

No. C 148637	Due no later than Apr 30, 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. ELLWINS INSURANCE CO., INC. LEROY ELLIOTT 2525 ORCHARD DRIVE EAST TWIN FALLS ID 83301	LEROY ELLIOTT 862 BLUE LAKES BLVD NORTH TWIN FALLS ID 83301 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	LEROY ELLIOTT	2545 ORCHARD DR EAST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 148637	6. Annual Report must be signed.* Signature: Leroy Elliott Name (type or print): Leroy Elliott		Date: 02/20/2009 Title: Presadent			
Processed 02/20/2009		* Electronically provided signatures are accepted as original signatures.				