

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214515405

1.) CORPORATION NAME:

SeeChange Health Insurance Company

DUE DATE: **3/31/2014**

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
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 24025 Park Sorrento
Suite 100

CITY/ST/ZIP: Calabasas, CA 91302

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.

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

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JACQUELINE JOHANNA MACIAS	
TITLE:	TREASURER	
ADDRESS:	10159 WAYZATA BLVD. SUITE 200 MINNEAPOLIS, MN 55305	
CITY/ST/ZIP/CO:		

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

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

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

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	3/24/2014
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.