| No. **C 168966** | **Due no later than Sep 30, 2012**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>INSURANCE PROFESSIONALS INCORPORATED<br>JOELLEN SCHNEIDER<br>2807 TAFT ST<br>BOISE ID 83703<br>USA | JOELLEN SCHNEIDER<br>2807 TAFT ST<br>BOISE ID 83703<br><br>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 | JOELLEN SCHNEIDER | 2807 W TAFT ST | BOISE | ID | USA | 83703 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**C 168966** | Signature: JoEllen Schneider | Date: 08/06/2012 |
| | Name (type or print): JoEllen Schneider | Title: President |

Processed 08/06/2012

* Electronically provided signatures are accepted as original signatures.