

No. C 30499		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MARTIN INSURANCE, INCORPORATED MICHAEL L MARTIN P. O. BOX 699 LEWISTON ID 83501		MICHAEL L MARTIN 1122 IDAHO STREET LEWISTON ID 83501			
				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	
SECRETARY	ANN M GRIMM	1122 IDAHO STREET	LEWISTON	ID	USA	83501	
PRESIDENT	MICHAEL L MARTIN	1122 IDAHO STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 30499		6. Annual Report must be signed.* Signature: Michael L Martin Name (type or print): Michael L Martin					
		Date: 11/16/2015 Title: President					
Processed 11/16/2015		* Electronically provided signatures are accepted as original signatures.					