

REPORT ON EXAMINATION

OF THE

EASTERN VISION SERVICE PLAN, INC.

AS OF

DECEMBER 31, 2009

DATE OF REPORT

AUGUST 3, 2011

EXAMINER

GARY J. PRESSER

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STATE OF NEW YORK
INSURANCE DEPARTMENT
25 BEAVER STREET
NEW YORK, NEW YORK 10004

Andrew M. Cuomo
Governor

James J. Wrynn
Superintendent

August 3, 2011

Honorable James J. Wrynn
Superintendent of Insurance
Albany, New York 12257

Sir:

Pursuant to the requirements of the New York Insurance Law and acting in accordance with the instructions contained in Appointment Number 30480, dated February 9, 2010, annexed hereto, I have made an examination into the condition and affairs of Eastern Vision Service Plan, Inc., a not-for-profit medical expense indemnity corporation licensed pursuant to Article 43 of the New York Insurance Law, as of December 31, 2009, and submit the following report thereon.

The examination was conducted at the home office of Eastern Vision Service Plan, Inc., located at 3333 Quality Drive, Rancho Cordova, California.

Wherever the designations the “Plan” or “EVSP” appear herein, without qualification, they should be understood to indicate Eastern Vision Service Plan, Inc., a wholly-owned subsidiary of Vision Service Plan, Inc.

Wherever the terms the “Parent” or “VSP” appear herein, without qualification, they should be understood to indicate Vision Service Plan, Inc., the Plan’s parent.

Wherever the designation the “Department” appears herein, without qualification, it should be understood to indicate the New York State Insurance Department.

1. SCOPE OF THE EXAMINATION

The previous examination was conducted as of December 31, 2004. This examination of the Plan was a combined financial and market conduct examination and covered the five-year period from January 1, 2005 through December 31, 2009. The financial component of the examination was conducted as a financial examination, as defined in the National Association of Insurance Commissioners (“NAIC”) *Financial Condition Examiners Handbook, 2009 Edition* (the “Handbook”). The examination was conducted observing the guidelines and procedures in the Handbook and transactions occurring subsequent to December 31, 2009, were reviewed where deemed appropriate by the examiner.

The financial portion of the examination was conducted on a risk-focused basis, in accordance with the provisions of the Handbook, which provides guidance for the establishment of an examination plan based on the examiner’s assessment of risk in the Plan’s operations and utilizes that evaluation in formulating the nature and extent of the examination. The examiner planned and performed the examination to evaluate the Plan’s current financial condition, as well as identify prospective risks that may threaten the future solvency of EVSP. The risk-focused examination approach was included in the Handbook for the first time in 2007; thus, this was the first such type of examination of the Plan.

The examiner identified key processes, assessed the risks within those processes and assessed the internal control systems and procedures used to mitigate those risks.

The examination also included an assessment of the principles used and significant estimates made by management, an evaluation of the overall financial statement presentation, and determined management's compliance with the Department's statutes and guidelines, Statutory Accounting Principles, as adopted by the Department, and annual statement instructions.

Information concerning the Plan's organizational structure, business approach and control environment were utilized to develop the examination approach. The examination evaluated the Plan's risks and management activities in accordance with the NAIC's nine branded risk categories.

These categories are as follows:

- Pricing/Underwriting
- Reserving
- Operational
- Strategic
- Credit
- Market
- Liquidity
- Legal
- Reputational

The Plan was audited annually for the years 2005 through 2009, by the accounting firm of PriceWaterhouse Coopers ("PWC"). The Plan received an unqualified opinion in each of those years. Certain audit workpapers of PWC were reviewed and relied upon in conjunction with this examination. A review was also made of the Parent's Internal Audit function and Enterprise Risk Management program, as they relate to the Plan.

The examiner reviewed the corrective actions taken by the Plan with respect to the recommendations contained in the prior report on examination.

This report on examination is confined to financial statements and comments on those matters which involve departure from laws, regulations or rules, or which require explanation or description.

2. DESCRIPTION OF THE PLAN

Eastern Vision Service Plan, Inc. was incorporated on August 29, 1985 and licensed by the Department on June 1, 1987, as a not-for-profit medical expense indemnity corporation, pursuant to the provisions of Article 43 of the New York Insurance Law. The Plan began operations in 1987.

On August 29, 1985, the Eastern Vision Service Plan, Inc. was formed by its Parent, the California Vision Service Plan, which was later renamed Vision Service Plan, Inc. ("VSP"), a California not-for-profit corporation. The Plan was formed as a not-for-profit medical expense indemnity corporation, for the purpose of providing its subscribers and their families with vision care on a prepaid or fee-for-service basis. The Plan is affiliated with a network of seventeen (17) member vision service corporations nationwide.

The Plan maintains its books of account and corporate records at the office of its Parent at 3333 Quality Drive, Rancho Cordova, California. The Plan has obtained

regulatory approval for this arrangement pursuant to the requirements of Section 325(b) of the New York Insurance Law.

A. Management and Controls

Pursuant to the Plan's charter and by-laws, management of the Plan is to be vested in a board of directors consisting of four members. The composition of the board was in compliance with Section 4301(k)(1) of the New York Insurance Law. The Plan's board of directors as of December 31, 2009, were as follows:

<u>Name and Residence</u>	<u>Principal Business Affiliation</u>
<u>Provider Representative</u>	
David Dexter, O.D. Oswego, New York	Optometrist, Private Practice
<u>Public</u>	
Herbert Fred Kozlov Scarsdale, New York	Attorney, Reed Smith, LLP
<u>Subscriber</u>	
Richard A. Matlaga New York, New York	Director of Finance, The Carnegie Hall Corporation
<u>Officer-Employee</u>	
Thomas Allan Fessler Roseville, California	Vice President/CLO - General Counsel, Vision Service Plan, Inc.

The minutes of all meetings of the board of directors and committees thereto held during the examination period were reviewed. The review of the minutes of such

meetings indicated that all meetings were well attended; with members attending at least one-half of the meetings that they were eligible to attend.

The principal officers of the Plan as of December 31, 2009 were as follows:

<u>Name</u>	<u>Title</u>
Thomas A. Fessler	Chairman of the Board
James R. Lynch	President
Patricia Cochran	Treasurer and Chief Financial Officer
Gary N. Brooks	Secretary

Patricia Cochran was replaced as Treasurer and Chief Financial Officer in 2010 by Lester E. Passuello.

B. Enterprise Risk Management

At the time of the examination, the Plan's parent, VSP, was in the process of developing an Enterprise Risk Management (ERM) process for the vision care component of the Vision Health Care, Inc. holding company system, which includes the operations of EVSP. The framework was being developed with risks being identified and documented by a Risk Committee which included a representative of the Plan. At the time of the examination, the Plan did not have a completed ERM framework in place, though preliminary framework documents were made available for review.

At the time of examination, the Plan had identified a Chief Risk Officer (“CRO”); and, it was reported by the Plan that the Director of Internal Audit was also working to identify and document risks.

It was noted that, at the time of examination, the minutes of the ERM Risk Committee were not maintained and ERM related findings had not been reported to the audit committee and board of directors. It was noted that the CRO did make a report on ERM activities to the Financial Committee subsequent to the examination period.

It is recommended that the Risk Committee meet regularly and maintain minutes of its meetings. It is recommended that the CRO and the Risk Committee continue to identify key current and prospective risks and identify suitable means to mitigate such identified risks. It is also recommended that the CRO report such ERM related findings to the audit committee and board of directors on a regular basis.

C. Corporate Governance

Department Circular Letter No. 9 (1999) states in part:

" ... the board obtain the following certifications annually: (i) from either the company's director of internal audit or independent CPA, that the responsible officers have implemented the procedures adopted by the board, and (ii) from the company's general counsel a statement that the company's current claims adjudication procedures, including those set forth in the current claims manual, are in accordance with applicable statutes, rules and regulations.... of equal importance is the adoption of written procedures to enable the board to assure itself that the company's operations in other key areas are being conducted in accordance with applicable statutes, rules and regulations."

Circular Letter No. 9 further states in part:

"... and the board's need to oversee outside parties under contract with the company..."

As indicated in Circular Letter No. 9 (1999), the board has significant duties in determining that Plan's management fulfills all such responsibilities.

It was noted during the examination that the above referenced procedures regarding obtaining the required annual certifications and the adoption of written procedures, as outlined in Department Circular Letter No. 9 (1999), have not been adopted by the Plan's board of directors.

It is recommended that the Plan's board of directors comply with the requirements of Department Circular Letter No. 9 (1999) and obtain the required annual certifications and adopt such written procedures.

D. Territory and Plan of Operation

The Plan is licensed as a not-for-profit medical expense indemnity corporation pursuant to the provisions of Article 43 of the New York Insurance Law and is authorized to conduct its operations in all counties of the State of New York. The Plan's sole line of business during the examination period was vision services.

Vision services are provided through a network of participating optometrists and ophthalmologists who accept the Plan's schedule of fees as full payment for covered services. Subscribers may also secure services from non-member doctors who are reimbursed pursuant to a separate reimbursement schedule for doctors that are not part of the network.

EVSP markets its products through broker agreements where a broker designated by a group as its "Agent of Record" is termed an agent and paid a commission. The commission is paid, based on premiums remitted by the agent for vision benefits, according to the rated schedule contained within the broker agreement.

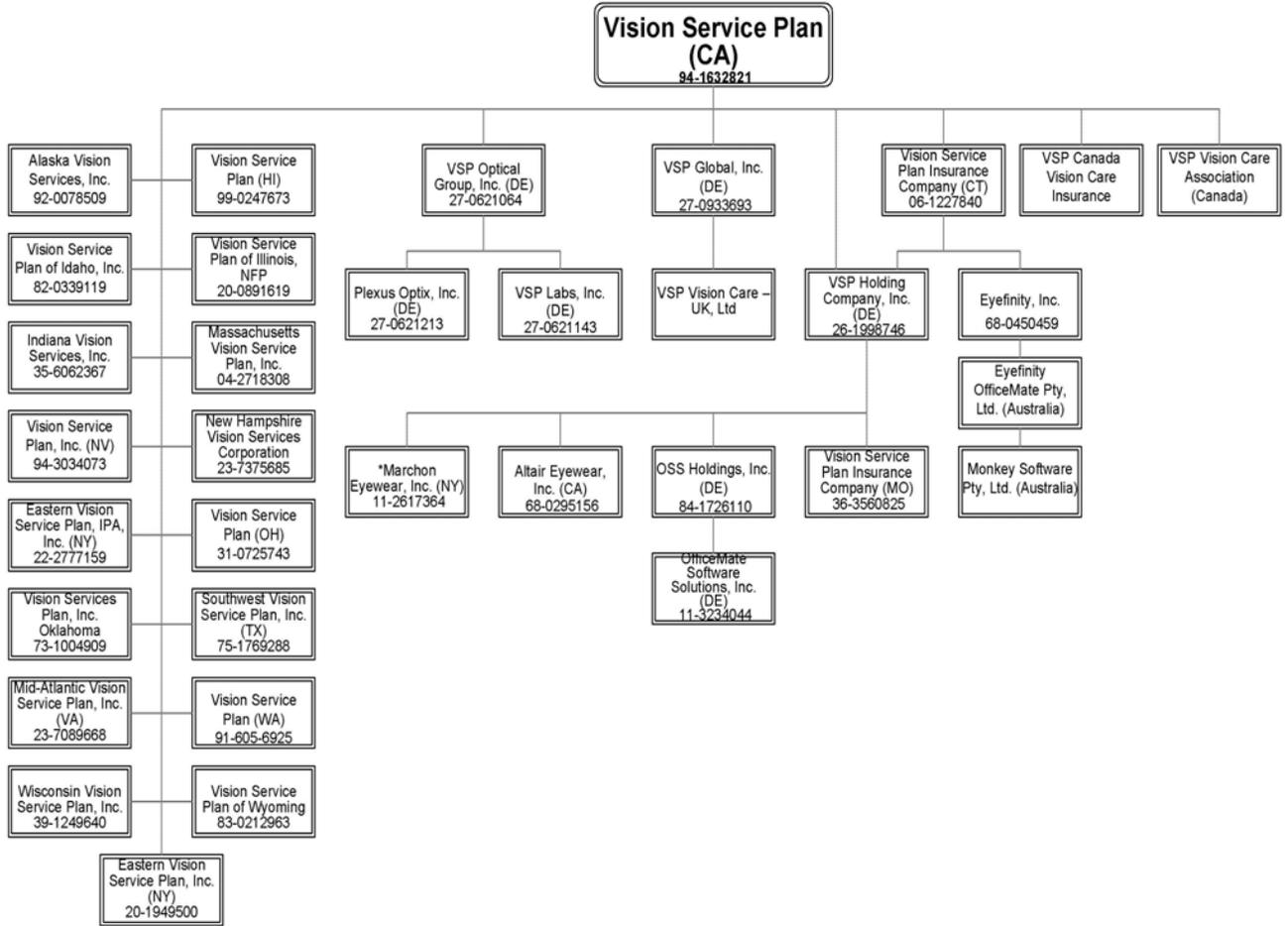
E. Reinsurance

The Plan did not cede or assume any reinsurance during the period of the examination.

F. Holding Company System

The Plan is a membership corporation in which the sole member is Vision Service Plan. As such, the Plan is a controlled insurer as such term is defined in New York Insurance Law §1501(a)(4). The following chart depicts the Plan and its relationship to members of its holding company system as of December 31, 2009:

Organizational Chart, Vision Service Plan



Cash Infusions and Paid in Surplus

In 2006, the Plan implemented a comprehensive pricing strategy that anticipated short-term losses of approximately \$4 million per year. To cover the anticipated losses, VSP provided \$5 million in funding to EVSP, in December 2006. EVSP reported \$1 million as “contributed surplus”, and \$4 million as “amounts due to parent”, in 2006. EVSP had better than expected results and paid \$4 million back to its Parent in 2007. The Plan reported the remaining \$1 million as additional paid-in surplus, within all of its annual statements filed with the Department subsequent to 2006.

Section 1505(c) of the New York Insurance Law states, in part:

“c)The superintendent's prior approval shall be required for the following transactions between a domestic controlled insurer and any person in its holding company system: sales, purchases, exchanges, loans or extensions of credit, or investments, involving five percent or more of the insurer's admitted assets at last year-end.”

The Plan violated Section 1505(c) of the New York Insurance Law by failing to obtain the superintendent’s approval prior to receiving the aforementioned \$5 million cash infusion from its Parent. The Plan again violated the aforementioned section of Law, when it failed to obtain the superintendent’s approval before paying \$4 million back to its Parent.

It is recommended that EVSP comply with the requirements of §1505(c) of the New York Insurance Law, by requesting and receiving the superintendent’s approval

prior to entering into transactions with members of its holding company system that exceed the five percent threshold noted in such section of Law.

Administrative Services and Marketing Agreement

At December 31, 2009, the Plan was a party to an Administrative Services and Marketing Agreement with its Parent, Vision Service Plan, Inc. Pursuant to the terms of this agreement, which was effective January 1, 2008, VSP agreed to provide administrative and marketing services to the Plan. In return for these services, the Plan agreed to pay to its Parent a per claim charge equal to the total general and administrative expenses of VSP and its subsidiaries (excluding expenses charged directly to the Plan, such as commissions, taxes, and audit and legal fees), divided by the total number of claims processed and paid on behalf of EVSP.

The agreement also allowed insureds of the Plan to receive vision services from participating providers of out-of-state affiliates of the Plan. Under the terms of the agreement, the Plan reimburses the affiliate for patient charges incurred on behalf of an insured of the Plan.

Section 1505(d)(3) of the New York Insurance Law states, in part:

“The following transactions between a domestic controlled insurer and any person in its holding company system may not be entered into unless the insurer has notified the superintendent in writing of its intention to enter into any such transaction at least thirty days prior thereto, or such shorter period as he may permit, and he has not disapproved it within such period... (3) rendering of services on a regular or systematic basis...”

EVSP, at the time of examination, failed to submit the above mentioned agreement to the superintendent for approval, prior to implementation, in violation of the requirements of Section 1505(d)(3) of the New York Insurance Law.

EVSP subsequently submitted the agreement to the Department for approval, in August 2010. The Department concluded that such Administrative and Marketing Agreement did not comply with the provisions of Department Regulation No. 30 (11 NYCRR 105-109), regarding the allocation of expenses to members of a holding company system.

The agreement was modified and ultimately approved by the Department, to be effective January 1, 2011.

It is recommended that, EVSP comply with the requirements of Section 1505(d)(3) of the New York Insurance Law and obtain approval from the superintendent, relative to any service agreement with members of its holding company system, prior to implementation.

Tax Sharing Agreement

During the examination period, EVSP violated Section 1505(d)(3) of the New York Insurance Law and Department Circular Letter No. 33 (1979) by entering into a Tax Sharing Agreement with members of its holding company system, without giving prior notice to the Superintendent. EVSP did not notify the Department of its participation in the tax sharing agreement prior to attaching the agreement to the Plan's HC-1 filing in 2008.

Section 1505(a) (1) of the New York Insurance Law states, in part:

“...(a) Transactions within a holding company system to which a controlled insurer is a party shall be subject to the following:
(1) the terms shall be fair and equitable..”

Department Circular Letter No. 33 (1979) requires that every domestic insurer notify the Department within 30 days of electing to participate in a consolidated tax return, and submit a copy of the tax allocation agreement with such notification.

It is recommended that EVSP file its Tax Sharing Agreement with the Department in accordance with the requirements of Sections 1505(a)(1) and (d)(3) of the New York Insurance Law and Department Circular Letter No. 33 (1979).

The Plan filed a Tax Allocation Agreement with the Department, for implementation as of the 2010 tax year. The Department has indicated that it has no objection relative to the implementation of such tax allocation agreement.

As a member of a holding company system, the Plan is required to file registration statements pursuant to Section 1503 of the New York Insurance Law and Department Regulation 52 (11 NYCRR 80). Notwithstanding the comments noted above, all pertinent filings made by the Plan with regard to the aforementioned statutes were reviewed and no problem areas were encountered.

G. Significant Operating Ratios

The underwriting ratios presented below are on an earned-incurred basis and encompass the period covered by this examination:

	<u>Amounts</u>	<u>Ratios</u>
Claims incurred	\$278,448,313	91.55%
Claim adjustment expenses	60,046	0.02%
General administrative expenses	18,054,965	5.94%
Net underwriting gain	<u>7,598,377</u>	<u>2.50%</u>
Net premium income	<u>\$304,161,701</u>	<u>100.00%</u>

H. Disaster Response Plan

It was noted that the Plan did not file its disaster response plan with the Department in accordance with the requirements of Department Circular Letter No. 7 (2009).

It is recommended that the Plan make all required filings with regard to its Disaster Response Plan in compliance with Department Circular Letter No. 7 (2009).

Circular Letters with similar requirements are issued by the Department annually.

The Plan subsequently filed its Disaster Response Plan Questionnaire and its Business Continuity Plan Questionnaire with the Department on December 9, 2010.

3. FINANCIAL STATEMENTS

A. Balance Sheet

The following shows the assets, liabilities and surplus as determined by this examination as of December 31, 2009. This statement is the same as the balance sheet reported by the Plan in its filed annual statement:

<u>Assets</u>	<u>Examination</u>	<u>Plan</u>
Bonds	\$8,699,414	\$8,699,414
Common stocks	2,613,383	2,613,383
Cash	8,283,486	8,283,486
Short term investments	0	0
Uncollected premiums	4,506,919	4,506,919
Amounts receivable related to uninsured plans	6,348,884	6,348,884
Interest and other investment income due and accrued	95,268	95,268
Net deferred tax asset	1,798,077	1,798,077
Current federal and foreign income tax recoverable and interest thereon	15,273	15,273
Receivables from parents, subsidiaries and affiliates	<u>0</u>	<u>0</u>
Total assets	<u>\$32,360,704</u>	<u>\$32,360,704</u>
 <u>Liabilities</u>		
Claims unpaid	\$4,547,857	\$4,547,857
Unpaid claims adjustment expenses	48,040	48,040
Aggregate health policy reserves	4,747,291	4,747,291
Premium received in advance	45,689	45,689
Current federal income taxes	0	0
Other expenses due and accrued	338,673	338,673
Payable to parent	1,183,767	1,183,767
Liability for amounts held under uninsured accident & health plans	<u>396,054</u>	<u>396,054</u>
Total liabilities	<u>\$11,307,371</u>	<u>\$11,307,371</u>

Surplus

Gross paid-in and contributed surplus	\$ 1,000,000	\$ 1,000,000
Statutory reserve	4,082,433	4,082,433
Unassigned funds	<u>15,970,900</u>	<u>15,970,900</u>
Total reserves and unassigned funds	<u>\$21,053,333</u>	<u>\$21,053,333</u>
Total liabilities and surplus	<u>\$32,360,704</u>	<u>\$32,360,704</u>

Note: The Internal Revenue Service has not made any audits of the Plan's federal income tax returns through tax year 2009. The examiner is unaware of any potential exposure of the Plan to any further tax assessment and no liability has been established herein relative to such contingency.

B. Statement of Revenue, Expenses and Surplus

Reserves and unassigned funds increased \$7,968,299 during the five-year examination period, January 1, 2005 through December 31, 2009, detailed as follows:

Revenue

Premiums	\$290,468,978	
Fee-for-service	11,959,251	
Risk revenue	<u>1,733,572</u>	
Total revenue		\$ 304,161,801

Expenses

Claims incurred	\$278,448,313	
Claim adjustment expenses incurred	60,046	
Administrative expenses incurred	<u>18,054,965</u>	
Total underwriting deductions		<u>296,563,324</u>
Net underwriting gain		\$ 7,598,477

Investment Income

Net investment income earned	2,859,789	
Net realized capital losses	<u>(304,851)</u>	
Net investment gain		\$ 2,554,938

Other income

Net loss from agents' or premium balances charged off		<u>22,308</u>
Net income before federal income taxes		\$ 10,131,107
Federal income taxes incurred		<u>4,685,356</u>
Net income		\$ <u>5,445,751</u>

Change in Surplus

Surplus, per report on examination, as of December 31, 2004			\$13,085,034
	<u>Gains in Surplus</u>	<u>Losses in Surplus</u>	
Net income	\$5,445,751		
Net unrealized capital gains	495,310		
Change in non-admitted assets		\$1,626,795	
Change in net deferred tax asset	1,585,114		
Surplus paid-in	1,000,000		
Aggregate write-ins for gains in surplus	<u>1,069,019</u>		
Net increase in surplus			<u>7,968,299</u>
Surplus, per report on examination, as of December 31, 2009			<u><u>\$21,053,333</u></u>

4. CLAIMS UNPAID

The examination liability of \$4,547,857 is the same as the amount reported by the Plan as of December 31, 2009.

The examination analysis of the unpaid claims reserve was conducted in accordance with generally accepted actuarial principles and practices and was based on statistical information contained in the Plan's internal records and its filed annual statements as verified by the examiner.

The examination reserve was based upon actual payments made through a period in time, plus an estimate for claims remaining unpaid at that date. Such estimate was calculated based on actuarial principles, which utilized the Plan's experience in projecting the ultimate cost of claims incurred on or prior to December 31, 2009.

5. MARKET CONDUCT ACTIVITIES

In the course of this examination, a review was made of the manner in which the Plan conducts its business practices and fulfills its contractual obligations to policyholders and claimants. The review was general in nature and is not to be construed to encompass the more precise scope of a market conduct examination.

The review was directed at practices of the Plan in the following major areas:

- A. Claims processing
- B. Prompt payment of claims
- C. Rating
- D. Agents and brokers licensing

No problem areas were noted.

6. COMPLIANCE WITH PRIOR REPORT ON EXAMINATION

The prior report on examination, as of December 31, 2004, contained the following ten (10) recommendations (page numbers refer to the prior report):

<u>ITEM NO.</u>		<u>PAGE NO.</u>
	<u>Description of Plan</u>	
1.	It is recommended that the Board of Directors meet quarterly at a minimum to review the quarterly financial condition of the Plan and evince fiduciary oversight.	6
	<i>The Plan has complied with this recommendation.</i>	
	<u>Abandoned Property</u>	
2.	It is recommended with regard to publishing of notices of unclaimed property that the Plan comply with New York Abandoned Property Law §1316.	10
	<i>The Plan has complied with this recommendation.</i>	
	<u>Risk Revenue</u>	
3.	It is recommended the Plan comply with Section 4235(c) of the New York Insurance Law and refrain from issuing subscriber contracts to HMOs relative to the administration of vision coverage provided to members of such HMOs.	11
	<i>The Plan has complied with this recommendation.</i>	
4.	It is recommended that the Plan comply with New York Department of Health Regulation Part 98-1.18(d) (10 NYCRR 98-1.18(d)) by transacting business through its subsidiary IPA. Such business should include the detailed accounting transactions for all funds received from the HMOs, including fees for services performed by the IPA, and for disbursements of all such funds.	12
	<i>The Plan has complied with this recommendation.</i>	

<u>ITEM NO.</u>		<u>PAGE NO.</u>
5.	It is recommended that EVSP comply with New York Department of Health Regulation Part 98-1.18(d) (10 NYCRR 98-1.18(d)) by recording management administrative fees within its accounts and records.	12
	<i>The Plan has complied with this recommendation.</i>	
	<u>Administrative Service Contract Revenue</u>	
6.	It is recommended the Plan follow the disclosure requirements for an ASC plan in accordance with SSAP No. 47, paragraph 12, item b.	13
	<i>The Plan has complied with this recommendation.</i>	
	<u>Fee-for-Service</u>	
7.	It is recommended the Plan report revenue and medical expenses associated with uncovered benefits in accordance with the instructions for Fee-for-Service found within the NAIC 2004 Annual Statement Instructions – Health, Statement of Revenue and Expenses at page 55, line 4.	14
	<i>The Plan has complied with this recommendation.</i>	
	<u>Reimbursement of services by affiliated labs</u>	
8.	It is recommended that the Plan comply with Sections 1505(a)(1) and 1505(d)(3) of the New York Insurance Law relative to the reimbursement of services by affiliated labs.	15
	<i>The Plan has complied with this recommendation.</i>	
	<u>Prompt Settlement of Claims</u>	
9.	It is recommended the Plan comply with the provisions of Sections 3224-a(a) and 3224-a(b) of the New York Insurance Law.	21
	<i>The Plan has complied with this recommendation.</i>	

ITEM NO.**PAGE NO.**Rating

10. It is recommended that the Plan submit its experience rating formula to the Department for approval. 22

The Plan has complied with this recommendation.

7. SUMMARY OF COMMENTS AND RECOMMENDATIONS

<u>ITEM</u>	<u>PAGE NO.</u>
A. <u>Enterprise Risk Management</u>	
i. It is recommended that the Risk Committee meet regularly and maintain minutes of its meetings.	8
ii. It is recommended that the CRO and the Risk Committee continue to identify key current and prospective risks and identify suitable means to mitigate such identified risks.	8
iii. It is also recommended that the CRO report such ERM related findings to the board of directors and audit committee on a regular basis.	8
B. <u>Corporate Governance</u>	
It is recommended that the Plan's board of directors comply with the requirements of Department Circular Letter No. 9 (1999) regarding the annual certifications and the adoption of written procedures.	9
C. <u>Holding Company System</u>	
i. It is recommended that EVSP comply with the requirements of §1505(c) of the New York Insurance Law, by requesting and receiving the superintendent's approval prior to entering into transactions with members of its holding company system that exceed the five percent threshold noted in such section.	13
ii. It is recommended that, in the future, EVSP comply with the requirements of Section 1505(d)(3) of the New York Insurance Law and obtain approval from the superintendent relative to any service agreement with members of its holding company system prior to implementation.	15

<u>ITEM</u>	<u>PAGE NO.</u>
iii. It is recommended that EVSP file its Tax Sharing Agreement with the Department in accordance with the requirements of Sections 1505 (a)(1) and (d)(3) of the New York Insurance Law and Department Circular Letter No. 33 (1979).	16
<u>Disaster Response Plan</u>	
D. It is recommended that the Plan make all required filings with regard to its Disaster Response Plan in compliance with Department Circular Letter No. 7 (2009).	17

The Plan subsequently filed its Disaster Response Plan Questionnaire and its Business Continuity Plan Questionnaire with the Department on December 9, 2010.

Appointment No. 30480

**STATE OF NEW YORK
INSURANCE DEPARTMENT**

I, James J. Wrynn, Superintendent of Insurance of the State of New York, pursuant to the provisions of the Insurance Law, do hereby appoint:

Gary Presser

as a proper person to examine into the affairs of the

Eastern Vision Service Plan, Inc.

and to make a report to me in writing of the condition of the said

Plan

with such other information as he shall deem requisite.

In Witness Whereof, I have hereunto subscribed by name and affixed the official Seal of this Department, at the City of New York.

this 9th day of February, 2010



James J. Wrynn
Superintendent of Insurance

