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| No. C 91021 | | Due no later than Dec 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. HEALTH INSURANCE ASSOCIATES, INC. JOHN R TAYLOR 324 CALDWELL BOULEVARD NAMPA ID 83651 | | JOHN ROBERT TAYLOR 342-A CALDWELL BLVD NAMPA ID 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 | JOHN R TAYLOR | 11870 MEREDITH CT | NAMPA | ID | USA | 83686 |
| DIRECTOR | JOHN R TAYLOR | 11870 MEREDITH CT | NAMPA | ID | USA | 83686 |
| DIRECTOR | MARGARET K TAYLOR | 11870 MEREDITH CT | NAMPA | ID | USA | 83686 |
| 5. Organized Under the Laws of: ID C 91021 | | 6. Annual Report must be signed.* Signature: Stephanie Miller Name (type or print): Stephanie Miller Date: 01/19/2011 Title: Payroll Bookkeeper | | | | |
| Processed 01/19/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | |