



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002  
of the Condition and Affairs of the

## Vision Service Plan

NAIC Group Code..... 1189, 1189  
(Current Period) (Prior Period)

NAIC Company Code..... 54380

Employer's ID Number..... 31-0725743

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile US

Licensed as Business Type Vision Service Corporation

Is HMO Federally Qualified? Yes [ ] No [ X ]

Date Incorporated or Organized..... November 4, 1966 Date Commenced Business..... March 29, 1967

Statutory Home Office 3400 Morse Crossing ..... Columbus ..... OH ..... 43215  
(Street and Number) (City or Town, State and Zip Code)

Address of Main Administrative Office 3333 Quality Drive ..... Rancho Cordova ..... CA ..... 95670  
(Street and Number) (City or Town, State and Zip Code) 916-851-5000  
(Area Code) (Telephone Number)

Mail Address 3333 Quality Drive ..... Rancho Cordova ..... CA ..... 95670  
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 3333 Quality Drive ..... Rancho Cordova ..... CA ..... 95670  
(Street and Number) (City or Town, State and Zip Code) 916-851-5000  
(Area Code) (Telephone Number)

Internet Website Address www.vsp.com

Statement Contact Laura Olson 916-851-5000  
(Name) (Area Code) (Telephone Number) (Extension)  
laurol@vsp.com 916-858-5388  
(E-Mail Address) (Fax Number)

Policyowner Relations Contact ..... (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

### OFFICERS

President ..... Roger Joseph Valine Treasurer ..... Patricia Cochran Secretary ..... Gary Norman Brooks

### VICE PRESIDENTS

### DIRECTORS OR TRUSTEES

James Kuhlman O.D. Jeffrey Wintersteller Phil Stevens

State of..... California  
County of..... Sacramento

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.

_____ (Signature) Roger Joseph Valine (Printed Name) President	_____ (Signature) Gary Norman Brooks (Printed Name) Secretary	_____ (Signature) Patricia Cochran (Printed Name) Treasurer
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Subscribed and sworn to before me this  
.....day of ....., 2003

- a. Is this an original filing? Yes [ X ] No [ ]
- b. If no: 1. State the amendment number  
2. Date filed.....  
3. Number of pages attached.....

**EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>A&amp;H Premiums Due and Unpaid</b>						
OHIO BANKERS LEAGUE.....	11,854					11,854
UNION CONSTRUCTION WORKERS.....	12,506					12,506
AMERICAN BONUS GROUP.....	6,231	7,018				13,249
WORTHINGTON INDUSTRIES INC.....	13,812					13,812
OHIO UNIVERSITY STUDENT.....	2,264	3,468	4,247	4,247		14,226
NOVEON, INC.....	14,251					14,251
CIGNA HEALTH PLAN OF OHIO INC.....	12,723	3,004				15,727
CENTRAL RESERVE LIFE.....	16,913					16,913
SQUIRE, SANDERS & DEMPSEY.....	9,673	9,673				19,346
WRIGHT STATE UNIVERSITY.....	19,803	29				19,832
SAUDER WOODWORKING CO.....	21,728					21,728
STANDARD REGISTER COMPANY.....	29,366					29,366
GENESIS HEALTHCARE SYSTEM.....	35,782					35,782
UPPER VALLEY MEDICAL CENTER.....	18,356	18,498				36,854
FERRO CORPORATION.....	20,831	20,096				40,927
EXEL.....	48,624					48,624
TOLEDO BOARD OF EDUCATION.....	78,393	25				78,418
REED ELSEVIER INC.....	122,828					122,828
ANTHEM BLUE CROSS BLUE SHIELD.....	68,713	57,360				126,073
CONVERGYS.....	139,495					139,495
OHIO HEALTH.....	134,692	9,359	9,010	2,348	30,338	125,071
0299997. Group subscribers subtotal.....	838,838	128,530	13,257	6,595	30,338	956,882
0299998. Premiums due and unpaid not individually listed.....	111,513	27,230	8,809	574	4,449	143,677
0299999. Total group.....	950,351	155,760	22,066	7,169	34,787	1,100,559
0599999. Accident and health premiums due and unpaid (Page 2, Line 10).....	950,351	155,760	22,066	7,169	34,787	1,100,559

### EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
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**NONE**

## EXHIBIT 5 - CLAIMS PAYABLE (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
<b>Claims Payable (Reported)</b>						
Pricing claims.....	.531,114					.531,114
0199999. Individually listed claims payable.....	.531,114	0	0	0	0	.531,114
0499999. Subtotals.....	.531,114	0	0	0	0	.531,114
0599999. Unreported claim and other claim reserves.....						2,022,313
0799999. Total claims payable.....						2,553,427

**EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current

**NONE**

## EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Amounts Due To Parent, Subsidiaries and Affiliates</b>				
Vision Service Plan.....	Parent.....	2,442,742	2,442,742	
0199999. Individually listed payables.....		2,442,742	2,442,742	0
0399999. Total gross payables.....		2,442,742	2,442,742	0

**EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....		0.0		0.0		
2. Intermediaries.....		0.0		0.0		
3. All other providers.....		0.0		0.0		
4. Total capitation payments.....	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service.....	2,156,678	6.0	XXX	XXX		2,156,678
6. Contractual fee payments.....	33,787,961	94.0	XXX	XXX	33,787,961	
7. Bonus/withhold arrangements - fee-for-service.....		0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....		0.0	XXX	XXX		
9. Non-contingent salaries.....		0.0	XXX	XXX		
10. Aggregate cost arrangements.....		0.0	XXX	XXX		
11. All other payments.....		0.0	XXX	XXX		
12. Total other payments.....	35,944,639	100.0	XXX	XXX	33,787,961	2,156,678
13. Total (Line 4 plus Line 12).....	35,944,639	100.0	XXX	XXX	33,787,961	2,156,678

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**EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

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

### EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....						0
2. Medical furniture, equipment and fixtures.....						0
3. Pharmaceuticals and surgical supplies.....						0
4. Durable medical equipment.....						0
5. Other property and equipment.....	.925,137		.695	924,442	.924,442	0
6. Total.....	.925,137	0	.695	924,442	.924,442	0



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION.....Vision Service Plan

2. DIVISION....Columbus, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAF

(Location)

NAIC Group Code.....1189

NAIC Company Code....54380

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior year.....	826,292				826,292					
2. First quarter.....	875,472				875,472					
3. Second quarter.....	853,546				853,546					
4. Third quarter.....	888,496				888,496					
5. Current year.....	909,245				909,245					
6. Current year member months.....	10,548,950				10,548,950					
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	0									
8. Non-physician.....	271,487				271,487					
9. Totals.....	271,487	0	0	0	271,487	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Premiums collected.....	41,156,817				41,156,817					
13. Premiums earned.....	41,348,580				41,348,580					
14. Amount paid for provision of health care services.....	35,944,639				35,944,639					
15. Amount incurred for provision of health care services.....	34,956,177				34,956,177					

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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION.....Vision Service Plan

2. DIVISION....Columbus, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAF

(Location)

NAIC Group Code.....1189

NAIC Company Code.....54380

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior year.....	826,292				826,292					
2. First quarter.....	875,472				875,472					
3. Second quarter.....	853,546				853,546					
4. Third quarter.....	888,496				888,496					
5. Current year.....	909,245				909,245					
6. Current year member months.....	10,548,950				10,548,950					
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	0									
8. Non-physician.....	271,487				271,487					
9. Totals.....	271,487	0	0	0	271,487	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Premiums collected.....	41,156,817				41,156,817					
13. Premiums earned.....	41,348,580				41,348,580					
14. Amount paid for provision of health care services.....	35,944,639				35,944,639					
15. Amount incurred for provision of health care services.....	34,956,177				34,956,177					

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## SCHEDULE A - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement).....	
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10.....	
2.2 Totals, Part 3, Column 7.....	
3. Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)).....	380,434
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13.....	
4.2 Totals, Part 3, Column 9.....	
5. Total profit (loss) on sales, Part 3, Column 14.....	
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11.....	
6.2 Totals, Part 3, Column 8.....	
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12.....	
8. Book/adjusted carrying value at end of current period.....	380,434
9. Total valuation allowance.....	
10. Subtotal (Lines 8 plus 9).....	380,434
11. Total nonadmitted amounts.....	
12. Statement value, current period (Page 2, real estate lines, current period).....	380,434

## SCHEDULE B - VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year.....	
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions.....	
2.2 Additional investment made after acquisitions.....	0
3. Accrual of discount and mortgage interest points and commitment fees.....	
4. Increase (decrease) by adjustment.....	
5. Total profit (loss) on sale.....	
6. Amounts paid on account or in full during the year.....	<b>NONE</b>
7. Amortization of premium.....	
8. Increase (decrease) by foreign exchange adjustment.....	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period.....	0
10. Total valuation allowance.....	
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	
13. Statement value of mortgages owned at end of current period.....	0

## SCHEDULE BA - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions.....	
2.2 Additional investment made after acquisitions.....	0
3. Accrual of discount.....	
4. Increase (decrease) by adjustment.....	
5. Total profit (loss) on sale.....	
6. Amounts paid on account or in full during the year.....	<b>NONE</b>
7. Amortization of premium.....	
8. Increase (decrease) by foreign exchange adjustment.....	
9. Book/adjusted carrying value of long-term invested assets at end of current period.....	0
10. Total valuation allowance.....	
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	
13. Statement value of long-term invested assets at end of current period.....	0

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Class 1.....	13,318,290	3,182,948				16,501,238	57.2	16,217,754	68.4	16,501,238	
1.2 Class 2.....						0	0.0				
1.3 Class 3.....						0	0.0				
1.4 Class 4.....						0	0.0				
1.5 Class 5.....						0	0.0				
1.6 Class 6.....						0	0.0				
1.7 Totals.....	13,318,290	3,182,948	0	0	0	16,501,238	57.2	16,217,754	68.4	16,501,238	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1.....						0	0.0				
2.2 Class 2.....						0	0.0				
2.3 Class 3.....						0	0.0				
2.4 Class 4.....						0	0.0				
2.5 Class 5.....						0	0.0				
2.6 Class 6.....						0	0.0				
2.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>3. States, Territories and Possessions, etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1.....						0	0.0				
3.2 Class 2.....						0	0.0				
3.3 Class 3.....						0	0.0				
3.4 Class 4.....						0	0.0				
3.5 Class 5.....						0	0.0				
3.6 Class 6.....						0	0.0				
3.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Class 1.....						0	0.0				
4.2 Class 2.....						0	0.0				
4.3 Class 3.....						0	0.0				
4.4 Class 4.....						0	0.0				
4.5 Class 5.....						0	0.0				
4.6 Class 6.....						0	0.0				
4.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>5. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Class 1.....	11,353,897	1,014,632				12,368,529	42.8	7,492,400	31.6	12,368,529	
5.2 Class 2.....						0	0.0				
5.3 Class 3.....						0	0.0				
5.4 Class 4.....						0	0.0				
5.5 Class 5.....						0	0.0				
5.6 Class 6.....						0	0.0				
5.7 Totals.....	11,353,897	1,014,632	0	0	0	12,368,529	42.8	7,492,400	31.6	12,368,529	0

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1.....						0	0.0				
6.2 Class 2.....						0	0.0				
6.3 Class 3.....						0	0.0				
6.4 Class 4.....						0	0.0				
6.5 Class 5.....						0	0.0				
6.6 Class 6.....						0	0.0				
6.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1.....						0	0.0				
7.2 Class 2.....						0	0.0				
7.3 Class 3.....						0	0.0				
7.4 Class 4.....						0	0.0				
7.5 Class 5.....						0	0.0				
7.6 Class 6.....						0	0.0				
7.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1.....						0	0.0				
8.2 Class 2.....						0	0.0				
8.3 Class 3.....						0	0.0				
8.4 Class 4.....						0	0.0				
8.5 Class 5.....						0	0.0				
8.6 Class 6.....						0	0.0				
8.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1.....						0	0.0				
9.2 Class 2.....						0	0.0				
9.3 Class 3.....						0	0.0				
9.4 Class 4.....						0	0.0				
9.5 Class 5.....						0	0.0				
9.6 Class 6.....						0	0.0				
9.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

**NONE**

## SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1.....	24,672,187	4,197,580	0	0	0	28,869,767	100.0	XXX	XXX	28,869,767	0
10.2 Class 2.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Class 3.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5.....	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.6 Class 6.....	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals.....	24,672,187	4,197,580	0	0	0	(b) 28,869,767	100.0	XXX	XXX	28,869,767	0
10.8 Line 10.7 as a % of Col. 6.....	85.5	14.5	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1.....	17,599,030	6,111,125				XXX	XXX	23,710,155	100.0	23,710,154	
11.2 Class 2.....						XXX	XXX	0	0.0		
11.3 Class 3.....						XXX	XXX	0	0.0		
11.4 Class 4.....						XXX	XXX	0	0.0		
11.5 Class 5.....						XXX	XXX	(c) 0	0.0		
11.6 Class 6.....						XXX	XXX	(c) 0	0.0		
11.7 Totals.....	17,599,030	6,111,125	0	0	0	XXX	XXX	(b) 23,710,155	100.0	23,710,154	0
11.8 Line 11.7 as a % of Col. 8.....	74.2	25.8	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1.....	24,672,187	4,197,580				28,869,767	100.0	23,710,154	100.0	28,869,767	XXX
12.2 Class 2.....						0	0.0	0	0.0	0	XXX
12.3 Class 3.....						0	0.0	0	0.0	0	XXX
12.4 Class 4.....						0	0.0	0	0.0	0	XXX
12.5 Class 5.....						0	0.0	0	0.0	0	XXX
12.6 Class 6.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	24,672,187	4,197,580	0	0	0	28,869,767	100.0	23,710,154	100.0	28,869,767	XXX
12.8 Line 12.7 as a % of Col. 6.....	85.5	14.5	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	85.5	14.5	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1.....						0	0.0	0	0.0	XXX	0
13.2 Class 2.....						0	0.0	0	0.0	XXX	0
13.3 Class 3.....						0	0.0	0	0.0	XXX	0
13.4 Class 4.....						0	0.0	0	0.0	XXX	0
13.5 Class 5.....						0	0.0	0	0.0	XXX	0
13.6 Class 6.....						0	0.0	0	0.0	XXX	0
13.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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- (a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z\* designation. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.
- (c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5\* designations and \$.....0 current year, \$.....0 prior year of bonds with 6\* designation. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

**SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>												
1.1 Issuer Obligations.....	13,318,290	3,182,948				16,501,238	57.2	16,217,754	68.4	16,501,238		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						.0	0.0					
1.7 Totals.....	13,318,290	3,182,948	0	0	0	16,501,238	57.2	16,217,754	68.4	16,501,238		0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>												
2.1 Issuer Obligations.....						.0	0.0					
2.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						.0	0.0					
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
2.3 Defined.....						.0	0.0					
2.4 Other.....						.0	0.0					
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
2.5 Defined.....						.0	0.0					
2.6 Other.....						.0	0.0					
2.7 Totals.....	0	0	0	0	0	0	0.0	0		0		0
<b>3. States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 3)</b>												
3.1 Issuer Obligations.....						.0	0.0					
3.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						.0	0.0					
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
3.3 Defined.....						.0	0.0					
3.4 Other.....						.0	0.0					
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
3.5 Defined.....						.0	0.0					
3.6 Other.....						.0	0.0					
3.7 Totals.....	0	0	0	0	0	0	0.0	0		0		0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>												
4.1 Issuer Obligations.....						.0	0.0					
4.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						.0	0.0					
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
4.3 Defined.....						.0	0.0					
4.4 Other.....						.0	0.0					
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
4.5 Defined.....						.0	0.0					
4.6 Other.....						.0	0.0					
4.7 Totals.....	0	0	0	0	0	0	0.0	0		0		0
<b>5. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>												
5.1 Issuer Obligations.....	11,353,897	1,014,632				12,368,529	42.8	7,492,400	31.6	12,368,529		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						.0	0.0					
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
5.3 Defined.....						.0	0.0					
5.4 Other.....						.0	0.0					
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
5.5 Defined.....						.0	0.0					
5.6 Other.....						.0	0.0					
5.7 Totals.....	11,353,897	1,014,632	0	0	0	12,368,529	42.8	7,492,400	31.6	12,368,529		0

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations.....						0	0.0				
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined.....						0	0.0				
6.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
6.5 Defined.....						0	0.0				
6.6 Other.....						0	0.0				
6.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations.....						0	0.0				
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined.....						0	0.0				
7.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
7.5 Defined.....						0	0.0				
7.6 Other.....						0	0.0				
7.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations.....						0	0.0				
8.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations.....						0	0.0				
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined.....						0	0.0				
9.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
9.5 Defined.....						0	0.0				
9.6 Other.....						0	0.0				
9.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

**NONE**

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations.....	24,672,187	4,197,580	0	0	0	28,869,767	100.0	XXX	XXX	28,869,767	0
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
10.5 Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals.....	24,672,187	4,197,580	0	0	0	28,869,767	100.0	XXX	XXX	28,869,767	0
10.8 Line 10.7 as a % of Col. 6.....	85.5	14.5	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations.....	17,599,030	6,111,125				XXX	XXX	23,710,155	100.0	23,710,154	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						XXX	XXX	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined.....						XXX	XXX	0	0.0		
11.4 Other.....						XXX	XXX	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5 Defined.....						XXX	XXX	0	0.0		
11.6 Other.....						XXX	XXX	0	0.0		
11.7 Totals.....	17,599,030	6,111,125	0	0	0	XXX	XXX	23,710,155	100.0	23,710,154	0
11.8 Line 11.7 as a % of Col. 8.....	74.2	25.8	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations.....	24,672,187	4,197,580				28,869,767	100.0	23,710,154	100.0	28,869,767	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined.....						0	0.0	0	0.0	0	XXX
12.4 Other.....						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
12.5 Defined.....						0	0.0	0	0.0	0	XXX
12.6 Other.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	24,672,187	4,197,580	0	0	0	28,869,767	100.0	23,710,154	100.0	28,869,767	XXX
12.8 Line 12.7 as a % of Col. 6.....	85.5	14.5	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	85.5	14.5	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations.....						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined.....						0	0.0	0	0.0	XXX	0
13.4 Other.....						0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
13.5 Defined.....						0	0.0	0	0.0	XXX	0
13.6 Other.....						0	0.0	0	0.0	XXX	0
13.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

## SCHEDULE DA - PART 2

### Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year.....	12,600,066	12,600,066			
2. Cost of short-term investments acquired.....	20,620,595	20,620,595			
3. Increase (decrease) by adjustment.....	0				
4. Increase (decrease) by foreign exchange adjustment.....	0				
5. Total profit (loss) on disposal of short-term investments.....	0				
6. Consideration received on disposal of short-term investments.....	14,083,428	14,083,428			
7. Book/adjusted carrying value, current year.....	19,137,233	19,137,233	0	0	0
8. Total valuation allowance.....	0				
9. Subtotal (Lines 7 plus 8).....	19,137,233	19,137,233	0	0	0
10. Total nonadmitted amounts.....	0				
11. Statement value (Lines 9 minus 10).....	19,137,233	19,137,233	0	0	0
12. Income collected during year .....	416,572	416,572			
13. Income earned during year.....	409,018	409,018			

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(a) Indicate the category of such assets, for example, joint ventures, transportation equipment.....

**Sch. DB-Pt.A-Verification Between Years  
NONE**

**Sch. DB-Pt.B-Verification Between Years  
NONE**

**Sch. DB-Pt.C-Verification Between Years  
NONE**

**Sch. DB-Pt.D-Verification Between Years  
NONE**

**Sch. DB-Pt.E-Verification  
NONE**

**Sch. DB-Pt. F-Sn. 1  
NONE**

**Sch. DB-Pt. F-Sn. 2  
NONE**

**Sch. S-Pt. 1-Sn. 2  
NONE**

**Sch. S-Pt. 2  
NONE**

**Sch. S-Pt. 3-Sn. 2  
NONE**

**Sch. S-Pt. 4  
NONE**

**Sch. S-Pt.5  
NONE**

## SCHEDULE S - PART 6

### Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9).....	32,469,924		32,469,924
2. Amounts recoverable from reinsurers (Line 12).....			.0
3. Accident and health premiums due and unpaid (Line 10).....	1,100,559		1,100,559
4. Net credit for ceded reinsurance.....	XXX		.0
5. All other admitted assets (balance).....	4,203,514		4,203,514
6. Totals assets (Line 23).....	37,773,997	.0	37,773,997
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	2,553,427		2,553,427
8. Accrued medical incentive pool and bonus payments (Line 2).....			.0
9. Premiums received in advance (Line 6).....	97,826		97,826
10. Reinsurance in unauthorized companies (Line 14).....			.0
11. All other liabilities (balance).....	5,296,830		5,296,830
12. Total liabilities (Line 18).....	7,948,083	.0	7,948,083
13. Total capital and surplus (Line 26).....	29,825,914	XXX	29,825,914
14. Total liabilities, capital and surplus (Line 27).....	37,773,997	.0	37,773,997
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid.....	.0		
16. Accrued medical incentive pool.....	.0		
17. Premiums received in advance.....	.0		
18. Reinsurance recoverable on paid losses.....	.0		
19. Other ceded reinsurance recoverables.....	.0		
20. Total ceded reinsurance recoverables.....	.0		
21. Premiums receivable.....	.0		
22. Unauthorized reinsurance.....	.0		
23. Other ceded reinsurance payables/offsets.....	.0		
24. Total ceded reinsurance payables/offsets.....	.0		
25. Total net credit for ceded reinsurance.....	.0		

**SCHEDULE Y (Continued)**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
<b>Affiliated Transactions</b>												
39616	06-1227840	Vision Service Plan Insurance Company (a Connecticut stock					(61,286,169)				(61,286,169)	
	22-2586639	Vision Service Plan, Inc. (New Jersey)					(11,811,265)				(11,811,265)	
47029	22-2777159	Eastern Vision Service Plan, Inc. (New York)					(1,828,551)				(1,828,551)	
32395	36-3560825	Vision Service Plan Insurance Company (a Missouri stock cor					(10,206,351)				(10,206,351)	
48321	94-3034073	Vision Service Plan, Inc. (Nevada)					(1,838,998)				(1,838,998)	
	99-0247673	Vision Service Plan (Hawaii)					(1,401,735)				(1,401,735)	
53732	93-0639517	Vision Care of Oregon, Inc. (Oregon)					(2,850,062)				(2,850,062)	
54682	39-1249640	Wisconsin Vision Service Plan, Inc. (Wisconsin)		1,450,000			(2,006,596)				(556,596)	
53031	23-7089668	Mid-Atlantic Vision Service Plan, Inc. (Maryland)					(5,445,629)				(5,445,629)	
47317	91-6056925	Vision Service Plan (Washington)					(5,080,044)				(5,080,044)	
47783	82-0339119	Vision Service Plan of Idaho, Inc. (Idaho)					(1,111,331)				(1,111,331)	
47201	92-0078509	Alaska Vision Services, Inc. (Alaska)					(339,498)				(339,498)	
52050	35-6062367	Indiana Vision Services, Inc. (Indiana)					(4,456,555)				(4,456,555)	
95478	75-1004909	Vision Services Plan Inc., Oklahoma (Oklahoma)		2,500,000			(2,281,391)				218,609	
47093	04-2718308	Massachusetts Vision Service Plan (Massachusetts)					(1,807,703)				(1,807,703)	
	23-7375685	New Hampshire Vision Service Plan (New Hampshire)					(95,279)				(95,279)	
54380	31-0725743	Vision Service Plan (Ohio)					(7,858,349)				(7,858,349)	
	75-1769288	Southwest Vision Service Plan, Inc. (Arkansas)					(677,822)				(677,822)	
	83-0212963	Vision Service Plan of Wyoming (Wyoming)					(169,616)				(169,616)	
	94-1632821	Vision Service Plan (California)		(3,950,000)			122,552,944				118,602,944	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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# 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.

**MARCH FILING**

1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
3. Will an actuarial certification be filed with this statement by March 1?
4. Will the Risk-Based Capital Report be filed with the NAIC by March 1?
5. Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
6. Will the SVO Compliance Certification be filed by March 1?

**APRIL FILING**

7. Will Management's Discussion and Analysis be filed by April 1?
8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?
9. Will the Investment Risk Interrogatories be filed by April 1?

**JUNE FILING**

10. Will an audited financial report be filed by June 1?

**RESPONSES**

NO
YES
YES
YES
YES
YES
YES
NO
YES
YES

**EXPLANATIONS:**

**BAR CODE:**



**Overflow Page (Portrait)  
NONE**

**Overflow Page (Landscape)  
NONE**



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
FOR THE STATE OF.....Indiana

NAIC Group Code.....1189  
Address (City, State and Zip Code).....  
Person Completing This Exhibit.....  
Title.....

NAIC Company Code.....54380  
Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

**MED360**

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
FOR THE STATE OF.....Ohio

NAIC Group Code.....1189  
Address (City, State and Zip Code).....Rancho Cordova, CA 95670  
Person Completing This Exhibit.....Patricia Cochran  
Title.....Chief Financial Officer

NAIC Company Code.....54380  
Telephone Number.....(916) 851-5000

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

**MED360**

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".