

Schedule Y - Part 1 and Part IA were originally not completed. They have been completed in this amended filing, based upon changes to the organizational chart and changes to the 2012 quarterly statement instructions, which requires completion of both schedules.



QUARTERLY STATEMENT

AS OF MARCH 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

SEECHANGE HEALTH INSURANCE COMPANY, INC.

NAIC Group Code	0000	(Current Period)	0000	(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)		
	dpowers@seechangehealth.com				(E-Mail Address)	866-631-6661		(Area Code) (Telephone Number) (Extension)		
								(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

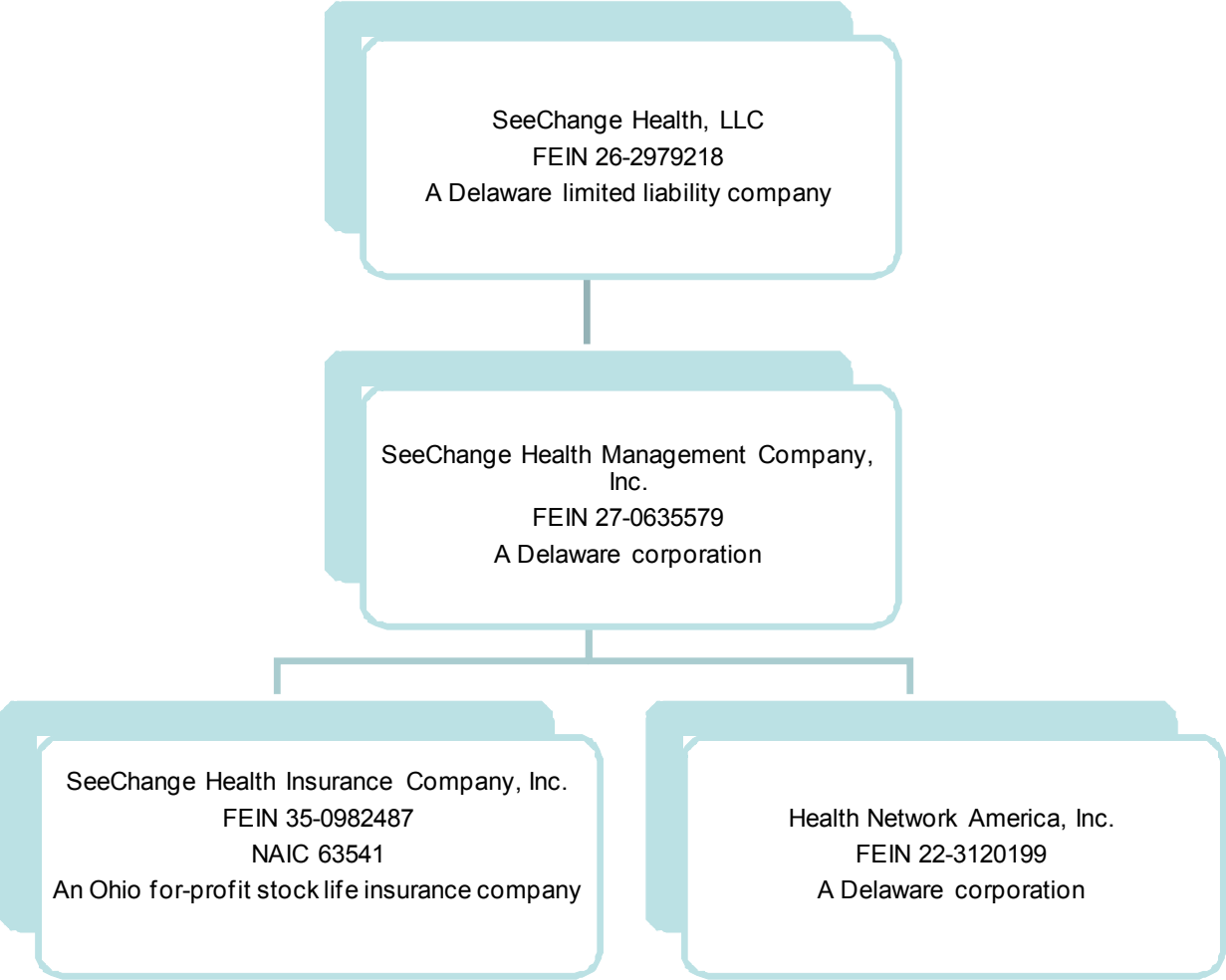
County of Hennepin

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
Subscribed and sworn to before me this		a. Is this an original filing? Yes [X] No []
day of		b. If no,
		1. State the amendment number
		2. Date filed
		3. Number of pages attached

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



13

13

13

13