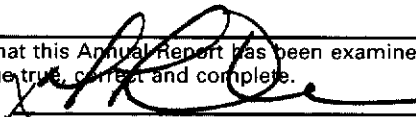


No. C 81881	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct ALLIED GENERAL AGENCY COMPAN JOHN E. EVANS 701 FIFTH AVENUE DES MOINES IA 50309		PRENTICE-HALL CORP SYSTE 200 N 23RD ST BOISE ID 83702 3. Organized Under the Laws of: IA C 81881																																				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President & Director</td> <td>Douglas L. Andersen</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> <tr> <td>Secretary</td> <td>George T. Oleson</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> <tr> <td>Director</td> <td>John E. Evans</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> <tr> <td>Director</td> <td>Jamie H. Shaffer</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> <tr> <td>Director</td> <td>Stephen S. Rasmussen</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President & Director	Douglas L. Andersen	701 Fifth Ave.,	Des Moines,	IA	50391-2000	Secretary	George T. Oleson	701 Fifth Ave.,	Des Moines,	IA	50391-2000	Director	John E. Evans	701 Fifth Ave.,	Des Moines,	IA	50391-2000	Director	Jamie H. Shaffer	701 Fifth Ave.,	Des Moines,	IA	50391-2000	Director	Stephen S. Rasmussen	701 Fifth Ave.,	Des Moines,	IA	50391-2000
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5. NATURE OF BUSINESS INSURANCE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Date <u>10/15/96</u> Name (Typed or Printed) <u>George T. Oleson</u> Title <u>Secretary</u>																																						

ISSUED: 07-06-1996

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