



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2017  
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 ] Dental Service Corporation [ ] Other [ ]	Property/Casualty [ ] Vision Service Corporation [ ]	Hospital, Medical & Dental Service or Indemnity [ ] Health Maintenance Organization [ ] Is HMO Federally Qualified? Yes [ ] No [ ]				
Incorporated/Organized	02/08/2006	Commenced Business			01/01/2007		
Statutory Home Office	2181 East Aurora Road (Street and Number)			Twinsburg, OH, US 44087 (City or Town, State, County and Zip Code)			
Main Administrative Office	2181 East Aurora Road (Street and Number)			Twinsburg, OH, US 44087 (City or Town, State, County and Zip Code)			330-405-8089 (Area Code) (Telephone Number)
Mail Address	2181 East Aurora Road (Street and Number or P.O. Box)			Twinsburg, OH, US 44087 (City or Town, State, County and Zip Code)			
Primary Location of Books and Records	2181 East Aurora Road (Street and Number)			Twinsburg, OH, US 44087 (City or Town, State, County and Zip Code)			330-405-8089 (Area Code) (Telephone Number)
Internet Web Site Address	www.envisionrx.com						
Statutory Statement Contact	Scott David Gonia CPA (Name) eicaccounting@envisionrx.com (E-Mail Address)						330-486-4846 (Area Code) (Telephone Number) (Extension) 330-486-4801 (FAX Number)

### OFFICERS

Name	Title	Name	Title
William Carl Epling	President	Scott David Gonia	Senior Director, Financial Reporting and Treasurer
Robert Burns Weinberg	Senior Vice President, General Counsel & Secretary	Thomas John Welsh	Chief Financial Officer & Executive Vice President

### OTHER OFFICERS

Frank John Sheehy	Chief Executive Officer	Dawn Gail Sherman	Executive Vice President
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### DIRECTORS OR TRUSTEES

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

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

Scott David Gonia  
Senior Director, Financial Reporting and Treasurer

Robert Burns Weinberg  
Senior Vice President, General Counsel & Secretary

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me this  
day of \_\_\_\_\_,

**STATEMENT AS OF SEPTEMBER 30, 2017 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 .....	7,287,910		7,287,910	6,741,377
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 \$ 0 encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ 0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ 0 encumbrances) .....			0	0
5. Cash (\$ 34,849,157 ), cash equivalents (\$ 0 ) and short-term investments (\$ 0 ) .....	34,849,157		34,849,157	33,448,443
6. Contract loans (including \$ 0 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) .....	42,137,067	0	42,137,067	40,189,820
13. Title plants less \$ 0 charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	.81,778		.81,778	.37,842
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	761,109		.761,109	1,634,627
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ 128,230,787 ) and contracts subject to redetermination (\$ 0 ) .....	.128,230,787		128,230,787	66,489,082
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 .....	.326,214,690		.326,214,690	.200,164,195
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.800,869		.800,869	.897,043
18.2 Net deferred tax asset .....	.1,231,586	.19,198	.1,212,388	.443,186
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	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 .....	.7,385,660		.7,385,660	.69,206
25. Aggregate write-ins for other-than-invested assets .....	.1,072,946	.1,072,946	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	507,916,492	1,092,144	506,824,348	309,925,001
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	507,916,492	1,092,144	506,824,348	309,925,001
<b>DETAILS OF WRITE-INS</b>				
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 .....	.1,072,946	.1,072,946	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) .....	1,072,946	1,072,946	0	0

**STATEMENT AS OF SEPTEMBER 30, 2017 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 \$ 22,594,638 reinsurance ceded)	41,283,121		41,283,121	24,916,227
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	2,601,258		2,601,258	2,483,172
4. Aggregate health policy reserves including the liability of \$ 0 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	15,781,835		15,781,835	1,500,094
9. General expenses due or accrued	1,952,407		1,952,407	145,240
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	120,797,972		120,797,972	61,845,952
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	92,864,794		92,864,794	70,569,922
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 \$ 171,389,836 authorized reinsurers, \$ 6,705,845 unauthorized reinsurers and \$ 0 certified reinsurers)	178,095,681		178,095,681	94,418,665
20. Reinsurance in unauthorized and certified (\$ 0 ) 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	5,704,103		5,704,103	4,456,063
23. Aggregate write-ins for other liabilities (including \$ 0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	459,081,171	0	459,081,171	260,335,335
25. Aggregate write-ins for special surplus funds	XXX	XXX	4,076,137	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	56,700,000	26,700,000
29. Surplus notes	XXX	XXX		30,000,000
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(15,032,960)	(9,110,334)
32. Less treasury stock, at cost:				
32.1 \$ 0 shares common (value included in Line 26 \$ 0 )	XXX	XXX		0
32.2 \$ 0 shares preferred (value included in Line 27 \$ 0 )	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	47,743,177	49,589,666
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	506,824,348	309,925,001
<b>DETAILS OF WRITE-INS</b>				
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	4,076,137	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	4,076,137	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	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 AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company**

**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	3,104,782	3,422,475	4,555,133
2. Net premium income (including \$ 0 non-health premium income)	XXX	119,697,377	176,767,404	235,910,944
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	0	0	0
4. Fee-for-service (net of \$ 0 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	119,697,377	176,767,404	235,910,944
<b>Hospital and Medical:</b>				
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 .....		229,320,956	344,713,711	444,219,449
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	229,320,956	344,713,711	444,219,449
<b>Less:</b>				
17. Net reinsurance recoveries .....		120,689,615	178,343,530	221,136,115
18. Total hospital and medical (Lines 16 minus 17) .....	0	108,631,341	166,370,181	223,083,334
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....		5,033,637	4,457,278	4,887,739
21. General administrative expenses.....		6,242,294	7,533,965	9,818,327
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	119,907,272	178,361,424	237,789,400
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(209,895)	(1,594,020)	(1,878,456)
25. Net investment income earned .....		88,820	47,233	80,166
26. Net realized capital gains (losses) less capital gains tax of \$ 0 .....	0		0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	88,820	47,233	80,166
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 15,252 ) (amount charged off \$ 1,784,748 )] .....		(1,800,000)	(1,234,318)	(1,434,319)
29. Aggregate write-ins for other income or expenses .....	0	0	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	(1,921,075)	(2,781,105)	(3,232,609)
31. Federal and foreign income taxes incurred .....	XXX	96,174	234,198	160,855
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(2,017,249)	(3,015,303)	(3,393,464)
<b>DETAILS OF WRITE-INS</b>				
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.....			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	0	0	0

**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company**

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year	49,589,665	51,122,034	51,122,034
34. Net income or (loss) from Line 32	(2,017,249)	(3,015,303)	(3,393,464)
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	766,697	(1,347,116)	(1,258,352)
39. Change in nonadmitted assets	(595,938)	77,467	119,448
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	(30,000,000)	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	30,000,000	3,000,000	3,000,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	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)	(1,846,490)	(1,284,952)	(1,532,368)
49. Capital and surplus end of reporting period (Line 33 plus 48)	47,743,175	49,837,082	49,589,665
<b>DETAILS OF WRITE-INS</b>			
4701. Prior Period Adjustments	0	0	0
4702.	0	0	0
4703.	0	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 SEPTEMBER 30, 2017 OF THE Envision Insurance Company**

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	132,062,951	179,343,025	218,039,655
2. Net investment income.....	128,714	135,243	184,081
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	132,191,665	179,478,268	218,223,736
5. Benefit and loss related payments.....	92,264,447	156,127,042	222,450,539
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	135,953,131	28,398,513	(50,444,557)
8. Dividends paid to policyholders.....	0	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).....	228,217,578	184,525,555	172,005,982
11. Net cash from operations (Line 4 minus Line 10).....	(96,025,913)	(5,047,287)	46,217,754
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	5,434,552	335,000	460,000
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).....	5,434,552	335,000	460,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	6,063,934	875,960	1,237,336
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.....	971	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	6,064,905	875,960	1,237,336
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).....	(630,353)	(540,960)	(777,336)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	(30,000,000)	0	0
16.2 Capital and paid in surplus, less treasury stock.....	30,000,000	3,000,000	3,000,000
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).....	98,056,989	5,383,948	(49,262,307)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	98,056,989	8,383,948	(46,262,307)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	1,400,723	2,795,701	(821,889)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	33,448,434	34,270,324	34,270,324
19.2 End of period (Line 18 plus Line 19.1).....	34,849,157	37,066,025	33,448,434

STATEMENT AS OF SEPTEMBER 30, 2017 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							
Total Members at end of:										
1. Prior Year .....	379,799	0	.0	0	0	.0	0	0	.0	379,799
2. First Quarter .....	320,724	0	.0	0	0	.0	0	0	.0	320,724
3. Second Quarter .....	354,330	0	.0	0	0	.0	0	0	.0	354,330
4. Third Quarter .....	377,995									377,995
5. Current Year .....	0									
6. Current Year Member Months	3,104,782									3,104,782
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) .....	239,556,724									239,556,724
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	239,556,724									239,556,724
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	194,865,780									194,865,780
18. Amount Incurred for Provision of Health Care Services .....	228,974,055									228,974,055

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 234,559,257

**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company**

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

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported) Rx Options, Inc.	41,785,006	22,032,753				63,817,759
0199999 Individually listed claims unpaid	41,785,006	22,032,753	0	0	0	63,817,759
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	60,000					60,000
0499999 Subtotals	41,845,006	22,032,753	0	0	0	63,877,759
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	63,877,759
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	

## STATEMENT AS OF SEPTEMBER 30, 2017 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	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 .....	25,285,483	66,978,963	.0	41,283,121	25,285,483	24,916,227
9. Health subtotal (Lines 1 to 8).....	25,285,483	66,978,963	.0	41,283,121	25,285,483	24,916,227
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)	25,285,483	66,978,963	0	41,283,121	25,285,483	24,916,227

(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.

	9/30/17	12/31/2016
<b><u>NET INCOME</u></b>		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$(2,017,249)	\$(3,393,464)
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	<u>\$(2,017,249)</u>	<u>\$(3,393,464)</u>

#### **SURPLUS**

Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$47,743,177	\$49,589,666
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	<u>\$47,743,177</u>	<u>\$49,589,666</u>

#### 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

In September 2017, the \$30 million in surplus notes due to EPH were converted to contributed surplus and all outstanding interest was forgiven.

#### C. Intercompany Management and Service Arrangements

The Company has a pharmacy benefit management services agreement ("PBMSA") with ROI. The transactions under the agreement totaled \$832,446,691 for the year to date ended September 30, 2017.

The Company has a general insurance agency agreement with its affiliate, First Florida Insurers of Tampa, LLC ("FFI"). The Company incurred \$419,336 commissions to FFI for the year to date ending September 30, 2017.

#### D. Amounts Due to or from Related Parties

At September 30, 2017 and December 31, 2016, the Company reported \$92,864,794 and \$70,569,922 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 \$41,283,121 and \$2,601,258 as of September 30, 2017 and \$24,916,227 and \$2,483,172 as of December 31, 2016. The September 30, 2017 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 September 30, 2017 the Parent owed the Company \$484,784 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.

## NOTES TO FINANCIAL STATEMENTS

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

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

See Note 10B

### 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 September 30, 2017.

### 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 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 for payment in 2017 based on a 2016 measurement year.

As of January 1, 2017, the Company has written health insurance subject to the annual Health Insurance Providers fee under section 9010 of the Federal Affordable Care Act ("ACA"). As required by SSAP No. 106, the pro-rata third quarter estimated amount of the 2018 fee payable has been recorded as Special Surplus in these statements.

#### Acquisition

On June 29, 2017, Rite Aid Corporation, the parent company of Envision Insurance Company, and Walgreens Boots Alliance (WBA) mutually agreed to terminate their existing merger agreement, set forth October 2016,

## NOTES TO FINANCIAL STATEMENTS

and enter into an asset purchase agreement in which Walgreens Boots Alliance (WBA) will acquire stores, related distribution assets and inventory from Rite Aid. Envision Insurance Company and its parent and affiliates under Envision Pharmaceutical Holdings LLC are not part of the new agreement and will remain wholly owned subsidiaries of Rite Aid Corporation.

### State Guaranty Association Assessment

Insurers licensed to do business in a state are required by law to be a member of the state guaranty association. Guaranty associations provide for the payment of covered claims arising from the insolvency of insurers and are funded through assessments on solvent insurer members per state law. These assessments are based on each member's share of premium during the prior three years. The Company received an assessment of \$462 thousand from a state guaranty association related to the insolvency of several life and health insurers. All premiums of the Company included as the basis for the assessment were under the Medicare Part D program. Federal law prohibits assessments imposed by states on any payment made by the Centers for Medicare and Medicaid Services (CMS). In April 2017, the Company paid and expensed the assessment to avoid potential penalties and sanctions and filed a written appeal of the assessment with the guaranty association asserting that state law is preempted by federal law and Medicare Part D is not a health insurance policy regulated by the state. The guaranty association denied the appeal in June. As permitted by state law, the Company submitted a second appeal to the state insurance commissioner. The second appeal is currently pending.

### **22. Events Subsequent**

No items were discovered that require disclosure.

### **23. Reinsurance**

Effective January 1, 2017, the Company entered into two new reinsurance agreements for selected lines of business. PRAM Captive Insurance Company will provide 50% quota share reinsurance for non-Medicare Part D group prescription drug policies. Artex SAC Limited for and on behalf of Fleet ENX Segregated Account will provide 100% quota share reinsurance for certain Medicare Part D group prescription drug policies.

### **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 \$43,884,379 at September 30, 2017. In 2017, \$27,768,655 was paid for incurred claims and claims adjustment expenses attributable to insured events of 2016 and prior years. The reserves at September 30, 2017 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.

**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance 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 [ ]

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. ..... 12/31/2016

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

**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company****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 [X]  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 [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 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 [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.

**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company**

**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
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 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
.....	.....
.....	.....
.....	.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity's assets? Yes [ ] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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:

.....

**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent.....	90.8 %
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ 0
2.3 Do you act as an administrator for health savings accounts?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ 0

## STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company**

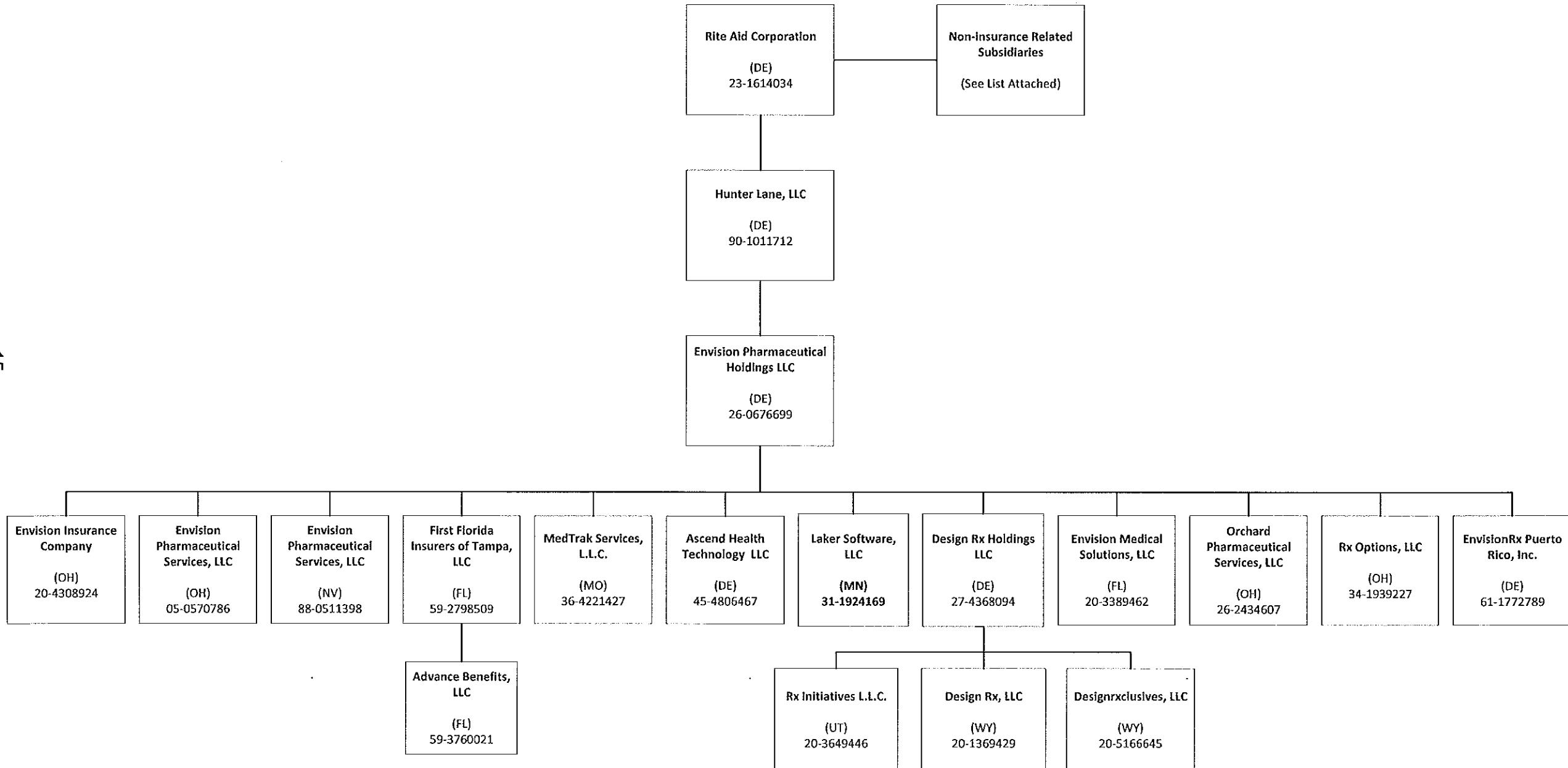
**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only						
		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	1,491,092						1,491,092
2. Alaska .....	AK	1,227,286						1,227,286
3. Arizona .....	AZ	6,342,626						6,342,626
4. Arkansas .....	AR	643,537						643,537
5. California .....	CA	27,096,941						27,096,941
6. Colorado .....	CO	8,226,929						8,226,929
7. Connecticut .....	CT	2,607,269						2,607,269
8. Delaware .....	DE	3,576,612						3,576,612
9. Dist. Columbia .....	DC	1,117,201						1,117,201
10. Florida .....	FL	2,840,566						2,840,566
11. Georgia .....	GA	8,019,373						8,019,373
12. Hawaii .....	HI	254,862						254,862
13. Idaho .....	ID	2,885,263						2,885,263
14. Illinois .....	IL	14,926,294						14,926,294
15. Indiana .....	IN	2,697,487						2,697,487
16. Iowa .....	IA	709,530						709,530
17. Kansas .....	KS	958,644						958,644
18. Kentucky .....	KY	1,849,769						1,849,769
19. Louisiana .....	LA	1,138,295						1,138,295
20. Maine .....	ME	2,346,414						2,346,414
21. Maryland .....	MD	7,237,622						7,237,622
22. Massachusetts .....	MA	5,703,749						5,703,749
23. Michigan .....	MI	13,097,426						13,097,426
24. Minnesota .....	MN	1,117,192						1,117,192
25. Mississippi .....	MS	2,664,586						2,664,586
26. Missouri .....	MO	598,184						598,184
27. Montana .....	MT	255,295						255,295
28. Nebraska .....	NE	439,277						439,277
29. Nevada .....	NV	372,795						372,795
30. New Hampshire .....	NH	2,182,144						2,182,144
31. New Jersey .....	NJ	5,844,263						5,844,263
32. New Mexico .....	NM	2,226,680						2,226,680
33. New York .....	NY	8,944,736						8,944,736
34. North Carolina .....	NC	7,345,652						7,345,652
35. North Dakota .....	ND	177,651						177,651
36. Ohio .....	OH	7,696,875						7,696,875
37. Oklahoma .....	OK	1,189,164						1,189,164
38. Oregon .....	OR	6,782,156						6,782,156
39. Pennsylvania .....	PA	22,872,815						22,872,815
40. Rhode Island .....	RI	957,369						957,369
41. South Carolina .....	SC	5,194,726						5,194,726
42. South Dakota .....	SD	258,373						258,373
43. Tennessee .....	TN	2,032,169						2,032,169
44. Texas .....	TX	9,282,342						9,282,342
45. Utah .....	UT	2,475,360						2,475,360
46. Vermont .....	VT	879,590						879,590
47. Virginia .....	VA	4,380,326						4,380,326
48. Washington .....	WA	13,745,955						13,745,955
49. West Virginia .....	WV	5,029,284						5,029,284
50. Wisconsin .....	WI	7,379,646						7,379,646
51. Wyoming .....	WY	156,492						156,492
52. American Samoa .....	AS	N.						0
53. Guam .....	GU	16,583						16,583
54. Puerto Rico .....	PR	64,257						64,257
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	0	0	0	0	0	0	0
59. Subtotal .....		239,556,724	0	0	0	0	239,556,724	0
60. Reporting entity contributions for Employee Benefit Plans .....		XXX						0
61. Total (Direct Business)	(a)	53	239,556,724	0	0	0	0	239,556,724
<b>DETAILS OF WRITE-INS</b>								
58001		XXX						
58002		XXX						
58003		XXX						
58998	Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0
58999	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	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	Ohio
Broadview and Wallings—Broadview Heights Ohio, Inc.	Delaware
Central Avenue & Main Street Petal—MS, LLC	Ohio
Eagle Managed Care Corp.	Delaware
Eckerd Corporation	Delaware
EDC Drug Stores, Inc.	North Carolina
Eight and Water Streets—Ulrichsville, Ohio, LLC	Ohio
England Street—Ashland 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.	Pennsylvania
Lakehurst and Broadway Corporation	New Jersey
Maxi Drug North, Inc.	Delaware
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.	Michigan
P.J.C. Realty Co., Inc.	Michigan
Patton Drive and Navy Boulevard Property Corporation	Delaware
Paw Paw Lake Road & Paw Paw Avenue-Coloma, Michigan, LLC	Delaware
PDS-1 Michigan, Inc.	Florida
Perry Distributors, Inc.	Delaware
Perry Drug Stores Inc.	Michigan
PJC Dorchester Realty LLC	Michigan
PJC East Lyme Realty LLC	Michigan
PJC Haverhill Realty LLC	Michigan
PJC Lease Holdings, Inc.	Michigan
PJC Manchester Realty LLC	Michigan
PJC Mansfield Realty LLC	Michigan
PJC New London Realty LLC	Michigan
PJC of Massachusetts, Inc.	Michigan
PJC of Rhode Island, Inc.	Michigan
PJC of Vermont, Inc.	Michigan
PJC Peterborough Realty LLC	Michigan
PJC Providence Realty LLC	Michigan
PJC Revere Realty LLC	Michigan
PJC Special Realty Holdings, Inc.	Michigan
Ram—Utica, Inc.	Michigan

Company (Name in which such subsidiary conducts business if other than corporate name):	State of Incorporation or Organization
RDS Detroit, Inc.	Michigan
READ's Inc.	Maryland
RediClinic LLC	Delaware
Rite Aid Drug Palace, Inc.	Delaware
Rite Aid Hdqtrs. Corp	Delaware
Rite Aid Hdqtrs. Funding, Inc.	California
Rite Aid Lease Management Company	Alabama
Rite Aid of Alabama, Inc.	Connecticut
Rite Aid of Connecticut, Inc.	Delaware
Rite Aid of Delaware, Inc.	Florida
Rite Aid of Florida, Inc.	Georgia
Rite Aid of Georgia, Inc.	Illinois
Rite Aid of Illinois, Inc.	Indiana
Rite Aid of Indiana, Inc.	Kentucky
Rite Aid of Kentucky, Inc.	Maine
Rite Aid of Maine, Inc.	Maryland
Rite Aid of Maryland, Inc.	Massachusetts
Rite Aid of Massachusetts, Inc.	Michigan
Rite Aid of Michigan, Inc.	New Hampshire
Rite Aid of New Hampshire, Inc.	New Jersey
Rite Aid of New Jersey, Inc.	New York
Rite Aid of New York, Inc.	North Carolina
Rite Aid of North Carolina, Inc.	Ohio
Rite Aid of Ohio, Inc.	Pennsylvania
Rite Aid of Pennsylvania, Inc.	South Carolina
Rite Aid of South Carolina, Inc.	Tennessee
Rite Aid of Tennessee, Inc.	Vermont
Rite Aid of Vermont, Inc.	Virginia
Rite Aid of Virginia, Inc.	Washington DC
Rite Aid of Washington, D.C., Inc.	West Virginia
Rite Aid of West Virginia, Inc.	Delaware
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 Coutu Group (PJC) USA, Inc.	Ohio
The Lane Drug Company	Delaware
Thrift Drug Inc.	Delaware
Thrifty Corporation	California
Thrifty PayLess, Inc.	California
Tyler and Sanders Roads—Birmingham, Alabama, LLC	Delaware

## STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14	15 Is an SCA Filing Required? (Y/N)	16
			23-1614034			NYSE	Rite Aid Corporation	DE	UDP	Board of Directors	Board of Directors	100.0	Rite Aid Corporation	N	0
			90-1011712				Hunter Lane, LLC	DE	NIA	Rite Aid Corporation	Ownership	100.0	Rite Aid Corporation	N	0
			26-0676699				Envision Pharmaceutical Holdings LLC	DE	NIA	Hunter Lane, LLC	Ownership	100.0	Rite Aid Corporation	N	0
		12747	20-4308924				Envision Insurance Company	OH	RE	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			34-1939227				Rx Options, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			34-4221427				MedTrak Services, LLC	MO	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			05-0570786				Envision Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			88-0511398				Envision Pharmaceutical Services, LLC	NV	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			20-3389462				Envision Medical Solutions, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			26-2434607				Orchard Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			59-2798509				First Florida Insurers of Tampa, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			59-3760021				Advance Benefits, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			27-4368094				Design Rx Holdings LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			20-1369429				Design Rx, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	0
			20-5166645				Design Rxclusives, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	0
			20-3649446				Rx Initiatives L.L.C.	UT	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	0
			45-4806467				Ascend Health Technology LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			41-1924169				Laker Software, LLC	MN	NIA	Envision Pharmaceutical Holdings LLC	Ownership	0.0	Rite Aid Corporation	N	0

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**

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**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company**

**SCHEDULE A – VERIFICATION**

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

**SCHEDULE B – VERIFICATION**

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

**SCHEDULE BA – VERIFICATION**

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

**SCHEDULE D – VERIFICATION**

<b>Bonds and Stocks</b>		<b>1</b>	<b>2</b>
	Year To Date	Prior Year Ended	December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	,6,741,377	,6,069,176	
2. Cost of bonds and stocks acquired .....	,6,063,934	,1,237,336	
3. Accrual of discount .....	0	0	
4. Unrealized valuation increase (decrease) .....	0	0	
5. Total gain (loss) on disposals .....	,981	0	
6. Deduct consideration for bonds and stocks disposed of .....	,5,434,552	,460,000	
7. Deduct amortization of premium .....	,83,830	,105,135	
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) .....	,7,287,910	,6,741,377	
11. Deduct total nonadmitted amounts .....	0	0	
12. Statement value at end of current period (Line 10 minus Line 11) .....	,7,287,910	,6,741,377	

**STATEMENT AS OF SEPTEMBER 30, 2017 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
<b>BONDS</b>								
1. NAIC 1 (a).....	5,410,587	4,272,605	2,369,282	(26,000)	6,801,192	5,410,587	7,287,910	6,741,377
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.....	5,410,587	4,272,605	2,369,282	(26,000)	6,801,192	5,410,587	7,287,910	6,741,377
<b>PREFERRED STOCK</b>								
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.....	5,410,587	4,272,605	2,369,282	(26,000)	6,801,192	5,410,587	7,287,910	6,741,377

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of 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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**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company**

**SCHEDULE DA - PART 1**

Short-Term Investments

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

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	124,659
2. Cost of short-term investments acquired .....		0
3. Accrual of discount .....		341
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....		125,000
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).....	0	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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**

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator <sup>(a)</sup>
<b>Bonds - U.S. Governments</b>									
912828-LY-4.....	US TREASURY 3.375%		.08/01/2017	HUNTINGTON.....		2,612,793	2,500,000	17,884	1.....
912828-WE-6.....	US TREASURY 2.750%		.07/07/2017	HUNTINGTON.....		1,659,813	1,600,000	6,336	1.....
<b>0599999 - Bonds - U.S. Governments</b>									
<b>8399997 - Subtotals - Bonds - Part 3</b>									
<b>8399999 - Subtotals - Bonds</b>									

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Envision Insurance Company

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identifi- cation	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12+13)	15 Total Foreign Exchange Change in B./A.C.V.	16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Design- ation or Market Indicator (a)		
<b>Bonds - U.S. Governments</b>																							
912828-NR-7...	US TREASURY 2.375%		07/31/2017	HUNTINGTON			2,145,000	.2,145,000	2,224,600	2,164,543		19,543		19,543		.2,145,000		.0		50,944	07/31/2017	.1	
912828-PF-1...	US TREASURY 1.875%		07/31/2017	WELLS FARGO			225,413	.225,000	230,766	226,284		2,002		2,002		.224,282		.1,131		1,131	.3,164	10/31/2017	.1
0599999 - Bonds - U.S. Governments							2,370,413	2,370,000	2,455,366	2,390,827		0	21,545	0	21,545	0	2,369,282	0	1,131	1,131	54,108	XXX	XXX
8399997 - Subtotals - Bonds - Part 4							2,370,413	2,370,000	2,455,366	2,390,827		0	21,545	0	21,545	0	2,369,282	0	1,131	1,131	54,108	XXX	XXX
8399999 - Subtotals - Bonds							2,370,413	2,370,000	2,455,366	2,390,827		0	21,545	0	21,545	0	2,369,282	0	1,131	1,131	54,108	XXX	XXX
99999999 Totals							2,370,413	XXX	2,455,366	2,390,827		0	21,545	0	21,545	0	2,369,282	0	1,131	1,131	54,108	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....

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 SEPTEMBER 30, 2017 OF THE Envision Insurance Company**

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
FIFTH THIRD.....CINCINNATI, OH.....		0.000	.0	0	1,359,899	7,853,283	.31,326,258	XXX
HUNTINGTON NATIONAL BANK.....AKRON, OH.....		0.080	.0	0	3,719,101	.586,421	2,958,021	XXX
HUNTINGTON NATIONAL BANK.....AKRON, OH.....		0.017	14,943	0	30,005,377	30,010,474	.14,750	XXX
M&T SECURITIES.....BUFFALO, NY.....		0.009	1,890	0	503,964	503,964	503,964	XXX
0199998 Deposits in .....2 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX	1,129	0	38,786	46,153	46,164	XXX
0199999 Total Open Depositories	XXX	XXX	17,962	0	35,627,127	39,000,295	34,849,157	XXX
0399999 Total Cash on Deposit	XXX	XXX	17,962	0	35,627,127	39,000,295	34,849,157	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
<b>0599999 Total</b>	<b>XXX</b>	<b>XXX</b>	<b>17,962</b>	<b>0</b>	<b>35,627,127</b>	<b>39,000,295</b>	<b>34,849,157</b>	<b>XXX</b>

## STATEMENT AS OF SEPTEMBER 30, 2017 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**

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**SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2017 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.....	119,717,880	XXX.	10,907,382	XXX.	130,625,262
2. Earned Premiums	108,384,848	XXX.	9,874,840	XXX.	XXX.
3. Claims Paid.....	84,218,026	XXX.	7,531,942	XXX.	91,749,968
4. Claims Incurred.....	99,186,255	XXX.	8,870,608	XXX.	XXX.
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).	XXX.	114,381,285	XXX.	10,421,170	124,802,455
6. Aggregate Policy Reserves - Change.....		XXX.		XXX.	XXX.
7. Expenses Paid.....	10,437,686	XXX.	346,381	XXX.	10,784,067
8. Expenses Incurred.....	10,558,916	XXX.	350,404	XXX.	XXX.
9. Underwriting Gain or Loss.....	(1,360,323)	XXX.	653,828	XXX.	XXX.
10. Cash Flow Result	XXX	XXX	XXX	XXX	(96,711,228)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ .....326,214,690 due from CMS or \$ .....due to CMS