

|  |               |  |       |   |         |             |  |
|--|---------------|--|-------|---|---------|-------------|--|
| No. <b>C 197771</b>  |               | <b>Due no later than Mar 31, 2016</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MCDONALD REINSURANCE, LTD.<br>PETE MCDONALD<br>2600 ROSE HILL STE 101<br>BOISE ID 83705 |       | PETE MCDONALD<br>2600 ROSE HILL STE 101<br>BOISE ID 83705 |         |             |  |
|  |               |  |       | 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  | PETE MCDONALD | 2600 ROSE HILL STE 101   | BOISE | ID  | USA     | 83705       |  |
| SECRETARY  | PETE MCDONALD | 2600 ROSE HILL STE 101   | BOISE | ID  | USA     | 83705       |  |
| 5. Organized Under the Laws of:<br><br><b>BW<br/>C 197771</b>  |               | 6. Annual Report must be signed.*<br>Signature: Peter D. McDonald<br>Name (type or print): Peter D. McDonald<br>Date: 01/28/2016<br>Title: President     |       |   |         |             |  |
| Processed 01/28/2016   |               | * Electronically provided signatures are accepted as original signatures.  |       |   |         |             |  |