

No. <b>C 133392</b>		<b>Due no later than Apr 30, 2017</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>  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:  <b>ID</b> <b>C 133392</b>		<b>6. Annual Report must be signed.*</b>  Signature: Dave Tweedy Name (type or print): Dave Tweedy					
		Date: 02/22/2017 Title: President					
Processed 02/22/2017      * Electronically provided signatures are accepted as original signatures.							