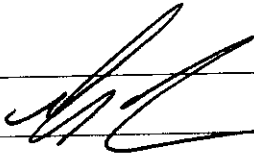


No. C 129419	Due no later than Jun 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX DAVE THOMAS 200 INDIANA AVE STE 207 1250 TRUNWOOD DR. S05 COEUR D'ALENE, ID 83814 301																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address (Correct in this box, if applicable) PEOPLE'S INSURANCE INCORPORATED DAVE THOMAS 719 DUNDEE DR POST FALLS, ID 83854		3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DAVE THOMAS</td> <td>719 DUNDEE DR.</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>SECRETARY</td> <td>JOE FORENCE</td> <td>311 S. WILKIN DR.</td> <td>LIBERTY LAKE</td> <td>WA</td> <td>99019</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	DAVE THOMAS	719 DUNDEE DR.	POST FALLS	ID	83854	SECRETARY	JOE FORENCE	311 S. WILKIN DR.	LIBERTY LAKE	WA	99019
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
PRESIDENT	DAVE THOMAS	719 DUNDEE DR.	POST FALLS	ID	83854																
SECRETARY	JOE FORENCE	311 S. WILKIN DR.	LIBERTY LAKE	WA	99019																
5. Organized Under the Laws of: IDAHO C 129419		6. Signature  Date 4/13/03 Name (Typed or Printed) DAVE THOMAS Title PRESIDENT																			