No. <b>C 203520</b>		Due no later than Sep 30, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		IDAHO DEPAI	IDAHO DEPARTMENT OF INSURANCE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  ASSOCIATION OF MATURE AMERICAN CITIZENS, INC. DEBBIE ARNOLD 5 ORVILLE DR SUITE 400 BOHEMIA NY 11716-2535		BILL DEAL	700 W STATE ST FL 3 BILL DEAL BOISE ID 83702  3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
1. Corporations: Enter	Names and Busin	ess Addresses of F	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DANIEL WEI	BER	39308 TREELINE DR	LADY LAKE	FL		32159	
SECRETARY	ETARY REBECCA KEIFFI		5 ORVILLE DR STE 400	BOHEMIA	NY		11716	
TREASURER DAVID G WE		EBER	5 ORVILLE DR STE 400	BOHEMIA	NY	USA	11716	
VICE PRESIDENT JUDITH A WE		VEBER	39308 TREELINE DRIVE	LADY LAKE	FL	USA	32159	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NY C 203520		Signature: Rebecca Keiffert			Date: 09/23/2016			
		Name (type or print): Rebecca Keiffert			Title: Secretary			
Processed 09/23/2016		* Electronically pr	ovided signatures are accepted as original	signatures.				