No. C 14016		Due no later than Oct 31, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. AMERICAN INSURANCE AND LOAN CO., INC. JOHN B SULLIVAN 55 SOUTHWAY PO BOX 559 LEWISTON ID 83501			JOHN B SULLIVAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE					55 SOUTHWAY LEWISTON ID 83501			
				LEWISTON	ELWISTON ID 65301			
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOHN B SULLIVAN		PO BOX 559	LEWISTON	ID	USA	83501-0559	
SECRETARY			PO BOX 559	LEWISTON	ID	USA	83501-0559	
TREASURER	JOHN B SUL	LIVAN	PO BOX 559	LEWISTON	ID	USA	83501-0559	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jol		Date: 08/13/2013				
C 14016		Name (type o		Title: President				
Processed 08/13/2013 * Electronically provided signatures are accepted as original signatures.								