

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211517542

1.) CORPORATION NAME:

KAISER FOUNDATION HEALTH PLAN, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

DUE DATE: **8/31/2011**

SCC ID NO: **F0449910**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE KAISER PLAZA

CITY/ST/ZIP: OAKLAND, CA 94612-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	THOMAS R MEIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/T		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	DEBORAH STOKES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CAO/CONT		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	GEORGE C HALVORSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB/CEO		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	MARK S ZEMELMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/SECRETARY		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	VICTORIA B ZATKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BERNARD J TYSON PRES/COO ONE KAISER PLAZA OAKLAND, CA 94612-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL P GARCIA DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE K CASSEL MD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH A JOHANSEN JD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD PEI DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA A TELLES PHD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS W CHAPMAN EDD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J EUGENE GRIGSBY III PHD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP A MARINEAU DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J NEAL PURCELL DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: WILLIAM R GRABER TITLE: DIRECTOR ADDRESS: ONE KAISER PLAZA CITY/ST/ZIP/CO: OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KIM J KAISER TITLE: DIRECTOR ADDRESS: ONE KAISER PLAZA CITY/ST/ZIP/CO: OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JENNY J MING TITLE: DIRECTOR ADDRESS: ONE KAISER PLAZA CITY/ST/ZIP/CO: OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ VICTORIA B ZATKIN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VICTORIA B ZATKIN, ASST _____ SECRETARY PRINTED NAME AND CORPORATE TITLE
8/4/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	