No. C 119755		Due no later than Jun 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO ASSOCIATION OF HEALTH PLANS, INC. SCOTT KREILING 1211 WEST MYRTLE SUITE 200 BOISE ID 83702		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705 3. New Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treasurer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT SECRETARY VICE PRESIDENT	SCOTT KREILING PAUL ZURLO JERRY EDGINGTON MATT BELL		1211 W. MYRTLE SUITE #200 3000 E PINE AV 3330 E LOUSE DR STE #100	BOISE MERIDIAN MERIDIAN	ID ID ID	USA USA USA	83702 83642 83642
DIRECTOR			408 E. PARKCENTER BLVD. SUITE 100		ID	USA	83706
5. Organized Under the Laws of: 6. Ann		6. Annual Report mus	6. Annual Report must be signed.*				
ID		Signature: SCOTT KREILING			Date: 05/08/2018		
C 119755		Name (type or print): SCOTT KREILING			Title: PRESIDENT		
Processed 05/08/2018		* Electronically provid-	ed signatures are accepted as original signa	atures.			