

No. C 87319		Due no later than Aug 31, 2010		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. WOOD RIVER INSURANCE INCORPORATED MICHELLE EWING 410 N MAIN HAILEY ID 83333		GREGORY R BLOOMFIELD 205 EQUUS DR BELLEVUE ID 83313		
				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	ROBERT BLOOMFIELD	PO BOX 1133	BELLEVUE	ID	USA	83313
DIRECTOR	MARGARET WORTHINGTON	1235 HART LANE	HARTSVILLE	PA	USA	18974-1018
SECRETARY	ANNE BLOOMFIELD	205 EQUUS DR	BELLEVUE	ID	USA	83313-1018
PRESIDENT	GREG R BLOOMFIELD	205EQUUS DR	BELLEVUE	ID	USA	83313-1018
5. Organized Under the Laws of: ID C 87319		6. Annual Report must be signed.* Signature: Greg Bloomfield Name (type or print): Greg Bloomfield Date: 06/16/2010 Title: President				
Processed 06/16/2010		* Electronically provided signatures are accepted as original signatures.				