

No. C 201624		Due no later than Mar 31, 2016		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. SELECTHEALTH BENEFIT ASSURANCE COMPANY, INC. ATTN: COMPLIANCE DEPT. 5381 GREEN ST MURRAY UT 84123		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				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
PRESIDENT	PATRICIA R RICHARDS	5381 GREEN STREET	MURRAY	UT	84123
SECRETARY	KRISTIN MCCULLAGH	5381 GREEN STREET	MURRAY	UT	84123
DIRECTOR	PATRICIA R RICHARDS	5381 GREEN STREET	MURRAY	UT	USA 84123
TREASURER	MARK A BROWN	5381 GREEN STREET	MURRAY	UT	USA 84123
5. Organized Under the Laws of: UT C 201624		6. Annual Report must be signed.* Signature: Thomas B. Huiet, Jr. Name (type or print): Thomas B. Huiet, Jr. Date: 03/17/2016 Title: contract analyst			
Processed 03/17/2016		* Electronically provided signatures are accepted as original signatures.			