

No. C 91021		Due no later than Dec 31, 2014 Annual Report Form		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		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					
Processed 10/15/2014		Date: 10/15/2014 Title: Office Manager * Electronically provided signatures are accepted as original signatures.					