

No. C 133392		Due no later than Apr 30, 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, INC. DAVID R TWEEDY P.O. BOX 189 EAGLE ID 83616 USA		DAVE TWEEDY 360 W. STREET SUITE B EAGLE ID 83616			
				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	DAVID R TWEEDY	P.O. BOX 189	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 133392		6. Annual Report must be signed.* Signature: David R. Tweedy Name (type or print): David R. Tweedy					
		Date: 02/13/2014 Title: President					
Processed 02/13/2014		* Electronically provided signatures are accepted as original signatures.					