No. C 208424				2. Registered Agent and Address (NO PO BOX)					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ATLAS MORTGAGE & INSURANCE CO INC 7120 BENEVA RD SARASOTA FL 34238		IDAHO DEPT OF INSURANCE DEAN L CAMERON 700 W STATE ST FL 3 BOISE ID 83702 3. New Registered Agent Signature:*					
RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ness Addresses of Presid	ent Secretary and Directors 3	Freasurer (ontional)				
Office Held	Name	iess / idai esses of 11 esid	Street or PO Address	reasarer (City	State	Country	Postal Code	
DIRECTOR	THOMAS KOCHIS		7120 BENEVA RD		SARASOTA	FL		34238	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
FL C 208424		Signature: Karen Gray		Date: 03/15/2017					
		Name (type or print): Karen Gray		Title: Director of Ops					
Processed 03/15/2017	cessed 03/15/2017 * Electronically provided signatures are accepted as original signatures.								