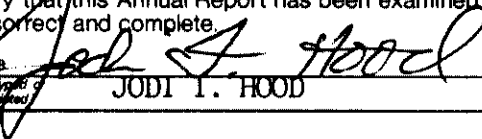


INSTRUCTIONS ON REVERSE SIDE

No. 29142	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX CLAIRE JUSTAD 3210 CRESCENT RIM DR. BOISE ID 83704																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct		3. Incorporated Under The Laws of NO: 029142																									
	INSURANCE CENTER, INC. CLAIRE JUSTAD P. O. BOX 5445 BOISE ID 83705 0000																											
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>CLAIRE JUSTAD</td> <td>PO BOX 5445</td> <td>BOISE</td> <td>IDAHO</td> <td>83705</td> </tr> <tr> <td>Secretary:</td> <td>JODI I. HOOD</td> <td>4576 S. CARBINE AVE</td> <td>BOISE</td> <td>IDAHO</td> <td>83709</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	CLAIRE JUSTAD	PO BOX 5445	BOISE	IDAHO	83705	Secretary:	JODI I. HOOD	4576 S. CARBINE AVE	BOISE	IDAHO	83709	Directors:					
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Directors:																												
5. Nature of Business INSURANCE RENEWALS POLICYHOLDER SERVICE (NO NEW SALES)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Name (Typed or Printed) JODI I. HOOD Date 10/8/91 Title SECT/TREAS																										