

No. <b>C 119755</b>		<b>Due no later than Jun 30, 2009</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> IDAHO ASSOCIATION OF HEALTH PLANS, INC. JOHN STELLMON 1211 WEST MYRTLE ST., STE 110 BOISE ID 83702 USA		STEVEN J TOBIASON 1087 W RIVER ST STE 100 BOISE ID 83702		
				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	ELWOOD KLEAVER	800 PARK BLVD., STE. 760	BOISE	ID	USA	83712
DIRECTOR	ZELDA GEYER-SYLVIA	300 E. PINE AVE.	BOISE	ID	USA	83707
SECRETARY	JOHN STELLMON	1211 W. MYRTLE STREET STE. 110	BOISE	ID	USA	83702
DIRECTOR	FRANK KYLE	10421 S. JORDAN GATEWAY STE. 400	SOUTH JORDAN	UT	USA	84095
DIRECTOR	SCOTT PLACK	521 WALL STREET ACC-3	SEATTLE	WA	USA	98121
DIRECTOR	KEN PROVENCHER	P.O. BOX 7068	EUGENE	OR	USA	97401
5. Organized Under the Laws of:  <b>ID C 119755</b>		6. Annual Report must be signed.* Signature: John Stellmon Name (type or print): John Stellmon Date: 07/20/2009 Title: Secretary/Treasurer				
Processed 07/20/2009		* Electronically provided signatures are accepted as original signatures.				