

No. C 160172		Due no later than Apr 30, 2012		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. CENTRAL INSURANCE MANAGEMENT, INC. MICHELE S HENSLEE P.O. BOX 469011 SAN ANTONIO TX 78246 USA		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA		
				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
DIRECTOR	BARBARA L SUTHERLAND	10101 REUNION PLACE STE 500	SAN ANTONIO	TX	USA	78216
DIRECTOR	MICHAEL E ARLEDGE	10101 REUNION PLACE STE 500	SAN ANTONIO	TX	USA	78216
SECRETARY	MARK LUCAS	8325 N ALLEN RD SUITE B	PEORIA	IL	USA	61615
TREASURER	LYNN GEURIN	10101 REUNION PLACE STE. 500	SAN ANTONIO	TX	USA	78216
DIRECTOR	CRAIG S COMEAUX	10101 REUNION PLACE STE 500	SAN ANTONIO	TX	USA	78216
PRESIDENT	WILLIAM MEISEN	6400 SE LAKE RD, SUITE 190	PORTLAND	OR	USA	97222
5. Organized Under the Laws of: IL C 160172		6. Annual Report must be signed.* Signature: Michele Henslee Name (type or print): Michele Henslee Date: 02/17/2012 Title: Regulatory Compliance				
Processed 02/17/2012		* Electronically provided signatures are accepted as original signatures.				