

No. C 190330		Due no later than Mar 31, 2018 <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed.  RICHMAN INSURANCE, INC. DONALD W RICHMAN PO BOX 669 HARLEM MT 59526-0669		JIM PERCY 144 W BRIDGE BLACKFOOT ID 83221			
						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	DONALD W RICHMAN	PO BOX 669	HARLEM	MT	USA	59526	
VICE PRESIDENT	HEATH A RICHMAN	PO BOX 669	HARLEM	MT	USA	59526	
DIRECTOR	RITA A RICHMAN	PO BOX 774	HARLEM	MT	USA	59526	
DIRECTOR	HEATH A RICHMAN	PO BOX 669	HARLEM	MT	USA	59526	
DIRECTOR	DONALD W RICHMAN	PO BOX 669	HARLEM	MT	USA	59526	
SECRETARY	RITA A RICHMAN	PO BOX 774	HARLEM	MT	USA	59526-0774	
5. Organized Under the Laws of:  <b>MT C 190330</b>		6. Annual Report must be signed.*  Signature: Donald W. Richman Name (type or print): Donald W. Richman					
		Date: 01/24/2018 Title: President					
Processed 01/24/2018		* Electronically provided signatures are accepted as original signatures.					