No. C 128172		Due no later than Mar 31, 2008		2. Registe	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JOHN W HICKS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LIFE & HEALTH BENEFITS, INC. JOHN W HICKS 2043 E CENTER PO BOX 6231 POCATELLO ID 83205			2043 E CENTER POCATELLO ID 83205			
				POCAT				
				3. <u>New</u> Re	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City		State	Country	Postal Code
DIRECTOR PRESIDENT			P.O. BOX 6231 P.O. BOX 6231	POCATE POCATE		ID ID	USA USA	83205 83205
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 128172		Signature: John W Hicks			Date: 02/19/2008			
		Name (type or print): John W Hicks			Title: President			
Processed 02/19/200)8	* Electronically p	rovided signatures are accepted as origin	al signatures.				