

No. W 30123

**Due no later than April 30, 2005  
Annual Report Form**

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 applicable

AMERICA'S ~~HEALTH~~ CARE BENEFIT PLAN,  
200 W MADISON ST STE 550  
CHICAGO, IL 60606

2. Registered Agent and Office NO PO BOX

CORPORATE CREATIONS NETWORK  
5527 KENDALL STREET  
BOISE, ID 83706

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held Name

Street or P.O. Address

City

State

Zip

Member : America's Health 777 Main St. Suite 3100, Ft. Worth, TX 76102  
Care/Rx Plan Agency, Inc.

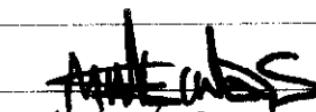
5. Organized Under the Laws of:

DELAWARE  
W 30123

6.

Signature

Name  
(Type or  
Printed)

  
Michael Owens

Date 3/8/05

Title Member