

No. <b>C 119755</b>		<b>Due no later than Jun 30, 2011</b>		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> 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. <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
DIRECTOR	PAT RICHARDS	5381 GREEN STREET	MURRAY	UT	USA	84123
PRESIDENT	ZELDA GEYER-SYLVIA	3000 E. PINE AVENUE P.O. BOX 7408	MERIDIAN	ID	USA	83642
SECRETARY	SCOTT KREILING	1211 W. MYRTLE STREET SUITE 110	BOISE	ID	USA	83702
DIRECTOR	FRANK KYLE	10421 S. JORDAN GATEWAY SUITE 400	SOUTH JORDAN	UT	USA	84095
DIRECTOR	SCOTT PLACK	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:  <b>ID C 119755</b>		6. Annual Report must be signed.* Signature: Scott Kreiling Name (type or print): Scott Kreiling Date: 06/23/2011 Title: Secretary/Treasurer				
Processed 06/23/2011		* Electronically provided signatures are accepted as original signatures.				