

No. C 74509		Due no later than Dec 31, 2009 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. MOUNTAIN STATES INSURANCE GROUP, INC. MARK L ANDREASEN P. O. BOX 795 SODA SPRINGS ID 83276		MARK L. ANDREASEN 30 EAST 2ND SOUTH SODA SPRINGS ID 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	
TREASURER	SHAUNA PHELPS	309 ROSE AVE	SODA SPRINGS	ID	USA	83276	
DIRECTOR	BONNE GIBBS	632 N HWY 34	GRACE	ID	USA	83241	
PRESIDENT	MARK L ANDREASEN	12235 N HWY 34	PRESTON	ID	USA	83263	
SECRETARY	KAREN K ANDREASEN	12235 N HWY 34	PRESTON	ID	USA	83263	
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: 12/07/2009 Title: Treasurer					
Processed 12/07/2009 * Electronically provided signatures are accepted as original signatures.							