

| No. <u>27018</u><br><br>Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><br>NO FEE REQUIRED  | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1991<br>Making Address: <i>Please Correct If Not Correct</i><br><br>CITICORP INSURANCE AGENCY,<br>MAIL STATION #22<br>P. O. BOX 27332<br><br>ST. LOUIS MO 63141                                | 2. Registered Agent and Office NOT A P.O. BOX<br><br>CT CORPORATION SYSTEM<br>300 NORTH 6TH ST.<br><br>ROISE ID 82702<br><br>3. Incorporated Under The Laws<br>of ID<br><br>NO: 047618 |           |                        |      |       |     |                                  |                  |  |  |  |                                     |                       |                  |           |              |                                  |  |  |  |  |                      |  |  |  |  |                          |  |  |  |  |
|---|---|--|-----------|------------------------|------|-------|-----|----------------------------------|------------------|--|--|--|-------------------------------------|-----------------------|------------------|-----------|--------------|----------------------------------|--|--|--|--|----------------------|--|--|--|--|--------------------------|--|--|--|--|
| 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: <u>PETER R. WILDE</u></td> <td colspan="4">ADDRESS FOR ALL:</td> </tr> <tr> <td>Secretary: <u>ALAN F. LIEBOWITZ</u></td> <td><u>P.O. Box 27332</u></td> <td><u>ST. LOUIS</u></td> <td><u>MO</u></td> <td><u>63141</u></td> </tr> <tr> <td>Directors: <u>PETER R. WILDE</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>JOHN T. OATES</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>ALAN F. LIEBOWITZ</u></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |  | Name      | Street or P.O. Address | City | State | Zip | President: <u>PETER R. WILDE</u> | ADDRESS FOR ALL: |  |  |  | Secretary: <u>ALAN F. LIEBOWITZ</u> | <u>P.O. Box 27332</u> | <u>ST. LOUIS</u> | <u>MO</u> | <u>63141</u> | Directors: <u>PETER R. WILDE</u> |  |  |  |  | <u>JOHN T. OATES</u> |  |  |  |  | <u>ALAN F. LIEBOWITZ</u> |  |  |  |  |
| Name  | Street or P.O. Address  | City   | State     | Zip                    |      |       |     |                                  |                  |  |  |  |                                     |                       |                  |           |              |                                  |  |  |  |  |                      |  |  |  |  |                          |  |  |  |  |
| President: <u>PETER R. WILDE</u>  | ADDRESS FOR ALL:  |  |           |                        |      |       |     |                                  |                  |  |  |  |                                     |                       |                  |           |              |                                  |  |  |  |  |                      |  |  |  |  |                          |  |  |  |  |
| Secretary: <u>ALAN F. LIEBOWITZ</u>   | <u>P.O. Box 27332</u>   | <u>ST. LOUIS</u>   | <u>MO</u> | <u>63141</u>           |      |       |     |                                  |                  |  |  |  |                                     |                       |                  |           |              |                                  |  |  |  |  |                      |  |  |  |  |                          |  |  |  |  |
| Directors: <u>PETER R. WILDE</u>  |   |  |           |                        |      |       |     |                                  |                  |  |  |  |                                     |                       |                  |           |              |                                  |  |  |  |  |                      |  |  |  |  |                          |  |  |  |  |
| <u>JOHN T. OATES</u>  |   |  |           |                        |      |       |     |                                  |                  |  |  |  |                                     |                       |                  |           |              |                                  |  |  |  |  |                      |  |  |  |  |                          |  |  |  |  |
| <u>ALAN F. LIEBOWITZ</u>  |   |  |           |                        |      |       |     |                                  |                  |  |  |  |                                     |                       |                  |           |              |                                  |  |  |  |  |                      |  |  |  |  |                          |  |  |  |  |
| 5. Nature of Business<br><br><u>INSURANCE SALES</u>   | 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>Signature <u>Edward C. Shanks</u> Date <u>OCTOBER 1, 1991</u><br>Name (Typed or Printed) <u>EDWARD C. SHANKS</u> Title <u>VICE PRESIDENT</u> |  |           |                        |      |       |     |                                  |                  |  |  |  |                                     |                       |                  |           |              |                                  |  |  |  |  |                      |  |  |  |  |                          |  |  |  |  |