

No. **W 23053****Due no later than March 31, 2006**  
**Annual Report Form**Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**S.H.I.P.S. SENIOR HEALTH INSURANCE  
PO BOX 447  
STAR, ID 83669**2. Registered Agent and Office NO PO BOX**JULIE FERNWICK  
6344 FOOTHILLS RD  
STAR, ID 83669**NO FILING FEE IF  
RECEIVED BY DUE DATE****3. New Registered Agent Signature****4. Limited Liability Companies: Enter Names and Addresses of Managers.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRINCIPAL	DAVID FERNWICK	6344 FOOTHILLS RD	STAR	ID	83669
EX. OFFICER	JULIA FERNWICK	6344 FOOTHILLS RD	STAR	ID	83669

**5. Organized Under the Laws of:**IDAHO  
W 23053**6.**

Signature

Name (Typed or Printed)

Date

Title

Issued 01/04/2006

**Do Not Tape or Staple**

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