

No. C 201624		Due no later than Mar 31, 2018 Annual Report Form		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		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	GREGORY M. JOHNSON	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: 03/13/2018 Title: Compliance Consultant					
Processed 03/13/2018		* Electronically provided signatures are accepted as original signatures.					