



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Vision Service Plan Insurance Company

NAIC No. 39616

We, the undersigned executive officers of Vision Service Plan Insurance Company (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: Fraternal Title Property & Casualty Life & Health Health Other

Applicable documents:

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail." Date of filing with the NAIC: _____ An original jurat page is attached.
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1. Date of filing with the NAIC: _____ An original, notarized signature page is attached.
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*." Date of filing with the NAIC: _____
List of supplemental documents included in this Affidavit: _____
 All original notarized signature pages are attached, as applicable.
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15. Date of filing with the NAIC: 11/15/2022
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1. Date of filing with the NAIC: _____

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June PDF Filing," which includes "the Audited Financial Statements" due June 1. Date of filing with the NAIC: _____
 Original filing. Amended filing.

Date

(Name) Kate Alison Renwick-Espinosa

(Title)* President

Date

(Name) Monica Renee Perez

(Title)* Treasurer

Date

(Name) Theresa Ann Wilson

(Title)* Secretary

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
Vision Service Plan Insurance Company

NAIC Group Code	1189 (Current)	1189 (Prior)	NAIC Company Code	39816	Employer's ID Number	06-1227840
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Property/Casualty					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	06/10/1987		Commenced Business	07/01/1987		
Statutory Home Office	3400 Morse Crossing (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office	3333 Quality Drive (Street and Number)		916-851-5000 (Area Code) (Telephone Number)			
Rancho Cordova, CA, US 95670 (City or Town, State, Country and Zip Code)						
Mail Address	3333 Quality Drive (Street and Number or P.O. Box)		Rancho Cordova, CA, US 95670 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	3333 Quality Drive (Street and Number)		916-851-5000 (Area Code) (Telephone Number)			
Rancho Cordova, CA, US 95670 (City or Town, State, Country and Zip Code)						
Internet Website Address	www.vsp.com					
Statutory Statement Contact	Brandi Murobayashi (Name)		916-858-5395 (Area Code) (Telephone Number)			
brandi.murobayashi@vsp.com (E-mail Address)	916-463-9040 (FAX Number)					
OFFICERS						
President	Kate Alison Renwick-Espinosa		Secretary	Theresa Ann Wilson		
Treasurer	Monica Renee Perez		Actuary	David J. Otto #		
OTHER						
DIRECTORS OR TRUSTEES						
Bradley Nelson Garber	Michael Joseph Guyette		Kate Alison Renwick-Espinosa			
Daniel Joseph Schauer	Stuart L. Thompson #					

State of California
County of Sacramento SS:

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

Kate
Kate Alison Renwick-Espinosa
President

Monica
Monica Renee Perez
Treasurer

Theresa
Theresa Ann Wilson
Secretary

Subscribed and sworn to before me this
24th day of *October, 2022*

Jolene Tippett

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 _____

