

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215517893

1.) CORPORATION NAME:

**CARE IMPROVEMENT PLUS SOUTH CENTRAL
INSURANCECOMPANY**

DUE DATE: **3/31/2015**

SCC ID NO: **F1922162**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 351 WEST CAMDEN STREET
SUITE 100

CITY/ST/ZIP: BALTIMORE, MD 21201

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: JOHN LAWRENCE LARSEN OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 9800 HEALTH CARE LANE
 CITY/ST/ZIP/CO: MINNETONKA, MN 55343

NAME: ROBERT WORTH OBERRENDER OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 9900 BREN ROAD EAST
 CITY/ST/ZIP/CO: MINNETONKA, MN 55343

NAME: MICHELLE MARIE HUNTLEY DILL OFFICER DIRECTOR
 TITLE: ASST SECRETARY
 ADDRESS: 9900 BREN ROAD EAST
 CITY/ST/ZIP/CO: MINNETONKA, MN 55343

NAME: RAGENEA KAY THOMPSON OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 351 WEST CAMDEN STREET
 SUITE 100
 CITY/ST/ZIP/CO: BALTIMORE, MD 21201

NAME: WILLIAM JOSEPH HNATH OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 9800 HEALTH CARE LANE
 CITY/ST/ZIP/CO: MINNETONKA, MN 55343

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/ MICHELLE MARIE HUNTLEY
DILL

MICHELLE MARIE HUNTLEY DILL,
ASST SECRETARY

5/6/2015
DATE

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

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.