No. C 191914		Due no later than Aug 31, 2018	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form	REGISTERE	REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.	N 17 18 18 18 18 18 18 18 18 18 18 18 18 18				
		HEALTHCARE INSURANCE GROUP, INC. KAREN HEROLD 400 112TH AVE NE STE 325 BELLEVUE WA 98004	BOISE ID 83705 3. New Registered Agent Signature:*				
		BELLEVUE WA 98004					
4. Corporations: Ente	er Names and Busine	ess Addresses of President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CHRIS RAND	ALL 400 112TH AVE NE STE 325	BELLEVUE	WA	USA	98004	
SECRETARY KAREN HER		DLD 400 112TH AVE NE STE 325	BELLEVUE	WA	USA	98004	
	the Laws of:	6. Annual Report must be signed.*					
5. Organized Under	and Lavis on		Date: 06/29/2018				
5. Organized Under	:	Signature: Chris Randall		Date: Un/	Z3/ZU10		
5. Organized Under Di C 191		Signature: Chris Randall Name (type or print): Chris Randall		Title: Pre			