	13∪4	Annual Report Form 1 Due No Later Than November 30,		ent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1. Mailing Address - Please Correct, If Not Correct	300 NOB	ORATION SYSTEM
		AFFINITY INSURANCE SERVICE P.O. OH 8264 123 M. HACKERODOVE	POISE	10 ₃ 83701
* FIRST N	OTICE *	CHICAGO IL 60680	3. Organized Und	ter the Laws of:) C 90304
Emitted Clabiffty	/ Companies: Ente	lusiness Addresses of President, Secretary and Direct r Names and Addresses of Managers or Me	tors mbers (check one)	. '
Office held Vesident	Robert	M Foys	City	State Zip
ecretary	Arlene u			
<i>directors</i>	Dale E.1 Michael	O. Rice Chicago, IL 60606	ocated at:	
	Robert	m. Fays		**************************************
		6. Signature	Date _	11.5.97
	07-04-19	Name (Typed or Susan M. Art	Title &	ASST. V.P.
* ISSUED:				