



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2011
OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

NAIC Group Code	00000	00000	NAIC Company Code	12747	Employer's ID Number	20-4308924
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [X]		Property/Casualty []	Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []		Vision Service Corporation []	Health Maintenance Organization []		
	Other []			Is HMO, Federally Qualified? Yes [] No []		
Incorporated/Organized	02/08/2006		Commenced Business	01/01/2007		
Statutory Home Office	2181 East Aurora Road			Twinsburg, OH 44087		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	2181 East Aurora Road		Twinsburg, OH 44087	330-405-8089		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	2181 East Aurora Road		Twinsburg, OH 44087			
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)			
Primary Location of Books and Records	2181 East Aurora Road		Twinsburg, OH 44087	330-405-8089		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Internet Web Site Address	www.envisionrxplus.com					
Statutory Statement Contact	Edwin Jenaro Alicea			330-486-6377		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	ealicea@rxoptions.net			330-486-4801		
	(E-mail Address)			(FAX Number)		

OFFICERS

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

OTHER OFFICERS

Barry Irwin Katz R. Ph.	Chief Operating Officer		
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DIRECTORS OR TRUSTEES

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

State ofOhio.....

County ofSummit..... ss

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

President	Executive Vice President	Treasurer
Subscribed and sworn to before me this		a. Is this an original filing? Yes [X] No []
_____ day of _____,		b. If no:
_____		1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

STATEMENT AS OF SEPTEMBER 30, 2011 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	6,555,283		6,555,283	6,489,018
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)	213,375		213,375	216,893
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 (\$475,818), cash equivalents (\$0) and short-term investments (\$0)	475,818		475,818	1,384,484
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	7,244,476	0	7,244,476	8,090,395
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	17,128		17,128	34,409
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	433,237	267,601	165,636	210,138
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	16,058,597	1,045,961	15,012,636	2,797,248
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,417,003		2,417,003	7,789,227
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	3,720,264	3,720,264	0	0
17. Amounts receivable relating to uninsured plans	119,949,915	195,643	119,754,272	78,085,593
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
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 (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	998,382	998,382	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	150,839,002	6,227,851	144,611,151	97,007,010
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	150,839,002	6,227,851	144,611,151	97,007,010
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	270,621	270,621	0	0
2502. Intangible Asset - Licensing	127,761	127,761	0	0
2503. Deferred Acquisition Cost	600,000	600,000	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	998,382	998,382	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 402,527 reinsurance ceded).....	6,477,500		6,477,500	3,767,656
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	918,960		918,960	818,237
4. Aggregate health policy reserves			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	12,877,134		12,877,134	250,255
9. General expenses due or accrued	161,451		161,451	130,574
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	3,851,021		3,851,021	944,807
12. Amounts withheld or retained for the account of others	21,771,725		21,771,725	1,027,167
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	30,356,439		30,356,439	31,726,653
16. Derivatives.....			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)	48,350,476		48,350,476	39,013,189
20. Reinsurance in unauthorized companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	124,764,706	0	124,764,706	77,678,538
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	23,700,000	23,700,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(5,853,555)	(6,371,528)
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	19,846,445	19,328,472
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	144,611,151	97,007,010
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.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT 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	1,105,985	778,674	1,123,353
2. Net premium income (including \$ non-health premium income).....	XXX	93,758,418	43,109,836	57,978,186
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	93,758,418	43,109,836	57,978,186
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		112,146,020	75,127,741	96,306,911
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	112,146,020	75,127,741	96,306,911
Less:				
17. Net reinsurance recoveries		28,490,957	37,402,093	46,328,588
18. Total hospital and medical (Lines 16 minus 17)	0	83,655,063	37,725,648	49,978,323
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ cost containment expenses.....		5,191,221	1,875,660	2,716,706
21. General administrative expenses.....		4,164,229	3,296,338	4,618,204
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	93,010,513	42,897,646	57,313,233
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	747,905	212,190	664,953
25. Net investment income earned		62,361	54,726	77,315
26. Net realized capital gains (losses) less capital gains tax of \$			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	62,361	54,726	77,315
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 180,000)]		(180,000)	(106,909)	(166,908)
29. Aggregate write-ins for other income or expenses	0	(358)	0	0
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	629,908	160,007	575,360
31. Federal and foreign income taxes incurred	XXX		0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	629,908	160,007	575,360
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. Penalties.....		(358)	0	0
2902.			0	0
2903.			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	(358)	0	0

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.....	19,328,472	21,588,402	21,588,402
34. Net income or (loss) from Line 32	.629,908	.160,007	.575,360
35. Change in valuation basis of aggregate policy and claim reserves		.0	.0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		.0	.0
37. Change in net unrealized foreign exchange capital gain or (loss)		.0	.0
38. Change in net deferred income tax		.0	.0
39. Change in nonadmitted assets	(111,935)	1,271,182	(2,735,290)
40. Change in unauthorized reinsurance	.0	.0	.0
41. Change in treasury stock		.0	.0
42. Change in surplus notes	.0	.0	.0
43. Cumulative effect of changes in accounting principles		.0	.0
44. Capital Changes:			
44.1 Paid in		.0	.0
44.2 Transferred from surplus (Stock Dividend)		.0	.0
44.3 Transferred to surplus		.0	.0
45. Surplus adjustments:			
45.1 Paid in		.0	.0
45.2 Transferred to capital (Stock Dividend)	.0	.0	.0
45.3 Transferred from capital		.0	.0
46. Dividends to stockholders		.0	.0
47. Aggregate write-ins for gains or (losses) in surplus	.0	(100,000)	(100,000)
48. Net change in capital and surplus (Lines 34 to 47)	.517,973	1,331,189	(2,259,930)
49. Capital and surplus end of reporting period (Line 33 plus 48)	19,846,445	22,919,591	19,328,472
DETAILS OF WRITE-INS			
4701. Prior Period Adjustments.....		(100,000)	(100,000)
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	(100,000)	(100,000)

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.....	96,804,029	37,659,502	55,998,020
2. Net investment income	116,627	92,493	112,495
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	96,920,656	37,751,995	56,110,515
5. Benefit and loss related payments	75,572,995	39,569,527	54,633,071
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	50,889,368	49,479,409	69,923,440
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9)	126,462,363	89,048,936	124,556,511
11. Net cash from operations (Line 4 minus Line 10)	(29,541,707)	(51,296,941)	(68,445,996)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	425,000	1,425,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	425,000	1,425,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	103,250	941,244	1,987,729
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)	103,250	941,244	1,987,729
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)	(103,250)	(516,244)	(562,729)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	28,736,291	42,488,458	59,948,190
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	28,736,291	42,488,458	59,948,190
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)	(908,666)	(9,324,727)	(9,060,535)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,384,484	10,445,019	10,445,019
19.2 End of period (Line 18 plus Line 19.1)	475,818	1,120,292	1,384,484

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	117,913	.0	.0	.0	.0	.0	.0	.0	.0	117,913
2 First Quarter	119,210	.0	.0	.0	.0	.0	.0	.0	.0	119,210
3 Second Quarter	125,004	.0	.0	.0	.0	.0	.0	.0	.0	125,004
4. Third Quarter	131,368									131,368
5. Current Year	0									
6 Current Year Member Months	1,105,985									1,105,985
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).....	125,599,445									125,599,445
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written	.0									
15. Health Premiums Earned	125,599,445									125,599,445
16. Property/Casualty Premiums Earned	.0									
17. Amount Paid for Provision of Health Care Services	109,454,226									109,454,226
18. Amount Incurred for Provision of Health Care Services	112,146,020									112,146,020

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 125,599,445

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

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	2,676,509	78,268,710		6,477,500	2,676,509	3,767,656
9. Health subtotal (Lines 1 to 8).....	2,676,509	78,268,710	0	6,477,500	2,676,509	3,767,656
10. Health care receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	2,676,509	78,268,710	0	6,477,500	2,676,509	3,767,656

(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.

	2011	2010
<u>NET INCOME</u>		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$629,907	\$575,360
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	<u>\$629,907</u>	<u>\$575,360</u>
<u>SURPLUS</u>		
Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$19,846,445	\$19,328,472
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	<u>\$19,846,445</u>	<u>\$19,328,472</u>

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

No Change

C. Accounting Policy

No Change

2. Accounting Changes and Corrections of Errors

Not Applicable

3. Business Combination and Goodwill

Not Applicable

4. Discontinued Operations

None

5. Investments

D. The Company did not have loan-backed securities at September 30, 2011.

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

None

8. Derivative Instruments

None

9. Income Taxes

No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of the relationship

No Change

B. Significant transactions for each Period

No Change

NOTES TO FINANCIAL STATEMENTS

C. Intercompany Management and Service Arrangements

No Change

D. Amounts Due to or from Related Parties

At September 30, 2011 and the year ended December 31, 2010, the Company reported \$0 and \$0 due from affiliates and \$30,356,439 and \$31,726,653 due to affiliates, respectively. The September 30, 2011 payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

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

F. Management, Service Contracts, Cost Sharing Arrangements

No Change

G. Nature of Relationships that Could Affect Operations

No Change

H. Amount Deducted for Investment in Upstream Company

None

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

None

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

None

K. Investment in a Foreign Insurance Subsidiary

None

11. Debt

None

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

Not applicable

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

No Change

14. Contingencies

None/Not Applicable

15. Leases

No Change

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

None

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

C. The Company does not have any wash sales.

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

Not Applicable

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

None

20. Fair Value Measurements

The Company's bond portfolio are recorded at amortized/book value as of September 30, 2011. The Company has no stocks at fair value as of September 30, 2011.

NOTES TO FINANCIAL STATEMENTS

21. Other Items

No Change

22. Events Subsequent

No subsequent events

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No(X)

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

Yes () No(X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No(X)

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

Yes () No(X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premiums or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate \$0 (because the Company is in a net payable position with regard to reinsurance)..

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that are in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at September 30, 2011.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during the quarter ended September 30, 2011.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No Change

25. Change in Incurred Losses

Unpaid claims and claims adjustment expenses were \$7,396,460 at September 30, 2011. In the year-to-date ending September 30, 2011, \$2,676,509 has been paid for incurred claims and claims adjustment expenses attributable to insured events of 2010. The reserves at September 30, 2011 are for current year activities. There are no reserves remaining for prior years.

26. Intercompany Pooling Arrangements

No Change

27. Structured Settlements

No Change

28. Health Care Receivables

NOTES TO FINANCIAL STATEMENTS

None

29. Participating Policies

Not Applicable

30. Premium Deficiency Reserves

None

31. Anticipated Subrogation and Other Receivables

No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008
- 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.

12/31/2008
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

12/15/2009
- 6.4

By what department or departments?

Ohio Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☒ No ☐ NA ☐
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	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?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []

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 [X]

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 [X]

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 [X]

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 [X]

11.2

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

12.

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

13.

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

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

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

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

GENERAL INTERROGATORIES

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

Yes [X] No []

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

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

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

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

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

Yes [] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

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

Yes [X] No []

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH

1 Operating Percentages	
1.1 A&H loss percent.....	89.2 %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses.....	%
2.1 Do you act as a custodian for health savings accounts?.....	Yes [] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$
2.3 Do you act as an administrator for health savings accounts?.....	Yes [] No []
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Envision Insurance Company

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories									
States, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L4,325,362						4,325,362	
2. Alaska	AK	L32,644						32,644	
3. Arizona	AZ	L282,417						282,417	
4. Arkansas	AR	L1,118,701						1,118,701	
5. California	CA	L1,756,083						1,756,083	
6. Colorado	CO	L387,122						387,122	
7. Connecticut	CT	L207,343						207,343	
8. Delaware	DE	L123,079						123,079	
9. Dist. Columbia	DC	L34,448						34,448	
10. Florida	FL	L13,276,858						13,276,858	
11. Georgia	GA	L3,932,514						3,932,514	
12. Hawaii	HI	L33,479						33,479	
13. Idaho	ID	L110,866						110,866	
14. Illinois	IL	L601,273						601,273	
15. Indiana	IN	L556,745						556,745	
16. Iowa	IA	L251,747						251,747	
17. Kansas	KS	L596,421						596,421	
18. Kentucky	KY	L293,775						293,775	
19. Louisiana	LA	L1,683,640						1,683,640	
20. Maine	ME	L75,745						75,745	
21. Maryland	MD	L473,264						473,264	
22. Massachusetts	MA	L606,839						606,839	
23. Michigan	MI	L546,438						546,438	
24. Minnesota	MN	L238,116						238,116	
25. Mississippi	MS	L269,338						269,338	
26. Missouri	MO	L990,585						990,585	
27. Montana	MT	L66,083						66,083	
28. Nebraska	NE	L211,652						211,652	
29. Nevada	NV	L182,828						182,828	
30. New Hampshire	NH	L103,169						103,169	
31. New Jersey	NJ	L15,572,726						15,572,726	
32. New Mexico	NM	L108,668						108,668	
33. New York	NY	L26,431,296						26,431,296	
34. North Carolina	NC	L1,049,752						1,049,752	
35. North Dakota	ND	L50,173						50,173	
36. Ohio	OH	L981,218						981,218	
37. Oklahoma	OK	L462,878						462,878	
38. Oregon	OR	L107,651						107,651	
39. Pennsylvania	PA	L6,120,368						6,120,368	
40. Rhode Island	RI	L61,531						61,531	
41. South Carolina	SC	L539,008						539,008	
42. South Dakota	SD	L94,199						94,199	
43. Tennessee	TN	L6,495,946						6,495,946	
44. Texas	TX	L22,977,049						22,977,049	
45. Utah	UT	L94,672						94,672	
46. Vermont	VT	N79,101						79,101	
47. Virginia	VA	L8,478,493						8,478,493	
48. Washington	WA	L344,070						344,070	
49. West Virginia	WV	L1,484,871						1,484,871	
50. Wisconsin	WI	L660,450						660,450	
51. Wyoming	WY	L36,751						36,751	
52. American Samoa	AS	N0						0	
53. Guam	GU	N0						0	
54. Puerto Rico	PR	N0						0	
55. U.S. Virgin Islands	VI	N0						0	
56. Northern Mariana Islands	MP	N0						0	
57. Canada	CN	N0						0	
58. Aggregate other alien	OT	XXX0	0	0	0	0	0	0	0
59. Subtotal	XXX	125,599,445	0	0	0	0	0	125,599,445	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 50	125,599,445	0	0	0	0	0	125,599,445	0
DETAILS OF WRITE-INS									
5801.	XXX							0	
5802.	XXX							0	
5803.	XXX							0	
5898. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

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

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

NONE

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	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	216,893	221,584
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		.0
2.2 Additional investment made after acquisition		.0
3. Current year change in encumbrances		.0
4. Total gain (loss) on disposals		.0
5. Deduct amounts received on disposals		.0
6. Total foreign exchange change in book/adjusted carrying value		.0
7. Deduct current year's other than temporary impairment recognized		.0
8. Deduct current year's depreciation	3,518	4,691
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	213,375	216,893
10. Deduct total nonadmitted amounts	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10)	213,375	216,893

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	6,489,018	5,959,856
2. Cost of bonds and stocks acquired	103,250	1,987,729
3. Accrual of discount		.0
4. Unrealized valuation increase (decrease)		.0
5. Total gain (loss) on disposals		.0
6. Deduct consideration for bonds and stocks disposed of		1,425,000
7. Deduct amortization of premium	36,985	33,567
8. Total foreign exchange change in book/adjusted carrying value		.0
9. Deduct current year's other than temporary impairment recognized		.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	6,555,283	6,489,018
11. Deduct total nonadmitted amounts	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	6,555,283	6,489,018

SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	6,567,790			(12,507)	6,580,118	6,567,790	6,555,283	6,489,018
2. Class 2 (a).....	.0				.0	.0	.0	.0
3. Class 3 (a).....	.0				.0	.0	.0	.0
4. Class 4 (a).....	.0				.0	.0	.0	.0
5. Class 5 (a).....	.0				.0	.0	.0	.0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	6,567,790	0	0	(12,507)	6,580,118	6,567,790	6,555,283	6,489,018
PREFERRED STOCK								
8. Class 1	.0				.0	.0	.0	.0
9. Class 2	.0				.0	.0	.0	.0
10. Class 3	.0				.0	.0	.0	.0
11. Class 4	.0				.0	.0	.0	.0
12. Class 5	.0				.0	.0	.0	.0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	6,567,790	0	0	(12,507)	6,580,118	6,567,790	6,555,283	6,489,018

(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 \$

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Envision Insurance Company

SCHEDULE E - PART 1 - CASH

[illegible]

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

