

1.) CORPORATION NAME:

SeeChange Health Insurance Company

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
16TH FLOOR, 1111 EAST MAIN STREET
RICHMOND, VA**

SCC ID NO: **F1206285**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10159 WAYZATA BLVD STE 200		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55305		
NAME:	DANIEL BOIVIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/VP		
ADDRESS:	10159 WAYZATA BLVD STE 200		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55305		
NAME:	DONALD POWERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10159 WAYZATA BLVD STE 200		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55305		
NAME:	ALBERT WAXMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	10159 WAYZATA BLVD STE 200		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55305		
NAME:	MATTHEW ETHERIDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10159 WAYZATA BLVD.		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55305		
NAME:	ERIC KIM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10159 WAYZATA BLVD.		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55305		

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

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/ DANIEL BOIVIN	DANIEL BOIVIN, S/VP	3/20/2013
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.