

No. C 91021

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

HEALTH INSURANCE ASSOCIATES, INC.
JOHN ROBERT TAYLOR
324 CALDWELL BOULEVARD
NAMPA, ID 83651JOHN ROBERT TAYLOR
342-A CALDWELL BLVD
NAMPA, ID 83651NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	JOHN R TAYLOR	11870 MEREDITH CT.	NAMPA	IDAH	83686
VICE PRESIDENT	MARGARET K TAYLOR	"	"	"	"
SECRETARY	JOHN R. TAYLOR	"	"	"	"
TREASURER	MARGARET K TAYLOR	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 91021

8.

Signature

Name (Typed or Printed)

Date

Title

Signature: *[Handwritten Signature]* Date: 10-9-08

Name: JOHN R. TAYLOR Title: PRESIDENT

Issued 10/01/2008

Do Not Tape or Staple

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