No. C 141784		Due no later than Dec 31, 2007		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			K BARTH WILLIAMS 5680 E FRANKLIN RD STE 225 NAMPA ID 83687 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ASSURANCE FINANCIAL, INC. K BARTH WILLIAMS 916 COVE ARM CIRCLE NAMPA ID 83651						
NO FILIN RECEIVED BY	DUE DATE	lacs Addresses of	President, Secretary, and Directors. Trea	surer (on	tional)			
Office Held	Name	iess Audi esses Oi	Street or PO Address		city	State	Country	Postal Code
PRESIDENT	K BARTH W	ILLIAMS	916 COVE ARM CIRCLE		IAMPA	ID	USA	83651
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: KBarthWilliams			Date: 01/15/2008			
C 141784		Name (type or print): KBarthWilliams			Title: President			
Processed 01/15/200	08	* Electronically p	provided signatures are accepted as origin	al signatu	res.			