No. <b>C 119755</b>		Due no later than Jun 30, 2010		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		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  USA		IDAHO SERVICE COMPANY 101 S CAPITOL BLVD 10TH FLOOR BOISE ID 83702 USA  3. New 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 Z	DENT ZELDA GEYER-SYLVIA		3000 E. PINE AVENUE P.O. BOX 7408	MERIDIAN	ID	USA	83642
SECRETARY SCOTT KREILING		ILING	1211 W. MYRTLE STREET SUITE 110	BOISE	ID	USA	83702
DIRECTOR FRANK KYLE			10421 S. JORDAN GATEWAY SUITE 40	0SOUTH JORDAN	UT	USA	84095
DIRECTOR KEN HARMAN		N	1501 HILAND AVENUE	BURLEY	ID	USA	83318
DIRECTOR SCOTT PLACK		CK	521 WALL STREET ACC-3	SEATTLE	WA	USA	98121
DIRECTOR [	DAVID SELF		800 PARK BOULEVARD SUITE 760	BOISE	ID	USA	83712
5. Organized Under the Laws of: 6. An		5. Annual Report must be signed.*					
ID		Signature: Tim S. Olson		Date: 07/14/2010			
C 119755		Name (type or print): Tim S. Olson		Title: Proxy For Scott Kreiling			
Processed 07/14/2010 * Electronically provided signatures are accepted as original signatures.							