

No. <b>C 133392</b>	<b>Due no later than Apr 30, 2016</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> HEALTH INSURANCE, INC. DAVID R TWEEDY P.O. BOX 189 EAGLE ID 83616	DAVE TWEEDY 787 E STATE ST SUITE 150 EAGLE ID 83616				
		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	DAVID R TWEEDY	P.O. BOX 189	EAGLE	ID	USA	83616
5. Organized Under the Laws of:  <b>ID</b> <b>C 133392</b>	6. Annual Report must be signed.* Signature: Dave Tweedy Name (type or print): Dave Tweedy		Date: 02/22/2016 Title: President			
Processed 02/22/2016		* Electronically provided signatures are accepted as original signatures.				