No. C 148518		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALTIUS HEALTH PLANS INC. 6705 ROCKLEDGE DR #900 BETHESDA MD 20817		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names	and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treas	surer (d	optional).			
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
PRESIDENT MI	ICHAEL D	BAHR	6705 ROCKLEDGE DR #900		BETHESDA	MD	USA	20817
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
UTAH		Signature: SHIRLEY R SMITH			Date: 04/11/2006			
C 148518		Name (type or print): SHIRLEY R SMITH			Title: SECRETARY			
Processed 04/11/2006 * Electronically provided signatures are accepted as original signatures.								