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| No. C 137842 | | Due no later than Feb 28, 2011 | | 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. HEALTHSCOPE BENEFITS, INC. DENISE CRABB 27 CORPORATE HILL DRIVE LITTLE ROCK AR 72205 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA | | | |
| | | | | 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 | MARY CATHERINE PERSON | 27 CORPORATE HILL RD | LITTLE ROCK | AR | USA | 72205 | |
| SECRETARY | JOE EDWARDS | 27 CORPORATE HILL RD | LITTLE ROCK | AR | USA | 72205 | |
| 5. Organized Under the Laws of: DE C 137842 | | 6. Annual Report must be signed.* Signature: Denise Crabb Name (type or print): Denise Crabb Date: 01/20/2011 Title: Executive Assistant | | | | | |
| Processed 01/20/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |