No. **C 150100**	**Due no later than Jul 31, 2009** **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.** AGL INSURANCE, INC. ALLEN G LESTER 1394 MOJAVE ST IDAHO FALLS ID 83404 USA	ALLEN LESTER 1394 MOJAVE ST IDAHO FALLS ID 83404 3. New 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	ALLEN G LESTER	1394 MOJAVE ST.	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 150100**	Signature: Allen Lester	Date: 05/22/2009
	Name (type or print): Allen Lester	Title: President

Processed 05/22/2009

* Electronically provided signatures are accepted as original signatures.