No. C 133215		!	Due no later than Mar 31, 2012	2. Registered	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. PREMIER ALLIANCE HEALTH INSURANCE, INC. LANE A FULLMER 5660 E FRANKLIN RD #300 NAMPA ID 83687 USA		100000 000000000 100000 000000 100	LANE A FULLMER 5660 E FRANKLIN RD #300 NAMPA ID 83687			
				3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names a	nd Busin	ess Addresses	of President, Secretary, and Directors. Treasure	er (optional).				
Office Held Nam	ie		Street or PO Address	City	State	Country	Postal Code	
	LANE A. FULLMER GREGORY C. MAYES		5660 E FRANKLIN RD #300 5660 E FRANKLIN RD #300	nampa Nampa	ID ID	USA USA	83687 83687	
5. Organized Under the Laws of:		6. Annual Rep	ort must be signed.*					
ID		Signature:	Lane A. Fullmer		Date: 01/12/2012			
C 133215		Name (type	or print): Lane A. Fullmer		Title: President			
Processed 01/12/2012		* Electronically provided signatures are accepted as original signatures.						