No. C 160172		Due no later than Apr 30, 2008		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CENTRAL INSURANCE MANAGEMENT, INC. AMANDA WILLIAMS 3625 N SHERIDAN RD PEORIA IL 61633			PACIFIC REGISTERED AGENTS INC 801 WEST MAIN STREET STE 100 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of Pr	recident Secretary and Directors Treas	surer (c	ntional)			
Office Held			Street or PO Address	surci (c	City	State	Country	Postal Code
	MICHAEL KINNARY MARK LUCAS		3625 N SHERIDAN ROAD 3625 N SHERIDAN RD		PEORIA PEORIA	IL IL	USA USA	61633 61633
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IL C 160172		Signature: Amanda Williams			Date: 04/21/2008			
		Name (type or print): Amanda Williams			Title: Accountant			
Processed 04/21/2008 * Electronically provided signatures are accepted as original signatures.								