



HEALTH QUARTERLY STATEMENT  
AS OF MARCH 31, 2024  
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 [ X ]

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

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 Kate Alison Renwick-Espinosa Secretary Theresa Ann Wilson  
Treasurer Monica Renee Perez

OTHER

DIRECTORS OR TRUSTEES

Bradley Nelson Garber Michael Joseph Guyette Kate Alison Renwick-Espinosa  
Daniel Joseph Schauer Stuart Little Thompson

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 Alison Renwick-Espinosa Monica Renee Perez Theresa Ann Wilson  
President Treasurer Secretary

Subscribed and sworn to before me this 18th day of April 2024

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

Yes [ X ] No [ ]





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Kate Alison Renwick-Espinosa Monica Renee Perez Theresa Ann Wilson  
President Treasurer Secretary

State of Nevada, County of Clark

Subscribed and sworn to before me this 21 day of April 2024  
Brittany Lynn Lewis

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

Yes [ X ] No [ ]

