



# QUARTERLY STATEMENT

As of September 30, 2021  
of the Condition and Affairs of the

## VETERINARY PET INSURANCE COMPANY

NAIC Group Code.....140, 140  
(Current Period) (Prior Period)

NAIC Company Code..... 42285

Employer's ID Number..... 95-3750113

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... September 18, 1981

Commenced Business..... April 7, 1982

Statutory Home Office

ONE WEST NATIONWIDE BLVD. .. COLUMBUS .. OH .. US .. 43215-2220  
(Street and Number) (City or Town, State, Country and Zip Code)

714-989-0555

(Area Code) (Telephone Number)

Main Administrative Office

1800 E. IMPERIAL HIGHWAY, SUITE 145 .. BREA .. CA .. US .. 92821  
(Street and Number) (City or Town, State, Country and Zip Code)

714-989-0555

(Area Code) (Telephone Number)

Mail Address

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

714-989-0555

(Area Code) (Telephone Number)

Primary Location of Books and Records

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220  
(Street and Number) (City or Town, State, Country and Zip Code)

714-989-0555

(Area Code) (Telephone Number)

Internet Web Site Address

WWW.PETINSURANCE.COM

(Area Code) (Telephone Number)

Statutory Statement Contact

ANDREA D IACOBONI

614-249-1545

(Area Code) (Telephone Number) (Extension)

(Name)

FINRPT@NATIONWIDE.COM

866-315-1430

(Fax Number)

(E-Mail Address)

### OFFICERS

Name

1. HEIDI JANE SIROTA  
3. KEITH EDWARD GRAHAM

Title

PRESIDENT  
TREASURER

Name

2. DENISE LYNN SKINGLE

Title

SVP & SECRETARY

PAMELA ANN BIESECKER

### OTHER

SVP-HEAD OF TAXATION

### DIRECTORS OR TRUSTEES

DAVID PATRICK LAPAUL  
JEFFREY WILCOXON #

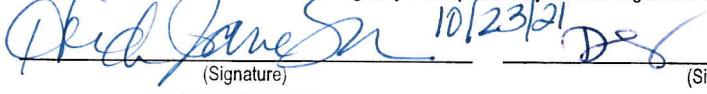
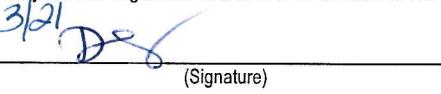
MICHAEL WILLIAM MAHAFFEY #

DEBORAH ANN MEYERS

HEIDI JANE SIROTA

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.

 10/23/21 

 Vacant

(Signature)

HEIDI JANE SIROTA

DENISE LYNN SKINGLE

KEITH EDWARD GRAHAM

1. (Printed Name)

2. (Printed Name)

3. (Printed Name)

PRESIDENT

SVP & SECRETARY

TREASURER

(Title)

(Title)

(Title)

Subscribed and sworn to before me

This 3rd day of November

a. Is this an original filing?

Yes  No

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached





