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| No. C 186003 | | Due no later than Jan 31, 2015 | | 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 INSURANCE PLANS, INC. RYAN ANDERSON PO BOX 50203 IDAHO FALLS ID 83405 USA | | RYAN ANDERSON 3642 GROVE LN IDAHO FALLS 83404 | | | |
| | | | | 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 | |
| DIRECTOR | RYAN L ANDERSON | PO BOX 50203 | IDAHO FALLS | ID | USA | 83405 | |
| SECRETARY | RYAN L ANDERSON | PO BOX 50203 | IDAHO FALLS | ID | USA | 83405 | |
| PRESIDENT | RYAN L ANDERSON | PO BOX 50203 | IDAHO FALLS | ID | USA | 83405 | |
| 5. Organized Under the Laws of: ID C 186003 | | 6. Annual Report must be signed.* Signature: Ryan Anderson Name (type or print): Ryan Anderson Date: 11/17/2014 Title: President | | | | | |
| Processed 11/17/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |