No. **C 165773**	**Due no later than Mar 31, 2008**	2. Registered Agent and Address **(NO PO BOX)**
Return to:	**Annual Report Form**	CT CORPORATION SYSTEM
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** PACIFICSOURCE HEALTH PLANS SHANNON SPICER PO BOX 7068 EUGENE OR 97401 USA	1111 W JEFFERSON STE 530 BOISE ID 83702- USA
NO FILING FEE IF RECEIVED BY DUE DATE		3. New 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	CHARLES ZACHEM MD	PO BOX 7068	EUGENE	OR	USA	97402
DIRECTOR	HAL BROWN	PO BOX 7068	EUGENE	OR	USA	97401
PRESIDENT	KENNETH P PROVENCHER	PO BOX 7068	EUGENE	OR	USA	97401
SECRETARY	CLARK COMPTON	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	DAVID ABEL MD	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	INDULAL RUGHANI MD	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	MARY YOUNG	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	FLETCHER LITTLE	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	JOHN DEWENTER	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	MARY M BURROWS	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	PATRICIA BUCHANAN MD	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	JEFFREY HOUCK MD	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	KENNETH SINGER MD	PO BOX 7068	EUGENE	OR	USA	97401
DIRECTOR	PAUL A CHAVIN MD	PO BOX 7068	EUGENE	OR	USA	97401

5. Organized Under the Laws of: **OR** **C 165773**	6. Annual Report must be signed.* Signature: Peter F Davidson Name (type or print): Peter F Davidson	 Date: 04/07/2008 Title: Executive Vice President
Processed 04/07/2008	* Electronically provided signatures are accepted as original signatures.	