



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Vision Service Plan Insurance Company

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

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 David Eugene Plevyak # Secretary Theresa Ann Wilson
 Treasurer Monica Renee Perez

OTHER

DIRECTORS OR TRUSTEES

Michael Joseph Guyette John Keys # David Eugene Plevyak #
Daniel Joseph Schauer Stuart Little Thompson

State of California SS
 County of Sacramento

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

David Eugene Plevyak Monica Renee Perez Theresa Ann Wilson
 President Treasurer Secretary

Subscribed and sworn to before me this 28th day of January 2026
Nicole P. Ant...

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





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OF THE CONDITION AND AFFAIRS OF THE

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Statutory Statement Contact Brandi Murobayashi 916-858-5395
(Name) (Area Code) (Telephone Number)

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(E-mail Address) (FAX Number)

OFFICERS

President David Eugene Plevyak # Secretary Theresa Ann Wilson
 Treasurer Monica Renee Perez

OTHER

DIRECTORS OR TRUSTEES

Michael Joseph Guyette John Keys # David Eugene Plevyak #
Daniel Joseph Schauer Stuart Little Thompson

State of California Washington SS RLT
 County of Sacramento Pierce 1-27-26

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.

David Eugene Plevyak
 David Eugene Plevyak
 President

Monica Renee Perez
 Monica Renee Perez
 Treasurer

Theresa Ann Wilson
 Theresa Ann Wilson
 Secretary

Subscribed and sworn to before me this 27th day of January, 2026
David Eugene Plevyak

- 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.....

Karen Louise Tollefson, Notary Public
Commission Expires: 11-01-2028

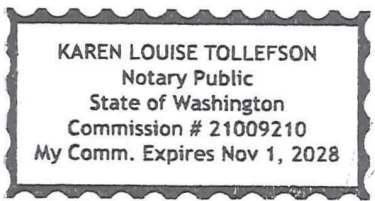


Exhibit 3 - Health Care Receivables

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	21,431,210					21,431,210
0199999. Individually listed claims unpaid	21,431,210	0	0	0	0	21,431,210
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	21,431,210	0	0	0	0	21,431,210
0599999. Unreported claims and other claim reserves						45,764,052
0699999. Total amounts withheld						
0799999. Total claims unpaid						67,195,262
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0899999 Accrued medical incentive pool and bonus amounts						

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY
EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	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
Payment Method						
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	90,369,496	8.0	XXX	XXX		90,369,496
6. Contractual fee payments	1,043,273,134	92.0	XXX	XXX	1,043,273,134	
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	1,133,642,630	100.0	XXX	XXX	1,043,273,134	90,369,496
13. TOTAL (Line 4 plus Line 12)	1,133,642,630	100%	XXX	XXX	1,043,273,134	90,369,496

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

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Alabama		2025										NAIC Company Code	
		Alabama		2025										39616	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2 Individual	3 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	518,588				518,588										
2. First quarter	532,207				532,207										
3. Second quarter	530,919				530,919										
4. Third quarter	535,738				535,738										
5. Current year	537,251				537,251										
6. Current year member months	6,406,871				6,406,871										
Total Member Ambulatory Encounters for Year:															
7. Physician	0														
8. Non-physician	169,624				169,624										
9. Total	169,624	0	0	0	169,624	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)	42,271,824				42,271,824										
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	42,271,824				42,271,824										
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	27,470,353				27,470,353										
18. Amount incurred for provision of health care services	27,463,961				27,463,961										

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF		Alaska		DURING THE YEAR							2025		(LOCATION)		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				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	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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Arizona		2025										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	39616
2 Individual	3 Group														
		Total													
Total Members at end of:															
1.	Prior year	527,723			527,723										
2.	First quarter	559,548			559,548										
3.	Second quarter	557,546			557,546										
4.	Third quarter	563,614			563,614										
5.	Current year	562,760			562,760										
6.	Current year member months	6,730,391			6,730,391										
Total Member Ambulatory Encounters for Year:															
7.	Physician	0													
8.	Non-physician	177,802			177,802										
9.	Total	177,802	0	0	177,802	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)	45,500,150			45,500,150										
13.	Life premiums direct	0													
14.	Property/casualty premiums written	0													
15.	Health premiums earned	45,500,150			45,500,150										
16.	Property/casualty premiums earned	0													
17.	Amount paid for provision of health care services	34,532,986			34,532,986										
18.	Amount incurred for provision of health care services	34,524,818			34,524,818										

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF		Arkansas		DURING THE YEAR							2025		(LOCATION)		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				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	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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF California		DURING THE YEAR 2025										(LOCATION) 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				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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Colorado		2025										
				NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	935,574				935,574									
2. First quarter	972,532				972,532									
3. Second quarter	955,503				955,503									
4. Third quarter	945,770				945,770									
5. Current year	940,463				940,463									
6. Current year member months	11,483,744				11,483,744									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	292,390				292,390									
9. Total	292,390	0	0	0	292,390	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)	66,556,796				66,556,796									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	66,556,796				66,556,796									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	48,299,185				48,299,185									
18. Amount incurred for provision of health care services	48,287,669				48,287,669									

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		Connecticut	DURING THE YEAR										(LOCATION)	
		2025			2025										NAIC Company Code	
		39616														
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
	Total	2	3	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		
		Individual	Group													
Total Members at end of:																
1. Prior year	356,207				356,207											
2. First quarter	345,113				345,113											
3. Second quarter	342,732				342,732											
4. Third quarter	345,353				345,353											
5. Current year	341,165				341,165											
6. Current year member months	4,121,913				4,121,913											
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-physician	96,547				96,547											
9. Total	96,547	0	0	0	96,547	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)	25,492,513				25,492,513											
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	25,492,513				25,492,513											
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	19,073,046				19,073,046											
18. Amount incurred for provision of health care services	19,068,535				19,068,535											

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Delaware		2025										
				NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	85,476				85,476									
2. First quarter	92,260				92,260									
3. Second quarter	91,644				91,644									
4. Third quarter	90,565				90,565									
5. Current year	90,857				90,857									
6. Current year member months	1,219,081				1,219,081									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	31,410				31,410									
9. Total	31,410	0	0	0	31,410	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)	7,810,078				7,810,078									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	7,810,078				7,810,078									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	8,377,044				8,377,044									
18. Amount incurred for provision of health care services	8,375,057				8,375,057									

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		District of Columbia		2025										
				NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	1,712,232				142,204		1,570,028							
2. First quarter	1,767,897				178,114		1,589,783							
3. Second quarter	1,765,959				181,164		1,584,795							
4. Third quarter	1,766,038				184,602		1,581,436							
5. Current year	1,755,270				187,442		1,567,828							
6. Current year member months	21,170,469				2,184,239		18,986,230							
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	717,386				76,608		640,778							
9. Total	717,386	0	0	0	76,608	0	640,778	0	0	0	0	0	0	0
10. Hospital patient days incurred	0													
11. Number of inpatient admissions	0													
12. Health premiums written (b)	187,585,507				20,031,908		167,553,599							
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	187,585,507				20,031,908		167,553,599							
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	163,780,537				17,489,819		146,290,718							
18. Amount incurred for provision of health care services	163,741,081				17,485,606		146,255,475							

(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 \$

30.DC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF		Hawaii		DURING THE YEAR							2025		(LOCATION)		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				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	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 \$

30.HI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF		Idaho		DURING THE YEAR							2025		(LOCATION)		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				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	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 \$

30.ID



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2025										(LOCATION) 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				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 \$

30.1L



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)		
		Indiana		2025										NAIC Company Code		
		39616		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
2	3	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	Individual	Group														
Total Members at end of:																
1. Prior year	505,864				505,864											
2. First quarter	480,438				480,438											
3. Second quarter	479,277				479,277											
4. Third quarter	476,407				476,407											
5. Current year	473,799				473,799											
6. Current year member months	5,748,479				5,748,479											
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-physician	161,455				161,455											
9. Total	161,455	0	0	0	161,455	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)	35,472,149				35,472,149											
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	35,472,149				35,472,149											
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	24,993,645				24,993,645											
18. Amount incurred for provision of health care services	24,987,734				24,987,734											

(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 \$

30.IN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Iowa		2025										NAIC Company Code	
		1		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3	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	174,121				174,121										
2. First quarter	186,522				186,522										
3. Second quarter	185,477				185,477										
4. Third quarter	186,617				186,617										
5. Current year	186,519				186,519										
6. Current year member months	2,240,591				2,240,591										
Total Member Ambulatory Encounters for Year:															
7. Physician	0														
8. Non-physician	58,063				58,063										
9. Total	58,063	0	0	0	58,063	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)	14,251,313				14,251,313										
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	14,251,313				14,251,313										
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	9,169,824				9,169,824										
18. Amount incurred for provision of health care services	9,167,655				9,167,655										

(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 \$

301A



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Kansas		2025										
				(LOCATION)										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
		2	3	4	5	6	7	8	9	10	11	12	13	14
		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												
Total Members at end of:														
1.	Prior year	216,348			216,348									
2.	First quarter	219,255			219,255									
3.	Second quarter	219,527			219,527									
4.	Third quarter	218,265			218,265									
5.	Current year	219,044			219,044									
6.	Current year member months	2,633,481			2,633,481									
Total Member Ambulatory Encounters for Year:														
7.	Physician	0												
8.	Non-physician	75,968			75,968									
9.	Total	75,968	0	0	75,968	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)	18,376,460			18,376,460									
13.	Life premiums direct	0												
14.	Property/casualty premiums written	0												
15.	Health premiums earned	18,376,460			18,376,460									
16.	Property/casualty premiums earned	0												
17.	Amount paid for provision of health care services	12,920,120			12,920,120									
18.	Amount incurred for provision of health care services	12,917,064			12,917,064									

(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 \$

30 KS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		Kentucky	DURING THE YEAR										(LOCATION)	
		2025			2025										NAIC Company Code	
		99616			99616										39616	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
	Total	2	3	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	96,435				96,435											
2. First quarter	94,089				94,089											
3. Second quarter	92,462				92,462											
4. Third quarter	95,543				95,543											
5. Current year	95,258				95,258											
6. Current year member months	1,134,219				1,134,219											
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-physician	27,206				27,206											
9. Total	27,206	0	0	0	27,206	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)	6,378,689				6,378,689											
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	6,378,689				6,378,689											
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	4,173,018				4,173,018											
18. Amount incurred for provision of health care services	4,172,024				4,172,024											

(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 \$

30 KY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		Louisiana			2025									
					NAIC Company Code 39616									
	1	Comprehensive (Hospital & Medical)			5	6	7	8	9	10	11	12	13	14
	Total	2	3	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	141,553				141,553									
2. First quarter	149,523				149,523									
3. Second quarter	148,538				148,538									
4. Third quarter	146,669				146,669									
5. Current year	148,505				148,505									
6. Current year member months	1,777,707				1,777,707									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	45,444				45,444									
9. Total	45,444	0	0	0	45,444	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)	10,496,801				10,496,801									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	10,496,801				10,496,801									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	7,223,749				7,223,749									
18. Amount incurred for provision of health care services	7,246,092				7,246,092									

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		Maine	DURING THE YEAR										(LOCATION)	
		2025			2025										NAIC Company Code	
		39616			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
2	3	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	Individual	Group														
Total Members at end of:																
1. Prior year	99,870				99,870											
2. First quarter	101,598				101,598											
3. Second quarter	101,358				101,358											
4. Third quarter	101,875				101,875											
5. Current year	101,882				101,882											
6. Current year member months	1,219,774				1,219,774											
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-physician	23,547				23,547											
9. Total	23,547	0	0	0	23,547	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)	6,718,329				6,718,329											
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	6,718,329				6,718,329											
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	4,333,044				4,333,044											
18. Amount incurred for provision of health care services	4,332,019				4,332,019											

(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 \$

30 ME



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2025										(LOCATION) 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				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 \$

30 MD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)		
		Massachusetts		2025										NAIC Company Code		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	39616	
2 Individual	3 Group															
Total Members at end of:		Total														
1. Prior year	1,061,375				1,061,375											
2. First quarter	1,086,103				1,086,103											
3. Second quarter	1,074,194				1,074,194											
4. Third quarter	1,061,922				1,061,922											
5. Current year	1,053,393				1,053,393											
6. Current year member months	12,888,105				12,888,105											
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-physician	328,989				328,989											
9. Total	328,989	0	0	0	328,989	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)	83,796,546				83,796,546											
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	83,796,546				83,796,546											
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	60,044,112				60,044,112											
18. Amount incurred for provision of health care services	60,029,853				60,029,853											

(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 \$

30 MA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Michigan		2025										NAIC Company Code	
		39616		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	1,042,536				1,042,536										
2. First quarter	1,052,066				1,052,066										
3. Second quarter	1,037,724				1,037,724										
4. Third quarter	1,031,345				1,031,345										
5. Current year	1,024,738				1,024,738										
6. Current year member months	12,475,651				12,475,651										
Total Member Ambulatory Encounters for Year:															
7. Physician	0														
8. Non-physician	322,388				322,388										
9. Total	322,388	0	0	0	322,388	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)	76,367,057				76,367,057										
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	76,367,057				76,367,057										
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	56,112,949				56,112,949										
18. Amount incurred for provision of health care services	56,098,148				56,098,148										

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)		
		Minnesota		2025										NAIC Company Code		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	39616	
2 Individual	3 Group															
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	703,673			703,673											
2.	First quarter	697,436			697,436											
3.	Second quarter	693,449			693,449											
4.	Third quarter	684,616			684,616											
5.	Current year	688,203			688,203											
6.	Current year member months	8,312,125			8,312,125											
Total Member Ambulatory Encounters for Year:																
7.	Physician	0														
8.	Non-physician	171,414			171,414											
9.	Total	171,414	0	0	171,414	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)	52,652,374			52,652,374											
13.	Life premiums direct	0														
14.	Property/casualty premiums written	0														
15.	Health premiums earned	52,652,374			52,652,374											
16.	Property/casualty premiums earned	0														
17.	Amount paid for provision of health care services	39,560,896			39,560,896											
18.	Amount incurred for provision of health care services	39,551,540			39,551,540											

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Mississippi		2025										NAIC Company Code	
		39616		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	147,901				147,901										
2. First quarter	156,347				156,347										
3. Second quarter	158,963				158,963										
4. Third quarter	160,293				160,293										
5. Current year	162,278				162,278										
6. Current year member months	1,903,527				1,903,527										
Total Member Ambulatory Encounters for Year:															
7. Physician	0														
8. Non-physician	46,148				46,148										
9. Total	46,148	0	0	0	46,148	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)	10,928,761				10,928,761										
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	10,928,761				10,928,761										
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	7,466,211				7,466,211										
18. Amount incurred for provision of health care services	7,476,445				7,476,445										

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Montana		2025										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	39616
2 Individual	3 Group														
		Total													
Total Members at end of:															
1.	Prior year	52,180			52,180										
2.	First quarter	53,524			53,524										
3.	Second quarter	53,589			53,589										
4.	Third quarter	45,193			45,193										
5.	Current year	45,445			45,445										
6.	Current year member months	593,588			593,588										
Total Member Ambulatory Encounters for Year:															
7.	Physician	0													
8.	Non-physician	14,982			14,982										
9.	Total	14,982	0	0	14,982	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)	3,911,459			3,911,459										
13.	Life premiums direct	0													
14.	Property/casualty premiums written	0													
15.	Health premiums earned	3,911,459			3,911,459										
16.	Property/casualty premiums earned	0													
17.	Amount paid for provision of health care services	2,405,600			2,405,600										
18.	Amount incurred for provision of health care services	2,405,031			2,405,031										

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Nebraska		2025										
				(LOCATION)										
		Comprehensive (Hospital & Medical)												
		2	3	4	5	6	7	8	9	10	11	12	13	14
	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	80,150				80,150									
2. First quarter	80,743				80,743									
3. Second quarter	80,309				80,309									
4. Third quarter	80,430				80,430									
5. Current year	80,333				80,333									
6. Current year member months	966,308				966,308									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	30,477				30,477									
9. Total	30,477	0	0	0	30,477	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)	7,060,824				7,060,824									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	7,060,824				7,060,824									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	4,569,418				4,569,418									
18. Amount incurred for provision of health care services	4,568,337				4,568,337									

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2025										(LOCATION) 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				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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		(LOCATION)										
		New Hampshire		NAIC Company Code 39616										
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
2 Individual	3 Group													
Total Members at end of:														
1. Prior year	97,413				97,413									
2. First quarter	96,283				96,283									
3. Second quarter	96,432				96,432									
4. Third quarter	99,395				99,395									
5. Current year	99,220				99,220									
6. Current year member months	1,175,524				1,175,524									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	20,734				20,734									
9. Total	20,734	0	0	0	20,734	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)	6,658,135				6,658,135									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	6,658,135				6,658,135									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	4,091,554				4,091,554									
18. Amount incurred for provision of health care services	4,090,586				4,090,586									

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		New Jersey		2025										
				NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	1,047,890				1,047,890									
2. First quarter	1,060,339				1,060,339									
3. Second quarter	1,056,027				1,056,027									
4. Third quarter	1,050,221				1,050,221									
5. Current year	1,049,249				1,049,249									
6. Current year member months	12,656,037				12,656,037									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	319,680				319,680									
9. Total	319,680	0	0	0	319,680	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)	81,829,129				81,829,129									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	81,829,129				81,829,129									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	58,329,583				58,329,583									
18. Amount incurred for provision of health care services	58,315,788				58,315,788									

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		North Carolina		2025										
				NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	917,059				917,059									
2. First quarter	955,436				955,436									
3. Second quarter	947,999				947,999									
4. Third quarter	934,745				934,745									
5. Current year	933,363				933,363									
6. Current year member months	11,359,357				11,359,357									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	268,382				268,382									
9. Total	268,382	0	0	0	268,382	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)	74,625,540				74,625,540									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	74,625,540				74,625,540									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	56,728,783				56,728,783									
18. Amount incurred for provision of health care services	56,715,329				56,715,329									

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		North Dakota			2025									
		(LOCATION)			NAIC Company Code 39616									
	1	Comprehensive (Hospital & Medical)			5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	48,187				48,187									
2. First quarter	49,621				49,621									
3. Second quarter	49,825				49,825									
4. Third quarter	49,827				49,827									
5. Current year	49,497				49,497									
6. Current year member months	597,266				597,266									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	19,134				19,134									
9. Total	19,134	0	0	0	19,134	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)	4,477,030				4,477,030									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	4,477,030				4,477,030									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	2,945,191				2,945,191									
18. Amount incurred for provision of health care services	2,944,494				2,944,494									

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Ohio		2025										NAIC Company Code	
		Ohio		2025										39616	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2 Individual	3 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	1,518,461				1,518,461										
2. First quarter	1,570,813				1,570,813										
3. Second quarter	1,554,889				1,554,889										
4. Third quarter	1,560,279				1,560,279										
5. Current year	1,553,286				1,553,286										
6. Current year member months	18,740,613				18,740,613										
Total Member Ambulatory Encounters for Year:															
7. Physician	0														
8. Non-physician	470,990				470,990										
9. Total	470,990	0	0	0	470,990	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)	114,253,093				114,253,093										
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned.....	114,253,093				114,253,093										
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services.....	86,946,554				86,946,554										
18. Amount incurred for provision of health care services	86,931,324				86,931,324										

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Oklahoma		2025										
				NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	656,203				656,203									
2. First quarter	685,314				685,314									
3. Second quarter	680,896				680,896									
4. Third quarter	681,333				681,333									
5. Current year	682,225				682,225									
6. Current year member months	8,190,204				8,190,204									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	245,698				245,698									
9. Total	245,698	0	0	0	245,698	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)	56,796,486				56,796,486									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	56,796,486				56,796,486									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	38,196,077				38,196,077									
18. Amount incurred for provision of health care services	38,187,044				38,187,044									

(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 \$

30 OK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code 39616	
		2 Individual	3 Group													
Total Members at end of:	Total															
1. Prior year	325,727				325,727											
2. First quarter	328,158				328,158											
3. Second quarter	327,479				327,479											
4. Third quarter	325,951				325,951											
5. Current year	323,901				323,901											
6. Current year member months	3,920,086				3,920,086											
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-physician	85,905				85,905											
9. Total	85,905	0	0	0	85,905	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)	27,092,569				27,092,569											
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	27,092,569				27,092,569											
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	17,118,349				17,118,349											
18. Amount incurred for provision of health care services	17,113,279				17,113,279											

(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 \$

30 OR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Pennsylvania		2025										
				(LOCATION)										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
		2	3	4	5	6	7	8	9	10	11	12	13	14
		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												
Total Members at end of:														
1.	Prior year	1,291,571			1,291,571									
2.	First quarter	1,283,792			1,283,792									
3.	Second quarter	1,276,629			1,276,629									
4.	Third quarter	1,263,229			1,263,229									
5.	Current year	1,258,731			1,258,731									
6.	Current year member months	15,631,207			15,631,207									
Total Member Ambulatory Encounters for Year:														
7.	Physician	0												
8.	Non-physician	394,395			394,395									
9.	Total	394,395	0	0	394,395	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)	86,794,086			86,794,086									
13.	Life premiums direct	0												
14.	Property/casualty premiums written	0												
15.	Health premiums earned	86,794,086			86,794,086									
16.	Property/casualty premiums earned	0												
17.	Amount paid for provision of health care services	69,606,024			69,606,024									
18.	Amount incurred for provision of health care services	69,587,696			69,587,696									

(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 \$



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Rhode Island		2025										
				NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	148,891				148,891									
2. First quarter	150,237				150,237									
3. Second quarter	148,181				148,181									
4. Third quarter	145,124				145,124									
5. Current year	144,738				144,738									
6. Current year member months	1,772,964				1,772,964									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	40,857				40,857									
9. Total	40,857	0	0	0	40,857	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)	10,896,103				10,896,103									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	10,896,103				10,896,103									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	7,191,230				7,191,230									
18. Amount incurred for provision of health care services	7,189,529				7,189,529									

(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 \$

30.RI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		South Carolina		2025										
				(LOCATION)										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
		2	3	4	5	6	7	8	9	10	11	12	13	14
		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												
Total Members at end of:														
1.	Prior year	237,763			237,763									
2.	First quarter	253,877			253,877									
3.	Second quarter	255,746			255,746									
4.	Third quarter	255,687			255,687									
5.	Current year	255,062			255,062									
6.	Current year member months	3,054,610			3,054,610									
Total Member Ambulatory Encounters for Year:														
7.	Physician	0												
8.	Non-physician	85,530			85,530									
9.	Total	85,530	0	0	85,530	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)	20,535,644			20,535,644									
13.	Life premiums direct	0												
14.	Property/casualty premiums written	0												
15.	Health premiums earned	20,535,644			20,535,644									
16.	Property/casualty premiums earned	0												
17.	Amount paid for provision of health care services	13,744,179			13,744,179									
18.	Amount incurred for provision of health care services	13,841,579			13,841,579									

(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 \$

30.SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		(LOCATION)										
		South Dakota		2025										
		NAIC Company Code		39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	152,506				152,506									
2. First quarter	156,224				156,224									
3. Second quarter	156,068				156,068									
4. Third quarter	156,566				156,566									
5. Current year	157,607				157,607									
6. Current year member months	1,878,546				1,878,546									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	70,133				70,133									
9. Total	70,133	0	0	0	70,133	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)	16,017,959				16,017,959									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	16,017,959				16,017,959									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	11,443,987				11,443,987									
18. Amount incurred for provision of health care services	11,441,240				11,441,240									

(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 \$

30.SD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)		
		Tennessee		2025										NAIC Company Code		
		39616		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
2	3	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	Individual	Group														
Total Members at end of:																
1. Prior year	539,901				539,901											
2. First quarter	506,637				506,637											
3. Second quarter	499,353				499,353											
4. Third quarter	494,391				494,391											
5. Current year	492,392				492,392											
6. Current year member months	6,007,556				6,007,556											
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-physician	150,242				150,242											
9. Total	150,242	0	0	0	150,242	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)	34,763,232				34,763,232											
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	34,763,232				34,763,232											
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	25,326,704				25,326,704											
18. Amount incurred for provision of health care services	25,331,913				25,331,913											

(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 \$



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Texas		2025										
		(LOCATION)		NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	2,998,804				2,998,804									
2. First quarter	3,045,133				3,045,133									
3. Second quarter	3,024,516				3,024,516									
4. Third quarter	3,000,790				3,000,790									
5. Current year	2,998,302				2,998,302									
6. Current year member months	36,304,874				36,304,874									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	937,260				937,260									
9. Total	937,260	0	0	0	937,260	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)	205,181,816				205,181,816									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned.....	205,181,816				205,181,816									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services.....	162,182,005				162,182,005									
18. Amount incurred for provision of health care services	162,204,306				162,204,306									

(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 \$

30.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		4	5	6	7	DURING THE YEAR						14		
		Utah						2025							(LOCATION)	
		Comprehensive (Hospital & Medical)						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	NAIC Company Code	39616
2	3	Individual	Group	10	11	12	13									
		Total														
Total Members at end of:																
1.	Prior year	191,170			191,170											
2.	First quarter	199,766			199,766											
3.	Second quarter	199,924			199,924											
4.	Third quarter	204,051			204,051											
5.	Current year	203,401			203,401											
6.	Current year member months	2,420,914			2,420,914											
Total Member Ambulatory Encounters for Year:																
7.	Physician	0														
8.	Non-physician	57,419			57,419											
9.	Total	57,419	0	0	57,419	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)	16,505,707			16,505,707											
13.	Life premiums direct	0														
14.	Property/casualty premiums written	0														
15.	Health premiums earned	16,505,707			16,505,707											
16.	Property/casualty premiums earned	0														
17.	Amount paid for provision of health care services	11,402,693			11,402,693											
18.	Amount incurred for provision of health care services	11,399,820			11,399,820											

(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 \$

30.UT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Vermont		2025										
				NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	109,954				109,954									
2. First quarter	110,743				110,743									
3. Second quarter	110,334				110,334									
4. Third quarter	110,242				110,242									
5. Current year	110,724				110,724									
6. Current year member months	1,326,150				1,326,150									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	26,111				26,111									
9. Total	26,111	0	0	0	26,111	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)	8,596,702				8,596,702									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	8,596,702				8,596,702									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	4,893,367				4,893,367									
18. Amount incurred for provision of health care services	4,892,210				4,892,210									

(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 \$

30.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF		Virginia		DURING THE YEAR							2025		(LOCATION)		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				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	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 \$

30 VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF		Washington		DURING THE YEAR							2025		(LOCATION)		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				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	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 \$

30.WA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		DURING THE YEAR										
		West Virginia		2025										
				NAIC Company Code 39616										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	59,801				59,801									
2. First quarter	109,714				109,714									
3. Second quarter	110,274				110,274									
4. Third quarter	109,606				109,606									
5. Current year	108,860				108,860									
6. Current year member months	1,322,278				1,322,278									
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	31,738				31,738									
9. Total	31,738	0	0	0	31,738	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)	7,451,057				7,451,057									
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	7,451,057				7,451,057									
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	5,451,638				5,451,638									
18. Amount incurred for provision of health care services	5,450,322				5,450,322									

(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 \$

30100



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		Wisconsin			2025									
		Comprehensive (Hospital & Medical)			5	6	7	8	9	10	11	12	13	14
2	3	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	Individual	Group	NAIC Company Code 39616									
Total Members at end of:														
1.	Prior year	406,230			406,230									
2.	First quarter	411,922			411,922									
3.	Second quarter	408,524			408,524									
4.	Third quarter	398,716			398,716									
5.	Current year	398,135			398,135									
6.	Current year member months	4,873,268			4,873,268									
Total Member Ambulatory Encounters for Year:														
7.	Physician	0												
8.	Non-physician	139,669			139,669									
9.	Total	139,669	0	0	139,669	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)	30,668,949			30,668,949									
13.	Life premiums direct	0												
14.	Property/casualty premiums written	0												
15.	Health premiums earned	30,668,949			30,668,949									
16.	Property/casualty premiums earned	0												
17.	Amount paid for provision of health care services	23,538,975			23,538,975									
18.	Amount incurred for provision of health care services	23,533,359			23,533,359									

(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 \$

30.WI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189		BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2025										(LOCATION) 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				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 \$

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Vision Service Plan Insurance Company

2. Columbus, OH

NAIC Group Code	1189	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR									
		2025			(LOCATION)									
		NAIC Company Code			39616									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3	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	19,205,337	0	0	0	17,635,309	0	1,570,028	0	0	0	0	0	0	0
2. First quarter	19,601,210	0	0	0	18,011,427	0	1,589,783	0	0	0	0	0	0	0
3. Second quarter	19,472,266	0	0	0	17,887,471	0	1,584,795	0	0	0	0	0	0	0
4. Third quarter	19,376,406	0	0	0	17,794,970	0	1,581,436	0	0	0	0	0	0	0
5. Current year	19,325,856	0	0	0	17,758,028	0	1,567,828	0	0	0	0	0	0	0
6. Current year member months	234,257,478	0	0	0	215,271,248	0	18,986,230	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	6,155,117	0	0	0	5,514,339	0	640,778	0	0	0	0	0	0	0
9. Total	6,155,117	0	0	0	5,514,339	0	640,778	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)	1,504,770,867	0	0	0	1,337,217,268	0	167,553,599	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	1,504,770,867	0	0	0	1,337,217,268	0	167,553,599	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	1,133,642,630	0	0	0	987,351,912	0	146,290,718	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	1,133,582,881	0	0	0	987,327,406	0	146,255,475	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

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
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
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	6,277,424	0	0	0	0	0
1299999	General Account - unauthorized U.S. affiliates - captive						6,277,424	0	0	0	0	0	0
1499999	Total General Account - unauthorized U.S. affiliates						6,277,424	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						6,277,424	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						6,277,424	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						6,277,424	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)						6,277,424	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						6,277,424	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

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	386,104	0	386,104	0						0
1299999			General Account - accident and health U.S. affiliates - captive	0	386,104	0	386,104	0	XXX	0	0	0	0	0
1499999			Total General Account - accident and health U.S. affiliates	0	386,104	0	386,104	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	386,104	0	386,104	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	386,104	0	386,104	0	XXX	0	0	0	0	0
2399999			Total General Account	0	386,104	0	386,104	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	386,104	0	386,104	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	386,104	0	386,104	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				

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums	6,277	3,456	222		
2. Title XVIII - Medicare	0	0	0		
3. Title XIX - Medicaid	0	0	0		
4. Commissions and reinsurance expense allowance	1,411	780	51		
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	386	193	15		
8. Reinsurance recoverable on paid losses	0	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	0		
14. Letters of credit (L)	0	0	0		
15. Trust agreements (T)	0	0	0		
16. Other (O)	0	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)					

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

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)	392,369,197		392,369,197
2. Accident and health premiums due and unpaid (Line 15)	63,855,636		63,855,636
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)	94,765,533		94,765,533
6. Total assets (Line 28)	550,990,366	0	550,990,366
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	66,809,158	386,104	67,195,262
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	11,997,318		11,997,318
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)	386,104	(386,104)	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)	104,648,887		104,648,887
15. Total liabilities (Line 24)	183,841,467	0	183,841,467
16. Total capital and surplus (Line 33)	367,148,899	XXX	367,148,899
17. Total liabilities, capital and surplus (Line 34)	550,990,366	0	550,990,366
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	386,104		
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	386,104		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	386,104		
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	386,104		
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					6 Totals
		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	
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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000		.00000	47-1189451	0	0		20/20 Express LLC	US	NIA	Eyemart Express LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		.00000	47-1191002	0	0		20/20 Express-Dallas, LLC	US	NIA	20/20 Express LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		.00000	47-1213150	0	0		20/20 Express-Houston, LLC	US	NIA	20/20 Express LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		.00000	47-1219330	0	0		20/20 Express-Lafayette, LLC	US	NIA	20/20 Express LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
.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	99.000	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	65-0449441	0	0		Beraja Healthcare, 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	Independent Eye Care MSO, Inc.	Ownership	100.000	Vision Service Plan (California)	YES	0
.0000		.00000	56-2109225	0	0		Community Eye Care, LLC (North Carolina)	US	NIA	Independent 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	84-3970095	0	0		EMX Eye Care Management, LLC	US	NIA	Eyemart Express LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		.00000		0	0		Enternasyonal Gozluk Sanayi Ve Ticaret Anonim Sirketi	TUR	NIA	Marchon Europe BV	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		.00000	20-1344254	0	0		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	92-1856685	0	0		Eyemart Express CA LP	US	NIA	Eyemart Express Holdings LLC	Ownership	50.000	Vision Service Plan (California)	NO	1
.0000		.00000	92-1856685	0	0		Eyemart Express CA LP	US	NIA	Eyemart Express LLC	Ownership	50.000	Vision Service Plan (California)	NO	2
.0000		.00000	47-2273061	0	0		Eyemart Express Holdings LLC	US	NIA	VSP Optical Group, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		.00000	47-2262776	0	0		Eyemart Express LLC	US	NIA	Eyemart Express Holdings LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		.00000	47-2300594	0	0		Eyemart Express RE LLC	US	NIA	Eyemart Express LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		.00000		0	0		FC 18 Comercio e Representacoes Ltda	BRA	NIA	Marchon Brasil Ltda	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		.00000		0	0		Gin Hong Lin Int. Co. Ltd. Hong Kong (1)	HKG	NIA	Marcolin SpA (Italy)	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	84-4098387	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		0	0		Icl BerlinGmbH	DEU	NIA	Marcolin SpA (Italy)	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		Independent 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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.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 SRL	.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
.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		0	0		Marcolin Asia Ltd Hong Kong	.HKG	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Benelux Sprl Belgium	.BEL	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Deutschland GmbH Germany	.DEU	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin do Brasil Ltda Brazil	.BRA	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Eyewear (Shanghai) Co., Ltd.	.CHN	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin France Sas France	.FRA	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin GmbH Switzerland	.CHE	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Iberica SA Spain	.ESP	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Mexico S.A.P.I. de C.V.	.MEX	NIA	Marcolin SpA (Italy)	Ownership	99.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Mexico S.A.P.I. de C.V.	.MEX	NIA	Marcolin U.S.A. Eyewear Corp. USA	Ownership	1.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Middle East FZCO UAE	.ARE	NIA	Marcolin SpA (Italy)	Ownership	51.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Middle East LLC UAE	.ARE	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Nordic AB Branch Denmark	.DNK	NIA	Marcolin Nordic AB Sweden	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Nordic AB Branch Finland	.FIN	NIA	Marcolin Nordic AB Sweden	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Nordic AB Branch Norway	.NOR	NIA	Marcolin Nordic AB Sweden	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Nordic AB Sweden	.SWE	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Portugal Lda Portugal	.PRT	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin PTY Limited Australia	.AUS	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Singapore Pte Ltd Singapore	.SGP	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin SpA (Italy)	.ITA	NIA	VSP Optical Group, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin Technical Services (Shenzhen) Co. Ltd. PRC	.CHN	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000	22-2192365	0	0		Marcolin U.S.A. Eyewear Corp. USA	.US	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin UK Ltd United Kingdom	.GBR	NIA	Marcolin SpA (Italy)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin UK-HK Branch Hong Kong	.HKG	NIA	Marcolin UK Ltd United Kingdom	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000		0	0		Marcolin-RUS LLC Russia	.RUS	NIA	Marcolin SpA (Italy)	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	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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.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	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		Professional 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	100.000	Vision Service Plan (California)	NO	0
.0000		00000	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	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		Surgey 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	82-5212710	0	0		Total Vision, LLC	US	NIA	Total Vision Interco, LLC	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000	82-5367320	0	0		Total Vision Interco, LLC	US	NIA	VSP Optical Group, Inc.	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, Inc., (TX)	US	NIA	Visionworks of America, Inc. (TX)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000	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	65-0948978	0	0		Visual Eyes Eyewear, LLC	US	NIA	Eyemart Express LLC	Ownership	60.000	Vision Service Plan (California)	NO	0
.0000		00000	00000	0	0		Viva Eyewear HK Ltd. Hong Kong (1)	HKG	NIA	Viva Eyewear UK Ltd. United Kingdom (1)	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000	00000	0	0		Viva Eyewear UK Ltd. United Kingdom (1)	GBR	NIA	Marcolin U.S.A. Eyewear Corp. USA	Ownership	100.000	Vision Service Plan (California)	NO	0
.0000		00000	00000	0	0		VSP Asia Private Ltd.	HKG	NIA	VSP Global, Inc.	Ownership	100.000	Vision Service Plan (California)	NO	0
.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	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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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.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

Asterisk	Explanation
1	Eyemart Express Holdings LLC is the General Partner of Eyemart Express CA LP.
2	Eyemart Express LLC is the Limited Partner of Eyemart Express CA LP.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY

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]	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VISION SERVICE PLAN INSURANCE COMPANY
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]

