

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839522

FILED
Apr 20, 2011
Secretary of State

Entity Name: SEECCHANGE HEALTH INSURANCE COMPANY

Current Principal Place of Business:

545 METRO PLACE SOUTH
SUITE 100
DUBLIN, OH 43017

New Principal Place of Business:

Current Mailing Address:

10159 WAYZATA BOULEVARD
SUITE 200
MINNETONKA, MN 55305

New Mailing Address:

FEI Number: 35-0982487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WATSON, MARTIN
Address: 545 METRO PLACE SOUTH, SUITE 100
City-St-Zip: DUBLIN, OH 43017

Title: VPD
Name: KRUPA, STEPHEN M
Address: 545 METRO PLACE SOUTH, SUITE 100
City-St-Zip: DUBLIN, OH 43017

Title: CFO
Name: POWERS, DONALD A
Address: 545 METRO PLACE SOUTH, SUITE 100
City-St-Zip: DUBLIN, OH 43017

Title: S
Name: BOIVIN, DANIEL J
Address: 545 METRO PLACE SOUTH, SUITE 100
City-St-Zip: DUBLIN, OH 43017

Title: D
Name: STOCKER, MICHAEL
Address: 545 METRO PLACE SOUTH, SUITE 100
City-St-Zip: DUBLIN, OH 43017

Title: D
Name: WAXMAN, ALBERT S
Address: 545 METRO PLACE SOUTH, SUITE 100
City-St-Zip: DUBLIN, OH 43017

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD A. POWERS

CFO

04/20/2011

Electronic Signature of Signing Officer or Director

Date