

No. <b>C 186003</b>		<b>Due no later than Jan 31, 2012</b>		<b>Annual Report Form</b>				2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO INSURANCE PLANS, INC. RYAN ANDERSON PO BOX 50203 IDAHO FALLS ID 83405 USA		RYAN ANDERSON 3642 GROVE LN IDAHO FALLS ID 83404					
				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	RYAN L ANDERSON	PO BOX 50203	IDAHO FALLS	ID	USA	83405			
SECRETARY	RYAN L ANDERSON	PO BOX 50203	IDAHO FALLS	ID	USA	83405			
PRESIDENT	RYAN L ANDERSON	PO BOX 50203	IDAHO FALLS	ID	USA	83405			
5. Organized Under the Laws of:  <b>ID C 186003</b>		6. Annual Report must be signed.* Signature: Ryan Anderson Name (type or print): Ryan Anderson							
		Date: 11/04/2011 Title: President							
Processed 11/04/2011		* Electronically provided signatures are accepted as original signatures.							