No. C 62398		Due no later than Nov 30, 2013 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:					PETER D MCDONALD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MCDONALD INSURANCE COMPANY, INC. PETER D MCDONALD 2600 ROSE HILL STE 101 BOISE ID 83705			2600 ROSE HILL STE 101 BOISE ID 83705 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PETER D M	CDONALD	2600 ROSE HILL SUITE 101	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Repor						
ID C 62398		Signature: Pe		Date: 10/02/2013				
		Name (type o		Title: President				
Processed 10/02/2013 * Electronically provided signatures are accepted as original signatures.								