

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33018

FILED
Mar 31, 2009
Secretary of State

Entity Name: VISION SERVICE PLAN INSURANCE COMPANY

Current Principal Place of Business:

3333 QUALITY DR
RANCHO CORDOVA, CA 95670 US

New Principal Place of Business:

Current Mailing Address:

3333 QUALITY DR
ATTN: LEGAL DIVISION
RANCHO CORDOVA, CA 95670 US

New Mailing Address:

FEI Number: 36-3560825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPORATION, SERVICE COMPAN
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: BROOKS, GARY N
Address: 3333 QUALITY DR
City-St-Zip: RANCHO CORDOVA, CA 95670

Title: DT () Delete
Name: COCHRAN, PATRICIA
Address: 3333 QUALITY DR
City-St-Zip: RANCHO CORDOVA, CA 95670

Title: PD () Delete
Name: LYNCH, JAMES R
Address: 3333 QUALITY DRIVE
City-St-Zip: RANCHO CORDOVA, CA 95670

Title: D () Delete
Name: FESSLER, THOMAS
Address: 3333 QUALITY DR
City-St-Zip: RANCHO CORDOVA, CA 95670

Title: D () Delete
Name: PRICE, LAWRENCE D
Address: 3333 QUALITY DR
City-St-Zip: RANCHO CORDOVA, CA 95670

Title: D () Delete
Name: STEERE, RICHARD W
Address: 3333 QUALITY DRIVE
City-St-Zip: RANCHO CORDOVA, CA 95670

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY N. BROOKS

VSD

03/31/2009

Electronic Signature of Signing Officer or Director

Date