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04-21-1999 90125 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000005367

1. Corporation Name
AIA INSURANCE, INC.

Principal Place of Business

ATTN: LEGAL DEPT.
 PO BOX 538
 LEWISTON ID 83501

Mailing Address

ATTN: LEGAL DEPT.
 PO BOX 538
 LEWISTON ID 83501



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/31/1995

4. FEI Number
82-0332010

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TAYLOR, R. J	1.1 TITLE	
NAME	111 MAIN STREET	1.2 NAME	
STREET ADDRESS	LEWISTON ID 83501	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV DURANT, PAUL D	2.1 TITLE	V SCHRETTE, PAUL D
NAME	111 MAIN STREET	2.2 NAME	111 MAIN STREET
STREET ADDRESS	LEWISTON ID 83501	2.3 STREET ADDRESS	LEWISTON ID 83501
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD SPICKLER, DANIEL L	3.1 TITLE	TD MADRID, W BRUCE
NAME	111 MAIN STREET	3.2 NAME	111 MAIN STREET
STREET ADDRESS	LEWISTON ID	3.3 STREET ADDRESS	LEWISTON ID 83501
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	SD DUCLOS, JOLEE K
NAME		4.2 NAME	111 MAIN STREET
STREET ADDRESS		4.3 STREET ADDRESS	LEWISTON ID 83501
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jolee K. Duclos Jolee K. Duclos April 13, 1999 208-799-9043
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)