3961620242010010

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024

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, Columbus, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.vsp.com

Statutory Statement Contact Brandi Murobayashi, 916-858-5395
(Name) (Area Code) (Telephone Number)
brandi.murobayashi@vsp.com, 916-463-9040
(E-mail Address) (FAX Number)

OFFICERS

President Usha Patil Secretary Theresa Ann Wilson

Treasurer Monica Renee Perez

OTHER

DIRECTORS OR TRUSTEES

Bradley Nelson Garber
Michael Joseph Guyette
Usha Patil
Daniel Joseph Schauer
Stuart Little Thompson

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.

Usha Patil	Monica Renee Perez	Theresa Ann Wilson
President	Treasurer	Secretary

Subscribed and sworn to before me this 27th day of January 2025

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

NICOLE PANTALONE
Notary Public - California
Sacramento County
Commission # 2494414
My Comm. Expires Jul 13, 2028

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Vision Service Plan Insurance Company

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Country of Domicile United States of America

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

Incorporated/Organized 06/10/1987 Commenced Business 07/01/1987

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brandi.murobayashi@vsp.com (E-mail Address), 916-463-9040 (FAX Number)

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Secretary Theresa Ann Wilson
Treasurer Monica Renee Perez

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Bradley Nelson Garber
Michael Joseph Guyette
Usha Patil
Daniel Joseph Schauer
Stuart Little Thompson

State of ~~California~~ San Antonio Texas
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.

Usha Patil	Monica Renee Perez	Theresa Ann Wilson
President	Treasurer	Secretary

Subscribed and sworn to before me this 30th day of January 2025

Lisa L Hill

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

LISA L. HILL
Notary Public, State of Texas
Comm. Expires 09-12-2026
Notary ID 125836639

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
FEDVIP HIGH OPTION 24900002	5,922,632					5,922,632
0299997. Group subscriber subtotal	5,922,632	0	0	0	0	5,922,632
0299998. Premiums due and unpaid not individually listed	51,148,938	628,214	320,532	276,803	1,520,600	50,853,887
0299999. Total group	57,071,570	628,214	320,532	276,803	1,520,600	56,776,519
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	57,071,570	628,214	320,532	276,803	1,520,600	56,776,519

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Pricing Claims	19,833,788					19,833,788
0199999. Individually listed claims unpaid	19,833,788	0	0	0	0	19,833,788
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	19,833,788	0	0	0	0	19,833,788
0599999. Unreported claims and other claim reserves						47,421,223
0699999. Total amounts withheld						
0799999. Total claims unpaid						67,255,011
0899999 Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Vision Service Plan (California)	11,519,418					11,519,418	
Vision Service Plan Insurance Company (Missouri)	7,981,864	0	0	0	0	7,981,864	0
VSP Vision Care, Inc. (Virginia)	4,506,714					4,506,714	
0199999. Individually listed receivables	24,007,996	0	0	0	0	24,007,996	0
0299999. Receivables not individually listed	1,730,258	134,617	113,165	2,075,170	2,075,170	1,978,040	0
0399999 Total gross amounts receivable	25,738,254	134,617	113,165	2,075,170	2,075,170	25,986,036	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Vision Service Plan (California)	Sales and management expenses	31,449,723	31,449,723	
VSP Vision Care, Inc. (Virginia)	Cash receipts	5,687,840	5,687,840	
0199999. Individually listed payables		37,137,563	37,137,563	0
0299999. Payables not individually listed		3,815,317	3,815,317	
0399999 Total gross payables		40,952,880	40,952,880	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	87,397,466	8.0	XXX	XXX		87,397,466
6. Contractual fee payments	1,006,928,163	92.0	XXX	XXX	1,006,928,163	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,094,325,629	100.0	XXX	XXX	1,006,928,163	87,397,466
13. TOTAL (Line 4 plus Line 12)	1,094,325,629	100%	XXX	XXX	1,006,928,163	87,397,466

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

NONE

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	495,500				495,500									
2. First Quarter	509,439				509,439									
3. Second Quarter	508,924				508,924									
4. Third Quarter	510,162				510,162									
5. Current Year	518,588				518,588									
6. Current Year Member Months	6,131,662				6,131,662									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	161,217				161,217									
9. Total	161,217	0	0	0	161,217	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	40,661,051				40,661,051									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	40,661,051				40,661,051									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	26,187,506				26,187,506									
18. Amount Incurred for Provision of Health Care Services	26,112,694				26,112,694									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	500,240				500,240									
2. First Quarter	511,504				511,504									
3. Second Quarter	508,362				508,362									
4. Third Quarter	523,346				523,346									
5. Current Year	527,723				527,723									
6. Current Year Member Months	6,211,511				6,211,511									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	168,157				168,157									
9. Total	168,157	0	0	0	168,157	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	41,840,884				41,840,884									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	41,840,884				41,840,884									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	31,860,763				31,860,763									
18. Amount Incurred for Provision of Health Care Services	31,769,708				31,769,708									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF California DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	881,197				881,197									
2. First Quarter	950,186				950,186									
3. Second Quarter	942,273				942,273									
4. Third Quarter	937,007				937,007									
5. Current Year	935,574				935,574									
6. Current Year Member Months	11,323,533				11,323,533									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	286,431				286,431									
9. Total	286,431	0	0	0	286,431	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	64,956,948				64,956,948									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	64,956,948				64,956,948									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	46,297,609				46,297,609									
18. Amount Incurred for Provision of Health Care Services	46,164,426				46,164,426									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	350,319				350,319									
2. First Quarter	356,298				356,298									
3. Second Quarter	353,376				353,376									
4. Third Quarter	353,952				353,952									
5. Current Year	356,207				356,207									
6. Current Year Member Months	4,268,588				4,268,588									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	99,858				99,858									
9. Total	99,858	0	0	0	99,858	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	25,959,620				25,959,620									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	25,959,620				25,959,620									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	19,205,558				19,205,558									
18. Amount Incurred for Provision of Health Care Services	19,150,695				19,150,695									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	83,264				83,264									
2. First Quarter	85,017				85,017									
3. Second Quarter	85,266				85,266									
4. Third Quarter	85,650				85,650									
5. Current Year	85,476				85,476									
6. Current Year Member Months	1,026,000				1,026,000									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	28,356				28,356									
9. Total	28,356	0	0	0	28,356	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	6,585,671				6,585,671									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	6,585,671				6,585,671									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,804,535				4,804,535									
18. Amount Incurred for Provision of Health Care Services	4,790,758				4,790,758									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,517,053				53,216		1,463,837							
2. First Quarter	1,686,163				126,434		1,559,729							
3. Second Quarter	1,695,708				132,096		1,563,612							
4. Third Quarter	1,705,394				136,985		1,568,409							
5. Current Year	1,712,232				142,204		1,570,028							
6. Current Year Member Months	20,361,410				1,610,244		18,751,166							
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	686,435				57,010		629,425							
9. Total	686,435	0	0	0	57,010	0	629,425	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	179,691,453				14,923,710		164,767,743							
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	179,691,453				14,923,710		164,767,743							
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	159,473,610				13,244,580		146,229,030							
18. Amount Incurred for Provision of Health Care Services	159,018,053				13,206,746		145,811,307							

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	502,489				502,489									
2. First Quarter	514,151				514,151									
3. Second Quarter	507,220				507,220									
4. Third Quarter	504,990				504,990									
5. Current Year	505,864				505,864									
6. Current Year Member Months	6,110,110				6,110,110									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	168,597				168,597									
9. Total	168,597	0	0	0	168,597	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	36,404,938				36,404,938									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	36,404,938				36,404,938									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	25,581,786				25,581,786									
18. Amount Incurred for Provision of Health Care Services	25,508,707				25,508,707									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	156,277				156,277									
2. First Quarter	174,589				174,589									
3. Second Quarter	175,538				175,538									
4. Third Quarter	174,071				174,071									
5. Current Year	174,121				174,121									
6. Current Year Member Months	2,097,847				2,097,847									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	53,132				53,132									
9. Total	53,132	0	0	0	53,132	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	13,380,610				13,380,610									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	13,380,610				13,380,610									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	8,407,530				8,407,530									
18. Amount Incurred for Provision of Health Care Services	8,383,513				8,383,513									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	201,618				201,618									
2. First Quarter	212,100				212,100									
3. Second Quarter	211,048				211,048									
4. Third Quarter	212,625				212,625									
5. Current Year	216,348				216,348									
6. Current Year Member Months	2,556,027				2,556,027									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	74,276				74,276									
9. Total	74,276	0	0	0	74,276	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	17,740,904				17,740,904									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	17,740,904				17,740,904									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	12,254,810				12,254,810									
18. Amount Incurred for Provision of Health Care Services	12,219,803				12,219,803									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	102,005				102,005									
2. First Quarter	96,394				96,394									
3. Second Quarter	96,583				96,583									
4. Third Quarter	96,719				96,719									
5. Current Year	96,435				96,435									
6. Current Year Member Months	1,163,138				1,163,138									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	27,878				27,878									
9. Total	27,878	0	0	0	27,878	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	6,611,491				6,611,491									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	6,611,491				6,611,491									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,210,760				4,210,760									
18. Amount Incurred for Provision of Health Care Services	4,198,638				4,198,638									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	132,614				132,614									
2. First Quarter	137,472				137,472									
3. Second Quarter	138,822				138,822									
4. Third Quarter	140,835				140,835									
5. Current Year	141,553				141,553									
6. Current Year Member Months	1,672,756				1,672,756									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	42,504				42,504									
9. Total	42,504	0	0	0	42,504	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	10,009,581				10,009,581									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	10,009,581				10,009,581									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	6,910,401				6,910,401									
18. Amount Incurred for Provision of Health Care Services	6,897,791				6,897,791									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	97,634				97,634									
2. First Quarter	101,163				101,163									
3. Second Quarter	100,546				100,546									
4. Third Quarter	100,343				100,343									
5. Current Year	99,870				99,870									
6. Current Year Member Months	1,205,282				1,205,282									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	23,491				23,491									
9. Total	23,491	0	0	0	23,491	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	6,593,441				6,593,441									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	6,593,441				6,593,441									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,275,126				4,275,126									
18. Amount Incurred for Provision of Health Care Services	4,262,914				4,262,914									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,005,899				1,005,899									
2. First Quarter	1,069,916				1,069,916									
3. Second Quarter	1,068,399				1,068,399									
4. Third Quarter	1,063,867				1,063,867									
5. Current Year	1,061,375				1,061,375									
6. Current Year Member Months	12,803,441				12,803,441									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	324,300				324,300									
9. Total	324,300	0	0	0	324,300	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	82,814,511				82,814,511									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	82,814,511				82,814,511									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	58,249,441				58,249,441									
18. Amount Incurred for Provision of Health Care Services	58,078,916				58,078,916									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	992,846				992,846									
2. First Quarter	1,044,889				1,044,889									
3. Second Quarter	1,027,194				1,027,194									
4. Third Quarter	1,050,673				1,050,673									
5. Current Year	1,042,536				1,042,536									
6. Current Year Member Months	12,501,441				12,501,441									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	315,274				315,274									
9. Total	315,274	0	0	0	315,274	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	74,937,031				74,937,031									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	74,937,031				74,937,031									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	53,369,234				53,369,234									
18. Amount Incurred for Provision of Health Care Services	53,196,023				53,196,023									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	691,278				691,278									
2. First Quarter	720,694				720,694									
3. Second Quarter	715,640				715,640									
4. Third Quarter	709,255				709,255									
5. Current Year	703,673				703,673									
6. Current Year Member Months	8,574,530				8,574,530									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	183,665				183,665									
9. Total	183,665	0	0	0	183,665	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	54,981,682				54,981,682									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	54,981,682				54,981,682									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	40,416,408				40,416,408									
18. Amount Incurred for Provision of Health Care Services	40,300,953				40,300,953									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	131,096				131,096									
2. First Quarter	139,924				139,924									
3. Second Quarter	143,108				143,108									
4. Third Quarter	145,240				145,240									
5. Current Year	147,901				147,901									
6. Current Year Member Months	1,715,868				1,715,868									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	41,467				41,467									
9. Total	41,467	0	0	0	41,467	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	9,894,874				9,894,874									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	9,894,874				9,894,874									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	6,465,182				6,465,182									
18. Amount Incurred for Provision of Health Care Services	6,464,238				6,464,238									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	49,699				49,699									
2. First Quarter	50,759				50,759									
3. Second Quarter	50,115				50,115									
4. Third Quarter	51,354				51,354									
5. Current Year	52,180				52,180									
6. Current Year Member Months	612,385				612,385									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	15,337				15,337									
9. Total	15,337	0	0	0	15,337	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	3,957,300				3,957,300									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	3,957,300				3,957,300									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	2,400,890				2,400,890									
18. Amount Incurred for Provision of Health Care Services	2,394,032				2,394,032									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	78,247				78,247									
2. First Quarter	79,956				79,956									
3. Second Quarter	79,235				79,235									
4. Third Quarter	79,624				79,624									
5. Current Year	80,150				80,150									
6. Current Year Member Months	957,328				957,328									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	30,702				30,702									
9. Total	30,702	0	0	0	30,702	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	6,983,306				6,983,306									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	6,983,306				6,983,306									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,557,346				4,557,346									
18. Amount Incurred for Provision of Health Care Services	4,544,327				4,544,327									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	90,476				90,476									
2. First Quarter	94,782				94,782									
3. Second Quarter	96,577				96,577									
4. Third Quarter	96,742				96,742									
5. Current Year	97,413				97,413									
6. Current Year Member Months	1,155,981				1,155,981									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	20,560				20,560									
9. Total	20,560	0	0	0	20,560	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	6,571,782				6,571,782									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	6,571,782				6,571,782									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,017,470				4,017,470									
18. Amount Incurred for Provision of Health Care Services	4,005,994				4,005,994									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,031,245				1,031,245									
2. First Quarter	1,031,531				1,031,531									
3. Second Quarter	1,040,935				1,040,935									
4. Third Quarter	1,045,509				1,045,509									
5. Current Year	1,047,890				1,047,890									
6. Current Year Member Months	12,482,060				12,482,060									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	313,004				313,004									
9. Total	313,004	0	0	0	313,004	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	79,359,075				79,359,075									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	79,359,075				79,359,075									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	55,996,938				55,996,938									
18. Amount Incurred for Provision of Health Care Services	55,836,975				55,836,975									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	941,229				941,229									
2. First Quarter	948,224				948,224									
3. Second Quarter	939,463				939,463									
4. Third Quarter	921,962				921,962									
5. Current Year	917,059				917,059									
6. Current Year Member Months	11,211,545				11,211,545									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	265,042				265,042									
9. Total	265,042	0	0	0	265,042	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	74,472,899				74,472,899									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	74,472,899				74,472,899									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	55,206,032				55,206,032									
18. Amount Incurred for Provision of Health Care Services	55,048,367				55,048,367									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	43,781				43,781									
2. First Quarter	47,117				47,117									
3. Second Quarter	48,056				48,056									
4. Third Quarter	48,247				48,247									
5. Current Year	48,187				48,187									
6. Current Year Member Months	573,094				573,094									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	18,320				18,320									
9. Total	18,320	0	0	0	18,320	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	4,298,939				4,298,939									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	4,298,939				4,298,939									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	2,764,122				2,764,122									
18. Amount Incurred for Provision of Health Care Services	2,756,226				2,756,226									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,459,715				1,459,715									
2. First Quarter	1,529,731				1,529,731									
3. Second Quarter	1,519,827				1,519,827									
4. Third Quarter	1,523,821				1,523,821									
5. Current Year	1,518,461				1,518,461									
6. Current Year Member Months	18,278,552				18,278,552									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	457,611				457,611									
9. Total	457,611	0	0	0	457,611	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	111,882,580				111,882,580									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	111,882,580				111,882,580									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	82,985,971				82,985,971									
18. Amount Incurred for Provision of Health Care Services	82,748,471				82,748,471									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	644,123				644,123									
2. First Quarter	652,309				652,309									
3. Second Quarter	656,979				656,979									
4. Third Quarter	652,561				652,561									
5. Current Year	656,203				656,203									
6. Current Year Member Months	7,845,890				7,845,890									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	237,099				237,099									
9. Total	237,099	0	0	0	237,099	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	54,163,266				54,163,266									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	54,163,266				54,163,266									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	36,442,286				36,442,286									
18. Amount Incurred for Provision of Health Care Services	36,338,184				36,338,184									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	327,671				327,671									
2. First Quarter	351,818				351,818									
3. Second Quarter	353,596				353,596									
4. Third Quarter	324,468				324,468									
5. Current Year	325,727				325,727									
6. Current Year Member Months	4,060,585				4,060,585									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	81,127				81,127									
9. Total	81,127	0	0	0	81,127	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	26,009,998				26,009,998									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	26,009,998				26,009,998									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	16,293,666				16,293,666									
18. Amount Incurred for Provision of Health Care Services	16,228,584				16,228,584									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,276,975				1,276,975									
2. First Quarter	1,314,159				1,314,159									
3. Second Quarter	1,307,391				1,307,391									
4. Third Quarter	1,298,508				1,298,508									
5. Current Year	1,291,571				1,291,571									
6. Current Year Member Months	15,677,448				15,677,448									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	391,046				391,046									
9. Total	391,046	0	0	0	391,046	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	87,615,273				87,615,273									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	87,615,273				87,615,273									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	67,883,034				67,883,034									
18. Amount Incurred for Provision of Health Care Services	67,689,114				67,689,114									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	159,257				159,257									
2. First Quarter	157,807				157,807									
3. Second Quarter	151,940				151,940									
4. Third Quarter	149,825				149,825									
5. Current Year	148,891				148,891									
6. Current Year Member Months	1,830,793				1,830,793									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	42,437				42,437									
9. Total	42,437	0	0	0	42,437	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	11,281,876				11,281,876									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	11,281,876				11,281,876									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	7,395,857				7,395,857									
18. Amount Incurred for Provision of Health Care Services	7,374,730				7,374,730									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	166,714				166,714									
2. First Quarter	228,296				228,296									
3. Second Quarter	227,243				227,243									
4. Third Quarter	229,997				229,997									
5. Current Year	237,763				237,763									
6. Current Year Member Months	2,762,501				2,762,501									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	71,710				71,710									
9. Total	71,710	0	0	0	71,710	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	18,337,999				18,337,999									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	18,337,999				18,337,999									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	11,935,805				11,935,805									
18. Amount Incurred for Provision of Health Care Services	12,062,050				12,062,050									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	152,776				152,776									
2. First Quarter	153,828				153,828									
3. Second Quarter	154,047				154,047									
4. Third Quarter	153,620				153,620									
5. Current Year	152,506				152,506									
6. Current Year Member Months	1,843,696				1,843,696									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	68,775				68,775									
9. Total	68,775	0	0	0	68,775	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	15,707,205				15,707,205									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	15,707,205				15,707,205									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	11,061,615				11,061,615									
18. Amount Incurred for Provision of Health Care Services	11,029,623				11,029,623									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	502,872				502,872									
2. First Quarter	522,080				522,080									
3. Second Quarter	518,511				518,511									
4. Third Quarter	535,349				535,349									
5. Current Year	539,901				539,901									
6. Current Year Member Months	6,340,129				6,340,129									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	160,766				160,766									
9. Total	160,766	0	0	0	160,766	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	37,999,299				37,999,299									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	37,999,299				37,999,299									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	26,825,290				26,825,290									
18. Amount Incurred for Provision of Health Care Services	26,754,834				26,754,834									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	3,020,046				3,020,046									
2. First Quarter	3,031,471				3,031,471									
3. Second Quarter	3,025,578				3,025,578									
4. Third Quarter	3,002,133				3,002,133									
5. Current Year	2,998,804				2,998,804									
6. Current Year Member Months	36,264,304				36,264,304									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	934,717				934,717									
9. Total	934,717	0	0	0	934,717	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	206,175,063				206,175,063									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	206,175,063				206,175,063									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	160,320,465				160,320,465									
18. Amount Incurred for Provision of Health Care Services	159,866,487				159,866,487									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	154,536				154,536									
2. First Quarter	159,861				159,861									
3. Second Quarter	161,467				161,467									
4. Third Quarter	187,967				187,967									
5. Current Year	191,170				191,170									
6. Current Year Member Months	2,089,765				2,089,765									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	48,117				48,117									
9. Total	48,117	0	0	0	48,117	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	14,284,606				14,284,606									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	14,284,606				14,284,606									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	9,642,273				9,642,273									
18. Amount Incurred for Provision of Health Care Services	9,612,342				9,612,342									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	99,960				99,960									
2. First Quarter	106,883				106,883									
3. Second Quarter	107,319				107,319									
4. Third Quarter	108,312				108,312									
5. Current Year	109,954				109,954									
6. Current Year Member Months	1,293,184				1,293,184									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	25,647				25,647									
9. Total	25,647	0	0	0	25,647	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	8,366,652				8,366,652									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	8,366,652				8,366,652									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,754,499				4,754,499									
18. Amount Incurred for Provision of Health Care Services	4,740,917				4,740,917									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	54,192				54,192									
2. First Quarter	53,765				53,765									
3. Second Quarter	52,797				52,797									
4. Third Quarter	55,752				55,752									
5. Current Year	59,801				59,801									
6. Current Year Member Months	661,879				661,879									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	15,399				15,399									
9. Total	15,399	0	0	0	15,399	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	4,101,114				4,101,114									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	4,101,114				4,101,114									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	2,754,837				2,754,837									
18. Amount Incurred for Provision of Health Care Services	2,746,967				2,746,967									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	395,257				395,257									
2. First Quarter	429,029				429,029									
3. Second Quarter	413,937				413,937									
4. Third Quarter	409,019				409,019									
5. Current Year	406,230				406,230									
6. Current Year Member Months	4,991,817				4,991,817									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	140,990				140,990									
9. Total	140,990	0	0	0	140,990	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	30,404,285				30,404,285									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	30,404,285				30,404,285									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	23,116,974				23,116,974									
18. Amount Incurred for Provision of Health Care Services	23,050,786				23,050,786									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0				0									
3. Second Quarter	0				0									
4. Third Quarter	0				0									
5. Current Year	0				0									
6. Current Year Member Months	0				0									
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0				0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	0				0									
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	0				0									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0				0									
18. Amount Incurred for Provision of Health Care Services	0				0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Vision Service Plan Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 1189 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 39616

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	18,490,100	0	0	0	17,026,263	0	1,463,837	0	0	0	0	0	0	0
2. First Quarter	19,253,305	0	0	0	17,693,576	0	1,559,729	0	0	0	0	0	0	0
3. Second Quarter	19,183,020	0	0	0	17,619,408	0	1,563,612	0	0	0	0	0	0	0
4. Third Quarter	19,188,899	0	0	0	17,620,490	0	1,568,409	0	0	0	0	0	0	0
5. Current Year	19,205,337	0	0	0	17,635,309	0	1,570,028	0	0	0	0	0	0	0
6. Current Year Member Months	230,656,080	0	0	0	211,904,914	0	18,751,166	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7 Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	6,023,444	0	0	0	5,394,019	0	629,425	0	0	0	0	0	0	0
9. Total	6,023,444	0	0	0	5,394,019	0	629,425	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	1,475,037,207	0	0	0	1,310,269,464	0	164,767,743	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,475,037,207	0	0	0	1,310,269,464	0	164,767,743	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,094,325,629	0	0	0	948,096,599	0	146,229,030	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,091,346,840	0	0	0	945,535,533	0	145,811,307	0	0	0	0	0	0	0

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

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 - Totals												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
	26-3268063	01/01/2022	Community Eye Care of SC, LLC	SC	0	193,217
1299999. Accident and Health - U.S. Affiliates - Captive					0	193,217
1499999. Total Accident and Health - U.S. Affiliates					0	193,217
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	193,217
2199999. Total Accident and Health - Non-Affiliates					0	0
2299999. Total Accident and Health					0	193,217
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					0	193,217
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					0	193,217

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							0	0	0	0	0	0	0
	26-3268063	01/01/2022	Community Eye Care of SC, LLC	SC	QA/G	OH	3,456,286						
1299999. General Account - Unauthorized U.S. Affiliates - Captive							3,456,286	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							3,456,286	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							3,456,286	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							3,456,286	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							3,456,286	0	0	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							3,456,286	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							3,456,286	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
	26-3268063	01/01/2022	Community Eye Care of SC, LLC	0	193,217	0	193,217							0
1299999. General Account - Accident and Health U.S. Affiliates - Captive				0	193,217	0	193,217	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	193,217	0	193,217	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	193,217	0	193,217	0	XXX	0	0	0	0	0
2199999. Total General Account - Accident and Health Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2299999. Total General Account Accident and Health				0	193,217	0	193,217	0	XXX	0	0	0	0	0
2399999. Total General Account				0	193,217	0	193,217	0	XXX	0	0	0	0	0
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	193,217	0	193,217	0	XXX	0	0	0	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	193,217	0	193,217	0	XXX	0	0	0	0	0

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

NONE

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year ($000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable/ Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 Times Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
9999999 - Totals																	XXX					XXX	XXX		

NONE

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

NONE

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business ($000 Omitted)

		1 2024	2 2023	3 2022	4 2021	5 2020
	A. OPERATIONS ITEMS					
1.	Premiums	3,456	222			
2.	Title XVIII - Medicare	0	0			
3.	Title XIX - Medicaid	0	0			
4.	Commissions and reinsurance expense allowance	780	51			
5.	Total hospital and medical expenses					
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	193	15			
8.	Reinsurance recoverable on paid losses	0	0			
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0			
14.	Letters of credit (L)	0	0			
15.	Trust agreements (T)	0	0			
16.	Other (O)	0	0			
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	348,586,061		348,586,061
2.	Accident and health premiums due and unpaid (Line 15)	57,543,919		57,543,919
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	92,774,603		92,774,603
6.	Total assets (Line 28)	498,904,583	0	498,904,583
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	67,061,794	193,217	67,255,011
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	12,293,934		12,293,934
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	193,217	(193,217)	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	71,468,604		71,468,604
15.	Total liabilities (Line 24)	151,017,549	0	151,017,549
16.	Total capital and surplus (Line 33)	347,887,034	XXX	347,887,034
17.	Total liabilities, capital and surplus (Line 34)	498,904,583	0	498,904,583
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	193,217		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	193,217		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	193,217		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	193,217		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0000		00000	65-0134752	0	0		20/20 Eye Care Network, Inc.	US	NIA	Coppola Visual Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	56-2355483	0	0		Allure Eyewear, LLC	US	NIA	Marchon Eyewear, Inc	Ownership	51.000	Vision Service Plan (California)	NO	0
0000		00000	68-0295156	0	0		Altair Eyewear, Inc.	US	NIA	VSP Holding Company, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	85-1262252	0	0		Aran Eye Holdings, LLC	US	NIA	iCare Acquisition, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	85-2586280	0	0		Aran Visual Services Management, LLC	US	NIA	Aran Eye Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	65-0918409	0	0		Block Buying Group, LLC	US	NIA	Healthy Eyes Advantage, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	95-3846270	0	0		C & E Vision Servies, LLC	US	NIA	Healthy Eyes Advantage, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	26-3268063	0	0		Community Eye Care of South Carolina, LLC	US	NIA	Independant Eye Care MSO, Inc.	Ownership	100.000	Vision Service Plan (California)	YES	0
0000		00000		0	0		Community Eye Care, LLC (North Carolina)	US	NIA	Independant Eye Care MSO, Inc.	Ownership	100.000	Vision Service Plan (California)	YES	0
0000		00000	85-1220988	0	0		Coppola Visual Holdings, LLC	US	NIA	iCare Acquisition, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	85-1030916	0	0		Coppola Visual Services Management, LLC	US	NIA	Coppola Visual Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	20-1949500	0	0		Eastern Vision Service Plan IPA, Inc.	US	IA	Vision Service Plan (California)	Board	0.000	Vision Service Plan (California)	NO	0
1189	Vision Serv Plan Group	47029	22-2777159	0	0		Eastern Vision Service Plan, Inc.	US	IA	Vision Service Plan (California)	Board	0.000	Vision Service Plan (California)	NO	0
0000		00000	74-2759084	0	0		ECCA Managed Vision Care, Inc. (TX)	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	14-1586016	0	0		Empire Vision Centers, Inc.	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Enternasyonal Gozluk Sanayi Ve Ticaret Anonim Sireketi	TUR	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	20-1344254	0	0		Eye Care and Surgery Center of Ft. Lauderdale, LLC	US	NIA	Aran Eye Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	74-2924030	0	0		Eye Drx Retail Management, Inc.	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	27-3107295	0	0		Eyeconic, Inc.	US	NIA	VSP Retail Development Holding, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	68-0450459	0	0		Eyefinity, Inc.	US	NIA	VSPIC (Ohio)	Ownership	100.000	Vision Service Plan (California)	YES	0
0000		00000		0	0		FC 18 Comerico e Representacoes Ltda	BRA	NIA	Marchon Brasil Ltda	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	87-1701636	0	0		HEA Holdco, Inc	US	NIA	VSP Optical Group, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	82-2541665	0	0		Healthy Eyes Advantage Holdings, Inc	US	NIA	HEA Holdco, Inc	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	82-2524533	0	0		Healthy Eyes Advantage, LLC	US	NIA	Healthy Eyes Advantage Holdings, Inc	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	58-2296612	0	0		Heritage Healthcare Consultants LLC	US	NIA	iCare Acquisition, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	84-4099387	0	0		HMI Buying Group, LLC	US	NIA	Healthy Eyes Advantage, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		I Enterprises Pty, Ltd	AUS	NIA	Marchon Eyewear, Inc	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	84-3547501	0	0		iCare Acquisition, Inc.	US	NIA	VSP Optical Group, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	26-0542739	0	0		iCare Health Options, LLC	US	NIA	iCare Medegy Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	46-5534391	0	0		iCare Health Solutions Tampa Florida, LLC	US	NIA	iCare Health Solutions, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	46-2604523	0	0		iCare Health Solutions, LLC	US	NIA	iCare Medegy Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	84-3549489	0	0		iCare Medegy Holdings, LLC	US	NIA	iCare Acquisition, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	84-3973259	0	0		iCare Visual Services Management, LLC	US	NIA	iCare Acquisition, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	56-1985814	0	0		Independant Eye Care MSO, Inc.	US	NIA	VSPIC (Ohio)	Ownership	100.000	Vision Service Plan (California)	YES	0
0000		00000		0	0		Marchon Brasil Ltda	BRA	NIA	Marchon Eyewear, Inc	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	83-4627457	0	0		Marchon Canada, Inc.	CAN	NIA	Marchon Eyewear, Inc..	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	98-0201338	0	0		Marchon Europe BV	NLD	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Eyewear (Hong Kong) Ltd	HKG	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Eyewear (Shanghai) Ltd	CHN	NIA	Marchon Eyewear (Hong Kong) Ltd	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Eyewear Australia Pty Ltd	AUS	NIA	I Enterprises Pty Ltd	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Eyewear Shenzhen Ltd. China	CHN	NIA	Marchon Eyewear (Hong Kong) Ltd	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	11-2617364	0	0		Marchon Eyewear, Inc.	US	NIA	VSP Holding Company, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	98-0542016	0	0		Marchon France SAS	FRA	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Germany GmbH	DEU	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Gulf FZ Company	ARE	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Hispania SL	ESP	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Italia SRL	ITA	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0000		00000		0	0		Marchon Japan KK	JPN	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Mauritius Ltd	MUS	NIA	Marchon Eyewear (Hong Kong) Ltd	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Mexico	MEX	NIA	Marchon Eyewear, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Portugal, Unipessoal, Lda	PRT	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon Singapore Pte. Ltd.	SGP	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Marchon UK Ltd	GBR	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	83-3379021	0	0		Ocular Health Management Solutions, LLC	US	NIA	iCare Health Solutions, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	20-5489795	0	0		OD Excellence, LLC	US	NIA	Profesional Eye Care Associations of America, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	94-3467507	0	0		Optical Outlets Labs, LLC	US	NIA	iCare Acquisition, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	92-3533587	0	0		Optical Outlets Visual Services Management, LLC	US	NIA	iCare Acquisition, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	26-0388547	0	0		Optilab, LLC	US	NIA	iCare Medegy Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	31-1743421	0	0		Optometric Management Group, LLC	US	NIA	VSP Ventures Optometric Solutions LLC	Ownership	49.700	Vision Service Plan (California)	NO	0
0000		00000	57-1024469	0	0		Physicians Eye Care Network, LLC	US	NIA	iCare Acquisition, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	52-2372557	0	0		Physicians Eyecare Plan, Inc.	US	NIA	Physicians Eyecare Plan, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	05-0533587	0	0		Physicians Eyecare Plan, LLC	US	NIA	iCare Acquisition, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	27-0621213	0	0		Plexus Optix, Inc.	US	NIA	VSP Optical Group, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	20-5938541	0	0		Profesional Eye Care Associations of America, Inc.	US	NIA	Healthy Eyes Advantage, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	83-4635050	0	0		Rosin of Tennessee Management Company, LLC	US	NIA	VSP Ventures Management Services LLC	Ownership	49.700	Vision Service Plan (California)	NO	0
0000		00000		0	0		Scandinavian Eyewear (Sweden)	SWE	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	75-1769288	0	0		Southwest Vision Service Plan, Inc. (Texas)	US	IA	Vision Service Plan (California)	Board	0.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Sterling Meta-Plast India Private Ltd.	IND	NIA	Marchon Mauritius	Ownership	49.000	Vision Service Plan (California)	NO	0
0000		00000	62-1827649	0	0		Surgery Center of Coral Gables LLC	US	NIA	Aran Eye Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	27-0801319	0	0		SV Paymaster Corporation, LLC	US	NIA	iCare Medegy Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	80-0062678	0	0		The laser Center of Coral Gables LLC	US	NIA	Aran Eye Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	65-1098612	0	0		Tri-County Optical Laboratories, Inc.	US	NIA	Coppola Visual Holdings, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	94-1632821	0	0		Vision Service Plan (California)	US	UDP	Vision Service Plan (California)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	99-0247673	0	0		Vision Service Plan (Hawaii)	US	IA	Vision Service Plan (California)	Board	0.000	Vision Service Plan (California)	NO	0
1189	Vision Serv Plan Group	32395	36-3560825	0	0		Vision Service Plan Insurance Company (Missouri)	US	IA	Vision Service Plan (California)	Board	55.100	Vision Service Plan (California)	NO	0
1189	Vision Serv Plan Group	32395	36-3560825	0	0		Vision Service Plan Insurance Company (Missouri)	US	IA	VSPIC (Ohio)	Board	44.900	Vision Service Plan (California)	NO	0
1189	Vision Serv Plan Group	39616	06-1227840	0	0		Vision Service Plan Insurance Company (Ohio)	US	RE	Vision Service Plan (California)	Board	0.000	Vision Service Plan (California)	NO	0
1189	Vision Serv Plan Group	12516	20-0891619	0	0		Vision Service Plan of Illinois, NFP	US	IA	Vision Service Plan (California)	Board	0.000	Vision Service Plan (California)	NO	0
0000		00000	83-0212963	0	0		Vision Service Plan of Wyoming (Wyoming)	US	IA	Vision Service Plan (California)	Board	0.000	Vision Service Plan (California)	NO	0
0000		00000	74-2849554	0	0		Visionary Properties, Inc., (DE)	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	92-0853386	0	0		Visionary Retail Management, Inc. (CA)	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	74-2849552	0	0		Visionary Retail Management, LLC (DE)	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	20-3826011	0	0		Vision West, LLC	US	NIA	Healthy Eyes Advantage, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	04-3742989	0	0		Visionworks Distribution Services, Ltd., (TX)	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		Visionworks Ecommerce Corp68	US	NIA	Visionworks, Inc. (DE)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	35-2196998	0	0		Visionworks Enterprises, Inc. (DE)	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	04-3742977	0	0		Visionworks Lab Services, Inc., (TX)	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	74-1227775	0	0		Visionworks of America, Inc. (TX)	US	NIA	VSP Optical Group, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	02-0677066	0	0		Visionworks, Inc. (DE)	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		VSP Asia Private Ltd.	HKG	NIA	VSP Global, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0000		00000	27-5016913	0	0		VSP Ceres Inc.	US	NIA	VSP Optical Group, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		VSP France	FRA	NIA	VSP Global, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	27-0933693	0	0		VSP Global, Inc.	US	NIA	Vision Service Plan (California)	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	26-1998746	0	0		VSP Holding Company, Inc.	US	NIA	Vision Service Plan (California)	Ownership	55.100	Vision Service Plan (California)	YES	0
0000		00000	26-1998746	0	0		VSP Holding Company, Inc.	US	NIA	VSPIC (Ohio)	Ownership	44.900	Vision Service Plan (California)	YES	0
0000		00000	27-0621143	0	0		VSP Labs, Inc.	US	NIA	VSP Optical Group, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	27-0621064	0	0		VSP Optical Group, Inc.	US	NIA	Vision Service Plan (California)	Ownership	50.000	Vision Service Plan (California)	YES	0
0000		00000	27-0621064	0	0		VSP Optical Group, Inc.	US	NIA	VSPIC (Ohio)	Ownership	40.000	Vision Service Plan (California)	YES	0
0000		00000	27-0621064	0	0		VSP Optical Group, Inc.	US	NIA	VSP Vision Care, Inc. (Virginia)	Ownership	10.000	Vision Service Plan (California)	YES	0
0000		00000	46-5393037	0	0		VSP Retail Development Holding, Inc.	US	NIA	VSP Optical Group, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	46-5406960	0	0		VSP Retail, Inc.	US	NIA	VSP Retail Development Holding, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	61-1930870	0	0		VSP Ventures Management Services LLC	US	NIA	VSP Labs, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000	84-2383097	0	0		VSP Ventures Optometric Solutions LLC	US	NIA	VSP Ventures Management Services LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
0000		00000		0	0		VSP Vision Care - UK, Ltd.	GBR	NIA	VSP Global, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
1189	Vision Serv Plan Group	53031	23-7089668	0	0		VSP Vision Care, Inc. (Virginia)	US	IA	Vision Service Plan (California)	Board	0.000	Vision Service Plan (California)	NO	0

NONE

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	26-3268063	Community Eye Care of SC, LLC						1,477,921			1,477,921	234,915
	20-1949500	Eastern Vision Service Plan IPA, Inc.	0				(149,138)				(149,138)	
47029	22-2777159	Eastern Vision Service Plan, Inc. (New York)	0				(70,543,676)	0			(70,543,676)	0
	75-1769288	Southwest Vision Service Plan, Inc. (Texas)	0				(14,997,057)				(14,997,057)	
	94-1632821	Vision Service Plan (California)	268,764,000				602,830,843				871,594,843	
	99-0247673	Vision Service Plan (Hawaii)	0				(1,899,473)				(1,899,473)	
39616	06-1227840	Vision Service Plan Insurance Company (a Ohio stock corporation)	(171,564,000)				(340,833,257)	(1,354,964)			(513,752,221)	(193,217)
32395	36-3560825	Vision Service Plan Insurance Company (a Missouri stock corporation)	(68,900,000)				(66,415,452)	(124,859)			(135,440,311)	(37,015)
12516	20-0891619	Vision Service Plan of Illinois, NFP	0				(34,894,184)	0			(34,894,184)	0
	83-0212963	Vision Service Plan of Wyoming (Wyoming)	0				(1,642,755)				(1,642,755)	
53031	23-7089668	VSP Vision Care, Inc. (Virginia)	(28,300,000)				(71,455,851)	1,902			(99,753,949)	(4,683)
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
VSP Vision Care, Inc. (Virginia)	Vision Service Plan (California)	100.000	NO	Vision Service Plan (California)	Vision Service Plan Group NAIC # 1189	100.000	NO
Vision Service Plan of Illinois, NFP	Vision Service Plan (California)	100.000	NO	Vision Service Plan (California)	Vision Service Plan Group NAIC # 1189	100.000	NO
Vision Service Plan Insurance Company (Missouri)	Vision Service Plan (California)	55.100	NO	Vision Service Plan (California)	Vision Service Plan Group NAIC # 1189	100.000	NO
Vision Service Plan Insurance Company (Missouri)	Vision Service Plan Insurance Company (Ohio)	44.900	NO	Vision Service Plan (California)	Vision Service Plan Group NAIC # 1189	100.000	NO
Vision Service Plan Insurance Company (Ohio)	Vision Service Plan (California)	100.000	NO	Vision Service Plan (California)	Vision Service Plan Group NAIC # 1189	100.000	NO
Eastern Vision Service Plan, Inc.	Vision Service Plan (California)	100.000	NO	Vision Service Plan (California)	Vision Service Plan Group NAIC # 1189	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

10. The data for this supplement is not required to be filed
11. The data for this supplement is not required to be filed
12. The data for this supplement is not required to be filed
13. The data for this supplement is not required to be filed
14. The data for this supplement is not required to be filed
15. The data for this supplement is not required to be filed
16. The data for this supplement is not required to be filed
17. The data for this supplement is not required to be filed
18. The data for this supplement is not required to be filed
19.
20. The data for this supplement is not required to be filed
21. The data for this supplement is not required to be filed
22. The data for this supplement is not required to be filed

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

11. Life Supplement [Document Identifier 205]

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Participating Opinion for Exhibit 5 [Document Identifier 371]

14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

15. Medicare Part D Coverage Supplement [Document Identifier 365]

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]

22. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]