



ANNUAL STATEMENT

For the Year Ended December 31, 2015
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]	
Incorporated/Organized..... November 4, 1966	Commenced Business..... March 29, 1967	
Statutory Home Office	3400 Morse Crossing P.O. Box 2487..... Columbus OH US 43215 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	3333 Quality Drive..... Rancho Cordova CA US 95670 (Street and Number) (City or Town, State, Country and Zip Code)	916-851-5000 (Area Code) (Telephone Number)
Mail Address	3333 Quality Drive..... Rancho Cordova CA US 95670 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	3333 Quality Drive..... Rancho Cordova CA US 95670 (Street and Number) (City or Town, State, Country and Zip Code)	916-851-5000 (Area Code) (Telephone Number)
Internet Web Site Address	www.vsp.com	
Statutory Statement Contact	Laura Olson (Name) laurol@vsp.com (E-Mail Address)	916-851-5000 (Area Code) (Telephone Number) (Extension) 916-463-9040 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Kate Alison Renwick-Espinosa #	President	2. James Michael McGrann	Secretary
3. Lester Earl Passuello	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

Kate Alison Renwick-Espinosa # James Michael McGrann Donald Joseph Ball, Jr.

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. 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.

(Signature) Kate Alison Renwick-Espinosa	(Signature) James Michael McGrann	(Signature) Lester Earl Passuello
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name) Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me This _____ day of _____ 2016 By: Kate Alison Renwick-Espinosa, James Michael McGrann, Lester Earl Passuello	a. Is this an original filing? b. If no 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [X] No [] _____ _____ _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
OHIOHEALTH.....	252,092	250,874				502,966
HUNTINGTON BANCSHARES INC.....	150,530					150,530
BIG LOTS.....	122,486					122,486
NATIONWIDE CHILDREN'S HOSPITAL.....	56,448					56,448
SUMMA HEALTH SYSTEM.....	50,495					50,495
APPLIED INDUSTRIAL TECH, INC.....	46,234					46,234
NATIONWIDE CHILDREN'S HOSPITAL.....	38,830					38,830
GENESIS HEALTHCARE SYSTEM.....	38,551					38,551
SWAGELOK CO.....	38,507					38,507
OHIO FARMERS INSURANCE COMPANY.....	34,393					34,393
LAKE HEALTH, INC.....	11,375	11,340	11,359			34,074
OHIOHEALTH.....	16,206	16,385				32,591
INFINITY TRUST.....	16,041	16,064				32,106
CBIZ, INC.....	30,925					30,925
INFINITY TRUST.....	14,264	13,954				28,218
LIEBERT CORP.....	12,365	12,346				24,710
EMPLOYEE BENEFIT MGT CORP.....	23,141					23,141
EMERSON CLIMATE TECHNOLOGIES.....	22,074					22,074
PREMIER HEALTH PARTNERS.....	19,420					19,420
CBIZ, INC.....	17,074					17,074
HOLZER HEALTH SYSTEM.....	16,248					16,248
PREMIER HEALTH PARTNERS.....	13,174					13,174
OLYMPIC STEEL INC.....	6,397	6,550				12,947
KNOX COMMUNITY HOSPITAL.....	12,160					12,160
PREMIER HEALTH PARTNERS.....	11,898					11,898
VALLOUREC USA CORP.....	11,654					11,654
MAPLE KNOLL COMMUNITIES, INC.....	3,875	3,898	3,622			11,395
INVACARE CORP.....	11,387					11,387
EXPRESS.....	10,916					10,916
SOUTHERN OHIO MEDICAL CENTER.....	10,493					10,493
OHIOHEALTH.....	5,166	5,148				10,314
SCHOTTENSTEIN STORES CORP.....	5,163	5,132				10,294
EUCLID BOARD OF EDUC.....	10,220					10,220
0299997. Group subscribers subtotal.....	1,140,200	341,690	14,981	0	0	1,496,871
0299998. Premiums due and unpaid not individually listed.....	708,350	135,163	11,375	3,723	26,220	832,391
0299999. Total group.....	1,848,550	476,853	26,356	3,723	26,220	2,329,262
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	1,848,550	476,853	26,356	3,723	26,220	2,329,262

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Pricing Claims.....	1,414,930					1,414,930
0199999. Individually listed claims unpaid.....	1,414,930	0	0	0	0	1,414,930
0499999. Subtotals.....	1,414,930	0	0	0	0	1,414,930
0599999. Unreported claim and other claim reserves.....						3,287,393
0799999. Total claims unpaid.....						4,702,323

EXHIBIT 5 - 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 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Vision Service Plan.....	Sales and Management Expenses.....	611,882	611,882	.....
0199999. Individually listed payables.....		611,882	611,882	0
0399999. Total gross payables.....		611,882	611,882	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	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	.....	.....	.....	.....
2. Intermediaries.....	0	0.0	.....	.....	.....	.....
3. All other providers.....	0	0.0	.....	.....	.....	.....
4. Total capitation payments.....	0	0.0	0	.....	.....0	0
Other Payments:						
5. Fee-for-service.....	9,352,820	12.0	XXX	XXX	.....	.....9,352,820
6. Contractual fee payments.....	68,587,345	88.0	XXX	XXX	68,587,345	.....
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	XXX	XXX	.....	.....
9. Non-contingent salaries.....	0	0.0	XXX	XXX	.....	.....
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX	.....	.....
11. All other payments.....	0	0.0	XXX	XXX	.....	.....
12. Total other payments.....	77,940,165	100.0	XXX	XXX	68,587,345	9,352,820
13. Total (Line 4 plus Line 12).....	77,940,165	100.0	XXX	XXX	68,587,345	9,352,820

EXHIBIT 7 - 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 8 - 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.....	NONE					0
2. Medical furniture, equipment and fixtures.....						0
3. Pharmaceuticals and surgical supplies.....						0
4. Durable medical equipment.....						0
5. Other property and equipment.....						0
6. Total.....	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION....Vision Service Plan 2. Columbus, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (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 Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,321,581				1,321,581					
2. First quarter.....	1,371,613				1,371,613					
3. Second quarter.....	1,368,814				1,368,814					
4. Third quarter.....	1,363,616				1,363,616					
5. Current year.....	1,366,656				1,366,656					
6. Current year member months.....	16,405,503				16,405,503					
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	464,805				464,805					
9. Totals.....	464,805	0	0	0	464,805	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	100,045,234				100,045,234					
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	100,045,234				100,045,234					
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	77,940,165				77,940,165					
18. Amount incurred for provision of health care services.....	78,106,289				78,106,289					

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION....Vision Service Plan 2. Columbus, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(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 Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,321,581				1,321,581					
2. First quarter.....	1,371,613				1,371,613					
3. Second quarter.....	1,368,814				1,368,814					
4. Third quarter.....	1,363,616				1,363,616					
5. Current year.....	1,366,656				1,366,656					
6. Current year member months.....	16,405,503				16,405,503					
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	464,805				464,805					
9. Totals.....	464,805	0	0	0	464,805	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	100,045,234				100,045,234					
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	100,045,234				100,045,234					
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	83,942,240				83,942,240					
18. Amount incurred for provision of health care services.....	84,108,364				84,108,364					

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0

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

Sch. S - Pt. 6
NONE

SCHEDULE S - PART 7

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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	26,646,674		26,646,674
2. Accident and health premiums due and unpaid (Line 15).....	2,329,262		2,329,262
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	3,698,088		3,698,088
6. Totals assets (Line 28).....	32,674,024	0	32,674,024
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	4,702,323		4,702,323
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....	678,494		678,494
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	3,893,762		3,893,762
15. Total liabilities (Line 24).....	9,274,579	0	9,274,579
16. Total capital and surplus (Line 33).....	23,399,445	XXX	23,399,445
17. Total liabilities, capital and surplus (Line 34).....	32,674,024	0	32,674,024
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	0		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama.....AL						0
2.	Alaska.....AK						0
3.	Arizona.....AZ						0
4.	Arkansas.....AR						0
5.	California.....CA						0
6.	Colorado.....CO						0
7.	Connecticut.....CT						0
8.	Delaware.....DE						0
9.	District of Columbia.....DC						0
10.	Florida.....FL						0
11.	Georgia.....GA						0
12.	Hawaii.....HI						0
13.	Idaho.....ID						0
14.	Illinois.....IL						0
15.	Indiana.....IN						0
16.	Iowa.....IA						0
17.	Kansas.....KS						0
18.	Kentucky.....KY						0
19.	Louisiana.....LA						0
20.	Maine.....ME						0
21.	Maryland.....MD						0
22.	Massachusetts.....MA						0
23.	Michigan.....MI						0
24.	Minnesota.....MN						0
25.	Mississippi.....MS						0
26.	Missouri.....MO						0
27.	Montana.....MT						0
28.	Nebraska.....NE						0
29.	Nevada.....NV						0
30.	New Hampshire.....NH						0
31.	New Jersey.....NJ						0
32.	New Mexico.....NM						0
33.	New York.....NY						0
34.	North Carolina.....NC						0
35.	North Dakota.....ND						0
36.	Ohio.....OH						0
37.	Oklahoma.....OK						0
38.	Oregon.....OR						0
39.	Pennsylvania.....PA						0
40.	Rhode Island.....RI						0
41.	South Carolina.....SC						0
42.	South Dakota.....SD						0
43.	Tennessee.....TN						0
44.	Texas.....TX						0
45.	Utah.....UT						0
46.	Vermont.....VT						0
47.	Virginia.....VA						0
48.	Washington.....WA						0
49.	West Virginia.....WV						0
50.	Wisconsin.....WI						0
51.	Wyoming.....WY						0
52.	American Samoa.....AS						0
53.	Guam.....GU						0
54.	Puerto Rico.....PR						0
55.	US Virgin Islands.....VI						0
56.	Northern Mariana Islands.....MP						0
57.	Canada.....CAN						0
58.	Aggregate Other Alien.....OT						0
59.	Totals.....	0	0	0	0	0	0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
41	Vision Serv Plan Group	00000	56-2355483				Allure Eyewear LLC	USA	NIA	Marchon Eyewear, Inc.	Ownership	51.000	Vision Service Plan (California)	
		00000	68-0295156				Altair Eyewear, Inc.	USA	NIA	VSP Holding Company, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000					Coordinadora Administrativa de Personal	MEX	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000					DJO-Marchon Switzerland SA	CHE	NIA	Marchon Europe BV	Ownership	49.000	Vision Service Plan (California)	
		00000					Dragon Alliance South Pacific Pty Ltd	AUS	NIA	Dragon Alliance LLC	Ownership	100.000	Vision Service Plan (California)	
		00000	26-2691541				Dragon Alliance, LLC	USA	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000	20-1949500				Eastern Vision Service Plan IPA, Inc.	USA	IA	Vision Service Plan (California)	Board		Vision Service Plan (California)	
		47029	22-2777159				Eastern Vision Service Plan, Inc.	USA	IA	Vision Service Plan (California)	Board		Vision Service Plan (California)	
		00000					Entemasyon al Gozluk Sanayi vd Ticaret AS	TUR	NIA	Marchon Europe BV	Ownership	1.000	Vision Service Plan (California)	
		00000	23-2941185				Eye Designs LLC	USA	NIA	Marchon Eyewear, Inc.	Ownership	50.000	Vision Service Plan (California)	
		00000	46-1148774				Eyecare Innovation Partners, LLC	USA	NIA	VSP Retail, Inc.	Ownership	50.000	Vision Service Plan (California)	
		00000	27-3107295				Eyeconic, Inc.	USA	NIA	VSP Retail Development Holding, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000	98-1024150				Eyefinity Europe	FRA	NIA	Eyefinity Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000	99-0370707				Eyefinity France	FRA	NIA	Eyefinity Europe	Ownership	87.000	Vision Service Plan (California)	
		00000					Eyefinity Ireland, Ltd.	IRL	NIA	Eyefinity, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000	68-0450459				Eyefinity, Inc.	USA	NIA	Vision Service Plan Insurance Company (Connecticut)	Ownership	100.000	Vision Service Plan (California)	
		00000					Eyefinity/Officemate Pty (Australia)	AUS	NIA	Eyefinity Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000	45-3675739				EyeNetra, Inc.	USA	NIA	VSP Optical Group, Inc.	Ownership	25.920	Vision Service Plan (California)	
		00000					FC 18 Comerico e Representacoes Ltda.	BRA	NIA	Marchon Brasil Ltda	Ownership	100.000	Vision Service Plan (California)	
		00000					General Optical (NZ) Ltd	NZL	NIA	General Optical Pty Ltd	Ownership	100.000	Vision Service Plan (California)	
		00000					General Optical Pty Ltd	AUS	NIA	I Enterprises Pty Ltd	Ownership	96.000	Vision Service Plan (California)	
		00000					GENOP Pty Ltd (Australia)	AUS	NIA	I Enterprise Pty Ltd	Ownreship	53.375	Vision Service Plan (California)	
		00000					I Enterprises Pty, Ltd.	AUS	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Brasil Ltda	BRA	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000	11-3435695				Marchon BRL Ltd	USA	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000	83-4627457				Marchon Canada, Inc.	CAN	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000	98-0201338				Marchon Europe BV	NLD	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Europe Sarl	FRA	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Eyewear (Far East) Ltd	HKG	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Eyewear (Hong Kong) Ltd	HKG	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Eyewear (Shenzhen) Ltd	CHN	NIA	Marchon Eyewear (Hong Kong) Ltd	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Eyewear Australia Pty Ltd	AUS	NIA	General Optical Pty Ltd	Ownership	100.000	Vision Service Plan (California)	
		00000	11-2617364				Marchon Eyewear, Inc.	USA	NIA	VSP Holding Company, Inc.	Ownership	100.000	Vision Service Plan (California)	
		00000	98-0542016				Marchon France SAS	FRA	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Germany GmbH	DEU	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Gulf FZ Company	ARE	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1189	Vision Serv Plan Group	00000					Marchon Hellas SA	GRC	NIA	Marchon Europe BV	Ownership	60.000	Vision Service Plan (California)	
		00000					Marchon Hispania SL	ESP	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Italia SRL	ITA	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Japan KK	JPN	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Mauritius Ltd	MUS	NIA	Marchon Eyewear (Hong Kong) Ltd	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon MB SRL	ITA	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Mexico	MEX	NIA	Marchon Eyewear, Inc	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Portugal, Unipessoal, Lda	PRT	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon Singapore Pte. Ltd	SGP	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Marchon UK Ltd	GBR	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		47093	04-2718308				Massachusetts Vision Service Plan (Massachusetts)	USA	IA	Vision Service Plan (California)	Board		Vision Service Plan (California)	
		00000	27-3493284				MEI 3D, LLC	USA	NIA	Marchon Eyewear, Inc	Ownership	100.000	Vision Service Plan (California)	
		00000					Monkey Software Pty. Ltd	AUS	NIA	Eyefinity/Officemate Pty (Australia)	Ownership	100.000	Vision Service Plan (California)	
		00000	27-1700596				MVO Licensing, LLC	USA	NIA	Marchon Eyewear, Inc	Ownership	13.650	Vision Service Plan (California)	
		00000	27-1700596				MVO Licensing, LLC	USA	NIA	Optical Opportunities, LLC	Ownership	58.860	Vision Service Plan (California)	
		00000	23-7375685				New Hampshire Vision Services Corporation (New Hampshire)	USA	IA	Vision Service Plan (California)	Board		Vision Service Plan (California)	
		00000	88-0465774				Optical Opportunities, LLC	USA	NIA	Marchon Eyewear, Inc	Ownership	100.000	Vision Service Plan (California)	
		00000	27-0621213				Plexus Optix, Inc	USA	NIA	VSP Optical Group, Inc	Ownership	100.000	Vision Service Plan (California)	
		00000					Reflex Holding SAS	IRL	NIA	Eyefinity, Ireland	Ownership	100.000	Vision Service Plan (California)	
		00000					REM Eyewear Australia Pty Ltd	AUS	NIA	General Optical Pty Ltd	Ownership	50.000	Vision Service Plan (California)	
		00000					Scandinavian AS	NOR	NIA	Scandinavian Eyewear	Ownership	100.000	Vision Service Plan (California)	
		00000					Scandinavian Eyewear	SWE	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	
		00000					Scandinavian Eyewear LLC	USA	NIA	Scandinavian Eyewear	Ownership	100.000	Vision Service Plan (California)	
		00000					Scandinavian Oy	FIN	NIA	Scandinavian Eyewear	Ownership	100.000	Vision Service Plan (California)	
		00000	75-1769288				Southwest Vision Service Plan, Inc. (Texas)	USA	IA	Vision Service Plan (California)	Board		Vision Service Plan (California)	
		00000					Sterling Meta-Plast India Private Ltd	IND	NIA	Marchon Mauritius	Ownership	49.000	Vision Service Plan (California)	
		00000					VisionMarq, Inc	CAN	NIA	VSP Canada Vision Care Insurance	Ownership	50.000	Vision Service Plan (California)	
		00000	94-1632821				Vision Service Plan (California)	USA	UDP	Vision Service Plan (California)	Ownership	100.000	Vision Service Plan (California)	
		00000	99-0247673				Vision Service Plan (Hawaii)	USA	IA	Vision Service Plan (California)	Board		Vision Service Plan (California)	
1189	Vision Serv Plan Group	54380	31-0725743				Vision Service Plan (Ohio)	USA	RE	Vision Service Plan (California)	Board		Vision Service Plan (California)	
1189	Vision Serv Plan Group	39616	06-1227840				Vision Service Plan Insurance Company (Connecticut)	USA	IA	Vision Service Plan (California)	Board		Vision Service Plan (California)	
1189	Vision Serv Plan Group	32395	36-3560825				Vision Service Plan Insurance Company (Missouri)	USA	IA	VSP Holding Company, Inc	Board		Vision Service Plan (California)	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1189.....	Vision Serv Plan Group.....	12516... 00000...	20-0891619.. 83-0212963..	.....	.....	.....	Vision Service Plan of Illinois, NFP..... Vision Service Plan of Wyoming (Wyoming).....	USA..... USA.....	IA..... IA.....	Vision Service Plan (California)..... Vision Service Plan (California).....	Board..... Board.....	..... .....	Vision Service Plan (California)..... Vision Service Plan (California).....	..... .....
1189.....	Vision Serv Plan Group.....	47097... 00000... 00000... 00000... 00000... 00000... 00000...	73-1004909.. 27-5016913.. 27-0933693.. 26-1998746.. 26-1998746.. 27-0621143.. 27-0621064..	.....	.....	.....	Vision Services Plan Inc., Oklahoma (Oklahoma)... Viva Eyewear Australia..... VSP Canada Vision Care Insurance..... VSP Ceres Inc..... VSP Global, Inc..... VSP Holding Company, Inc..... VSP Holding Company, Inc..... VSP Labs, Inc..... VSP Optical Group, Inc.....	USA..... AUS..... CAN..... USA..... USA..... USA..... USA..... USA..... USA.....	IA..... NIA..... IA..... NIA..... NIA..... NIA..... NIA..... NIA..... NIA.....	Vision Service Plan (California)..... General Optical Pty Ltd..... Vision Service Plan (California)..... VSP Optical Group, Inc..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan Insurance Company (Connecticut) VSP Optical Group, Inc..... Vision Service Plan (California).....	Board..... Ownership..... Ownership..... Ownership..... Ownership..... Ownership..... Ownership..... Ownership..... Ownership.....	 50.000 100.000 100.000 100.000 45.000 100.000 50.000	Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California).....	..... ..... ..... ..... ..... ..... ..... ..... ..... .....
.....	.....	00000... 00000... 00000... 00000... 00000... 00000... 00000...	 27-0621064.. 27-0621064.. 27-0621064.. .....	.....	.....	.....	VSP Optical Group, Inc..... VSP Optical Group, Inc..... VSP Optical Group, Inc..... VSP Optical Group, Inc..... VSP Optical Group, Inc..... VSP Retail Development Holding, Inc..... VSP Retail, Inc..... VSP Vision Care - UK, Ltd..... VSP Vision Care Association (Canada)..... VSP Vision Care, Inc. (Virginia).....	USA..... USA..... USA..... USA..... USA..... USA..... USA..... GBR..... CAN..... USA.....	NIA..... NIA..... NIA..... NIA..... NIA..... NIA..... NIA..... NIA..... IA..... IA.....	Vision Service Plan Insurance Company (Connecticut) VSP Optical Group, Inc..... Vision Service Plan (California)..... Vision Service Plan Insurance Company (Connecticut) VSP Vision Care, Inc. (Virginia)..... Vision Services Plan Inc., Oklahoma (Oklahoma) Massachusetts Vision Service Plan (Massachusetts) VSP Optical Group, Inc..... VSP Retail Development Holding, Inc..... VSP Global, Inc..... Vision Service Plan (California)..... Vision Service Plan (California).....	Ownership..... Ownership..... Ownership..... Ownership..... Ownership..... Ownership..... Ownership..... Ownership..... Ownership..... Ownership..... Board.....	 10.000 20.000 10.000 10.000 100.000 100.000 100.000 100.000 100.000	Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California)..... Vision Service Plan (California).....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....
1189.....	Vision Serv Plan Group.....	53031...	23-7089668.. .....	.....	.....	.....	VSP Vision Care, Inc. (Virginia).....	USA.....	IA.....	Vision Service Plan (California).....	Board.....	.....	Vision Service Plan (California).....	.....

SCHEDULE Y

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	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)
Affiliated Transactions												
	20-1949500.....	Eastern Vision Service Plan IPA, Inc.....					273,373				273,373	
47029.....	22-2777159.....	Eastern Vision Service Plan, Inc. (New York).....					26,763,798				26,763,798	
47093.....	04-2718308.....	Massachusetts Vision Service Plan (Massachusetts).....	(15,000,000)				5,717,388				(9,282,612)	
	75-1769288.....	Southwest Vision Service Plan, Inc. (Texas).....					14,591,505				14,591,505	
	94-1632821.....	Vision Service Plan (California).....	136,600,000				(332,226,128)				(195,626,128)	
	99-0247673.....	Vision Service Plan (Hawaii).....					2,439,073				2,439,073	
54380.....	31-0725743.....	Vision Service Plan (Ohio).....	(30,000,000)				19,553,271				(10,446,729)	
39616.....	06-1227840.....	Vision Service Plan Insurance Company (a Connecticut stock	(16,600,000)				164,771,535				148,171,535	
32395.....	36-3560825.....	Vision Service Plan Insurance Company (a Missouri stock cor	(3,000,000)				32,917,161				29,917,161	
12516.....	20-0891619.....	Vision Service Plan of Illinois, NFP.....					18,027,926				18,027,926	
	83-0212963.....	Vision Service Plan of Wyoming (Wyoming).....					1,227,064				1,227,064	
95478.....	75-1004909.....	Vision Services Plan Inc., Oklahoma (Oklahoma).....					6,092,313				6,092,313	
	26-1998746.....	VSP Holding Company, Inc.....	3,000,000								3,000,000	
53031.....	23-7089668.....	VSP Vision Care, Inc. (Virginia).....	(75,000,000)				39,851,721				(35,148,279)	
9999999.....	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES

APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES

JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

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11. The data for this supplement is not required to be filed.
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