

No. C 148518		Due no later than Apr 30, 2010		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. ALTIUS HEALTH PLANS INC. 6705 ROCKLEDGE DR #900 BETHESDA MD 20817		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TODD TRETTIN	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817
DIRECTOR	MICHAEL D BAHR	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817
DIRECTOR	THOMAS A DAVIS	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817
DIRECTOR	TODD TRETTIN	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817
TREASURER	CLAY C BRETT	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817
SECRETARY	SHIRLEY R SMITH	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817
5. Organized Under the Laws of: UT C 148518		6. Annual Report must be signed.* Signature: Shirley R Smith Name (type or print): Shirley R Smith		Date: 04/30/2010 Title: Secretary		
Processed 04/30/2010		* Electronically provided signatures are accepted as original signatures.				