2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000003136

1. Entity Name
MOUNTAIN STATES INSURANCE SERVICES, INCORPORATED

Principal Place of Business
7202 EAST ROSEWOOD STREET, SUITE 200
TUCSON, AZ 85710

Mailing Address
7202 EAST ROSEWOOD STREET, SUITE 200
TUCSON, AZ 85710

03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0290675
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000100706945
04/24/07-80055-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TOUCHE', CHARLES A
STREET ADDRESS	5050 E LAFAYETTE BLVD
CITY-ST-ZIP	PHOENIX, AZ 85018
TITLE	PD
NAME	TOUCHE', STEVEN D
STREET ADDRESS	6256 PASEO TIERRA ALTA
CITY-ST-ZIP	TUCSON, AZ 85715
TITLE	DVP
NAME	DHUEY, JOSEPH C
STREET ADDRESS	5635 E. PASEO CIMMARRON
CITY-ST-ZIP	TUCSON, AZ
TITLE	VPD
NAME	SHEARMAN, JOHN L
STREET ADDRESS	5621 E SUTLER LANE
CITY-ST-ZIP	TUCSON, AZ 85712
TITLE	V
NAME	ADELBERG, DOUGLAS
STREET ADDRESS	986 W LOST DUTCHMAN PLACE
CITY-ST-ZIP	TUCSON, AZ 85737
TITLE	CFO
NAME	CRAIG-JAGER, GAIL Y
STREET ADDRESS	12041 E JEFSUMARK CIRCLE
CITY-ST-ZIP	TUCSON, AZ 85749

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ Joseph C. Dhuey 4/11/07 520-722-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #