

No. C 74509		Due no later than Dec 31, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. MOUNTAIN STATES INSURANCE GROUP, INC. MARK L ANDREASEN 30 E 2ND SO SODA SPRINGS ID 83276		MARK L. ANDREASEN 30 EAST 2ND SOUTH SODA SPRINGS ID 83276		
				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	DREW W DREDGE	30 E 2ND SO	SODA SPRINGS	ID	USA	83276
DIRECTOR	JARED L SORENSEN	30 E 2ND SO	SODA SPRINGS	ID	USA	83276
DIRECTOR	ZACHARY ANDREASEN	30 E 2ND SO	SODA SPRINGS	ID	USA	83276
PRESIDENT	MARK L ANDREASEN	30 E 2ND SO	SODA SPRINGS	ID	USA	83276
SECRETARY	KAREN K ANDREASEN	30 E 2ND SO	SODA SPRINGS	ID	USA	83276
5. Organized Under the Laws of: ID C 74509		6. Annual Report must be signed.* Signature: Shauna Phelps Name (type or print): Shauna Phelps Date: 10/22/2010 Title: Bookkeeper				
Processed 10/22/2010		* Electronically provided signatures are accepted as original signatures.				