# AMENDED FILING EXPLANATION

This page is required to be updated/completed any time an amended filing is created.

*39616201920100100*

# ANNUAL STATEMENT

**For the Year Ended December 31, 2019**
of the Condition and Affairs of the

# Vision Service Plan Insurance Company

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

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

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

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

Statutory Home Office 3400 Morse Crossing .. Columbus .. OH .. US .. 43219
*(Street and Number) (City or Town, State, Country and Zip Code)*

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

Internet Web Site Address www.vsp.com

Statutory Statement Contact Darrin Furtado 916-851-5000
*(Name) (Area Code) (Telephone Number) (Extension)*

darrfu@vsp.com 916-463-9040
*(E-Mail Address) (Fax Number)*

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| 1. Kate Alison Renwick-Espinosa | President | 2. Michael Joseph Guyette | Secretary |
| 3. Monica Renee Perez | Treasurer | 4. | |

## OTHER

## DIRECTORS OR TRUSTEES

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

State of..... California
County of..... Sacramento

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

| (Signature) | (Signature) | (Signature) |
|---|---|---|
| Kate Alison Renwick-Espinosa | Michael Joseph Guyette | Monica Renee Perez |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| President | Secretary | Treasurer |
| (Title) | (Title) | (Title) |

Subscribed and sworn to before me
This 31st day of January 2020
By: Kate Alison Renwick-Espinosa, Michael Joseph Guyette, Monica Renee Perez

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

NATALIA MIKHAYLEVSKAYA
Notary Public - California
Sacramento County
Commission # 2299080
My Comm. Expires Jul 28, 2023

# SCHEDULE S - PART 7

## Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | | 1<br>As Reported<br>(Net of Ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(Gross of Ceded) |
|---|---|---|---|---|
| | **ASSETS (Page 2, Col. 3)** | | | |
| 1. | Cash and invested assets (Line 12) | 206,034,833 | | 206,034,833 |
| 2. | Accident and health premiums due and unpaid (Line 15) | 51,033,742 | | 51,033,742 |
| 3. | Amounts recoverable from reinsurers (Line 16.1) | | | 0 |
| 4. | Net credit for ceded reinsurance | XXX | | 0 |
| 5. | All other admitted assets (balance) | 85,921,076 | | 85,921,076 |
| 6. | Totals assets (Line 28) | 342,989,651 | 0 | 342,989,651 |
| | **LIABILITIES, CAPITAL AND SURPLUS (Page 3)** | | | |
| 7. | Claims unpaid (Line 1) | 60,761,408 | | 60,761,408 |
| 8. | Accrued medical incentive pool and bonus payments (Line 2) | | | 0 |
| 9. | Premiums received in advance (Line 8) | 6,605,490 | | 6,605,490 |
| 10. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) | | | 0 |
| 11. | Reinsurance in unauthorized companies (Line 20 minus inset amount) | | | 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 |
| 14. | All other liabilities (balance) | 86,377,389 | | 86,377,389 |
| 15. | Total liabilities (Line 24) | 153,744,287 | 0 | 153,744,287 |
| 16. | Total capital and surplus (Line 33) | 189,245,364 | XXX | 189,245,364 |
| 17. | Total liabilities, capital and surplus (Line 34) | 342,989,651 | 0 | 342,989,651 |
| | **NET CREDIT FOR CEDED REINSURANCE** | | | |
| 18. | Claims unpaid | 0 | | |
| 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 | 0 | | |
| 24. | Premiums receivable | 0 | | |
| 25. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. | Unauthorized reinsurance | 0 | | |
| 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 | 0 | | |
| 31. | Total net credit for ceded reinsurance | 0 | | |