

No. C 150013		Due no later than Jul 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NCMIC INSURANCE SERVICES, INC. JULI FRANK 14001 UNIVERSITY AVE CLIVE IA 50325 USA		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706- USA		
				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
DIRECTOR	JACQUIE ANDERSON	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
DIRECTOR	ROD WARREN	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
DIRECTOR	ROGER SCHLUETER	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
DIRECTOR	JON ROTH	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
DIRECTOR	ERIC MADCHARO	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
DIRECTOR	GREG COLE	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
DIRECTOR	JUDY BOHROFEN	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
DIRECTOR	BRUCE BEAL	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
DIRECTOR	PATRICK MCNERNEY	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
TREASURER	ROGER SCHLUETER	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
PRESIDENT	ROD WARREN	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
SECRETARY	ROGER SCHLUETER	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
IA C 150013		Signature: Roger Schlueter		Date: 05/19/2009		
		Name (type or print): Roger Schlueter		Title: Secretary		
Processed 05/19/2009		* Electronically provided signatures are accepted as original signatures.				