

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215523176

1.) CORPORATION NAME:

Intercare Insurance Solutions, Inc.

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1781386**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5375 MIRA SORRENTO PLACE
STE 400

CITY/ST/ZIP: SAN DIEGO, CA 92121

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:	MICHAEL JOSEPH BARONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5375 MIRA SORRENTO PL STE 400		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121		

NAME:	W. KIRK JAMES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 N. LASALLE STREET 17TH FLOOR		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME:	PHILIP ADLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 N. LASALLE STREET 17TH FLOOR		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME:	JASON ROMICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 N. LASALLE STREET 17TH FLOOR		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME:	JOSEPH HYDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	300 N. LASALLE STREET 17TH FLOOR		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME: KIRK CHRIS TITLE: COO ADDRESS: 4371 LATHAM STREET SUITE 101 CITY/ST/ZIP/CO: RIVERSIDE, CA 92501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: SCOTT GOODREAU TITLE: SECRETARY ADDRESS: 300 N. LASALLE STREET 17TH FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60654	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JULIE PLAA TITLE: CFO ADDRESS: 4371 LATHAM STREET SUITE 101 CITY/ST/ZIP/CO: RIVERSIDE, CA 92501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JAMES M VOGDES IV TITLE: TAX DIRECTOR ADDRESS: 300 N. LASALLE STREET 17TH FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60654	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MARTIN P HUGHES TITLE: DIRECTOR ADDRESS: 300 N. LASALLE STREET 17TH FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60654	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROY H TAYLOR TITLE: DIRECTOR ADDRESS: 4371 LATHAM STREET SUITE 101 CITY/ST/ZIP/CO: RIVERSIDE, CA 92501	<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.

/s/	,	6/17/2015
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.