No. C 119755  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Jun 30, 2017 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		2. Registered Agent and Address (NO PO BOX)  IDAHO SERVICE COMPANY 999 W MAIN ST STE 1300 BOISE ID 83702  3. New Registered Agent Signature:*											
								4. Corporations: Enter	Names 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 KRE JERRY EDGI CHARLENE N	NGTON	1211 W. MYRTLE SUITE #200 3330 E. LOUISE DR. SUITE 100 3000 EAST PINE AVE.	BOISE MERIDIAN MERIDIAN	ID ID ID	USA USA USA	83702 83642 83642
DIRECTOR	JOSH BISHO		408 E. PARKCENTER BLVD. SUITE 100		ID	USA	83706								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
ID C 119755		Signature: Scott Kreiling		Date: 05/31/2017											
		Name (type or print): Scott Kreiling		Title: President											
Processed 05/31/2017		* Electronically provide	ed signatures are accepted as original signa	atures.											