
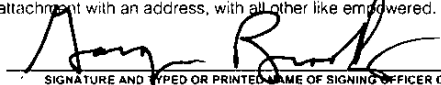


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90052 027 ***150.00

DOCUMENT # P33018					
1. Entity Name VISION SERVICE PLAN INSURANCE COMPANY					
Principal Place of Business 3333 QUALITY DR RANCHO CORDOVA, CA 95670 US		Mailing Address 3333 QUALITY DR ATTN: LEGAL DIVISION RANCHO CORDOVA, CA 95670 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-3560825	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION, SERVICE COMPAN 1201 HAYS ST TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKS, GARY N	NAME			
STREET ADDRESS	3333 QUALITY DR	STREET ADDRESS			
CITY-ST-ZIP	RANCHO CORDOVA, CA 95670	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COCHRAN, PATRICIA	NAME			
STREET ADDRESS	3333 QUALITY DR	STREET ADDRESS			
CITY-ST-ZIP	RANCHO CORDOVA, CA 95670	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINSON, LYNCH JAMES	NAME	Lynch, James Robinson		
STREET ADDRESS	3333 QUALITY DRIVE	STREET ADDRESS	3333 Quality Drive, Rancho Cordova, CA 95670		
CITY-ST-ZIP	RANCHO CORDOVA, CA 95670	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FESSLER, THOMAS	NAME			
STREET ADDRESS	3333 QUALITY DR	STREET ADDRESS			
CITY-ST-ZIP	RANCHO CORDOVA, CA 95670	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRICE, LAWRENCE D	NAME			
STREET ADDRESS	3333 QUALITY DR	STREET ADDRESS			
CITY-ST-ZIP	RANCHO CORDOVA, CA 95670	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEERE, RICHARD W	NAME			
STREET ADDRESS	3333 QUALITY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	RANCHO CORDOVA, CA 95670	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Gary N. Brooks		Date: 4/14/08 (916) 5851-4806	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40072637



03312008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD Delete
 NAME BROOKS, GARY N
 STREET ADDRESS 3333 QUALITY DR
 CITY-ST-ZIP RANCHO CORDOVA, CA 95670

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DT Delete
 NAME COCHRAN, PATRICIA
 STREET ADDRESS 3333 QUALITY DR
 CITY-ST-ZIP RANCHO CORDOVA, CA 95670

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME ROBINSON, LYNCH JAMES
 STREET ADDRESS 3333 QUALITY DRIVE
 CITY-ST-ZIP RANCHO CORDOVA, CA 95670

TITLE PD Change Addition
 NAME Lynch, James Robinson
 STREET ADDRESS 3333 Quality Drive, Rancho Cordova, CA 95670
 CITY-ST-ZIP

TITLE D Delete
 NAME FESSLER, THOMAS
 STREET ADDRESS 3333 QUALITY DR
 CITY-ST-ZIP RANCHO CORDOVA, CA 95670

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PRICE, LAWRENCE D
 STREET ADDRESS 3333 QUALITY DR
 CITY-ST-ZIP RANCHO CORDOVA, CA 95670

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME STEERE, RICHARD W
 STREET ADDRESS 3333 QUALITY DRIVE
 CITY-ST-ZIP RANCHO CORDOVA, CA 95670

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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SIGNATURE:  Gary N. Brooks Date: 4/14/08 (916) 5851-4806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40072657
P33018

**2008 FOR PROFIT CORPORATION ANNUAL REPORT
VISION SERVICE PLAN INSURANCE COMPANY (P33018)**

**ADDITIONAL OFFICERS AND DIRECTORS
(CONTINUATION OF BLOCK NO. 10)**

Title: Director
Name: Johnson, Cheryl
Street Address: 3333 Quality Drive
City-St-ZIP: Rancho Cordova, CA 95670

Title: Director
Name: Young, Susan
Street Address: 3333 Quality Drive
City-St-ZIP: Rancho Cordova, CA 95670

Delete/Remove:

Title: Director
Name: Cavanagh, Mary Ann
Street Address: 3333 Quality Drive
City-St-ZIP: Rancho Cordova, CA 95670

Add:

Title: Director
Name: Renwick-Espinosa, Kate
Street Address: 3333 Quality Drive
City-St-ZIP: Rancho Cordova, CA 95670



ATTACHMENT
40072657
P33018

April 15, 2008

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

**RE: 2008 For Profit Corporation Annual Report
Vision Service Plan Insurance Company**

Dear Sir or Madam:

Enclosed please find the "2008 For Profit Corporation Annual Report" on behalf of Vision Service Plan Insurance Company. We also include herewith check no. 20132 in the amount of \$150.00 as the filing fee for the report.

To confirm receipt, please stamp "received" the attached copy of this cover letter and return to me in the self-addressed prepaid envelope provided. Should you have any questions regarding this filing, please feel free to contact me at (916) 851-5069 or via email at ginaca@vsp.com.

Very truly yours,

Gina Cavanagh
GINA CAVANAGH
Paralegal

Enclosures



ATTACHMENT
40072657
P33018

April 15, 2008

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

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Vision Service Plan Insurance Company**

Dear Sir or Madam:

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Very truly yours,

Gina Cavanagh
GINA CAVANAGH
Paralegal

Enclosures