

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 _____,

,



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE SEECHANGE HEALTH INSURANCE COMPANY, INC.

SCHEDULE O SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011

(To Be Filed By March 1)

Of The SEECHANGE HEALTH INSURANCE COMPANY, INC.

Address (City, State and Zip Code) Columbus, OH 43017.....

NAIC Group Code 0000..... NAIC Company Code 63541..... Employer's ID Number 35-0982487.....

SUPPLEMENTAL SCHEDULE O – PART 1

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2007	2 2008	3 2009	4 2010	5 2011(a)
1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XXX	XXX	.0	.0	.0
5. 2010.....	XXX	XXX	XXX	.102	.3
6. 2011.....	XXX	XXX	XXX	XXX	1,245

Section B - Other Accident and Health

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XX	XX	.0	.0	.0
5. 2010.....	XX	XX	XXX	.0	.0
6. 2011.....	XX	XX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XX	XX	.0	.0	.0
5. 2010.....	XX	XX	XXX	.0	.0
6. 2011.....	XX	XX	XXX	XXX	XXX

Section D -

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XX	XX	.0	.0	.0
5. 2010.....	XX	XX	XXX	.0	.0
6. 2011.....	XX	XX	XXX	XXX	XXX

Section E -

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XX	XX	.0	.0	.0
5. 2010.....	XX	XX	XXX	.0	.0
6. 2011.....	XX	XX	XXX	XXX	XXX

Section F -

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XX	XX	.0	.0	.0
5. 2010.....	XX	XX	XXX	.0	.0
6. 2011.....	XX	XX	XXX	XXX	XXX

Section G -

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XX	XX	.0	.0	.0
5. 2010.....	XX	XX	XXX	.0	.0
6. 2011.....	XX	XX	XXX	XXX	XXX

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 200 200	2 200 200	3 200 200 200 200 200 200	4 200 200 200 200 200 200	5 201 201 201 201 201 201
1. Prior	0	0	0	0	0
2. 2007	0	0	0	0	0
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	0	0	0
5. 2010	XXX	XXX	XXX	0	0
6. 2011	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. Prior	0	0	0	0
2. 2007	0	0	0	0
3. 2008	XXX	0	0	0
4. 2009	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. Prior	0	0	0	0
2. 2007	0	0	0	0
3. 2008	XXX	0	0	0
4. 2009	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section D-

1. Prior	0	0	0	0
2. 2007	0	0	0	0
3. 2008	XXX	0	0	0
4. 2009	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section E-

1. Prior	0	0	0	0
2. 2007	0	0	0	0
3. 2008	XXX	0	0	0
4. 2009	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section F-

1. Prior	0	0	0	0
2. 2007	0	0	0	0
3. 2008	XXX	0	0	0
4. 2009	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section G-

1. Prior	0	0	0	0
2. 2007	0	0	0	0
3. 2008	XXX	0	0	0
4. 2009	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

NONE

NONE

NONE

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	102	.3
5. 2011	XXX	XXX	XXX	XXX	1,245

Section B - Other Accident and Health

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

Section D-

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

NONE

Section E-

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

NONE

Section F-

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

NONE

Section G-

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at the End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007.....	0	0	0	0	0
2. 2008.....	XXX	0	0	0	0
3. 2009.....	XXX	XXX	0	0	0
4. 2010.....	XXX	XXX	XXX	102	3
5. 2011.....	XXX	XXX	XXX	XXX	1,245

Section B – Other Accident and Health

1. 2007.....	0	0	0	0
2. 2008.....	XXX	0	0	0
3. 2009.....	XXX	XXX	0	0
4. 2010.....	XXX	XXX	XXX	0
5. 2011.....	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. 2007.....	0	0	0	0
2. 2008.....	XXX	0	0	0
3. 2009.....	XXX	XXX	0	0
4. 2010.....	XXX	XXX	XXX	0
5. 2011.....	XXX	XXX	XXX	XXX

Section D-

1. 2007.....	0	0	0	0
2. 2008.....	XXX	0	0	0
3. 2009.....	XXX	XXX	0	0
4. 2010.....	XXX	XXX	XXX	0
5. 2011.....	XXX	XXX	XXX	XXX

NONE

Section E-

1. 2007.....	0	0	0	0
2. 2008.....	XXX	0	0	0
3. 2009.....	XXX	XXX	0	0
4. 2010.....	XXX	XXX	XXX	0
5. 2011.....	XXX	XXX	XXX	XXX

NONE

Section F-

1. 2007.....	0	0	0	0
2. 2008.....	XXX	0	0	0
3. 2009.....	XXX	XXX	0	0
4. 2010.....	XXX	XXX	XXX	0
5. 2011.....	XXX	XXX	XXX	XXX

NONE

Section G-

1. 2007.....	0	0	0	0
2. 2008.....	XXX	0	0	0
3. 2009.....	XXX	XXX	0	0
4. 2010.....	XXX	XXX	XXX	0
5. 2011.....	XXX	XXX	XXX	XXX

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....		
3. Individual annuity.....		
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....		
7. Group annuities.....		
8. Group accident and health.....		
9. Credit accident and health.....		
10. Other accident and health.....		
11. Total.....	Development	813
		813