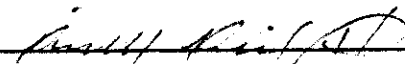


No. C 133533**Due no later than April 30, 2007
Annual Report Form****2. Registered Agent and Office NO PO BOX****Return to:**
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**11. Mailing Address - Correct in this box, if applicable****COMPLEMENTARY HEALTHCARE PLANS, INC**
6600 SW 105TH AVE STE 115
BEAVERTON, OR 97008**CT CORPORATION SYSTEM**
300 N 6TH ST
BOISE, ID 83701**NO FILING FEE IF
RECEIVED BY DUE DATE****3. 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>
CEO	PAMELLA MARCHAND	6600 SW 105th, Suite 115	BEAVERTON	OR	97008
CHAIRMAN	ART WALKER	6600 SW 105th, Suite 115	BEAVERTON	OR	97008
SECRETARY	BRUCE CHASER	6600 SW 105th, Suite 115	BEAVERTON	OR	97008
DIRECTOR	CHRIS BLATTNER	6600 SW 105th, Suite 115	BEAVERTON	OR	97008
DIRECTOR	GARY EDWARDS	6600 SW 105th, Suite 115	BEAVERTON	OR	97008
DIRECTOR	MARIAN FISH	6600 SW 105th, Suite 115	BEAVERTON	OR	97008
DIRECTOR	RICHARD TILDEN	6600 SW 105th, Suite 115	BEAVERTON	OR	97008

5. Organized Under the Laws of:**OREGON**
C 133533**6.****Signature****Date** MARCH 26, 2007**Name** (Typed or Printed)**MICHELL MICHAEL HAY****Title** CFO**Issued 02/01/2007****Do Not Tape or Staple****200704002649**