

No. C 96166

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

WERNER INSURANCE, INC.
JOHN D. WERNER
309 S WASHINGTON

NEWPORT WA 90156

G. W. HAIGHT
1117 SHERMAN #202

COEUR D'ALEN ID 83814

3. Organized Under the Laws of:

WA C 96166

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of **Managers** or **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	JOHN D WERNER	309 S WASHINGTON	NEWPORT	WA	99156
SECRETARY	KATHLEEN K WERNER	309 S WASHINGTON	NEWPORT	WA	99156

5. NATURE OF BUSINESS

INSURANCE SALES

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 [Signature] Date 7/15/96
Name (Typed or Printed) JOHN D WERNER Title PRESIDENT

ISSUED: 07-06-1995

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