

Reason for amendment : Changes in line 1 & 2 of Exhibit A and 5 & 6 of Exhibit B in Statement of Actuarial opinion as of 12/31/2015.



ANNUAL STATEMENT

For the Year Ended December 31, 2015
of the Condition and Affairs of the

VETERINARY PET INSURANCE COMPANY

NAIC Group Code.....0140	0140	NAIC Company Code..... 42285	Employer's ID Number..... 95-3750113
(Current Period) (Prior Period)			
Organized under the Laws of CALIFORNIA	State of Domicile or Port of Entry CALIFORNIA	Country of Domicile	US
Incorporated/Organized..... September 18, 1981	Commenced Business..... April 7, 1982		
Statutory Home Office	1800 E. IMPERIAL HIGHWAY, SUITE 145..... BREA CA US 92821 (Street and Number) (City or Town, State, Country and Zip Code)		
Main Administrative Office	1800 E. IMPERIAL HIGHWAY, SUITE 145..... BREA CA US..... 92821 714-989-0555 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)		
Mail Address	ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS OH US ... 43215-2220 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS OH US ... 43215-2220.....614-249-1545 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)		
Internet Web Site Address	WWW.PETINSURANCE.COM		
Statutory Statement Contact	CHERYL M. DENNIS 614-249-1545 (Name) (Area Code) (Telephone Number) (Extension) FINRPT@NATIONWIDE.COM 866-315-1430 (E-Mail Address) (Fax Number)		

OFFICERS

Name	Title	Name	Title
1. SCOTT DAY LILES	PRES & CHIEF PET INS OFF	2. ROBERT WILLIAM HORNER III	VP & SECRETARY
3. KEITH EDWARD GRAHAM	CFO & TREASURER		

OTHER

PAMELA ANN BIESECKER	SR VP-HEAD OF TAXATION	MICHAEL ALOYSIUS BOYD #	SR VP-ENTERPRISE BRAND MRKT
MARTHA LOVETTE FRYE #	SR REG VP-SOUTHEASTERN EXCL DIST	HARRY HANSEN HALLOWELL	SVP-CIO
ORYSIA KSENIA MEYERS #	SR REG VP-CENTRL ATLTC EXCL DIST		

DIRECTORS OR TRUSTEES

DAVID ALAN BANO #	TERRI LYNN HILL	MICHAEL PATRICK LEACH	SCOTT DAY LILES
JENNIFER LYNN MARSHALEK #			

State of..... OHIO
County of..... FRANKLIN

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

(Signature)	(Signature)	(Signature)
SCOTT DAY LILES	ROBERT WILLIAM HORNER III	KEITH EDWARD GRAHAM
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRES & CHIEF PET INS OFF	VP & SECRETARY	CFO & TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [] No [X]
This _____ day of _____ 2016	b. If no	
	1. State the amendment number	2
	2. Date filed	03/30/2016
	3. Number of pages attached	2