

No. C 186084	Due no later than Feb 28, 2011 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. ALL AMERICAN INSURANCE, INC. JAMES A FULLINWIDER 929 N MAIN ST MERIDIAN ID 83642	JAMES A FULLINWIDER 929 N MAIN ST MERIDIAN ID 83642				
		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	JAMES A FULLINWIDER	929 N MAIN ST	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID C 186084	6. Annual Report must be signed.* Signature: James A Fullinwider Name (type or print): James A Fullinwider		Date: 12/09/2010 Title: President			
Processed 12/09/2010		* Electronically provided signatures are accepted as original signatures.				