

No. C 201984		Due no later than Apr 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MIDWEST INSURANCE CORPORATION SHANA MEDDERS PO BOX 58 NEVADA IA 50201		BILL DEAL 700 W STATE ST 3RD FL IDAHO DEPARTMENT OF INSURANCE BOISE ID 83702		
				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
TREASURER	TOM HERTZ	415 S 11TH ST	NEVADA	IA	USA	50201
DIRECTOR	LLOYD BROWN	415 S 11TH ST	NEVADA	IA	USA	50201
DIRECTOR	JOEL HERTZ	415 S 11TH ST	NEVADA	IA	USA	50201
DIRECTOR	MONTE BULLOCK	415 S 11TH ST	NEVADA	IA	USA	50201
SECRETARY	CHAD HERTZ	415 S 11TH ST	NEVADA	IA	USA	50201
PRESIDENT	JOHN T ARNOLD	415 S 11TH ST	NEVADA	IA		50201
DIRECTOR	RANDALL V HERTZ	415 S 11TH ST	NEVADA	IA		50201
5. Organized Under the Laws of: IA C 201984		6. Annual Report must be signed.* Signature: SHANA MEDDERS Name (type or print): SHANA MEDDERS Date: 05/19/2015 Title: CONTROLLER				
Processed 05/19/2015		* Electronically provided signatures are accepted as original signatures.				