

No. <b>C 148518</b>		<b>Due no later than Apr 30, 2012</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  ALTIUS HEALTH PLANS INC. DINAH DONALDSON 6705 ROCKLEDGE DR #900 BETHESDA MD 20817		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 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	
PRESIDENT	TODD TRETTIN	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817	
DIRECTOR	MICHAEL D BAHR	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817	
DIRECTOR	THOMAS A DAVIS	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817	
DIRECTOR	TODD TRETTIN	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817	
TREASURER	CLAY C BRETT	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817	
SECRETARY	SHIRLEY R SMITH	6705 ROCKLEDGE DR #900	BETHESDA	MD	USA	20817	
5. Organized Under the Laws of:  <b>UT</b> <b>C 148518</b>		6. Annual Report must be signed.*  Signature: Shirley R. Smith Name (type or print): Shirley R. Smith					
		Date: 04/04/2012 Title: Secretary					
Processed 04/04/2012		* Electronically provided signatures are accepted as original signatures.					