

No. C 202859	Due no later than Jul 31, 2015 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.		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
	TRUCKERS INSURANCE ASSOCIATES, INC. 1280 OFFICE PLAZA DR WEST DES MOINES IA 50266		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	JOHN D WILSON	1280 OFFICE PLAZA DR	WEST DES MOINES	IA		50266
SECRETARY	CHERYL D ALBAUGH	1280 OFFICE PLAZA DR	WEST DES MOINES	IA		50266
5. Organized Under the Laws of: IA C 202859	6. Annual Report must be signed.*					
		Signature: John D. Wilson	Date: 06/12/2015			
		Name (type or print): John D. Wilson	Title: President			
Processed 06/12/2015		* Electronically provided signatures are accepted as original signatures.				