

1) Ultimate controlling entity was corrected to state "TPG VI Envision, LP" 2) Column 11 repopulated with the entity name as opposed to the relationship. 3) Row 6 changed to NIA.



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2013  
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 [ X ]			Property/Casualty [ ]			Hospital, Medical & Dental Service or Indemnity [ ]		
	Dental Service Corporation [ ]			Vision Service Corporation [ ]			Health Maintenance Organization [ ]		
	Other [ ]			Is HMO, Federally Qualified? Yes [ ] No [ ]					
Incorporated/Organized	02/08/2006				Commenced Business	01/01/2007			
Statutory Home Office	2181 East Aurora Road				Twinsburg, OH, US 44087				
	(Street and Number)				(City or Town, State, Country and Zip Code)				
Main Administrative Office	2181 East Aurora Road								
	(Street and Number)								
	Twinsburg, OH, US 44087				330-405-8089				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)				
Mail Address	2181 East Aurora Road				Twinsburg, OH, US 44087				
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	2181 East Aurora Road								
	(Street and Number)								
	Twinsburg, OH, US 44087				330-405-8089				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)				
Internet Web Site Address	www.envisionrxplus.com								
Statutory Statement Contact	Scott David Gonia CPA				330-486-4846				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	eicaccounting@rxoptions.net				330-486-4801				
	(E-Mail Address)				(Fax Number)				

OFFICERS

Name	Title	Name	Title
William Carl Epling #	President	Kimberly Sue Kirkbride	Treasurer
Eugene Paul Samuels JD	Secretary	Catherine Hoagland Strautman	Executive Vice President

OTHER OFFICERS

Barry Irwin Katz R.Ph.	Chief Operating Officer	Kevin Michael Nagle	Chief Executive Officer
Thomas John Welsh	Chief Financial Officer		

DIRECTORS OR TRUSTEES

William Carl Epling #	Barry Irwin Katz R.Ph.	Kimberly Sue Kirkbride	Kevin Michael Nagle
Eugene Paul Samuels JD	Catherine Hoagland Strautman	Thomas John Welsh	

State of .....Ohio.....  
County of .....Summit.....

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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	Kevin Michael Nagle Chief Executive Officer	Thomas John Welsh Chief Financial Officer
Subscribed and sworn to before me this _____ day of _____, _____		
a. Is this an original filing? Yes [ ] No [ X ]		
b. If no:		
1. State the amendment number _____ 1		
2. Date filed _____		
3. Number of pages attached _____ 1		