

No. <b>C 168966</b>	<b>Due no later than Sep 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> INSURANCE PROFESSIONALS INCORPORATED JOELLEN SCHNEIDER 2807 TAFT ST BOISE ID 83703 USA		JOELLEN SCHNEIDER 2807 TAFT ST BOISE ID 83703			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JOELLEN SCHNEIDER	2807 W TAFT ST	BOISE	ID	USA	83703
5. Organized Under the Laws of:  <b>ID</b> <b>C 168966</b>		6. Annual Report must be signed.* Signature: JoEllen Schneider Name (type or print): JoEllen Schneider		Date: 07/18/2011 Title: President		
Processed 07/18/2011		* Electronically provided signatures are accepted as original signatures.				