....			0	0
2902.			0	(4,320,264)
2903.			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	(4,320,264)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	51,122,034	37,645,697	37,645,697
34. Net income or (loss) from Line 32	(2,871,886)	(5,283,807)	(6,774,975)
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	(1,091,484)	(291,618)	887,615
39. Change in nonadmitted assets	6,005	170,487	4,363,697
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	15,000,000	15,000,000
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(3,957,365)	9,595,062	13,476,337
49. Capital and surplus end of reporting period (Line 33 plus 48)	47,164,669	47,240,759	51,122,034
DETAILS OF WRITE-INS			
4701. Prior Period Adjustments.....		0	0
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

STATEMENT AS OF MARCH 31, 2016 OF THE Envision Insurance Company

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	67,637,334	90,122,046	261,086,751
2. Net investment income	44,690	41,616	183,810
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	67,682,024	90,163,662	261,270,561
5. Benefit and loss related payments	20,290,692	48,315,829	218,083,567
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	13,407,485	12,767,709	(171,606,464)
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	461,016
10. Total (Lines 5 through 9)	33,698,177	61,083,538	46,938,119
11. Net cash from operations (Line 4 minus Line 10)	33,983,847	29,080,124	214,332,442
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	4,045,000	5,870,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	198,129	198,128
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	4,243,129	6,068,128
13. Cost of investments acquired (long-term only):			
13.1 Bonds	523,769	4,202,318	5,566,869
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	523,769	4,202,318	5,566,869
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(523,769)	40,811	501,259
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	15,000,000	15,000,000
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	(21,107,979)	(30,955,687)	(215,169,908)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(21,107,979)	(15,955,687)	(200,169,908)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	12,352,099	13,165,248	14,663,793
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	34,270,324	19,606,531	19,606,531
19.2 End of period (Line 18 plus Line 19.1)	46,622,423	32,771,779	34,270,324

STATEMENT AS OF MARCH 31, 2016 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	427,297	.0	.0	.0	.0	.0	.0	.0	.0	427,297
2. First Quarter	385,814	.0	.0	.0	.0	.0	.0	.0	.0	385,814
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	1,157,905									1,157,905
Total Member Ambulatory Encounters for Period:										
7. Physician .....	.0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a).....	113,798,450									113,798,450
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	113,798,450									113,798,450
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	133,903,105									133,903,105
18. Amount Incurred for Provision of Health Care Services	129,979,792									129,979,792

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 113,798,450

STATEMENT AS OF MARCH 31, 2016 OF THE Envision Insurance Company

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health	20,290,692			58,309,831	20,290,692	24,283,432
9. Health subtotal (Lines 1 to 8).....	20,290,692	0	0	58,309,831	20,290,692	24,283,432
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts0	.0
13. Totals (Lines 9-10+11+12)	20,290,692	0	0	58,309,831	20,290,692	24,283,432

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

	3/31/2016	12/31/2015
<u>NET INCOME</u>		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$(2,871,886)	\$(6,774,975)
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	\$(2,871,886)	\$(6,774,975)
<u>SURPLUS</u>		
Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$47,164,669	\$51,122,035
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	\$47,164,669	\$51,122,035

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

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

C. Accounting Policy

No Change.

D. Going Concern

Not applicable to the Company.

2. Accounting Changes and Corrections of Errors

A. New Accounting Principles

No Change.

B. Accounting Change

No Change.

3. Business Combination and Goodwill

Not applicable to the Company.

4. Discontinued Operations

Not applicable to the Company.

5. Investments

D. Loan-Backed Securities - Not applicable to the Company.

E. Repurchase Agreements - Not applicable to the Company.

I. Working Capital Finance Notes - Not applicable to the Company.

J. Offsetting and Netting of Assets and Liabilities - Not applicable to the Company.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable to the Company.

NOTES TO FINANCIAL STATEMENTS

7. Investment Income

Not applicable to the Company.

8. Derivative Instruments

Not applicable to the Company.

9. Income Taxes

No Change.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of the relationship

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

B. Significant transactions for each period

None.

C. Intercompany Management and Service Arrangements

The Company has a pharmacy benefit management services agreement ("PBMSA") with ROI. The transactions under the agreement totaled \$435,567,401 for the year to date ended March 31, 2016

The Company has a general insurance agency agreement with its affiliate, First Florida Insurers of Tampa, LLC ("FFI"). The Company incurred \$223,290 commissions to FFI for the year to date ending March 31, 2016.

D. Amounts Due to or from Related Parties

At March 31, 2016 and December 31, 2015, the Company reported \$71,160,591 and \$82,573,975 due to affiliates, respectively. Additionally, the amounts reported as unpaid claims and unpaid claims adjustment expenses are due to ROI under the PBMSA in the amounts of \$58,309,831 and \$4,465,615 as of March 31, 2016 and \$24,283,432 and \$2,728,597 as of December 31, 2015. The March 31, 2016 payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the PBMSA.

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

F. Management, Service Contracts, Cost Sharing Arrangements

Under the PBMSA, ROI has agreed to provide certain management services to the Company. These designated services include but are not limited to accounting, payroll, claims processing, facilities, customer service and other general administrative services.

The Company has a written tax sharing agreement with the Parent, and its allocation of the Parent's federal income and state income and premium tax liability is based on the Company's federal tax liability determined as if the Company were filing its own separate tax return each year. The Company's tax sharing agreement with the Parent provides that the Company will pay the Parent for its net operating losses to the extent that such net operating loss is used in the reduction of the Company's federal income tax liability. Furthermore, state income and premium tax that results from a combined/consolidated filing shall be allocated to each entity based on the aggregate apportionment of all participating members included within the respective filing. As of March 31, 2016 the Parent owed the Company \$607,822, for federal income taxes, which is reported as current federal and foreign income tax receivable in the Statement of Assets. Intercompany tax balances are settled annually.

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by EPH.

H. Amount Deducted for Investment in Upstream Company

None.

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

None.

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

NOTES TO FINANCIAL STATEMENTS

None.

K. Investment in a Foreign Insurance Subsidiary

None.

11. Debt

Not applicable to the Company.

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

Not applicable to the Company.

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

Surplus Notes

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
3/24/2015	0.40%	\$15,000,000	\$15,000,000	\$0	\$0	65,875	12/15/2017
12/23/2014	0.34%	\$15,000,000	\$15,000,000	\$0	\$0	62,333	12/15/2017
	Total	\$30,000,000	\$30,000,000	\$0	\$0	128,208	

Payment of principal or interest is subject to approval by the Ohio Department of Insurance. Payment of the principal or interest on this note is subordinated to the prior payment of all claims of the policyholders, claimants, beneficiaries and all other classes of creditors other than surplus note holders. Additionally, no accrued interest has been recorded as approval for payment has not been obtained from the Ohio Department of Insurance.

14. Contingencies

No Change.

15. Leases

Not applicable to the Company.

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

Not applicable to the Company.

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

- B. Transfer and Servicing of Financial Assets - Not applicable to the Company.
- C. Wash Sales - Not applicable to the Company.

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

Not applicable to the Company.

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

Not applicable to the Company.

20. Fair Value Measurements

The Company has no assets or liabilities recorded at fair value as of March 31, 2016.

21. Other Items

- C. Other Disclosures and Unusual Items

ACA 9010 Fee

As of January 1, 2016, the Company has written health insurance subject to the annual Health Insurance Providers fee under section 9010 of the Federal Affordable Care Act ("ACA"). The estimate of the Company's portion of the fee to be payable on September 30, 2016 is \$3.6 million is reported in these statements as

NOTES TO FINANCIAL STATEMENTS

General Expenses Due or Accrued and General Administrative Expenses at March 31, 2016. The 2016 fee is eligible for ceding under the reinsurance agreement and is reported net of expected reinsurance recovery.

The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. As such, no amount has been accrued as Special Surplus in 2016.

Acquisition

On October 27, 2015, Rite Aid Corporation, the parent company of Envision Insurance Company, signed a definitive agreement pursuant to which, it will be acquired by Walgreens Boots Alliance, Inc. ("Walgreens"). The transaction is expected to close during the second half of 2016 and is subject to customary closing conditions and regulatory approvals.

22. Events Subsequent

No items were discovered that require disclosure.

23. Reinsurance

No Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

E. Risk-Sharing Provisions of the Affordable Care Act - Not applicable to the Company.

25. Change in Incurred Claims and Claims Adjustment Expenses

Unpaid claims and claims adjustment expenses were \$62,775,446 at March 31, 2016. In 2016, \$25,670,420 was paid for incurred claims and claims adjustment expenses attributable to insured events of 2015 and prior years. The reserves at March 31, 2016 are for current year activities. There are no reserves remaining for prior years.

26. Intercompany Pooling Arrangements

Not applicable to the Company.

27. Structured Settlements

Not applicable to the Company.

28. Health Care Receivables

Not applicable to the Company.

29. Participating Policies

Not applicable to the Company.

30. Premium Deficiency Reserves

Not applicable to the Company.

31. Anticipated Subrogation and Other Receivables

Not applicable to the Company.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No [X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2011
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2011
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).02/18/2013
- 6.4 By what department or departments?
Ohio Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

GENERAL INTERROGATORIES

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

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

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

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

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

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

FINANCIAL

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

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

INVESTMENT

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

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$0

13. Amount of real estate and mortgages held in short-term investments: \$0

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
 - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
 - 16.3 Total payable for securities lending reported on the liability page \$0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
Wells Fargo Bank.....	40 Capital Market Street, Suite 702, Sacramento, CA 95814.....
Huntington National Bank.....	300 Market Street, Akron, OH 44308.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

18.2 If no, list exceptions:

.....

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
NONE								

STATEMENT AS OF MARCH 31, 2016 OF THE Envision Insurance Company

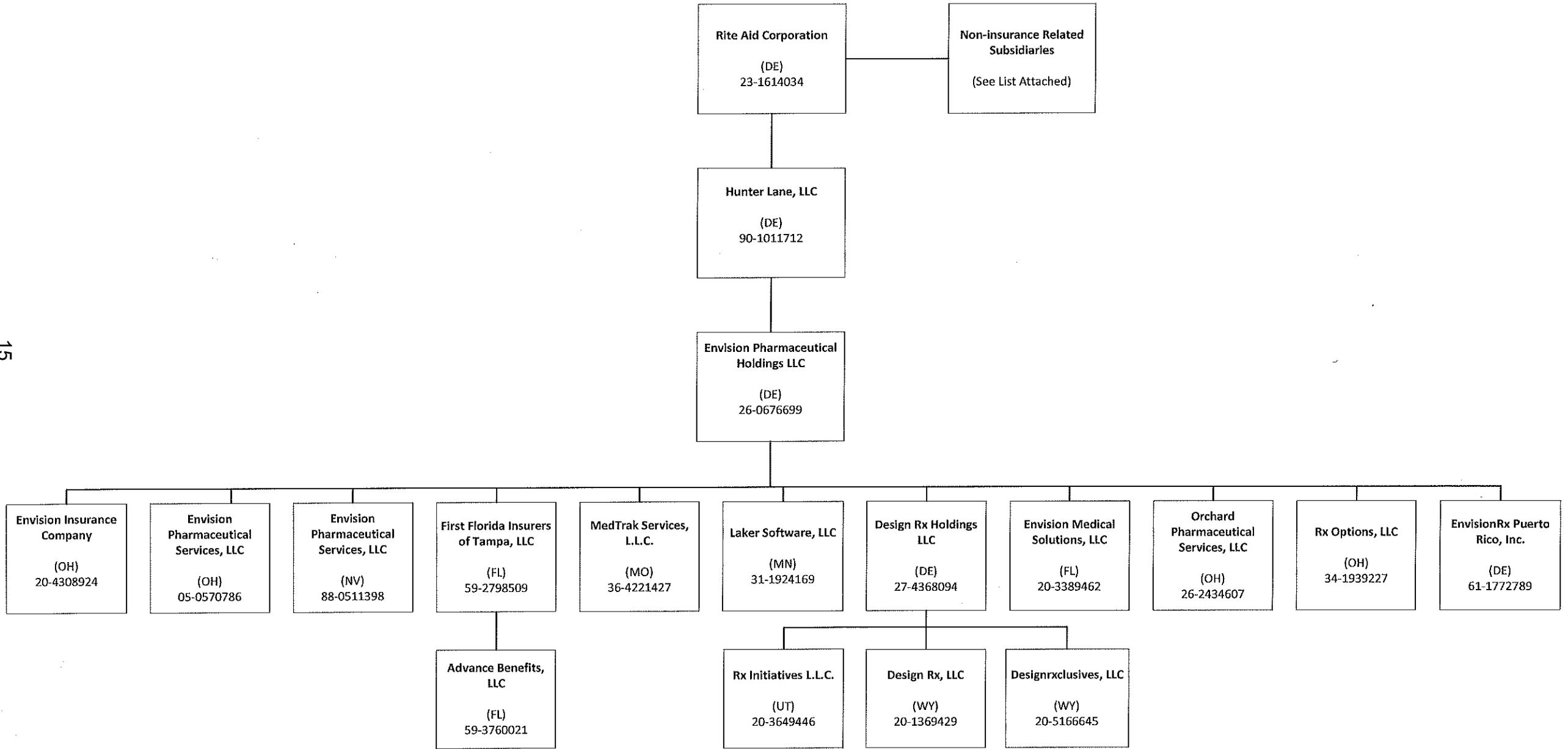
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	617,316						617,316	
2. Alaska	AK	L	373,518						373,518	
3. Arizona	AZ	L	2,013,469						2,013,469	
4. Arkansas	AR	L	376,001						376,001	
5. California	CA	L	43,547,377						43,547,377	
6. Colorado	CO	L	2,677,643						2,677,643	
7. Connecticut	CT	L	326,073						326,073	
8. Delaware	DE	L	285,972						285,972	
9. Dist. Columbia	DC	L	309,435						309,435	
10. Florida	FL	L	1,295,742						1,295,742	
11. Georgia	GA	L	1,050,505						1,050,505	
12. Hawaii	HI	L	118,860						118,860	
13. Idaho	ID	L	824,878						824,878	
14. Illinois	IL	L	6,128,723						6,128,723	
15. Indiana	IN	L	807,460						807,460	
16. Iowa	IA	L	351,808						351,808	
17. Kansas	KS	L	399,081						399,081	
18. Kentucky	KY	L	812,111						812,111	
19. Louisiana	LA	L	490,671						490,671	
20. Maine	ME	L	552,936						552,936	
21. Maryland	MD	L	1,653,979						1,653,979	
22. Massachusetts	MA	L	931,361						931,361	
23. Michigan	MI	L	2,987,306						2,987,306	
24. Minnesota	MN	L	576,441						576,441	
25. Mississippi	MS	L	593,222						593,222	
26. Missouri	MO	L	166,260						166,260	
27. Montana	MT	L	147,986						147,986	
28. Nebraska	NE	L	243,415						243,415	
29. Nevada	NV	L	318,788						318,788	
30. New Hampshire	NH	L	519,521						519,521	
31. New Jersey	NJ	L	7,980,508						7,980,508	
32. New Mexico	NM	L	804,761						804,761	
33. New York	NY	L	1,208,435						1,208,435	
34. North Carolina	NC	L	896,721						896,721	
35. North Dakota	ND	L	81,765						81,765	
36. Ohio	OH	L	2,665,757						2,665,757	
37. Oklahoma	OK	L	422,790						422,790	
38. Oregon	OR	L	1,785,551						1,785,551	
39. Pennsylvania	PA	L	6,022,574						6,022,574	
40. Rhode Island	RI	L	180,330						180,330	
41. South Carolina	SC	L	1,729,646						1,729,646	
42. South Dakota	SD	L	109,939						109,939	
43. Tennessee	TN	L	736,457						736,457	
44. Texas	TX	L	3,076,840						3,076,840	
45. Utah	UT	L	690,000						690,000	
46. Vermont	VT	L	102,353						102,353	
47. Virginia	VA	L	5,324,954						5,324,954	
48. Washington	WA	L	4,546,633						4,546,633	
49. West Virginia	WV	L	1,566,371						1,566,371	
50. Wisconsin	WI	L	2,262,507						2,262,507	
51. Wyoming	WY	L	81,927						81,927	
52. American Samoa	AS	N							0	
53. Guam	GU	L	3,008						3,008	
54. Puerto Rico	PR	L	20,764						20,764	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		113,798,450	0	0	0	0	0	113,798,450	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 53		113,798,450	0	0	0	0	0	113,798,450	0
DETAILS OF WRITE-INS										
58001	XXX								0	
58002	XXX								0	
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

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

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



RITE AID CORPORATION AFFILIATES/SUBSIDIARIES

Company (Name in which such subsidiary conducts business if other than corporate name):	State of Incorporation or Organization
112 Burleigh Avenue Norfolk, LLC	Virginia
1515 West State Street Boise, Idaho, LLC	Delaware
1740 Associates, LLC	Michigan
3581 Carter Hill Road—Montgomery Corp	Alabama
4042 Warrensville Center Road—Warrensville Ohio, Inc	Ohio
5277 Associates, Inc	Washington
5600 Superior Properties, Inc	Ohio
657-659 Broad St Corp	New Jersey
764 South Broadway—Geneva, Ohio, LLC	Ohio
Ann & Government Streets—Mobile, Alabama, LLC	Delaware
Apex Drug Stores, Inc	Michigan
Ascend Health Technology, LLC	Delaware
Broadview and Wallings—Broadview Heights Ohio, Inc	Ohio
Central Avenue & Main Street Petal—MS, LLC	Delaware
Eagle Managed Care Corp	Delaware
Eckerd Corporation	Delaware
EDC Drug Stores, Inc	North Carolina
Elgith and Water Streets—Urichsville, Ohio, LLC	Delaware
England Street—Asheland Corporation	Virginia
Fairground, LLC	Virginia
GDF, Inc	Maryland
Genovese Drug Stores, Inc	Delaware
Gettysburg and Hoover—Dayton, Ohio, LLC	Ohio
Harco, Inc	Alabama
Health Dialog Services Corporation	Delaware
JCG (PJC) USA, LLC	Delaware
JCG Holdings (USA), Inc	Delaware
K&B Alabama Corporation	Alabama
K&B Louisiana Corporation	Louisiana
K&B Mississippi Corporation	Mississippi
K&B Services, Incorporated	Louisiana
K&B Tennessee Corporation	Tennessee
K&B Texas Corporation	Texas
K&B, Incorporated	Delaware
Keystone Centers, Inc	Delaware
Lakhurst and Broadway Corporation	Pennsylvania
Maxi Drug North, Inc	New Jersey
Maxi Drug South, L.P	Delaware
Maxi Drug, Inc	Delaware
Maxi Green, Inc	Vermont
Mayfield & Chillicothe Roads—Chesterland, LLC	Ohio
Munson & Andrews, LLC	Delaware
Name Rite, LLC	Delaware
Northline & Dix—Toledo—Southgate, LLC	Michigan
P.J.C. Distribution, Inc	Delaware
P.J.C. Realty Co., Inc	Delaware
Patton Drive and Navy Boulevard Property Corporation	Florida
Paw Paw Lake Road & Paw Paw Avenue-Coloma, Michigan, LLC	Delaware
PDS-1 Michigan, Inc	Delaware
Perry Distributors, Inc	Michigan
Perry Drug Stores Inc	Michigan
PJC Dorchester Realty LLC	Michigan
PJC East Lyme Realty LLC	Delaware
PJC Havenhill Realty LLC	Delaware
PJC Heritage Realty LLC	Delaware
PJC Hyde Park Realty LLC	Delaware
PJC Lease Holdings, Inc	Delaware
PJC Manchester Realty LLC	Delaware
PJC Mansfield Realty LLC	Delaware
PJC New London Realty LLC	Delaware
PJC of Massachusetts, Inc	Massachusetts
PJC of Rhode Island, Inc	Rhode Island
PJC of Vermont, Inc	Vermont
PJC Peterborough Realty LLC	Delaware
PJC Providence Realty LLC	Delaware
PJC Realty MA, Inc	Massachusetts
PJC Realty N.E. LLC	Delaware
PJC Revere Realty LLC	Delaware
PJC Special Realty Holdings, Inc	Delaware
Ram—Utica, Inc	Michigan

<u>Company (Name in which such subsidiary conducts business if other than corporate name):</u>	<u>State of Incorporation or Organization</u>
RDS Detroit, Inc.....	Michigan
READ's Inc.....	Maryland
RedClinic LLC.....	Delaware
Rite Aid Drug Palace, Inc.	Delaware
Rite Aid Hdqtrs. Corp.	Delaware
Rite Aid Hdqtrs. Funding, Inc.	Delaware
Rite Aid Lease Management Company.....	California
Rite Aid of Alabama, Inc.	Alabama
Rite Aid of Connecticut, Inc.....	Connecticut
Rite Aid of Delaware, Inc.	Delaware
Rite Aid of Florida, Inc.	Florida
Rite Aid of Georgia, Inc.	Georgia
Rite Aid of Illinois, Inc.	Illinois
Rite Aid of Indiana, Inc.	Indiana
Rite Aid of Kentucky, Inc.	Kentucky
Rite Aid of Maine, Inc.	Maine
Rite Aid of Maryland, Inc.	Maryland
Rite Aid of Massachusetts, Inc.	Massachusetts
Rite Aid of Michigan, Inc.	Michigan
Rite Aid of New Hampshire, Inc.....	New Hampshire
Rite Aid of New Jersey, Inc.	New Jersey
Rite Aid of New York, Inc.	New York
Rite Aid of North Carolina, Inc.....	North Carolina
Rite Aid of Ohio, Inc.....	Ohio
Rite Aid of Pennsylvania, Inc.....	Pennsylvania
Rite Aid of South Carolina, Inc.....	South Carolina
Rite Aid of Tennessee, Inc.....	Tennessee
Rite Aid of Vermont, Inc.....	Vermont
Rite Aid of Virginia, Inc.	Virginia
Rite Aid of Washington, D.C., Inc.	Washington DC
Rite Aid of West Virginia, Inc.	West Virginia
Rite Aid Online Store Inc.....	Delaware
Rite Aid Payroll Management Inc.....	Delaware
Rite Aid Realty Corp.....	Delaware
Rite Aid Rome Distribution Center, Inc.....	New York
Rite Aid Services, LLC.....	Delaware
Rite Aid Specialty Pharmacy LLC.....	Delaware
Rite Aid Transport, Inc.....	Delaware
Rite Fund, Inc.....	Delaware
Rite Investments Corp.....	Delaware
Rite Investments Corp., LLC.....	Delaware
Rx Choice, Inc.....	Delaware
Seven Mile and Evergreen—Detroit, LLC.....	Michigan
Silver Springs Road—Baltimore, Maryland/One, LLC.....	Delaware
Silver Springs Road—Baltimore, Maryland/Two, LLC.....	Delaware
State & Fortification Streets—Jackson, Mississippi, LLC.....	Delaware
State Street and Hill Road—Gerard, Ohio, LLC.....	Delaware
The Jean Coudu Group (PJC) USA, Inc.....	Delaware
The Lane Drug Company.....	Ohio
Thrift Drug Inc.....	Delaware
Thriftly Corporation.....	California
Thriftly Pay/Less, Inc.....	California
Tyler and Sanders Roads—Birmingham, Alabama, LLC.....	Delaware

STATEMENT AS OF MARCH 31, 2016 OF THE Envision Insurance Company

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

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

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Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....YES.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	198,129
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	.0	.0
2.2 Additional investment made after acquisition .....	.0	.0
3. Current year change in encumbrances .....	.0	.0
4. Total gain (loss) on disposals .....	.0	.0
5. Deduct amounts received on disposals .....	.0	198,128
6. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
7. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
8. Deduct current year's depreciation .....	.0	.0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	.0	.1
10. Deduct total nonadmitted amounts .....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10)	0	1

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	6,069,176	6,464,287
2. Cost of bonds and stocks acquired	523,769	5,566,869
3. Accrual of discount .....	.0	.0
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals .....	.0	.0
6. Deduct consideration for bonds and stocks disposed of .....	.0	5,870,000
7. Deduct amortization of premium	25,802	91,980
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	6,567,143	6,069,176
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	6,567,143	6,069,176

STATEMENT AS OF MARCH 31, 2016 OF THE Envision Insurance Company

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	6,193,835	523,769	0	(25,802)	6,691,802	0	0	6,193,835
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	6,193,835	523,769	0	(25,802)	6,691,802	0	0	6,193,835
PREFERRED STOCK								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	6,193,835	523,769	0	(25,802)	6,691,802	0	0	6,193,835

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

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	124,659	XXX	124,659		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	124,659	99,934
2. Cost of short-term investments acquired		124,659
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals		99,934
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	124,659	124,659
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	124,659	124,659

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF MARCH 31, 2016 OF THE Envision Insurance Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2016 OF THE Envision Insurance Company
 MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code.....00000

NAIC Company Code.....12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	62,094,899	xxx	5,542,434	xxx	67,637,333
2. Earned Premiums	53,332,795	xxx	4,760,351	xxx	xxx
3. Claims Paid.....	18,494,077	xxx	1,796,615	xxx	20,290,692
4. Claims Incurred.....	49,507,649	xxx	4,809,442	xxx	xxx
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....	xxx	9,333,430	xxx	833,079	10,166,509
6. Aggregate Policy Reserves - Change.....		xxx		xxx	xxx
7. Expenses Paid.....	3,068,337	xxx	172,640	xxx	3,240,977
8. Expenses Incurred.....	5,725,827	xxx	322,163	xxx	xxx
9. Underwriting Gain or Loss.....	(1,900,681)	xxx	(371,254)	xxx	xxx
10. Cash Flow Result	xxx	xxx	xxx	xxx	33,939,155

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$275,402,989 due from CMS or \$due to CMS