

No. **C 115026****Due no later than May 31, 2005**
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**FIRST HEALTH BENEFITS ADMINISTRATOR
ATTN COMPLIANCE DEPARTMNET
3200 HIGHLAND AVENATIONAL REGISTERED AGENTS
1423 TYRELL LANE

BOISE, ID 83706

**NO FILING FEE IF
RECEIVED BY DUE DATE**

DOWNERS GROVE, IL 60515

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	THOMAS P. MCDONOUGH	6705 ROCKLEDGE DR #900	BETHESDA	MD	20817
SECRETARY	SHIRLEY R. SMITH	6705 ROCKLEDGE DR #900	BETHESDA	MD	20817
DIRECTOR	SHAWN M. GUERTIN	6705 ROCKLEDGE DR #900	BETHESDA	MD	20817
DIRECTOR	THOMAS P. MCDONOUGH	6705 ROCKLEDGE DR #900	BETHESDA	MD	20817
DIRECTOR	JAMES E. MCGARRY	6705 ROCKLEDGE DR #900	BETHESDA	MD	20817

5. Organized Under the Laws of:

ILLINOIS
C 115026

6.

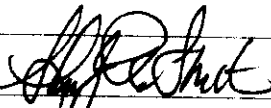
Signature

Name

(Typed or
Printed)

Date

Title



Shirley R. Smith

5/16/05

Secretary