

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215518653

1.) CORPORATION NAME:

SEEMAC, INCORPORATED

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1549544**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11350 N MERIDIAN ST
STE 450

CITY/ST/ZIP: CARMEL, IN 46032

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:	HENRY E SAVAGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11350 N MERIDIAN ST		
	STE 450		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	LESTER E CANTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEN VP		
ADDRESS:	416 GALLIMORE DAIRY RD		
	STE F		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27409		

NAME:	DANIEL L NICKANDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11350 N MERIDIAN ST		
	STE 450		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	SUSAN P HASSFURDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	11350 N MERIDIAN ST		
	STE 450		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	CHARLES H LAWRENCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11350 N MERIDIAN ST		
	STE 450		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MCMILLAN DIRECTOR 11350 N MERIDIAN ST STE 450 CARMEL, IN 46032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN K MURRAY DIRECTOR 11350 N MERIDIAN ST STE 450 CARMEL, IN 46032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY L NICKANDER DIRECTOR 11350 N MERIDIAN ST STE 450 CARMEL, IN 46032	<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/ SUSAN P HASSFURDER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN P HASSFURDER, S/T PRINTED NAME AND CORPORATE TITLE	5/13/2015 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.			