

No. C111849	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>							
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>MEDICAL PROFESSIONAL LIABILITY</b> <del>LEISA DUPILKA</del> JUDITH A. GERARD 2 DEPOT PLAZA  BEDFORD HILLS NY 10507 1808		DDUG BALL 425 S HOLMES  IDAHO FALLS ID 83402  3. Organized Under the Laws of:  NY C111849							
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)										
<table border="1"> <thead> <tr> <th data-bbox="18 678 525 723">5. NATURE OF BUSINESS</th> <th colspan="3" data-bbox="525 678 1463 723">6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</th> </tr> <tr> <th data-bbox="18 723 525 824">INSURANCE BUSINESS</th> <td data-bbox="525 723 1073 824">           Signature <u>Thomas J. Dietz</u>             Name (Typed or Printed) <u>Thomas J. Dietz</u> </td> <td data-bbox="1073 723 1463 824">           Date <u>8/12/96</u>             Title <u>President &amp; Director</u> </td> </tr> </thead></table>				5. NATURE OF BUSINESS	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.			INSURANCE BUSINESS	Signature <u>Thomas J. Dietz</u>  Name (Typed or Printed) <u>Thomas J. Dietz</u>	Date <u>8/12/96</u>  Title <u>President &amp; Director</u>
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ISSUED: 07-06-1996

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