No. C 198352		Due no later than May 31, 2014	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	COX INS ANN PE 1639 LA ST PAU	Annual Report Form 1. Mailing Address: Correct in this box if needed. COX INSURANCE ASSOCIATES, INC. ANN PETERSON 1639 LARPENTEUR AVE W ST PAUL MN 55113		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
4. Corporations: Enter Names ar	nd Business Address	ses of President, Secretary, and Directors. Treasure	r (optional).				
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR MAU	REEN COX	1639 LARPENTEUR AVE W	ST PAUL	MN	USA	55113	
DIRECTOR RIC	COX	1639 LARPENTEUR AVE W	ST PAUL	MN	USA	55113	
SECRETARY MAU	REEN COX	1639 LARPENTEUR AVE W	ST PAUL	MN	USA	55113	
PRESIDENT RIC	COX	1639 LARPENTEUR AVE W	ST PAUL	MN	USA	55113	
5. Organized Under the Laws of: 6. A		Report must be signed.*					
MN	Signatu	Signature: Ann Peterson			Date: 03/26/2014		
C 198352	Name (type or print): Ann Peterson	Title: Controller				
Processed 03/26/2014	* Electronically provided signatures are accepted as original signatures.						