

No. <b>C 186003</b>		<b>Due no later than Jan 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID</b> <b>C 186003</b>		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.							