

No. C 201137		Due no later than Feb 28, 2017 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. MID-CONTINENT SPECIALTY INSURANCE SERVICES INC. ROBERT ZBACNIK 1437 S BOULDER STE 200 TULSA OK 74119		IDAHO DEPARTMENT OF INSURANCE BILL DEAL 700 W STATE 3RD FL 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	
PRESIDENT	JAMES S DAVIS	1437 S BOULDER STE 200	TULSA	OK	74119		
SECRETARY	SHARON L HACKL	1437 S BOULDER STE 200	TULSA	OK	74119		
5. Organized Under the Laws of: OK C 201137		6. Annual Report must be signed.* Signature: H. Kim Baird Name (type or print): H. Kim Baird Date: 01/16/2017 Title: Assistant Treasurer					
Processed 01/16/2017		* Electronically provided signatures are accepted as original signatures.					