No. C 187962  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Jul 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed. GOVERNMENT EMPLOYEES HEALTH ASSOCIATION, INC. JENNIFER WILSON 201 NE MULBERRY STREET LEES SUMMIT MO 64086 USA		2. Registered Agent and Address (NO PO BOX)  C T CORPORATION SYSTEM  921 S ORCHARD ST STE G  BOISE ID 83705  3. New Registered Agent Signature:*											
								4. Corporations: Enter	r Names and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Treasure	er (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JERRY PHILL	IPS	310 NE MULBERRY STREET	LEE'S SUMMIT	MO	USA	64086								
DIRECTOR	PHILIP D NI	COTRA	310 NE MULBERRY STREET	LEE'S SUMMIT	MO	USA	64086								
DIRECTOR	THOMAS J	THORNBERG	310 NE MULBERRY STREET	LEE'S SUMMIT	MO	USA	64086								
DIRECTOR	BARBARA A SHEFFIELD		310 NE MULBERRY STREET	LEE'S SUMMIT	MO	USA	64086								
DIRECTOR	PATRICK A MCGUIRE		310 NE MULBERRY STREET	LEE'S SUMMIT	MO	USA	64086								
DIRECTOR	AMY M CARPENTER		310 NE MULBERRY STREET	LEE'S SUMMIT	MO	USA	64086								
DIRECTOR	EDWARD A ADAMS		310 NE MULBERRY STREET	LEE'S SUMMIT	MO	USA	64086								
PRESIDENT			310 NE MULBERRTY STREET	LEE'S SUMMIT	MO	USA	64086								
SECRETARY	WILLIAM HC	WARD DAWSON	310 NE MULBERRY STREET	LEE'S SUMMIT	МО	USA	64086								
5. Organized Under the Laws of: 6. Annual Re		6. Annual Report mus	al Report must be signed.*												
мо		Signature: Jennifer Wilson		Date: 07/29/2015											
C 187962		Name (type or print): Jennifer Wilson		Title: Regulatory Analyst											
Processed 07/29/2015	5	* Electronically provide	ed signatures are accepted as original s	ignatures.											