

All premium written was in CA, not in OH, as indicated in the original (incorrect) filing. Schedule T is being amended to reflect that all premium written is in CA.



LIFE AND ACCIDENT AND HEALTH COMPANIES —ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

SEECHANGE HEALTH INSURANCE COMPANY, INC.

NAIC Group Code	0759 (Current Period)	0759 (Prior Period)	NAIC Company Code	63541	Employer's ID Number	35-0982487
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Incorporated/Organized	05/14/1956		Commenced Business	11/16/1956		
Statutory Home Office	545 Metro Place South, Suite 100 (Street and Number)		Columbus, OH 43017 (City or Town, State and Zip Code)			
Main Administrative Office	545 Metro Place South, Suite 100 (Street and Number)		Columbus, OH 43017 (City or Town, State and Zip Code)		763-746-8475 (Area Code) (Telephone Number)	
Mail Address	10159 Wayzata Blvd., Suite 200 (Street and Number or P.O. Box)		Minneapolis, MN 55305 (City or Town, State and Zip Code)			
Primary Location of Books and Records	545 Metro Place South, Suite 100 (Street and Number)		Columbus, OH 43017 (City or Town, State and Zip Code)		763-582-1266 (Area Code) (Telephone Number)	
Internet Web Site Address	www.seechangehealth.com					
Statutory Statement Contact	Donald Alan Powers (Name)		763-582-1266 (Area Code) (Telephone Number) (Extension)		866-631-6661 (Fax Number)	
	dpowers@seechangehealth.com (E-Mail Address)					

OFFICERS

Name	Title	Name	Title
Martin Watson	President	Donald Alan Powers	Treasurer
Daniel John Boivin	Secretary	Catherine Lynn Knuth FSA, MAAA	Actuary

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Stephen Michael Krupa	Donald Alan Powers	Michael Aubrey Stocker	Martin Watson
Albert Sidney Waxman			

State of Minnesota
County of Hennepin
ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Martin Watson
President

Daniel John Boivin
Secretary

Donald Alan Powers
Treasurer

a. Is this an original filing? Yes [X] No []

b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

Subscribed and sworn to before me this
day of ,
,

STATEMENT AS OF MARCH 31, 2011 OF THE SEECHANGE HEALTH INSURANCE COMPANY, INC.

SCHEDULE T—PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year To Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 Through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
1. Alabama	AL					0	
2. Alaska	AK					0	
3. Arizona	AZ	L				0	
4. Arkansas	AR	L				0	
5. California	CA	L				167,785	167,785
6. Colorado	CO	L				0	
7. Connecticut	CT					0	
8. Delaware	DE					0	
9. District of Columbia	DC					0	
10. Florida	FL	L				0	
11. Georgia	GA					0	
12. Hawaii	HI					0	
13. Idaho	ID	L				0	
14. Illinois	IL	L				0	
15. Indiana	IN	L				0	
16. Iowa	IA	L				0	
17. Kansas	KS	L				0	
18. Kentucky	KY	L				0	
19. Louisiana	LA					0	
20. Maine	ME					0	
21. Maryland	MD	L				0	
22. Massachusetts	MA					0	
23. Michigan	MI	L				0	
24. Minnesota	MN					0	
25. Mississippi	MS	L				0	
26. Missouri	MO	L				0	
27. Montana	MT					0	
28. Nebraska	NE	L				0	
29. Nevada	NV	L				0	
30. New Hampshire	NH					0	
31. New Jersey	NJ					0	
32. New Mexico	NM					0	
33. New York	NY					0	
34. North Carolina	NC					0	
35. North Dakota	ND	L				0	
36. Ohio	OH	L				0	
37. Oklahoma	OK	L				0	
38. Oregon	OR					0	
39. Pennsylvania	PA					0	
40. Rhode Island	RI					0	
41. South Carolina	SC					0	
42. South Dakota	SD	L				0	
43. Tennessee	TN	L				0	
44. Texas	TX					0	
45. Utah	UT					0	
46. Vermont	VT					0	
47. Virginia	VA	L				0	
48. Washington	WA					0	
49. West Virginia	WV	L				0	
50. Wisconsin	WI	L				0	
51. Wyoming	WY					0	
52. American Samoa	AS					0	
53. Guam	GU					0	
54. Puerto Rico	PR					0	
55. US Virgin Islands	VI					0	
56. Northern Mariana Islands	MP					0	
57. Canada	CN					0	
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0
59. Subtotal		(a) 25	0	0	167,785	0	167,785
90. Reporting entity contributions for employee benefit plans		XXX				0	
91. Dividends or refunds applied to purchase paid-up additions and annuities		XXX				0	
92. Dividends or refunds applied to shorten endowment or premium paying period		XXX				0	
93. Premium or annuity considerations waived under disability or other contract provisions		XXX				0	
94. Aggregate of other amounts not allocable by State		XXX	0	0	0	0	0
95. Totals (Direct Business)		XXX	0	0	167,785	0	167,785
96. Plus Reinsurance Assumed		XXX				0	
97. Totals (All Business)		XXX	0	0	167,785	0	167,785
98. Less Reinsurance Ceded		XXX			24,409		24,409
99. Totals (All Business) less Reinsurance Ceded		XXX	0	0	143,376	0	143,376
DETAILS OF WRITE-INS							
5801.		XXX					
5802.		XXX					
5803.		XXX					
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 + 5898)(Line 58 above)		XXX	0	0	0	0	0
9401.		XXX					
9402.		XXX					
9403.		XXX					
9498. Summary of remaining write-ins for Line 94 from overflow page		XXX	0	0	0	0	0
9499. Totals (Lines 9401 through 9403 + 9498)(Line 94 above)		XXX	0	0	0	0	0

(L) Licensed or Chartered – Licensed Insurance Carrier or Domiciled RRG; (R) Registered – Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above – Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.