

No. C 74509		Due no later than Dec 31, 2014		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. MOUNTAIN STATES INSURANCE GROUP, INC. MARK L ANDREASEN 30 E 2ND SO SODA SPRINGS ID 83276		MARK L. ANDREASEN 30 EAST 2ND SOUTH SODA SPRINGS 83276			
				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	MARK L ANDREASEN	30 E 2ND SO	SODA SPRINGS	ID	USA	83276	
SECRETARY	KAREN K ANDREASEN	30 E 2ND SO	SODA SPRINGS	ID	USA	83276	
DIRECTOR	ZACHARY ANDREASEN	30 E 2ND SO	SODA SPRINGS	ID	USA	83276	
5. Organized Under the Laws of: ID C 74509		6. Annual Report must be signed.* Signature: Shauna Phelps Name (type or print): Shauna Phelps Date: 10/27/2014 Title: Accounting Rep					
Processed 10/27/2014		* Electronically provided signatures are accepted as original signatures.					