No. C 96105		Due no later than Aug 31, 2008		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CHAR MORIARITY 300 N 6TH ST STE 103 BOISE ID 83702				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GREAT NORTHWEST INSURANCE AGENCY, INC. BRIAN MOEN 400 ROBERT ST N.						
NO FILING FEE IF RECEIVED BY DUE DATE		SUITE 1100 ST. PAUL MN 55101-2035 USA		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Na	ame		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT ST	MAURICE CHEW STEPHEN W. DOUCETTE STEPHEN W DOUCETTE		400 ROBERT ST. N SUITE 1100 400 ROBERT ST. N. SUITE 1100 400 ROBERT ST. N SUITE 1100	ST. PAUL ST PAUL ST PAUL	MN MN MN	USA USA USA	55101-2035 55101-2035 55101-2035	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 96105		Signature: Brian Moen Name (type or print): Brian Moen		Date: 08/13/2008 Title: Controller				
Processed 08/13/2008		* Electronically provided signatures are accepted as original signatures.						