No. **C 191201**	**Due no later than May 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** PAYNEWEST INSURANCE, INC. MINDY CARVER PO BOX 4386 MISSOULA MT 59806-4386	JON RICHE 960 BROADWAY AVE STE 100 BOISE ID 83706-5971 3. New 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
DIRECTOR	WAD CRUZADO	OFFICE OF THE PRESIDENT, MONTA PO BOX 172420	BOZEMAN	MT	USA	59717-2420
DIRECTOR	PATRICK S MCCUTCHEON	7 CLOVERVIEW DR	HELENA	MT	USA	59604
DIRECTOR	LARRY SIMKINS	101 INTERNATIONAL WAY	MISSOULA	MT	USA	59808
DIRECTOR	KYLE LINGSCHEIT	2929 PALMER, SUITE B	MISSOULA	MT	USA	59808
DIRECTOR	TERRY PAYNE	501 PATTEE CANYON DR.	MISSOULA	MT	USA	59803
TREASURER	ALLISON JOHNSON	2925 STE B	MISSOULA	MT	USA	59808
SECRETARY	SARAH WALSH	1108 LIVINGSTON AVE	HELENA	MT	USA	59604-0638
DIRECTOR	JOHN SACIA	4311 E. LAKE SAMMAMISH PARKWAY	ISSAQUAH	WA	USA	98026-0638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MT **C 191201**	Signature: Mindy Carver	Date: 03/27/2018
	Name (type or print): Mindy Carver	Title: Vice President

Processed 03/27/2018

* Electronically provided signatures are accepted as original signatures.