No. C 184085		Due no later than Aug 31, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. COLLECTOR'S INSURANCE AGENCY, INCORPORATED 4040 WEST 70TH STREET EDINA MN 55435		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	THOMAS ST	OCKTON	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR	ECTOR MEL SHAW		4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR	ECTOR DAN RUSSEI		4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR	TOR JAMES RICH		4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR RICHARD PE DIRECTOR TIMOTHY M DIRECTOR LORAINE LY DIRECTOR MATT LAWS		∃RR	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
		ABRY	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
		ONS	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
		S 4040 WEST 70TH STREET	EDINA	MN	USA	55435		
DIRECTOR	DIRECTOR KEITH KETT		ELKAMP 4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR NICK JARMA DIRECTOR WILLIAM HO DIRECTOR THOMAS HA DIRECTOR THOMAS GA		OPKINSON 4040 WEST 70TH STREET AAG 4040 WEST 70TH STREET	EDINA	MN	USA	55435		
			4040 WEST 70TH STREET	EDINA EDINA	MN MN	USA USA	55435 55435	
			4040 WEST 70TH STREET					
			4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR MICHAEL GA		RDNER	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR RICHARD DC		DANE	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR	CTOR DEBRA CISKEY		4040 WEST 70TH STREET	EDINA	MN	USA	55435	
TREASURER	RICHARD PERR		4040 WEST 70TH STREET	EDINA	MN	USA	55435	
VICE PRESIDENT	JANIS ST. MARTIN		4040 WEST 70TH STREET	EDINA	MN	USA	55435	
PRESIDENT	LESLIE BEND	DER	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
MN		Signature: Mandeline Hendricks Date: 07/01/2014				į Ž		
C 184085		Name (type or print): Mandeline Hendricks Title: Poa						
Processed 07/01/2014		* Electronically p	rovided signatures are accepted as original s	signatures.				