



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: 08/15/2023 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 JUNE 30, 2023
 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

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 916-851-5000
 (Street and Number) (Area Code) (Telephone Number)
Rancho Cordova, CA, US 95670 (City or Town, State, Country and Zip Code)

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 916-851-5000
 (Street and Number) (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 916-858-5395
 (Name) (Area Code) (Telephone Number)
brandi.murobayashi@vsp.com 916-463-9040
 (E-mail Address) (FAX Number)

OFFICERS

President	<u>Kate Alison Renwick-Espinosa</u>	Secretary	<u>Theresa Ann Wilson</u>
Treasurer	<u>Monica Renee Perez</u>		

OTHER

DIRECTORS OR TRUSTEES

<u>Bradley Nelson Garber</u>	<u>Michael Joseph Guyette</u>	<u>Kate Alison Renwick-Espinosa</u>
<u>Daniel Joseph Schauer</u>	<u>Stuart L. Thompson</u>	

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.

Kate
 Kate Alison Renwick-Espinosa
 President

Monica
 Monica Renee Perez
 Treasurer

Theresa
 Theresa Ann Wilson
 Secretary

Subscribed and sworn to before me this
27th day of July, 2023
Jolene Tippett

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

Yes No

