

No. C 96251	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX  <b>PRENTICE-HALL CORP SYSTEM</b> 200 N 23RD ST  BOISE ID 83702																																										
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>ALLIED GROUP INSURANCE MARK</b> <b>JOHN E. EVANS</b> <b>701 FIFTH AVE.</b>		3. Organized Under the Laws of:  <b>IA C 96251</b>																																										
* <b>FIRST NOTICE</b> * <b>DES MOINES IA 50309</b>																																													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Wm G. Stevenson</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> <tr> <td>Secretary</td> <td>B. Rees Jones</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> <tr> <td>Director</td> <td>John E. Evans</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> <tr> <td>Director</td> <td>Douglas L. Andersen</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> <tr> <td>Director</td> <td>Stephen S. Rasmussen</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> <tr> <td>Director</td> <td>George T. Oleson</td> <td>701 Fifth Ave.,</td> <td>Des Moines,</td> <td>IA</td> <td>50391-2000</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Wm G. Stevenson	701 Fifth Ave.,	Des Moines,	IA	50391-2000	Secretary	B. Rees Jones	701 Fifth Ave.,	Des Moines,	IA	50391-2000	Director	John E. Evans	701 Fifth Ave.,	Des Moines,	IA	50391-2000	Director	Douglas L. Andersen	701 Fifth Ave.,	Des Moines,	IA	50391-2000	Director	Stephen S. Rasmussen	701 Fifth Ave.,	Des Moines,	IA	50391-2000	Director	George T. Oleson	701 Fifth Ave.,	Des Moines,	IA	50391-2000
Office held	Name	Street or P.O. Address	City	State	Zip																																								
President	Wm G. Stevenson	701 Fifth Ave.,	Des Moines,	IA	50391-2000																																								
Secretary	B. Rees Jones	701 Fifth Ave.,	Des Moines,	IA	50391-2000																																								
Director	John E. Evans	701 Fifth Ave.,	Des Moines,	IA	50391-2000																																								
Director	Douglas L. Andersen	701 Fifth Ave.,	Des Moines,	IA	50391-2000																																								
Director	Stephen S. Rasmussen	701 Fifth Ave.,	Des Moines,	IA	50391-2000																																								
Director	George T. Oleson	701 Fifth Ave.,	Des Moines,	IA	50391-2000																																								
5. <b>NATURE OF BUSINESS</b>  <b>SALE OF INSURANCE PRODUCTS</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>William G. Stevenson</i></u> Date <u>10/11/96</u> Name <small>(Typed or Printed)</small> <u>Wm G. Stevenson</u> Title <u>President</u>																																											

ISSUED: 07-06-1996

2397