No. C 119755		Due no later than Jun 30, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO ASSOCIATION OF HEALTH PLANS, INC. ZELDA GEYER-SYLVIA 3000 E. PINE AVENUE P.O. BOX 7408 MERIDIAN ID 83642		IDAHO SERVICE COMPANY 101 S CAPITOL BLVD 10TH FLOOR BOISE ID 83702 USA 3. New Registered Agent Signature:*			
4 Corporations: Enter Names and Busin		USA	nt Cocrotary and Directors Transurer	(ontional)			
Corporations: Enter Names and Business Addresses of Pres Office Held Name		ess Audi esses di Preside	Street or PO Address	City	State	Country	Postal Code
PRESIDENT SECRETARY DIRECTOR VICE PRESIDENT	ZELDA GEYE SCOTT KREI FRANK KYLE DAVID SELF	ILING	3000 E. PINE AVENUE P.O. BOX 7408 1211 W. MYRTLE STREET SUITE 110 10421 S. JORDAN GATEWAY SUITE 400 408 EAST PARK CENTER BLVD. SUITE	MERIDIAN BOISE 00SOUTH JORDAN	ID ID UT ID	USA USA USA USA	83642 83702 84095 83706
DIRECTOR	PAT RICHAR		100 5381 GREEN STREET	MURRAY	υT	USA	84123
ID Signature: Scot		6. Annual Report must be Signature: Scott Kreil Name (type or print):	ing	Date: 06/04, Title: Secre		asurer	
Processed 06/04/2013 * Electronically provided signatures are accepted as original signatures.							