No. W 117434		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		R JOHN TAYLOR				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. REINSURANCE PARTNERS, LLC R JOHN TAYLOR PO BOX 538 LEWISTON ID 83501		111 MAIN ST LEWISTON ID 83501 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Addresse	s of at least one Member or Manager					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	R JOHN TAYLOR		PO BOX 538		LEWISTON	ID	USA	83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: JoLee K. Duclos			Date: 07/29/2014			
W 117434		Name (type or print): JoLee K. Duclos			Title: Assistant			
Processed 07/29/2014 * Electronically provided signatures are accepted as original signatures.								