No. C 74509 Return to:	Annual Report Form RY OF STATE H FOURTH STREET 3720 83720-0080 Annual Report Form 1. Mailing Address Correct in this box. if applicable — MOUNTAIN STATES INSURANCE GROUP, IN MARK L ANDREASEN P. O. BOX 795 SODA SPRINGS, ID 83276		SODA SPRINGS, ID 83276	
450 NORTH FOURTH STREET MOUN MARK P. O. E SODA				
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Age	ent Signature
Corporations, Enter Names and	Business Addresses of Preside	nt, Secretary	and Directors.	
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
President Mark L. Andrease V. Pres Dee L. Andrease Sec/Treas Karen K. Andreas	12232 N. Hwy 34	Preston Preston	Idaho	83263 83263 83263
5. Organized Under the Laws of: IDAHO C 74509	Signature Wark L. Andr	rudula)	Date	
Issued 10/01/2007	Do Not Tape or Staple	e	2007120	