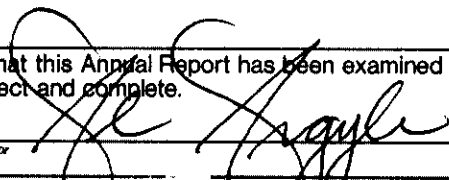


| No. 068531                                                                                                                                           | Idaho Corporation Annual Report Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | 2. Registered Agent and Office                                                    |            |                        |      |       |     |                                   |                           |             |     |            |                            |      |  |  |  |            |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------|------------|------------------------|------|-------|-----|-----------------------------------|---------------------------|-------------|-----|------------|----------------------------|------|--|--|--|------------|--|--|--|
| Return To<br><b>Secretary of State</b><br>Room 203, Statehouse<br>Boise, ID 83720<br><br>1655 1ST STREET, BOX 2380<br>IDAHO FALLS, ID.<br>83403-2380 | Due No Later Than November 1, 1987                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | ALMA MONROE ARGYLE, III<br>155 NORTH WOODRUFF, BOX<br>IDAHO FALLS, IDAHO<br>83401 |            |                        |      |       |     |                                   |                           |             |     |            |                            |      |  |  |  |            |  |  |  |
|                                                                                                                                                      | 1. Mailing Address — Please Correct 068531                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                   |            |                        |      |       |     |                                   |                           |             |     |            |                            |      |  |  |  |            |  |  |  |
| RECEIVED<br>87 OCT 30 PM 9<br>87 OCT 30                                                                                                              | AMERICAN INSURANCE SERVICE, INC.<br>ALMA MONROE ARGYLE, III<br>BOX 1766, 155 NORTH WOODRUFF<br>IDAHO FALLS, IDAHO<br>83401                                                                                                                                                                                                                                                                                                                                                                                                         |             | 3. Incorporated Under The Laws<br>of<br>ENTERED<br>OCT 30 1987<br>STATE OF IDAHO  |            |                        |      |       |     |                                   |                           |             |     |            |                            |      |  |  |  |            |  |  |  |
|                                                                                                                                                      | 4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: ALMA MONROE ARGYLE III</td> <td>1655 1ST STREET (BX 2380)</td> <td>IDAHO FALLS</td> <td>ID.</td> <td>83403-2380</td> </tr> <tr> <td>Secretary: JANET C. ARGYLE</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |             |                                                                                   | Name       | Street or P.O. Address | City | State | Zip | President: ALMA MONROE ARGYLE III | 1655 1ST STREET (BX 2380) | IDAHO FALLS | ID. | 83403-2380 | Secretary: JANET C. ARGYLE | SAME |  |  |  | Directors: |  |  |  |
| Name                                                                                                                                                 | Street or P.O. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City        | State                                                                             | Zip        |                        |      |       |     |                                   |                           |             |     |            |                            |      |  |  |  |            |  |  |  |
| President: ALMA MONROE ARGYLE III                                                                                                                    | 1655 1ST STREET (BX 2380)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IDAHO FALLS | ID.                                                                               | 83403-2380 |                        |      |       |     |                                   |                           |             |     |            |                            |      |  |  |  |            |  |  |  |
| Secretary: JANET C. ARGYLE                                                                                                                           | SAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                   |            |                        |      |       |     |                                   |                           |             |     |            |                            |      |  |  |  |            |  |  |  |
| Directors:                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                   |            |                        |      |       |     |                                   |                           |             |     |            |                            |      |  |  |  |            |  |  |  |
| 5. Nature of Business<br>LIFE & HEALTH INSURANCE                                                                                                     | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br>Signature  Date 10/28/87<br>Name (Typed or Printed) Title                                                                                                                                                                                                                                                     |             |                                                                                   |            |                        |      |       |     |                                   |                           |             |     |            |                            |      |  |  |  |            |  |  |  |

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