No. C 133533	Annual Report Form  1. Mailing Address - Correct in this box, if applicable  COMPLEMENTARY HEALTHCARE PLANS, INC  5319 SW WESTGATE DR STE 130		2. Registered Agent a	stered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			CT CORPORATION SYSTEM 300 N 6TH ST  BOISE, ID 83701  New Registered Agent Signature		
NO FILING FEE IF RECEIVED BY DUE DATE	PORTLAND, OR 97221 2430				
4. Corporations: Enter Na	mes and Business Addresses of President	dent, Secretary	and Directors.		
Office held Name Chairman Richard Transported Marian Figure Arthur Waller Director Clyde Jense Director Bruce Charlet Jerome Flagrector Gary Edward Director Richard Brussells Richard	sh 3241 NE Broadway lker 3241 NE Broadway sen 049 SW Porter St. ser 3343 SE Hawthorne adoos 12508 NE Halsey		OR OR OR OR OR	Zip 97113 97232 97232 97201 97214 97230 97007 97221	
5. Organized Under the Laws of:  OREGON C 133533  Issued 02/04/2002	6. Signature Name Printed)  Do Not Tape or Sta	ilf hlt	Date 3	14/02 ntwollex 4839	