

Schedule O - Part 1 was excluded in the original March annual filing. However, Parts 2 - 5 were included in the filing. The entire Schedule O is included in this amended filing.



LIFE AND ACCIDENT AND HEALTH COMPANIES—ASSOCIATION EDITION

**ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE**

SEECHANGE HEALTH INSURANCE COMPANY, INC.

| | | | | | | | |
|---------------------------------------|---|------------------------|---|-------|--|--|------------|
| NAIC Group Code | 0000 (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) | | Columbus, OH 43017 (Area Code) (Telephone Number) | | |
| 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) | | 763-582-1266 (Area Code) (Telephone Number) | | |
| 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) | | |
| | dpowers@seechangehealth.com (E-Mail Address) | | | | 866-631-6661 (FAX Number) | | |

OFFICERS

| | | | |
|--------------------|-----------|--------------------|-----------|
| Name | Title | Name | Title |
| Martin Watson | President | Daniel John Boivin | Secretary |
| Donald Alan Powers | Treasurer | | |

OTHER OFFICERS

DIRECTORS OR TRUSTEES

| | | | |
|---------------------------|----------------------|-----------------------|------------------------|
| Matthew Wayne Etheridge # | Eric John Kim # | Stephen Michael Krupa | 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 _____,