

No. C 133215		Due no later than Mar 31, 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. PREMIER ALLIANCE HEALTH INSURANCE, INC. JONETTE FLORES 5660 E FRANKLIN RD #321 NAMPA ID 83687		LANE A FULLMER 5660 E FRANKLIN RD #300 NAMPA ID 83687			
				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	LANE A. FULLMER	5660 E. FRANKLIN RD., #300	NAMPA	ID	USA	83687	
PRESIDENT	JONETTE FLORES	5660 E. FRANKLIN RD., #321	NAMPA	ID	USA	83687	
SECRETARY	GREGORY C. MAYES	5660 E. FRANKLIN RD., #300	NAMPA	ID	USA	83687	
5. Organized Under the Laws of: ID C 133215		6. Annual Report must be signed.* Signature: Leona Fouts Name (type or print): Leona Fouts Date: 01/13/2010 Title: Chief Financial Officer					
Processed 01/13/2010		* Electronically provided signatures are accepted as original signatures.					