AMENDED FILING EXPLANATION

396162017201001002

HEALTH QUARTERLY STATEMENT

As of June 30, 2017
of the Condition and Affairs of the

Vision Service Plan Insurance Company

NAIC Group Code.....1189, 1189 (Current Period) (Prior Period) | NAIC Company Code..... 39616 | Employer's ID Number..... 06-1227840

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

Licensed as Business Type Property/Casualty | Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... June 10, 1987 | Commenced Business..... July 1, 1987

Statutory Home Office	3400 Morse Crossing..... Columbus ..... OH ..... US ..... 43219 *(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) (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 Robinson Lynch #	Secretary
3. Daniel Joseph Schauer #	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

Kate Alison Renwick-Espinosa | James Robinson Lynch # | 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)	(Signature)	(Signature)
Kate Alison Renwick-Espinosa	James Robinson Lynch	Daniel Joseph Schauer
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 9TH day of OCTOBER 2017

By: Kate Alison Renwick-Espinosa, James Robinson Lynch, Daniel Joseph Schauer

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

PAMELA KROPF
Commission # 2142445
Notary Public - California
Sacramento County
My Comm. Expires Mar 10, 2020

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	79,667,309	75,988,150	152,048,947
2. Net premium income (including $.....0 non-health premium income)	XXX	501,768,944	468,183,114	939,996,015
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of $.....98,609,221 medical expenses)	XXX	21,466,369	19,209,303	33,939,523
5. Risk revenue	XXX	2,664,485	5,774,950	7,449,583
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	525,899,798	493,167,367	981,385,121
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services		429,626,685	409,913,216	759,928,716
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	429,626,685	409,913,216	759,928,716
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	429,626,685	409,913,216	759,928,716
19. Non-health claims (net)				
20. Claims adjustment expenses, including $.....0 cost containment expenses		7,391,150	6,531,299	14,787,238
21. General administrative expenses		77,271,579	88,564,701	164,410,919
22. Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	0	514,289,414	505,009,216	939,126,873
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	11,610,384	(11,841,849)	42,258,248
25. Net investment income earned		344,882	116,315	320,094
26. Net realized capital gains (losses) less capital gains tax of $.....111		(428)	(808)	(808)
27. Net investment gains or (losses) (Lines 25 plus 26)	0	344,454	115,507	319,286
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....65,603)]		(65,603)	(66,410)	(292,663)
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	11,889,235	(11,792,752)	42,284,871
31. Federal and foreign income taxes incurred	XXX	4,180,719	2,317,010	19,527,399
32. Net income (loss) (Lines 30 minus 31)	XXX	7,708,516	(14,109,762)	22,757,472

DETAILS OF WRITE-INS

0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year	12,705,306				11,781,676		923,630			
2. First Quarter	13,274,726				12,309,281		965,445			
3. Second Quarter	13,267,679				12,301,078		966,601			
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	79,667,309				73,874,528		5,792,781			
Total Member Ambulatory Encounters for Period:										
7. Physician	0									
8. Non-Physician	2,302,149				2,070,183		231,966			
9. Total	2,302,149	0	0	0	2,070,183	0	231,966	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	501,768,944				445,448,293		56,320,651			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	501,768,944				445,448,293		56,320,651			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	424,590,035				368,108,771		56,481,264			
18. Amount Incurred for Provision of Health Care Services	429,626,685				372,502,853		57,123,832			

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