

No. C 184085		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COLLECTOR'S INSURANCE AGENCY, INCORPORATED 4040 WEST 70TH STREET EDINA MN 55435		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JACK BROWN III	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
SECRETARY	DONNA NICHOLSON-STIEF	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR	ROGER D. WEISS	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR	LAWRENCE STELLER	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR	RICHARD PERR	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR	THOMAS J. OLDANI	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
DIRECTOR	TIMOTHY J. MABRY	4040 WEST 70TH STREET	EDINA	MN	USA	55435	
5. Organized Under the Laws of: MN C 184085		6. Annual Report must be signed.* Signature: Mandy Hendricks Name (type or print): Mandy Hendricks					
		Date: 07/11/2018 Title: POA					
Processed 07/11/2018 * Electronically provided signatures are accepted as original signatures.							