

No. C 202368		Due no later than Jun 30, 2017		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. NORTHWEST INDEMNITY LTD. STEVEN L Rice P.O. BOX 66 Harrison Id 83833 USA		STEPHEN L RICE 21060 S SHANGRI LA LANE HARRISON ID 83833	
				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
PRESIDENT	STEVEN L RICE	P.O. BOX 66	HARRISON	ID	83833
5. Organized Under the Laws of: AZ C 202368		6. Annual Report must be signed.* Signature: TAMI KRAACK Name (type or print): TAMI KRAACK Date: 04/27/2017 Title: OFFICE MANAGER			
Processed 04/27/2017		* Electronically provided signatures are accepted as original signatures.			