

No. <u>C 85217</u>	Annual Report Form <u>1996</u> Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct INSURANCE NETWORK AMERICA, I GERALD G. HARTMAN PO BOX 5716 BOISE ID 83705		GERALD G. HARTMAN 2404 BANK DR #200 BOISE ID 83705 3. Organized Under the Laws of: ID C 85217																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President & Treasurer</td> <td>Gerald G. Hartman</td> <td>P.O. Box 5716</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>Secretary</td> <td>Donald C. Branton</td> <td>P.O. Box 5716</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President & Treasurer	Gerald G. Hartman	P.O. Box 5716	Boise	ID	83705	Secretary	Donald C. Branton	P.O. Box 5716	Boise	ID	83705
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5. NATURE OF BUSINESS HEALTH INSURANCE BROKERAGE ISSUED: 10-05-1996		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Gerald G. Hartman</u> Date <u>10/11/96</u> Name (Typed or Printed) <u>Gerald G. Hartman</u> Title <u>President</u>																				

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