

No. C 119755		Due no later than Jun 30, 2005		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. JOHN STELLMON PO BOX 6191 BOISE ID 83707 0000		STEVEN J TOBIASON 1087 W RIVER ST STE 100 BOISE ID 83702 0000								
				3. <u>New</u> Registered Agent Signature:*								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). <table border="0" style="width:100%"> <tr> <td style="width:15%">Office Held</td> <td style="width:25%">Name</td> <td style="width:30%">Street or PO Address</td> <td style="width:10%">City</td> <td style="width:10%">State</td> <td style="width:10%">Country</td> <td style="width:10%">Postal Code</td> </tr> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Office Held	Name	Street or PO Address	City	State	Country	Postal Code						
5. Organized Under the Laws of: IDAHO C 119755		6. Annual Report must be signed.* <table border="0" style="width:100%"> <tr> <td style="width:60%">Signature: Steven J. Tobiason</td> <td style="width:40%">Date: 05/12/2005</td> </tr> <tr> <td>Name (type or print): Steven J. Tobiason</td> <td>Title: Registered Agent</td> </tr> </table>				Signature: Steven J. Tobiason	Date: 05/12/2005	Name (type or print): Steven J. Tobiason	Title: Registered Agent			
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Processed 05/12/2005		* Electronically provided signatures are accepted as original signatures.										