

HEALTH ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2021
 OF THE CONDITION AND AFFAIRS OF THE
Vision Service Plan Insurance Company

NAIC Group Code	1189 (Current)	1189 (Prior)	NAIC Company Code	39616	Employer's ID Number	06-1227840
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Property/Casualty					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	06/10/1987		Commenced Business	07/01/1987		
Statutory Home Office	3400 Morse Crossing (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office	3333 Quality Drive (Street and Number)		Rancho Cordova, CA, US 95670 (City or Town, State, Country and Zip Code) 916-851-5000 (Area Code) (Telephone Number)			
Mail Address	3333 Quality Drive (Street and Number or P.O. Box)		Rancho Cordova, CA, US 95670 (City or Town, State, Country and Zip Code) 916-851-5000 (Area Code) (Telephone Number)			
Primary Location of Books and Records	3333 Quality Drive (Street and Number)		Rancho Cordova, CA, US 95670 (City or Town, State, Country and Zip Code) 916-851-5000 (Area Code) (Telephone Number)			
Internet Website Address	www.vsp.com					
Statutory Statement Contact	Sandy Wick (Name)		916-851-5000 (Area Code) (Telephone Number)			
	sandy.wick@vsp.com (E-mail Address)		916-463-9040 (FAX Number)			

OFFICERS

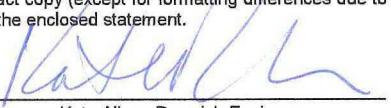
President	Kate Alison Renwick-Espinosa	Secretary	Theresa Ann Wilson #
Treasurer	Monica Renee Perez		

OTHER**DIRECTORS OR TRUSTEES**

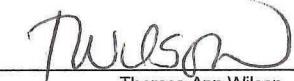
Thomas Allan Fessler	Bradley Nelson Garber	Michael Joseph Guyette
Kate Alison Renwick-Espinosa	Daniel Joseph Schauer	

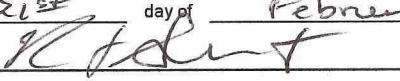
State of California
County of Sacramento SS

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.


Kate Alison Renwick-Espinosa
President

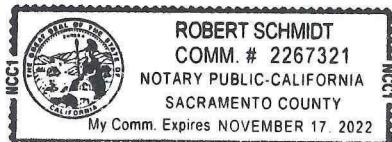

Monica Renee Perez
Treasurer


Theresa Ann Wilson
Secretary

Subscribed and sworn to before me this
21st day of February 2022


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 []



ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	23,596,199		23,596,199	37,032,624
2. Stocks (Schedule D):				0
2.1 Preferred stocks			0	0
2.2 Common stocks	316,237,260	273,760,952	42,476,308	32,860,931
3. Mortgage loans on real estate (Schedule B):				0
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				0
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 102,371,187 , Schedule E - Part 1), cash equivalents (\$ 69,509,963 , Schedule E - Part 2) and short-term investments (\$ 92,955,580 , Schedule DA)	264,836,730		264,836,730	280,443,536
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	110,000
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	604,670,189	273,760,952	330,909,237	350,447,091
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	9,123,973		9,123,973	740,780
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	59,978,985	2,303,923	57,675,062	49,759,119
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
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	75,641,716	1,853,903	73,787,813	78,656,605
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	4,817,389	4,034,811	782,578	17,541,592
19. Guaranty funds receivable or on deposit	4,294,832		4,294,832	5,129,405
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	7,715,795		7,715,795	4,033,318
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	766,242,879	281,953,589	484,289,290	506,307,910
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	766,242,879	281,953,589	484,289,290	506,307,910
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	68,405,926		68,405,926	61,833,776
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	1,324,159		1,324,159	1,617,197
4. Aggregate health policy reserves, including the liability of \$ 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 reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	11,507,153		11,507,153	81,880,430
9. General expenses due or accrued	10,146,603		10,146,603	6,966,625
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	26,640,501		26,640,501	42,797,805
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	8,943,133		8,943,133	7,556,877
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	51,060,496		51,060,496	36,916,270
16. Derivatives			0	0
17. Payable for securities	0		0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) 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	2,411,525		2,411,525	3,163,083
23. Aggregate write-ins for other liabilities (including \$ current)	7,325,909	0	7,325,909	20,943,713
24. Total liabilities (Lines 1 to 23)	187,765,405	0	187,765,405	263,675,776
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	38,462,582	38,462,582
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	255,561,303	201,669,552
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	296,523,885	242,632,134
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	484,289,290	506,307,910
DETAILS OF WRITE-INS				
2301. Taxes, licenses & fees	5,661,068		5,661,068	4,481,126
2302. Escheatable checks	1,664,841		1,664,841	1,467,549
2303. Other Liabilities	0		0	14,995,038
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	7,325,909	0	7,325,909	20,943,713
2501. Health Insurer Assessment	XXX	XXX		0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. Statutory Reserve	XXX	XXX		0
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	203,707,037	203,354,559
2. Net premium income (including \$ non-health premium income).....	XXX.....	1,388,740,783	1,249,625,234
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0	0
4. Fee-for-service (net of \$ 296,480,839 medical expenses).....	XXX.....	74,592,828	60,631,112
5. Risk revenue.....	XXX.....	11,564,387	11,694,815
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	1,474,897,998	1,321,951,161
Hospital and Medical:			
9. Hospital/medical benefits.....		0	0
10. Other professional services.....		971,652,801	897,269,836
11. Outside referrals.....		0	0
12. Emergency room and out-of-area.....		0	0
13. Prescription drugs.....		0	0
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		0	0
16. Subtotal (Lines 9 to 15).....	0	971,652,801	897,269,836
Less:			
17. Net reinsurance recoveries.....		0	0
18. Total hospital and medical (Lines 16 minus 17).....	0	971,652,801	897,269,836
19. Non-health claims (net).....		0	0
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....		27,825,065	29,515,762
21. General administrative expenses.....		226,829,960	232,001,666
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	1,226,307,826	1,158,787,264
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	248,590,172	163,163,897
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		426,815	1,974,156
26. Net realized capital gains (losses) less capital gains tax of \$ 1,191		4,481	367,170
27. Net investment gains (losses) (Lines 25 plus 26).....	0	431,296	2,341,326
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 378,275)].....		(378,275)	(838,767)
29. Aggregate write-ins for other income or expenses.....	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.....	248,643,193	164,666,456
31. Federal and foreign income taxes incurred.....	XXX.....	36,926,873	56,452,453
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	211,716,320	108,214,003
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
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	242,632,134	189,245,364
34. Net income or (loss) from Line 32	211,716,320	108,214,003
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(27,426)	(2,826,173)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(15,002,608)	16,912,517
39. Change in nonadmitted assets	12,604,212	(2,592,998)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(152,600,000)	(70,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	53,891,751	53,386,770
49. Capital and surplus end of reporting period (Line 33 plus 48)	296,523,885	242,632,134
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,313,415,179	1,322,701,672
2. Net investment income	(7,791,686)	1,496,614
3. Miscellaneous income	86,157,215	72,325,927
4. Total (Lines 1 through 3)	1,391,780,708	1,396,524,213
5. Benefit and loss related payments	965,080,651	896,197,468
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	247,735,186	260,380,015
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$	tax on capital gains (losses)	53,085,368
10. Total (Lines 5 through 9)	1,265,901,205	1,183,468,192
11. Net cash from operations (Line 4 minus Line 10)	125,879,503	213,056,021
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	30,632,000	29,682,000
12.2 Stocks	2,032,549	16,902,361
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	.5	0
12.7 Miscellaneous proceeds	110,000	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	32,774,554	46,584,361
13. Cost of investments acquired (long-term only):		
13.1 Bonds	17,359,039	19,518,058
13.2 Stocks	2,532,025	17,872,892
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	109,855
13.7 Total investments acquired (Lines 13.1 to 13.6)	19,891,063	37,500,805
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	12,883,491	9,083,556
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	152,600,000	70,000,000
16.6 Other cash provided (applied)	(1,769,799)	(2,039,834)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(154,369,799)	(72,039,834)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(15,606,806)	150,099,743
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	280,443,536	130,343,793
19.2 End of year (Line 18 plus Line 19.1)	264,836,730	280,443,536

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only .....	.1,236,003,188			.1,236,003,188
5. Federal Employees Health Benefits Plan .....	.152,737,595			.152,737,595
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8) .....	.1,388,740,783	.0	.0	.1,388,740,783
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	1,388,740,783	0	0	1,388,740,783

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	965,080,651				846,438,818	118,641,833				
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	965,080,651	0	0	0	846,438,818	118,641,833	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	68,405,926	0	0	0	60,882,451	7,523,475	0	0	0	0
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	68,405,926	0	0	0	60,882,451	7,523,475	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	61,833,776	0	0	0	54,490,284	7,343,492	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	61,833,776	0	0	0	54,490,284	7,343,492	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	971,652,801	0	0	0	852,830,985	118,821,816	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	971,652,801	0	0	0	852,830,985	118,821,816	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	23,849,073				21,226,085	2,622,988				
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	23,849,073	0	0	0	21,226,085	2,622,988	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	44,556,853				39,656,366	4,900,487				
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	44,556,853	0	0	0	39,656,366	4,900,487	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	68,405,926	0	0	0	60,882,451	7,523,475	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	68,405,926	0	0	0	60,882,451	7,523,475	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 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	53,443,760	805,494,622	60,882,451	53,443,760	54,490,284	
5. Federal Employees Health Benefits Plan	6,604,248	99,538,021	7,523,475	6,604,248	7,343,492	
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	60,048,008	905,032,643	0	68,405,926	60,048,008	61,833,776
10. Healthcare 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)	60,048,008	905,032,643	0	68,405,926	60,048,008	61,833,776

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	820,228	820,228	820,228	820,228	820,228
2. 2017	769,192	865,582	865,582	865,582	865,582
3. 2018	XXX	810,223	966,004	966,004	966,004
4. 2019	XXX	XXX	910,415	1,003,608	1,003,608
5. 2020	XXX	XXX	XXX	840,523	900,571
6. 2021	XXX	XXX	XXX	XXX	905,033

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	820,228	820,228	820,228	820,228	820,228
2. 2017	864,796	865,582	865,582	865,582	865,582
3. 2018	XXX	971,475	966,004	966,004	966,004
4. 2019	XXX	XXX	1,008,695	1,003,608	1,003,608
5. 2020	XXX	XXX	XXX	902,357	900,571
6. 2021	XXX	XXX	XXX	XXX	973,439

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	1,085,831	.865,582	.27,812	3.2	.893,394	82.3			.893,394	82.3
2. 2018	1,136,110	.966,004	.23,140	2.4	.989,144	87.1			.989,144	87.1
3. 2019	1,296,447	1,003,608	.32,627	3.3	1,036,235	79.9			1,036,235	79.9
4. 2020	1,249,625	.900,571	.31,143	3.5	.931,714	74.6			.931,714	74.6
5. 2021	1,388,741	905,033	20,917	2.3	925,950	66.7	68,406	1,324	995,680	71.7

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	820,228	820,228	820,228	820,228	820,228
2. 2017	769,192	865,582	865,582	865,582	865,582
3. 2018	XXX	810,223	966,004	966,004	966,004
4. 2019	XXX	XXX	910,415	1,003,608	1,003,608
5. 2020	XXX	XXX	XXX	840,523	900,571
6. 2021	XXX	XXX	XXX	XXX	905,033

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	820,228	820,228	820,228	820,228	820,228
2. 2017	864,796	865,582	865,582	865,582	865,582
3. 2018	XXX	971,475	966,004	966,004	966,004
4. 2019	XXX	XXX	1,008,695	1,003,608	1,003,608
5. 2020	XXX	XXX	XXX	902,357	900,571
6. 2021	XXX	XXX	XXX	XXX	973,439

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	1,085,831	.865,582	.27,812	3.2	.893,394	82.3	0	0	.893,394	82.3
2. 2018	1,136,110	.966,004	.23,140	2.4	.989,144	87.1	0	0	.989,144	87.1
3. 2019	1,296,447	1,003,608	.32,627	3.3	1,036,235	79.9	0	0	1,036,235	79.9
4. 2020	1,249,625	.900,571	.31,143	3.5	.931,714	74.6	0	0	.931,714	74.6
5. 2021	1,388,741	905,033	20,917	2.3	925,950	66.7	68,406	1,324	995,680	71.7

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

(a) Includes \$ premium deficiency reserve.

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)		1,831,467	12,256,738		14,088,205
2. Salary, wages and other benefits		22,822,687	152,717,723	18,716	175,559,126
3. Commissions (less \$ ceded plus \$ assumed)			34,839,049		34,839,049
4. Legal fees and expenses					0
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services		1,469,725	9,926,854		11,396,579
7. Traveling expenses		57,110	382,197		439,307
8. Marketing and advertising		3,123,053	20,900,430		24,023,483
9. Postage, express and telephone		925,230	6,191,924		7,117,154
10. Printing and office supplies		263,610	1,764,157		2,027,767
11. Occupancy, depreciation and amortization		1,612,630	10,792,216		12,404,846
12. Equipment		2,999,418	20,066,485	6,540	23,072,443
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services		1,845,000	12,347,308		14,192,308
15. Boards, bureaus and association fees		202,155	1,352,885		1,555,040
16. Insurance, except on real estate		202,606	1,355,904		1,558,510
17. Collection and bank service charges					0
18. Group service and administration fees					0
19. Reimbursements by uninsured plans		(9,965,456)	(81,247,457)		(91,212,913)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(229,010)		(229,010)
23.2 State premium taxes			20,593,477		20,593,477
23.3 Regulatory authority licenses and fees			2,800,954		2,800,954
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)			91,656		91,656
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	435,830	(73,530)	0	362,300
26. Total expenses incurred (Lines 1 to 25)	0	27,825,065	226,829,960	25,256	(a) 254,680,281
27. Less expenses unpaid December 31, current year		1,324,159	10,146,603		11,470,762
28. Add expenses unpaid December 31, prior year	0	1,617,197	6,966,625	0	8,583,822
29. Amounts receivable relating to uninsured plans, prior year	0	79,969,872	0	0	79,969,872
30. Amounts receivable relating to uninsured plans, current year		75,641,716			75,641,716
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	23,789,947	223,649,982	25,256	247,465,185
DETAILS OF WRITE-INS					
2501. Other		435,830	(73,530)		362,300
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	435,830	(73,530)	0	362,300

(a) Includes management fees of \$ 290,696,306 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 7,284	5,216
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 610,092	.460,391
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated) .....		.536,398
2.21 Common stocks of affiliates .....		.535,834
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 308,151	.364,796
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		31,783
10. Total gross investment income		31,783
		1,493,709
		1,398,019
11. Investment expenses	(g) 25,256	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) 0	
13. Interest expense	(h)	
14. Depreciation on real estate and other invested assets	(i)	
15. Aggregate write-ins for deductions from investment income .....		.945,948
16. Total deductions (Lines 11 through 15) .....		.971,204
17. Net investment income (Line 10 minus Line 16)		426,815
DETAILS OF WRITE-INS		
0901. Interest Earned on Bank Accounts		31,783
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)		31,783
		31,783
1501. Management Fees .....		.945,948
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		.945,948

(a) Includes \$ 58,721 accrual of discount less \$ 223,413 amortization of premium and less \$ 65,633 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 296,662 accrual of discount less \$ 1,013,477 amortization of premium and less \$ 515,123 paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ 0 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	.0	0	0	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	1,228	0	.1,228	.0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	4,440	0	4,440	.8,363,840	0
2.21 Common stocks of affiliates	0	0	0	-(11,217,439)	0
3. Mortgage loans		0	0	0	0
4. Real estate		0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments .....	.5	0	.5	.0	0
7. Derivative instruments			0		
8. Other invested assets		0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	5,672	0	5,672	(2,853,599)	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	273,760,952	285,726,015	11,965,063
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	273,760,952	285,726,015	11,965,063
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	2,303,923	5,267,539	2,963,616
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	1,853,903	1,313,268	(540,635)
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	4,034,811	2,250,979	(1,783,832)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	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	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	0	0	0
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	281,953,589	294,557,801	12,604,212
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	281,953,589	294,557,801	12,604,212
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	16,588,752	17,020,276	16,929,000	16,919,815	16,998,774	203,707,037
7. Total	16,588,752	17,020,276	16,929,000	16,919,815	16,998,774	203,707,037
DETAILS OF WRITE-INS						
0601. Prepaid vision	16,588,752	17,020,276	16,929,000	16,919,815	16,998,774	203,707,037
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	16,588,752	17,020,276	16,929,000	16,919,815	16,998,774	203,707,037

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern
A. Accounting Practices

This statement has been completed in accordance with the Accounting Practices and Procedures Manual. The Company does not employ accounting practices that depart from the Manual.

	SSAP #	F/S Page	F/S Line #	2021	2020
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 211,716,320	\$ 108,214,003
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 211,716,320	\$ 108,214,003
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 296,523,885	\$ 242,632,134
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 296,523,885	\$ 242,632,134

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with the Annual Statement Instructions and Accounting Practices and Procedures manual requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are recognized over the period of coverage and are generally based on the number of eligible participants. Receivables and related premiums are estimated based on the most recent eligibility received from clients under the program. Net revenue relating to uninsured plans is recorded as an offset to claims adjustment expenses and general administrative expenses. In addition, the Company uses the following accounting policies:

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds and Amortization Schedule

Bonds are stated at amortized cost using the interest method.

(3) Basis for Common Stocks

Stocks are stated at market value except for an investment in an affiliated entity recorded based on U.S. GAAP equity of the investee.

(4) Basis for Preferred Stocks

The Company has no preferred stock.

(5) Basis for Mortgage Loans

The Company has no mortgaged loans.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Company carries its investments in Eyefinity, VSP Holding, Independent Eye Care MSO and VSP Optical Group at U.S. GAAP equity. The Company treats these investments as non-admitted assets since stand alone audits of the financial statements are not performed.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Company has no investments in Joint Ventures, Partnerships and Limited Liability Companies.

(9) Accounting Policies for Derivatives

The Company has no derivatives.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Company does not utilize anticipated investment income as a factor in the calculation of premium deficiency.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

Claims unpaid and related expenses represent the estimated liability for claims reported to the Company, claims incurred but not yet reported and unpaid claims adjustment expenses.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Company has not modified its capitalization policy from the prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Company has no pharmaceutical rebate receivables.

D. Going Concern

Management evaluated whether there are conditions and events that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date that the financial statements are issued. Management's evaluation was based only on relevant conditions and events that were known and reasonably knowable at the date that the financial statements are issued. Based on the evaluation, the Company is more than able to meet all known obligations at the date that the financial statements are issued, therefore, no conditions or events raise substantial doubt about the Company's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

There were no material changes in accounting principles and/or correction of errors.

NOTE 3 Business Combinations and Goodwill

Not Applicable

NOTE 4 Discontinued Operations

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

D. Loan-Backed Securities

(1) Description of Sources Used to Determine Prepayment Assumptions

Prepayment assumptions for mortgage-backed securities were obtained from an external pricing service.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

J. Real Estate

Not Applicable

K. Low Income Housing tax Credits (LIHTC)

Not Applicable

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Non- admitted) Restricted from Current Year	2 Total Gross (Admitted & Non- admitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Non- admitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Non- admitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
b. Collateral held under security lending agreements	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
c. Subject to repurchase agreements	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
g. Placed under option contracts	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
i. FHLB capital stock	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
j. On deposit with states	\$ 4,355,766	\$ 4,085,668	\$ 270,098	\$ -	\$ 4,355,766	0.568%	0.899%
k. On deposit with other regulatory bodies	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
n. Other restricted assets	\$ -	\$ -		\$ -	\$ -	0.000%	0.000%
o. Total Restricted Assets	\$ 4,355,766	\$ 4,085,668	\$ 270,098	\$ -	\$ 4,355,766	0.568%	0.899%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not Applicable
3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not Applicable
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
Not Applicable

M. Working Capital Finance Investments

Not Applicable

NOTES TO FINANCIAL STATEMENTS

N. Offsetting and Netting of Assets and Liabilities

Not Applicable

O. 5GI Securities

Not Applicable

P. Short Sales

Not Applicable

Q. Prepayment Penalty and Acceleration Fees

Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset Type

	Asset Type	Percent Share
(1) Cash		38.7%
(2) Cash Equivalents		26.2%
(3) Short-Term Investments		35.1%
(4) Total		100.0%

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

NOTE 7 Investment Income

Not Applicable

NOTE 8 Derivative Instruments

Not Applicable

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2020			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ 5,631,761	\$ 4,034,811	\$ 9,666,572	\$ 20,809,629	\$ 2,250,979	\$ 23,060,608	\$ (15,177,868)	\$ 1,783,832	\$ (13,394,036)
(b) Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 5,631,761	\$ 4,034,811	\$ 9,666,572	\$ 20,809,629	\$ 2,250,979	\$ 23,060,608	\$ (15,177,868)	\$ 1,783,832	\$ (13,394,036)
(d) Deferred Tax Assets Nonadmitted	\$ 4,034,811	\$ 4,034,811	\$ -	\$ -	\$ 2,250,979	\$ 2,250,979	\$ -	\$ 1,783,832	\$ 1,783,832
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 5,631,761	\$ -	\$ 5,631,761	\$ 20,809,629	\$ -	\$ 20,809,629	\$ (15,177,868)	\$ -	\$ (15,177,868)
(f) Deferred Tax Liabilities	\$ 901,915	\$ 3,947,268	\$ 4,849,183	\$ 1,077,175	\$ 2,190,862	\$ 3,268,037	\$ (175,260)	\$ 1,756,406	\$ 1,581,146
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 4,729,846	\$ (3,947,268)	\$ 782,578	\$ 19,732,454	\$ (2,190,862)	\$ 17,541,592	\$ (15,002,608)	\$ (1,756,406)	\$ (16,759,014)

2.

	As of End of Current Period			12/31/2020			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 5,631,761		\$ 5,631,761	\$ 20,809,629	\$ -	\$ 20,809,629	\$ (15,177,868)	\$ -	\$ (15,177,868)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 44,361,196	XXX	XXX	\$ 33,763,581	XXX	XXX	\$ 10,597,615
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + (2(b) + 2(c))	\$ 5,631,761	\$ -	\$ 5,631,761	\$ 20,809,629	\$ -	\$ 20,809,629	\$ (15,177,868)	\$ -	\$ (15,177,868)

3.

	2021	2020
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	1044.000%	827.000%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 295,741,307	\$ 225,090,542

NOTES TO FINANCIAL STATEMENTS

4.

	As of End of Current Period		12/31/2020		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1 (c)	\$ 5,631,761	\$ 4,034,811	\$ 20,809,629	\$ 2,250,979	\$ (15,177,868)	\$ 1,783,832
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies			0.000%	0.000%	0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 5,631,761	\$ -	\$ 20,809,629	\$ -	\$ (15,177,868)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies			0.000%	0.000%	0.000%	0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance?

Yes No

B. Deferred Tax Liabilities Not Recognized

There are no temporary differences for which a DTL has not been established.

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2020	(3) (Col. 1 - 2) Change	
1. Current Income Tax				
(a) Federal	\$ 37,580,185	\$ 55,393,343	\$ (17,813,158)	
(b) Foreign	\$ -	\$ -	\$ -	
(c) Subtotal	\$ 37,580,185	\$ 55,393,343	\$ (17,813,158)	
(d) Federal income tax on net capital gains	\$ 1,191	\$ 97,602	\$ (96,411)	
(e) Utilization of capital loss carry-forwards	\$ -	\$ -	\$ -	
(f) Other	\$ (653,312)	\$ 1,059,110	\$ (1,712,422)	
(g) Federal and foreign income taxes incurred	\$ 36,928,064	\$ 56,550,055	\$ (19,621,991)	
2. Deferred Tax Assets:				
(a) Ordinary:				
(1) Discounting of unpaid losses	\$ 1,752,769	\$ 1,764,013	\$ (11,244)	
(2) Unearned premium reserve	\$ 2,559,479	\$ 17,414,960	\$ (14,855,481)	
(3) Policyholder reserves	\$ -	\$ -	\$ -	
(4) Investments	\$ -	\$ -	\$ -	
(5) Deferred acquisition costs	\$ -	\$ -	\$ -	
(6) Policyholder dividends accrual	\$ -	\$ -	\$ -	
(7) Fixed Assets	\$ -	\$ -	\$ -	
(8) Compensation and benefits accrual	\$ -	\$ -	\$ -	
(9) Pension accrual	\$ -	\$ -	\$ -	
(10) Receivables - nonadmitted	\$ 873,137	\$ 1,381,969	\$ (508,832)	
(11) Net operating loss carry-forward	\$ -	\$ -	\$ -	
(12) Tax credit carry-forward	\$ -	\$ -	\$ -	
(13) Other (including items <5% of total ordinary tax assets)	\$ 446,376	\$ 248,687	\$ 197,689	
(99) Subtotal	\$ 5,631,761	\$ 20,809,629	\$ (15,177,868)	
(b) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -	
(c) Nonadmitted	\$ -	\$ -	\$ -	
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 5,631,761	\$ 20,809,629	\$ (15,177,868)	
(e) Capital:				
(1) Investments	\$ 4,034,811	\$ 2,250,979	\$ 1,783,832	
(2) Net capital loss carry-forward	\$ -	\$ -	\$ -	
(3) Real estate	\$ -	\$ -	\$ -	
(4) Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -	
(99) Subtotal	\$ 4,034,811	\$ 2,250,979	\$ 1,783,832	
(f) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -	
(g) Nonadmitted	\$ 4,034,811	\$ 2,250,979	\$ 1,783,832	
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -	
(i) Admitted deferred tax assets (2d + 2h)	\$ 5,631,761	\$ 20,809,629	\$ (15,177,868)	
3. Deferred Tax Liabilities:				
(a) Ordinary:				
(1) Investments	\$ -	\$ -	\$ -	
(2) Fixed Assets	\$ -	\$ -	\$ -	
(3) Deferred and uncollected premium	\$ -	\$ -	\$ -	
(4) Policyholder reserves	\$ -	\$ -	\$ -	
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 901,915	\$ 1,077,175	\$ (175,260)	
(99) Subtotal	\$ 901,915	\$ 1,077,175	\$ (175,260)	
(b) Capital:				
(1) Investments	\$ 3,947,268	\$ 2,190,862	\$ 1,756,406	
(2) Real estate	\$ -	\$ -	\$ -	
(3) Other (including items <5% of total capital tax liabilities)	\$ -	\$ -	\$ -	
(99) Subtotal	\$ 3,947,268	\$ 2,190,862	\$ 1,756,406	
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 4,849,183	\$ 3,268,037	\$ 1,581,146	
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 782,578	\$ 17,541,592	\$ (16,759,014)	

NOTES TO FINANCIAL STATEMENTS

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	\$ 52,215,320	21.0%
Change in nonadmitted assets	\$ 508,826	0.2%
Proration of tax exempt investment income	\$ -	0.0%
Tax exempt income deduction	\$ (2,616)	0.0%
Dividends received deduction	\$ (55,145)	0.0%
Disallowable travel and entertainment	\$ -	0.0%
Other permanent differences	\$ -	0.0%
Temporary Differences:		
Total ordinary DTAs	\$ -	0.0%
Total ordinary DTLs	\$ -	0.0%
Total capital DTAs	\$ -	0.0%
Total capital DTLs	\$ -	0.0%
Other:		
Statutory valuation allowance adjustment	\$ -	0.0%
Accrual adjustment – prior year	\$ -	0.0%
Other	\$ (735,713)	-0.3%
Totals	\$ 51,930,672	20.9%
Federal and foreign income taxes incurred	\$ 36,926,873	0.0%
Realized capital gains (losses) tax	\$ 1,191	0.0%
Change in net deferred income taxes	\$ 15,002,608	0.0%
Total statutory income taxes	\$ 51,930,672	0.0%

E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment

1. The Company did not have any unused operating loss carryforwards available to offset against future taxable income.

2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amount
2021	\$ 37,581,376
2020	\$ 54,837,626
2019	\$ 426,198

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code is 0.

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with the following entities:

Vision Service Plan (CA), Altair Eyewear, Inc., Eyefinity, Inc., Eastern Vision Service Plan, Inc., Vision Service Plan of Illinois, NFP, Vision Service Plan Insurance Company (OH), Eastern Vision Service Plan IPA, Inc., Vision Service Plan Insurance Company (MO), VSP Holding Company, Inc., Marchon Eyewear, Inc., Marchon BRL Ltd., VSP Vision Care, Inc., Southwest Vision Service Plan, Inc., Vision Service Plan (HI), Vision Service Plan of Wyoming, VSP Optical Group, Inc., Plexus Optix, Inc., VSP Labs, Inc., VSP Ceres, Inc., Eyeconic, Inc., VSP Global, Inc., Optical Opportunities, VSP Retail Development Holding, Inc., VSP Retail, Inc., Visionworks of America, Inc., Community Eye Care of South Carolina, LLC.

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made on a separate return basis with credit for tax attributes used by the consolidated group.

G. Federal or Foreign Federal Income Tax Loss Contingencies:

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

Not Applicable

I. Alternative Minimum Tax (AMT) Credit

Not Applicable

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship Involved

The Company is a wholly owned subsidiary of Vision Service Plan (a California non-profit corporation).

B. Transactions

The Company paid an extraordinary dividend to Vision Service Plan, the Parent Company, on August 13, 2021, totaling \$152.6M.

C. Transactions with related party who are not reported on Schedule Y

Not Applicable

D. Amounts Due From or To Related Parties

The amounts due to Vision Service Plan as of December 31, 2021 and 2020 were \$51,060,496 and \$36,916,270, respectively.

E. Material Management or Service Contracts and Cost-Sharing Arrangements

Vision Service Plan provides the Company with data processing, employee related services and other administrative services for an agreed upon fee under the Administrative and Marketing Agreement.

F. Guarantees or Undertakings

There are no guarantees or undertakings in place between the Company and any related party.

G. Nature of the Control Relationship

The Company holds 64 shares of Common Stock in its affiliate, Eyefinity, Inc.; 45 shares of common stock in its affiliate, VSP Holding Company, Inc.; 10,000 shares of common stock in its affiliate, Independent Eye Care MSO, Inc.; and 21,623 shares of voting common stock and 75,610 shares of non-voting common stock in its affiliate, VSP Optical Group.

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

Not Applicable

NOTES TO FINANCIAL STATEMENTS

I. Investments in SCA that Exceed 10% of Admitted Assets

The Company owns a 45% interest in VSP Holding Company, Inc., which the Company is treating as a non-admitted asset since a stand-alone audit is not performed. The net carrying values of the investment in VSP Holding Company, Inc. of \$201,906,600 and \$199,626,750 were non-admitted for the years ended December 31, 2021 and 2020, respectively. The Company's investment in VSP Holding Company, Inc. exceeds 10% of the total admitted assets of the Company. VSP Holding Company, Inc. had assets of \$1,002,249,000 and liabilities of \$553,569,000, respectively, as of December 31, 2021 and net income of \$101,121,000 for the twelve months ended December 31, 2021.

The Company owns a 4.4% interest in VSP Optical Group, whose carrying value exceeds 10% of the admitted assets of the Company. The Company carries VSP Optical Group at GAAP equity. The net carrying values of the investment in VSP Optical Group of \$43,802,826 and \$52,297,265 were non-admitted for the years ended December 31, 2021 and 2020, respectively. The investment was admitted in prior years when stand-alone audits were completed. VSP Optical Group, Inc. had assets of \$2,901,194,000 and liabilities of \$1,911,705,000, respectively, as of December 31, 2021 and net loss of \$(20,964,000) for the twelve months ended December 31, 2021.

J. Investments in Impaired SCAs
Not ApplicableK. Investment in Foreign Insurance Subsidiary
Not ApplicableL. Investment in Downstream Noninsurance Holding Company
Not Applicable

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Total SSAP No. 97 8a Entities	XXX	\$ -	\$ -	\$ -
b. SSAP No. 97 8b(ii) Entities Eyefinity, Inc	100.0%	\$ (3,590,774)		\$ (3,590,774)
Total SSAP No. 97 8b(ii) Entities	XXX	\$ (3,590,774)	\$ -	\$ (3,590,774)
c. SSAP No. 97 8b(iii) Entities VSP Holding Company, Inc. VSP Optical Group, Inc. Independent Eye Care MSO Inc	45.0% 4.4% 100.0%	\$ 201,906,900 \$ 43,802,826 \$ 31,642,000		\$ 201,906,900 \$ 43,802,826 \$ 31,642,000
Total SSAP No. 97 8b(iii) Entities	XXX	\$ 277,351,726	\$ -	\$ 277,351,726
d. SSAP No. 97 8b(iv) Entities				
Total SSAP No. 97 8b(iv) Entities	XXX	\$ -	\$ -	\$ -
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ 273,760,952	\$ -	\$ 273,760,952
f. Aggregate Total (a+ e)	XXX	\$ 273,760,952	\$ -	\$ 273,760,952

(2) NAIC Filing Response Information

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing * S1 S2 S3	Date of Filing to the NAIC 06/08/2017 05/25/2016 02/05/2020	NAIC Valuation Amount \$ 6,260,353 \$ 30,295,442 \$ 31,000,000	NAIC Response Received Yes/No Yes Yes Yes	NAIC Disallowed Entities Valuation Method, Resubmission Required Yes/No No No No	Code ** I I I
a. SSAP No. 97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX
Total SSAP No. 97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities Eyefinity, Inc	S1	06/08/2017	\$ 6,260,353	Yes	No	I
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$ 6,260,353	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities VSP Holdings Company, Inc. VSP Optical Group, Inc. Independent Eye Care MSO Inc	S1 S2 S3	01/18/2017 05/25/2016 02/05/2020	\$ 220,165,872 \$ 30,295,442 \$ 31,000,000	Yes Yes Yes	No No No	I I I
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$ 281,461,314	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	\$ 287,721,667	XXX	XXX	XXX
f. Aggregate Total (a+ e)	XXX	XXX	\$ 287,721,667	XXX	XXX	XXX

* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

** I - Immaterial or M - Material

N. Investment in Insurance SCAs
Not Applicable

NOTES TO FINANCIAL STATEMENTS

O. SCA or SSAP 48 Entity Loss Tracking

1 Entity	2 Reporting Entity's Share of Net Income (Loss)	3 Accumulated Share of Net Income (Losses)	4 Reporting Entity's Share of Equity, Including Negative Equity	5 Guaranteed Obligation / Commitment for Financial Support (Yes/No)	6 Amount of the Recognized Guarantee Under SSAP No. 5R
Eyefinity, Inc	\$ (13,364,026)	\$ (18,629,913)	\$ (3,590,774)	No	\$ -

The company treats its investment in Eyefinity as a non-admitted asset since a stand alone audit of Eyefinity's financial statements is not performed. Since Eyefinity, Inc has negative equity, the reported value at December 31, 2021 is -0-.

NOTE 11 Debt

Not Applicable

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not Applicable

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. Number of Share and Par or State Value of Each Class

The Company has 100,000 shares of \$100 par value common stock authorized of which 25,000 shares are issued and outstanding.

B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

The Company has no preferred stock outstanding.

C. Dividend Restrictions

The Company is required to notify the Commissioner prior to payment of extraordinary dividends, and may do so unless disapproved within 30 days of notification.

D. Dates and Amounts of Dividends Paid

The Company paid an extraordinary dividend to Vision Service Plan, the Parent Company, on August 13, 2021, totaling \$152.6M.

E. Profits that may be Paid as Ordinary Dividends to Stockholders

The Company has no restrictions on the Company's profits.

F. Restrictions Placed on Unassigned Funds (Surplus)

The Company has no restrictions on surplus.

G. Amount of Advances to Surplus not Repaid

Not applicable

H. Amount of Stock Held for Special Purposes

Not applicable

I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period

Not applicable

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is

\$ (102,040,197)

K. The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations

Not applicable

L. The impact of any restatement due to prior quasi-reorganizations is as follows

Not applicable

M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization

Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

A. Contingent Commitments

(1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: \$0 .

(2) Detail of other contingent commitments

Not Applicable

(3) Guarantee Obligations

Not Applicable

B. Assessments

(1) Assessments Where Amount is Known or Unknown

Not Applicable

(2) Assessments

The asset represents accrued premium tax offsets related to the PennTreaty/American National Insurance Companies' insolvencies.

NOTES TO FINANCIAL STATEMENTS

(3) Guaranty Fund Liabilities and Assets Related to Assessments from Insolvencies for Long-Term Care Contracts

(1)

The Company has established a liability due to expected assessments from various state insurance guaranty funds related to the PennTreaty/American National Insurance Companies' insolvencies. The liability, and related asset representing future credits on premium tax returns are based on the 4.25% discounted tables on the National Organization of Life & Health Insurance Guaranty Associations website. The liability and asset at December 31, 2021 totaled \$901,042 and \$4,294,832 respectively.

(2) a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end \$ 996,987

b. Decreases current year: \$ 95,945

c. Increases current year:

d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end \$ 901,042

(3)

a. Discount Rate Applied 4.3%

b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
PennTreaty Insurance Company	\$ 1,858,138,558	\$ 1,090,626,501	\$ 1,738,431,217	\$ 991,822,737
American National Insurance Company	\$ 533,295,637	\$ 229,326,642	\$ 300,251,346	\$ 131,526,107

c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years
PennTreaty Insurance Company	30	42-64		28	5-20	
American National Insurance Company	29	14-62		28	5-20	

C. Gain Contingencies
Not Applicable

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits
Not Applicable

E. Joint and Several Liabilities
Not Applicable

F. All Other Contingencies
Not Applicable

NOTE 15 Leases
Not Applicable

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not Applicable

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
Not Applicable

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans:
The Company does not have ASO Plans.

B. ASC Plans:
The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2021:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 713,810,275		\$ 713,810,275
b. Gross administrative fees accrued	\$ 58,175,379		\$ 58,175,379
c. Other income or expenses (including interest paid to or received from plans)	\$ (140,568,279)		\$ (140,568,279)
d. Gross expenses incurred (claims and administrative)	\$ 680,772,741		\$ 680,772,741
e. Total net gain or loss from operations	\$ (49,355,366)	\$ -	\$ (49,355,366)

C. Medicare or Similarly Structured Cost Based Reimbursement Contract
Not Applicable

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 20 Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stock	\$ 42,476,309	\$ -	\$ -	\$ -	\$ 42,476,309

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

Not Applicable

(3) Policies when Transfers Between Levels are Recognized

Not Applicable

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

Not Applicable

(5) Fair Value Disclosures

Not Applicable

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not Applicable

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash Equivalents	\$ 69,509,963	\$ 69,509,963	\$ 2,019,237	\$ 67,490,726	\$ -	\$ -	\$ -
Short-term Investments	\$ 92,946,788	\$ 92,955,580	\$ -	\$ 92,946,788	\$ -	\$ -	\$ -
Bonds	\$ 23,150,563	\$ 23,596,199	\$ 311,986	\$ 22,838,577	\$ -	\$ -	\$ -
Common Stock	\$ 42,476,309	\$ 42,476,309	\$ 42,476,309	\$ -	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value

Not Applicable

E. NAV Practical Expedient Investments

Not Applicable

NOTE 21 Other Items

Not Applicable

NOTE 22 Events Subsequent

Subsequent events have been considered through February 28, 2022 for the statutory statement issued on March 1, 2022. No events have occurred subsequent to the close of the books or accounts for this statement that may have a material effect on the financial condition of the Company.

NOTE 23 Reinsurance

Not Applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not Applicable

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Activity in claims unpaid and related expenses is summarized as follows:

	2021	2020
BALANCE - Jan 1	\$ 63,450,973	\$ 61,811,091
Incurred related to:		
Current Year	\$ 996,565,449	\$ 933,729,179
Prior Years	\$ (1,956,376)	\$ (4,165,453)
Total Incurred	\$ 994,609,073	\$ 929,563,726
Paid related to:		
Current Year	\$ (926,835,364)	\$ (870,278,206)
Prior Years	\$ (61,494,597)	\$ (57,645,638)
Total paid	\$ 988,329,961	\$ (927,923,844)
BALANCE - Dec 31	\$ 69,730,085	\$ 63,450,973

Reserves as of December 31, 2021 were \$69,730,085. As of December 31, 2021, \$61,494,597 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,956,376 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,956,376 favorable prior-year development from December 31, 2020 to December 31, 2021. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. Information about Significant Changes in Methodologies and Assumptions

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 26 Intercompany Pooling Arrangements

Not Applicable

NOTE 27 Structured Settlements

Not Applicable

NOTE 28 Health Care Receivables

Not Applicable

NOTE 29 Participating Policies

Not Applicable

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$	-
2. Date of the most recent evaluation of this liability	02/01/2022	
3. Was anticipated investment income utilized in the calculation?	Yes []	No [X]

NOTE 31 Anticipated Salvage and Subrogation

Not Applicable

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
 GENERAL**

1.1 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, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State Regulating? Ohio

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018

3.2 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. 12/31/2018

3.3 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). 06/30/2020

3.4 By what department or departments?
 Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [X] N/A []

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes [] No [X]
 4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No [X]
 4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
 If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the 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
---------------------	------------------------	------------------------

6.1 Has the 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]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
 7.21 State the percentage of foreign control; %
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
------------------	---------------------

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [] No [X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Deloitte & Touche, 555 Mission Street, San Francisco, CA 94105

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

David J. Otto, 13308 Midland Road #1119, Poway, CA 92064
(independent actuary)

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value \$

12.2 If, yes provide explanation:

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 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.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$
20.12 To stockholders not officers.....	\$
20.13 Trustees, supreme or grand (Fraternal Only)	\$

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$
20.22 To stockholders not officers.....	\$
20.23 Trustees, supreme or grand (Fraternal Only)	\$

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$
21.22 Borrowed from others.....	\$
21.23 Leased from others	\$
21.24 Other	\$

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$	\$
22.22 Amount paid as expenses	\$
22.23 Other amounts paid	\$

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 7,715,795

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto
 Securities are held by banks or brokers pursuant to safekeeping custodial agreements.

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 N/A

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
25.093 Total payable for securities lending reported on the liability page.	\$ 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements	\$
26.22 Subject to reverse repurchase agreements	\$
26.23 Subject to dollar repurchase agreements	\$
26.24 Subject to reverse dollar repurchase agreements	\$
26.25 Placed under option agreements	\$
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$
26.27 FHLB Capital Stock	\$
26.28 On deposit with states	\$ 4,355,766
26.29 On deposit with other regulatory bodies	\$
26.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$
26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$
26.32 Other	\$

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
 If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No [X]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108	Yes [] No []
27.42 Permitted accounting practice	Yes [] No []
27.43 Other accounting guidance	Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$

29. 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 []

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Morgan Stanley	1333 N. California Blvd., Ste. 133, Walnut Creek, CA 94596
US Bank	633 W. 5th Street, 24th Floor, Los Angeles, CA 90071
Wells Fargo Institutional Securities, LLC	45 Fremont St., 34th Flr, San Francisco, CA 94105

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
GENERAL INTERROGATORIES

29.02 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)
.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No []

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Union Bank	US Bank Institutional Trust & Custody	08/02/2021	US Bank Institutional Trust & Custody acquired the trust and custody accounts of Union Bank and the portfolios were transferred on 08/02/2021.

29.05 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
VSP Treasury Manager	A.....
Morgan Stanley	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No []

29.06 For those firms or individuals listed in the table for 29.05 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
N/A	VSP Treasury Manager	N/A	N/A	NO.....
149777	Morgan Stanley	N/A	SEC	NO.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [] No []

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total	0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	184,042,504	183,596,869	(445,635)
31.2 Preferred stocks .....	.0	.0	0
31.3 Totals	184,042,504	183,596,869	(445,635)

31.4 Describe the sources or methods utilized in determining the fair values:

.....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No []

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [] No []

33.2 If no, list exceptions:

.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No []

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No []

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
GENERAL INTERROGATORIES

OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	

39.1 Amount of payments for legal expenses, if any?\$0

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

40.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]	
1.2	If yes, indicate premium earned on U.S. business only.	\$	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	
1.31	Reason for excluding		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$	
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$	
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned	\$	
	1.62 Total incurred claims	\$	
	1.63 Number of covered lives	0	
	All years prior to most current three years:		
	1.64 Total premium earned	\$	
	1.65 Total incurred claims	\$	
	1.66 Number of covered lives	0	
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned	\$	
	1.72 Total incurred claims	\$	
	1.73 Number of covered lives	0	
	All years prior to most current three years:		
	1.74 Total premium earned	\$	
	1.75 Total incurred claims	\$	
	1.76 Number of covered lives	0	
2.	Health Test:		
	1 Current Year	2 Prior Year	
2.1	Premium Numerator	1,388,740,783	1,249,625,234
2.2	Premium Denominator	1,388,740,783	1,249,625,234
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	68,405,926	61,833,776
2.5	Reserve Denominator	68,405,926	61,833,776
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]	
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]	
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]	
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical	\$
		5.32 Medical Only	\$
		5.33 Medicare Supplement	\$
		5.34 Dental & Vision	\$
		5.35 Other Limited Benefit Plan	\$
		5.36 Other	\$
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: The Company's agreements with its Member Doctors prohibits them from seeking payment (except for copayment, if any) from, or bringing any legal action against the Company's subscribers or their dependents for the Company's covered services. The Company maintains other arrangements of the type to the extent required by law.		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]	
7.2	If no, give details		
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year	20,454
		8.2 Number of providers at end of reporting year	30,360
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]	
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months..\$	
		9.22 Business with rate guarantees over 36 months ..\$	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:
 10.21 Maximum amount payable bonuses.....\$
 10.22 Amount actually paid for year bonuses.....\$
 10.23 Maximum amount payable withholds.....\$
 10.24 Amount actually paid for year withholds.....\$

11.1 Is the reporting entity organized as:
 11.12 A Medical Group/Staff Model, Yes [] No [X]
 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
 11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio
 11.4 If yes, show the amount required. \$ 56,630,102
 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
 11.6 If the amount is calculated, show the calculation
 Refer to Risk Based Capital report.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Montana
Nebraska
Nevada
New Hampshire
New Jersey
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]
 14.2 If the answer to 14.1 is yes, please provide the following:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written	\$
15.2 Total Incurred Claims	\$
15.3 Number of Covered Lives	

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No []

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	484,289,290	506,307,910	342,989,651	295,689,699	307,131,500
2. Total liabilities (Page 3, Line 24)	187,765,405	263,675,776	153,744,287	121,208,572	133,619,969
3. Statutory minimum capital and surplus requirement	56,630,102	54,406,308	62,342,794	54,917,098	51,091,740
4. Total capital and surplus (Page 3, Line 33)	296,523,885	242,632,134	189,245,364	174,481,127	173,511,531
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,474,897,998	1,321,951,161	1,339,114,454	1,183,957,486	1,134,424,303
6. Total medical and hospital expenses (Line 18)	971,652,801	897,269,836	1,003,223,865	893,716,877	863,011,052
7. Claims adjustment expenses (Line 20)	27,825,065	29,515,762	23,157,601	18,913,961	16,712,002
8. Total administrative expenses (Line 21)	226,829,960	232,001,666	229,146,897	208,520,845	172,573,417
9. Net underwriting gain (loss) (Line 24)	248,590,172	163,163,897	83,586,091	62,805,803	82,127,832
10. Net investment gain (loss) (Line 27)	431,296	2,341,326	5,639,643	3,316,494	1,794,409
11. Total other income (Lines 28 plus 29)	(378,275)	(838,767)	(333,133)	(242,510)	(183,227)
12. Net income or (loss) (Line 32)	211,716,320	108,214,003	71,102,239	47,174,816	54,676,303
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	125,879,503	213,056,020	66,122,023	46,483,058	37,071,084
Risk-Based Capital Analysis					
14. Total adjusted capital	296,523,885	242,632,134	189,245,364	174,481,127	173,511,531
15. Authorized control level risk-based capital	28,315,051	27,203,154	31,171,397	27,458,549	25,545,870
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	16,998,774	16,588,752	16,881,064	14,926,955	14,390,936
17. Total members months (Column 6, Line 7)	203,707,037	203,354,559	202,160,248	178,591,741	172,429,364
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	69.4	71.1	77.2	78.5	79.2
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	2.0	2.3	1.8	1.7	1.5
22. Total underwriting deductions (Line 23)	87.6	91.9	96.6	98.4	96.5
23. Total underwriting gain (loss) (Line 24)	17.8	12.9	6.4	5.5	7.5
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	60,048,008	55,674,693	55,589,092	51,367,716	51,035,344
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	61,833,776	60,761,408	61,060,218	54,572,853	52,820,251
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	273,760,952	284,978,391	287,580,772	256,407,165	295,528,661
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	273,760,952	284,978,391	287,580,772	256,407,165	295,528,661
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes No

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	L	44,911,329						44,911,329	
2. Alaska	AK	L							0	
3. Arizona	AZ	L	36,876,176						36,876,176	
4. Arkansas	AR	L							0	
5. California	CA	L							0	
6. Colorado	CO	L	56,444,069						56,444,069	
7. Connecticut	CT	L	32,188,664						32,188,664	
8. Delaware	DE	L	6,475,640						6,475,640	
9. District of Columbia	DC	L	13,245,847			152,737,595			165,983,442	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	L							0	
13. Idaho	ID	L							0	
14. Illinois	IL	L							0	
15. Indiana	IN	L	36,673,766						36,673,766	
16. Iowa	IA	L	12,774,412						12,774,412	
17. Kansas	KS	L	16,580,033						16,580,033	
18. Kentucky	KY	L	6,669,503						6,669,503	
19. Louisiana	LA	L	10,006,453						10,006,453	
20. Maine	ME	L	6,482,973						6,482,973	
21. Maryland	MD	L							0	
22. Massachusetts	MA	L	54,159,157						54,159,157	
23. Michigan	MI	L	68,815,679						68,815,679	
24. Minnesota	MN	L	50,931,185						50,931,185	
25. Mississippi	MS	L	8,282,423						8,282,423	
26. Missouri	MO	N							0	
27. Montana	MT	L	3,866,666						3,866,666	
28. Nebraska	NE	L	7,491,243						7,491,243	
29. Nevada	NV	L							0	
30. New Hampshire	NH	L	5,855,389						5,855,389	
31. New Jersey	NJ	L	82,679,115						82,679,115	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	L	80,570,328						80,570,328	
35. North Dakota	ND	L	3,143,572						3,143,572	
36. Ohio	OH	L	107,680,510						107,680,510	
37. Oklahoma	OK	L	52,582,146						52,582,146	
38. Oregon	OR	L	23,453,905						23,453,905	
39. Pennsylvania	PA	L	79,274,408						79,274,408	
40. Rhode Island	RI	L	12,155,424						12,155,424	
41. South Carolina	SC	L	12,084,071						12,084,071	
42. South Dakota	SD	L	15,117,674						15,117,674	
43. Tennessee	TN	L	37,113,121						37,113,121	
44. Texas	TX	L	197,569,711						197,569,711	
45. Utah	UT	L	12,238,454						12,238,454	
46. Vermont	VT	L	6,235,364						6,235,364	
47. Virginia	VA	L							0	
48. Washington	WA	L							0	
49. West Virginia	WV	L	3,553,245						3,553,245	
50. Wisconsin	WI	L	31,821,533						31,821,533	
51. Wyoming	WY	L							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	1,236,003,188	0	0	0	152,737,595	0	1,388,740,783	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX							0	
61. Totals (Direct Business)		XXX	1,236,003,188	0	0	0	152,737,595	0	1,388,740,783	0
DETAILS OF WRITE-INS										
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	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 46 R - Registered - Non-domiciled RRGs..... 0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0

N - None of the above - Not allowed to write business in the state..... 11

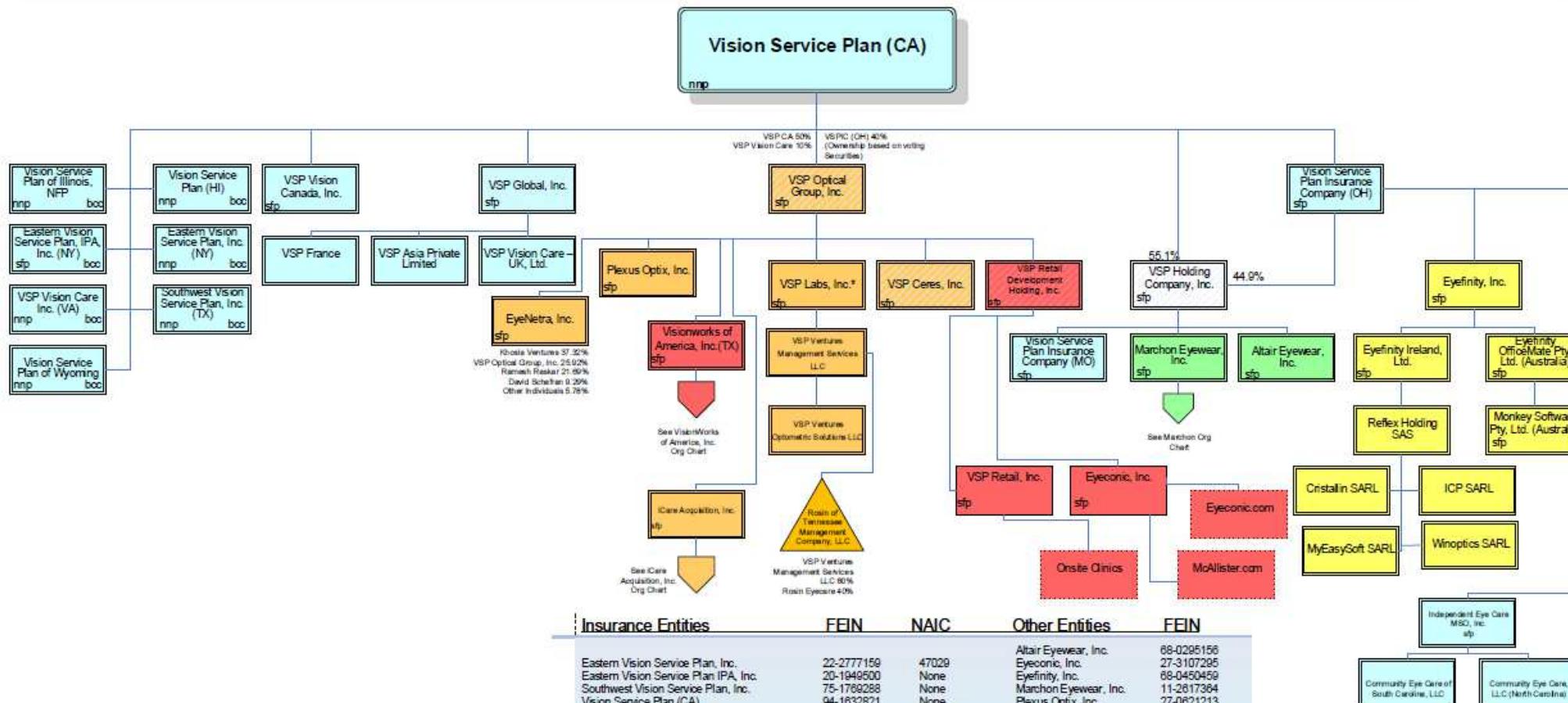
(b) Explanation of basis of allocation by states, premiums by state, etc.

The Company allocates based on the situs of the contract.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

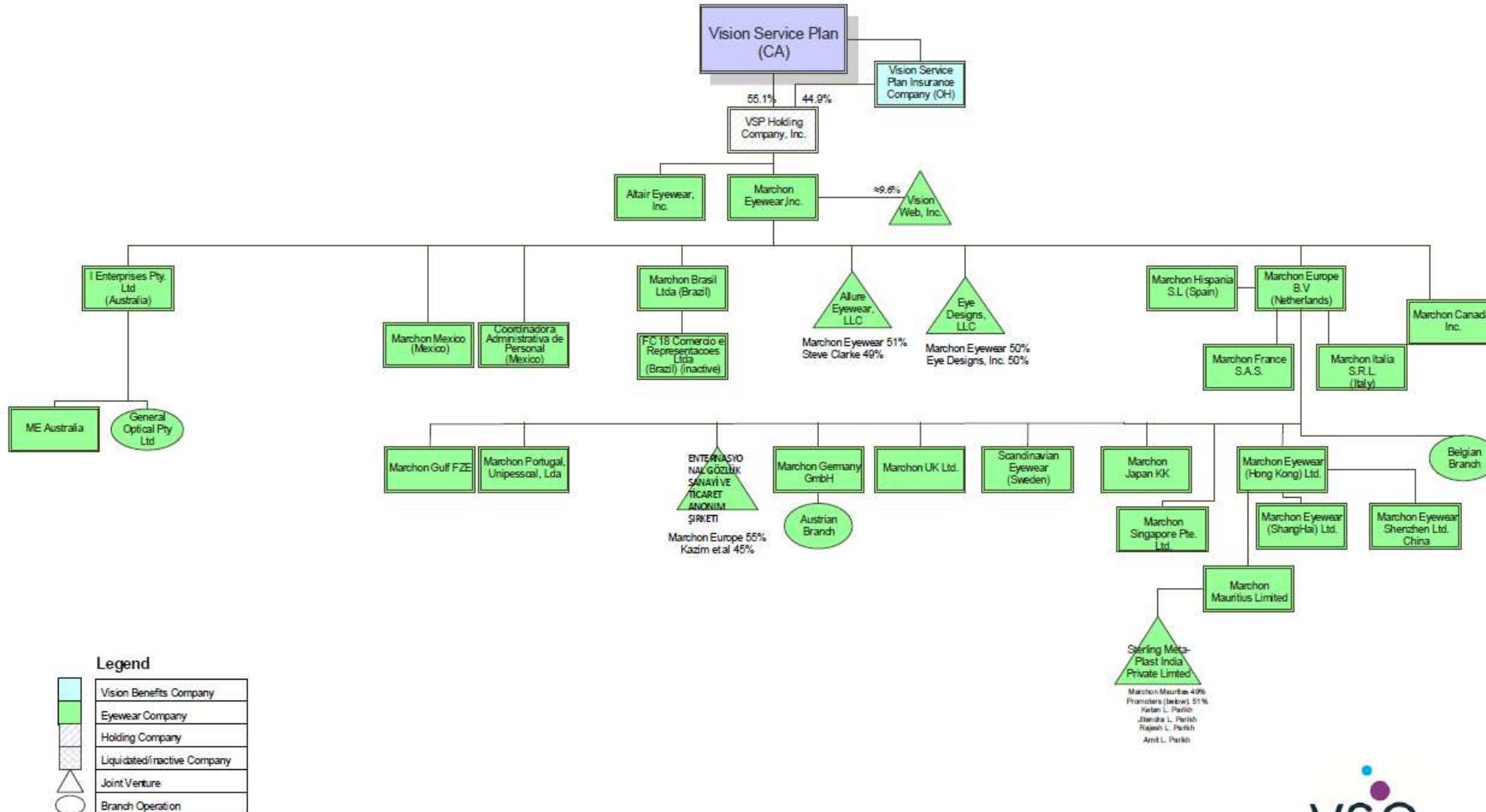
Organizational Chart, Vision Service Plan



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Organizational Chart, Marchon Eyewear, Inc.

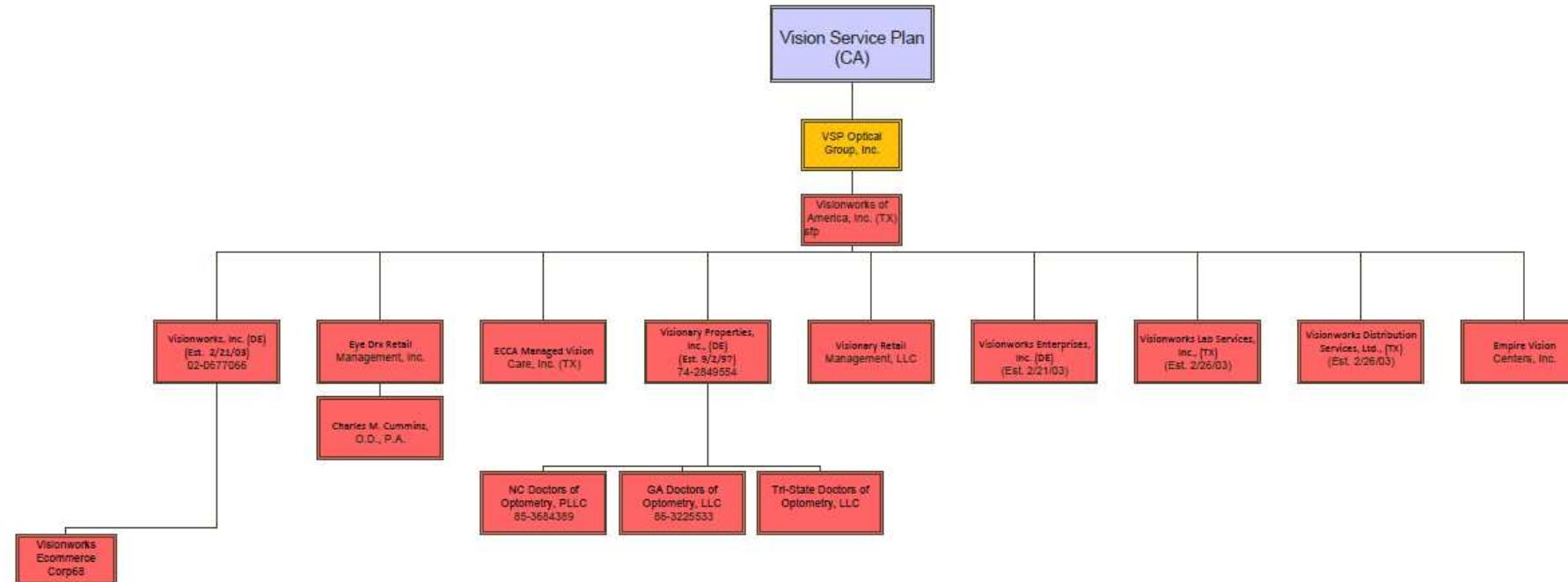


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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Organizational Chart, Visionworks of America, Inc.



Legend

Wholly-owned Subsidiaries

Each entity is 100% owned by its parent unless otherwise indicated.

All entities are US domestic unless otherwise indicated by name or notation.

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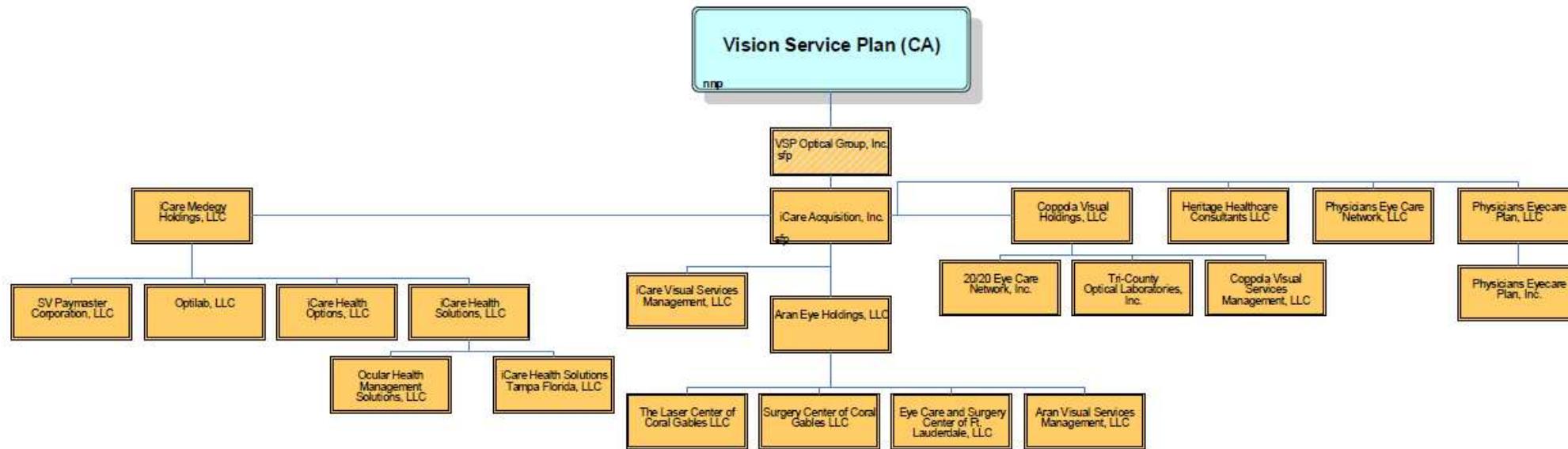
Vision Service Plan
Proprietary and Confidential
For Internal Use Only



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Organizational Chart, iCare Acquisition, Inc.



Corporate Ownership Key

nnp	Non-Stock, non-profit corporation
sfp	Stock, for-profit corporation
bcc	Board-controlled corporation
XX%	Ownership percentage

Each entity is 100% owned by its parent unless otherwise indicated.



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Vision Service Plan Insurance Company
OVERFLOW PAGE FOR WRITE-INS