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|--|----------------|---|-------|--|---------|------------------|--|
| No. C 133392 | | Due no later than Apr 30, 2017 | | 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 | | 1. Mailing Address: Correct in this box if needed. HEALTH INSURANCE, INC. DAVID R TWEEDY P.O. BOX 189 EAGLE ID 83616 | | DAVE TWEEDY 787 E STATE ST SUITE 150 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: | | 6. Annual Report must be signed.* | | | | | |
| ID C 133392 | | Signature: Dave Tweedy | | | | Date: 02/22/2017 | |
| | | Name (type or print): Dave Tweedy | | | | Title: President | |
| Processed 02/22/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |