

No. C 87319

Due no later than August 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WOOD RIVER INSURANCE INCORPORATED
410 N MAIN
HAILEY, ID 83333GREGORY R BLOOMFIELD
205 EQUUS DR
BELLEVUE, ID 83313NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRES	GREGORY BLOOMFIELD	PO Box 757	HAILEY	ID	83333
SEC	ANNE BLOOMFIELD	PO Box 757	HAILEY	ID	83333
DIRECTOR	ROBERT BLOOMFIELD	PO Box 1133	BELLEVUE	ID	83313
DIRECTOR	MARGARET WORTHINGTON	31 HILLSIDE AVE	COLESTOWN, PA		18901

5. Organized Under the Laws of:

IDAHO
C 87319

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 06/02/2008

Do Not Tape or Staple

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