

No. <b>C 91021</b>		Due no later than Dec 31, 2017		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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> HEALTH INSURANCE ASSOCIATES, INC. DAN A HOWELL 324 CALDWELL BOULEVARD SUITE A NAMPA ID 83651 USA		DAN A HOWELL 324 CALDWELL BLVD SUITE A NAMPA ID 83651			
				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	DAN A HOWELL	324 CALDWELL BLVD SUITE A	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:  <b>ID C 91021</b>		6. Annual Report must be signed.* Signature: Tiffany Clemons Name (type or print): Tiffany Clemons Date: 10/31/2017 Title: Office Manager					
Processed 10/31/2017		* Electronically provided signatures are accepted as original signatures.					