

1.) CORPORATION NAME:

SeeChange Health Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **3/31/2012**

SCC ID NO: **F1206285**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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

4.) STATE OR COUNTRY OF INCORPORATION:
OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10159 WAYZATA BLVD
STE 200

CITY/ST/ZIP: MINNEAPOLIS, MN 55305-

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: MARTIN WATSON
TITLE: PRESIDENT
ADDRESS: 10159 WAYZATA BLVD
STE 200
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55305-

OFFICER DIRECTOR

NAME: DANIEL BOIVIN
TITLE: S/VP
ADDRESS: 10159 WAYZATA BLVD
STE 200
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55305-

OFFICER DIRECTOR

NAME: DONALD POWERS
TITLE: TREASURER
ADDRESS: 10159 WAYZATA BLVD
STE 200
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55305-

OFFICER DIRECTOR

NAME: ALBERT WAXMAN
TITLE: CHAIRMAN
ADDRESS: 10159 WAYZATA BLVD
STE 200
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55305-

OFFICER DIRECTOR

NAME: STEVEN KRUPA TITLE: DIRECTOR ADDRESS: 10159 WAYZATA BLVD STE 200 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55305-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ERIC KIM TITLE: DIRECTOR ADDRESS: 10159 WAYZATA BLVD. CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55305-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MATTHEW ETHERIDGE TITLE: DIRECTOR ADDRESS: 10159 WAYZATA BLVD. CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55305-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ DANIEL BOIVIN</u>	<u>DANIEL BOIVIN, S/VP</u>	<u>3/19/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.