

September 4, 1996

IHC HEALTH PLANS, INC.  
SIDNEY PAULSON  
36 S STATE ST 14TH FLOOR  
SALT LAKE CITY UT 84111

RE: IHC HEALTH PLANS, INC. File Number C 80600

Dear Ms. Paulson:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The names of the officers and directors of the corporation have been shown in the attachment, but complete addresses are not given. Please furnish addresses for the officers and directors listed. After completing that block, resubmit the annual report to this office.

If you have any questions or need further assistance, please do not hesitate to contact me at (208) 332-2816.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

No. C 80600	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  IMC HEALTH PLANS, INC. WILLIAM H. NELSON 36 SOUTH STATE ST.- 14TH FL.  SALT LAKE CITY UT 84111		C T CORPORATION SYSTEM 300 NORTH 6TH STREET  BOISE ID 83701  3. Organized Under the Laws of:  UT C 80600													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="text-align:center; height: 150px; vertical-align: top;">SEE ATTACHED</td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	SEE ATTACHED					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
SEE ATTACHED																
5. NATURE OF BUSINESS  HEALTH INSURANCE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Sidney C. Paulson</i></u> Date <u>27 August '96</u> Name <small>(Typed or Printed)</small> <u>Sidney C. Paulson</u> Title <u>COO / V.P.</u>														

ISSUED: 07-06-1996

5448

#### **IV. Health Plans, Inc.**

##### **A. Board of Trustees**

###### **Term Expires - 1998**

Karl T. Davis

Daniel E. England

Edmund C. Evans, M.D.

John R. Homer

Ross E. Kendell

Robert B. Kennedy

Carl E. Ramnitz

R. Sterling Spafford

###### **Term Expires - 1997**

Wayne Chamberlain

Stephen L. Barlow, M.D.

N. Patricia Freston

William H. Nelson

Scott S. Parker

H. Gary Pehrson

Kent F. Richards, M.D.

##### **B. Officers**

###### **Officers of the Board**

Wayne Chamberlain Chairman

N. Patricia Freston Vice Chairman

William H. Nelson Secretary

###### **Officers of the Corporation**

William H. Nelson President

Sidney C. Paulson COO/V.P.

Pat Andriano Vice Pres.

Zane Holmberg Vice Pres

C. David Richards, M.D. VP/MedDir.

David H. Olson Vice Pres.

Bradley Wittwer Vice Pres.

Sidney C. Paulson Secretary

Sidney C. Paulson Treasurer