No. C 136201	Due no l	Due no later than Nov 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:	Ann	Annual Report Form		CORPORATION SERVICE COMPANY			
700 WEST IEEEEDSON		s: Correct in this box if needed. L COOPERATIVE INSURANCE AGENCY,	12550 W EXPLORER DR STE 100 BOISE 83713				
NO FILING FEE IF RECEIVED BY DUE DATE	7300 W. 110TH ST SUITE 400	SUITE 400 OVERLAND PARK KS 66210		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	
DIRECTOR KEN DAVIS		7300 W. 110TH ST SUITE 400	OVERLAND PARK	KS	USA	66210	
DIRECTOR DON ELSBERND		7300 W. 110TH ST SUITE 400	OVERLAND PARK	KS	USA	66210	
DIRECTOR CURTIS HANCOCK		7300 W. 110TH ST SUITE 400	OVERLAND PARK	KS	USA	66210	
TREASURER GENE STOEL		7300 W. 110TH ST SUITE 400	OVERLAND PARK	KS	USA	66210	
PRESIDENT JIM STEWART		7300 W. 110TH ST SUITE 400	OVERLAND PARK	KS	USA	66210	
SECRETARY GENE STOEL		7300 W. 110TH ST SUITE 400	OVERLAND PARK	KS	USA	66210	
DIRECTOR RAYLAN PHELON		7300 W. 110TH ST SUITE 400	OVERLAND PARK	KS	USA	66210	
DIRECTOR STEVE BOYER 7300 W. 110TH ST SUITE 400 OVERLAND PARK KS USA						66210	
5. Organized Under the Laws of: 6. Annual Report must b		be signed.*					
ID Signature: Gene Sto		el	Date: 10/13/2014				
C 136201 Name (type or pri		: Gene Stoel	Title: Sec/Treasurer				
Processed 10/13/2014 * Electronically provided signatures are accepted as original signatures.							