

No. C 91021		Due no later than Dec 31, 2014		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. HEALTH INSURANCE ASSOCIATES, INC. DAN A HOWELL 324 CALDWELL BOULEVARD SUITE A NAMPA ID 83651		DAN A HOWELL 324 CALDWELL BLVD SUITE A NAMPA 83651		
				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
PRESIDENT	DAN A HOWELL	324 CALDWELL BLVD SUITE A	NAMPA	ID	USA	83651
DIRECTOR	DAN A HOWELL	324 CALDWELL BLVD SUITE A	NAMPA	ID		83651
5. Organized Under the Laws of: ID C 91021		6. Annual Report must be signed.* Signature: Tiffany Clemons Name (type or print): Tiffany Clemons Date: 10/15/2014 Title: Office Manager				
Processed 10/15/2014		* Electronically provided signatures are accepted as original signatures.				