

No. W 83158		Due no later than Apr 30, 2011 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		1. Mailing Address: Correct in this box if needed. NETWORK INSURANCE SENIOR HEALTH DIVISION ALG, LLC TERRY DUNCAN 2536 COUNTRYSIDE BLVD STE 501 CLEARWATER FL 33763 USA		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name AL MARKETING, LL	Street or PO Address 2536 COUNTRYSIDE BLD SUITE 501		City CLEARWATER	State FL	Country USA	Postal Code 33763
5. Organized Under the Laws of: DE W 83158		6. Annual Report must be signed.* Signature: Terry Duncan Name (type or print): Terry Duncan Date: 02/11/2011 Title: Licensing Specialist					
Processed 02/11/2011 * Electronically provided signatures are accepted as original signatures.							