

No. C 32779		Due no later than Jun 30, 2016		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. ROSSI INSURANCE COMPANY MICHAEL J. MURRAY P. O. BOX 439 WALLACE ID 83873		WALTER M. GOODSSEN 602 BANK STREET WALLACE ID 83873		
				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	WALTER M GOODSSEN	PO 97	BONNERS FERRY	ID	USA	83805
PRESIDENT	MICHAEL J. MURRAY	PO BOX 507	MULLAN	ID	USA	83846
SECRETARY	KAREN MOONEY	PO BOX 272	SILVERTON	ID	USA	83867-0272
DIRECTOR	JEFFREY WILKINS	11146 N. CATTLE DR.	HAYDEN	ID	USA	83835-0272
VICE PRESIDENT	H. JAMES MAGNUSON	PO BOX 469	WALLACE	ID	USA	83873-0272
DIRECTOR	JOHN MAGNUSON	PO BOX 469	WALLACE	ID	USA	83873-0272
TREASURER	KAREN MOONEY	PO BOX 272	SILVERTON	ID	USA	83867-0272
5. Organized Under the Laws of: ID C 32779		6. Annual Report must be signed.* Signature: Karen Mooney Name (type or print): Karen Mooney Date: 04/26/2016 Title: Secretary/Treasurer				
Processed 04/26/2016		* Electronically provided signatures are accepted as original signatures.				