

REINSTATEMENT

C151958

No. C 151958	Annual Report Form ADMIN DISSOLVED 03/11/2005	2. Registered Agent and Office NOT A P.O. BOX NATIONAL REGISTERED AGENTS													
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Mail to Address: Corporation's Office (if applicable) ONE IDAHO INSURANCE GROUP, INC. 891 N PLACER AVE IDAHO FALLS, ID 83402	1423 TYRELL LANE BOISE, ID 83705 3. Max registered agent signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors United Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</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>PRES.</td> <td>RUSSELL TOD JOHNSON</td> <td>891 N. PLACER AVE.</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>		Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	RUSSELL TOD JOHNSON	891 N. PLACER AVE.	IDAHO FALLS	ID	83402		
Office held	Name	Street or P.O. Address	City	State	Zip										
PRES.	RUSSELL TOD JOHNSON	891 N. PLACER AVE.	IDAHO FALLS	ID	83402										
5. Organized under the laws of: IDAHO C 151958	6. Signature <u>Russ Todd Johnson</u> Date <u>10/29/07</u> Name <u>RUSSELL TOD JOHNSON</u> Title <u>PRES.</u>														

Form 4000 (Rev. 7/07) by SL1

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