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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------|---------|-------------|--|
| No. <b>C 80733</b>                                                                                                                                     | <b>Due no later than Mar 31, 2010</b><br><b>Annual Report Form</b>                                                                                                    |                                                                                                                                                                | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>REGENCE BLUECROSS BLUESHIELD OF OREGON<br>MICHAEL T MUDROW<br>P. O. BOX 1271<br>PORTLAND OR 97207<br>USA |                                                                                                                                                                | JEFF M. BRUDIE<br>1602 21ST. AVE.<br>LEWISTON ID 83501 |       |         |             |  |
|                                                                                                                                                        |                                                                                                                                                                       |                                                                                                                                                                | 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                                                                                                                                               | JOHN W MORGAN                                                                                                                                                         | 10575 S. W. CASCADE AVENUE SUITE 130                                                                                                                           | PORTLAND                                               | OR    | USA     | 97223       |  |
| DIRECTOR                                                                                                                                               | LUIS MACHUCA                                                                                                                                                          | 3600 N. W. JOHN OLSEN PLACE SUITE 300                                                                                                                          | HILLSBORO                                              | OR    | USA     | 97124       |  |
| DIRECTOR                                                                                                                                               | MARK B GANZ                                                                                                                                                           | 100 S. W. MARKET STREET MS E15A                                                                                                                                | PORTLAND                                               | OR    | USA     | 97201       |  |
| DIRECTOR                                                                                                                                               | WILLIAM L CHENEVICH                                                                                                                                                   | 17650 N. E. SANDY BOULEVARD                                                                                                                                    | PORTLAND                                               | OR    | USA     | 97230-5000  |  |
| DIRECTOR                                                                                                                                               | PEGGY Y FOWLER                                                                                                                                                        | 11981 S. W. ASPEN RIDGE DRIVE                                                                                                                                  | TIGARD                                                 | OR    | USA     | 97224       |  |
| TREASURER                                                                                                                                              | ANDREAS B ELLIS                                                                                                                                                       | 1800 NINTH AVENUE MS S1012                                                                                                                                     | SEATTLE                                                | WA    | USA     | 98101       |  |
| SECRETARY                                                                                                                                              | KERRY E. BARNETT                                                                                                                                                      | 100 S. W. MARKET STREET MS E15A                                                                                                                                | PORTLAND                                               | OR    | USA     | 97201       |  |
| PRESIDENT                                                                                                                                              | JARED L SHORT                                                                                                                                                         | 100 S. W. MARKET STREET MS E12A                                                                                                                                | PORTLAND                                               | OR    | USA     | 97201       |  |
| 5. Organized Under the Laws of:<br><br><b>OR<br/>C 80733</b>                                                                                           |                                                                                                                                                                       | 6. Annual Report must be signed.*<br>Signature: Michael T. Mudrow<br>Name (type or print): Michael T. Mudrow<br><br>Date: 01/27/2010<br>Title: Asst. Secretary |                                                        |       |         |             |  |
| Processed 01/27/2010                                                                                                                                   |                                                                                                                                                                       | * Electronically provided signatures are accepted as original signatures.                                                                                      |                                                        |       |         |             |  |