RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

9 3 0 1993 6 3 0 9 3 0

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-9-93
RECEIPT NO. 324299

RECEIVED
JUL 9 1993
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

```
08-006573                          JUL/92
BLACK HILLS AGENCY, INC.
MAGUIRE, RICHARD
BOX 3330
820 ST. JOSEPH ST.
RAPID CITY, SD 57709-3330
```

Telephone # 605-342-5555
FAX # 605-342-7901
Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the form.

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2. The character of the business in which it is actually engaged in South Dakota ______

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
	Director				
	Director				
	President				
	Vice President				
	Secretary				
	Treasurer				

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5.

NUMBER OF SHARES ISSUED	CLASS	SERIES

6. The amount of its stated capital is $ ______.

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated July 6 19 93

By Kathleen T. Maguire
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Michael J. Maguire, a notary public, do hereby certify that on this 6 day of July 1993 personally appeared before me Kathleen Maguire who, being by me first duly sworn, declared that he/she is the President of Black Hills Agency, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1/31/00

Notary Public

(Notarial Seal)

SOS CRP 410 10/92

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 *In addition to annual report fee*

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____ ZIP + 4 _____

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____ ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date July 6 19 93.

_____ (signature)

_____ (title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

_____ Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the (name of registered agent) registered agent for _____ (corporate name)

Dated _____ 19____

_____ (signature)

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

1993 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-7-93
RECEIPT NO. 324319

RECEIVED
JUL 7 1993
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DB-010634 JUN/92
J & R HOLDING CO., INC.
RADERMACHER, RONALD
RTE. 1, BOX 698
HARRISBURG, SD 57032-9417

Telephone # 605-368-5387
FAX #
Federal Taxpayer ID #

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the form.

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2. The character of the business in which it is actually engaged in South Dakota _____

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
	Director				
	Director				
	President				
	Vice President				
	Secretary				
	Treasurer				

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ISSUED	CLASS	SERIES

6. The amount of its stated capital is $ _____.

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 6-27-93 19____

By _____
(Signature) Ron Radermacher
Its President
(Title)

STATE OF South Dakota
COUNTY OF Lincoln ss

I, Judith Radermacher, a notary public, do hereby certify that on this 27 day of June 19 93, personally appeared before me Ron Radermacher who, being by me first duly sworn, declared that he/she is the President of J & R Holding Company, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires JUDITH RADERMACHER NOTARY PUBLIC MY COMMISSION EXPIRES DEC. 22, 1996 (Notarial Seal)

Judith Radermacher
Notary Public

SOS CRP 410 10/92

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____ ZIP + 4 _____

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____ ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19____

_____
(signature)

9 4 0 0 1 7 4 | 1 6 6

1994
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE
RECEIPT NO. 401094

RECEIVED
JUL 14 1994
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DB-006573 JUL/93
BLACK HILLS AGENCY, INC.
MAGUIRE, RICHARD
BOX 3330
820 ST. JOSEPH ST.
RAPID CITY, SD 57709-3338

Telephone # 605-342-5555
FAX # 605-342-7901
Federal Taxpayer I
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the form.

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2. The character of the business in which it is actually engaged in South Dakota The sale of all forms of insurance.

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Richard Maguire	Director	2006 Glenview	Rapid City	SD	57701
Kevin Maguire	Director	1338 Summerfield	Rapid City	SD	57701
Suzanne Fees	Director	438 Tamarack Drive	Rapid City	SD	57701
Katherine Maguire	President	2419 Chancery Court	Rapid City	SD	57702
Michael Maguire	Vice President	219 E. Liberty	Rapid City	SD	57701
Daniel Maguire	Secretary	23645 Strato Rim Dr.	Rapid City	SD	57702
Kelly Maguire	Treasurer	3912 Maple Ave	Rapid City	SD	57701

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
1000	1	1	$100

5. NUMBER OF SHARES ISSUED

NUMBER OF SHARES ISSUED	CLASS	SERIES	
117		1	$100

6. The amount of its stated capital is $ 11,700

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated July 12 1994

By Katherine Maguire (Signature)
Its President (Title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Michael J. Maguire, a notary public, do hereby certify that on this 12th day of July 1994, personally appeared before me Katherine A. Maguire who, being by me first duly sworn, declared that he/she is the President of Black Hills Agency, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1/31/2000

Notary Public

(Notarial Seal)

SOS CRP 410 10/92

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date: _____
Receipt No.: _____

FILING FEE: $5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is Black Hills Agency, Inc.

2. The previous street address, or a statement that there is no street address, of its registered office
820 St. Joseph Street ZIP + 4 57709-3330

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is No Change
ZIP + 4 _____

4. The name of its previous registered agent is Richard Maguire

5. The name of its successor registered agent is * Katherine Maguire
* The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date July 12 19 94.

Katherine A. Maguire
(signature)
President
(title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Michael J. Maguire, a notary public, do hereby certify that on this 12th day of July 19 94, personally appeared before me Katherine A. Maguire who, being by me first duly sworn, declared that he/she is the President of Black Hills Agency, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1/3/94

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Katherine A. Maguire, hereby give my consent to serve as the
(name of registered agent)
registered agent for Black Hills Agency, Inc.
(corporate name)

Dated July 12 19 94

Katherine A. Maguire
(signature)

Receipt No. 401074

File No. DB006573.

STATE OF SOUTH DAKOTA

SS.

OFFICE OF THE SECRETARY OF STATE

Statement of Change

For

BLACK HILLS AGENCY, INC.

File at the request of:

BLACK HILLS AGENCY INC
PO BOX 3330
RAPID CITY SD 57709

Filed in the office of Secretary of State on

Date JULY 14, 1994

JOYCE HAZELTINE

Secretary of State

Fee Recieved $5

SOS CRP 491 10/93

9507178 158

1995
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 7.3.95
RECEIPT NO. 472454

1. Corporate Name, Registered Agent and Registered Address.

DB-006573 JUL 94
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
BOX 3330
820 ST. JOSEPH ST.
RAPID CITY, SD 57709-3330

Telephone # 605-342-5555
FAX # 605-342-7901
Federal Taxpayer ID [redacted]

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2. The character of the business in which it is actually engaged in South Dakota ______

3. The names and addresses of its directors and officers (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
	Director				
	Director				
	President				
	Vice President				
	Secretary				
	Treasurer				

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class.

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ISSUED CLASS SERIES

6. The amount of its stated capital is $ ______

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 6 7 19 95

By [signature] (Signature)
Its President (Title)

STATE OF South Dakota
COUNTY OF Pennington ss
I, [handwritten name], a notary public, do hereby certify that on this 7th day of June 1995 personally appeared before me Katherine A. Maguire who, being by me first duly sworn, declared that he/she is the President of Black Hills Agency, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1-25-96

[signature]
Notary Public

(Notarial Seal)

SOS CRP 410 11/94

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date: _____
Receipt No.. _____

FILING FEE: $5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

   _____

2. The previous street address, or a statement that there is no street address, of its registered office _____

   _____ ZIP + 4 _____

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____

   _____ ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19____

_____
(signature)

9691843 69

1996 ANNUAL REPORT

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 8-5-96
RECEIPT NO. 562763
RECEIVED
AUG 5 1996

1 Corporate Name, Registered Agent and Registered Address

DB 006573 JUL/96
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY, SD 57709-3330

Telephone # 605-342-5555
FAX # 605-342-7691
Federal Taxpayer I

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2 The character of the business in which it is actually engaged in South Dakota The sale of all forms of insurance

3 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
Katherine H. Maguire	President	2419 Chancery Ct	Rapid City	SD	57702
Michael J. Maguire	Vice President	635 Texas Ct	Rapid City	SD	57701
Daniel P. Maguire	Secretary	1015 St. Anne,	Rapid City	SD	57701
Kelly G. Maguire	Treasurer	3912 Maple Ave	Rapid City	SD	57701

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ✓ NO ___ If no, list directors below.

Richard P. Maguire	Director	2606 Greenwich Dr	Rapid City,	SD	57701
Kevin G. Maguire	Director	1338 Summerfield,	Rapid City,	SD	57701
Suzanne M. Fees	Director	438 Tamarack Dr.,	Rapid City,	SD	57701

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
1000	1	1	$100

5 NUMBER OF SHARES ACTUALLY ISSUED 114 | CLASS 1 | SERIES 1 | $100

6. The amount of its stated capital is $ 11,400 (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated August 2 1996

By Katherine H Maguire (Signature)
Its President (Title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Michael J. Maguire, a notary public, do hereby certify that on this 2 day of August 1996, personally appeared before me Katherine Maguire who, being by me first duly sworn, declared that he/she is the President of Black Hills Agency, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 1/3/2000

Notary Public

(Notarial Seal)

SOS CRP 410 10/95

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date: _____
Receipt No.: _____

FILING FEE: $5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____ ZIP + 4 _____

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____ ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19 ____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this ____ day of _____ 19 ____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 ____

_____
(signature)

5 0 3 7 8 8 0 0 0 2 7 2

1997 ANNUAL REPORT

9707122.1505

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILING DATE 7-1-97
RECEIPT NO. 637925
RECEIVED
JUL 01 1997
SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DB 006573 JUL/96
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY, SD 57709-3330

Telephone # 605-342-5555
FAX # 605-342-7901
Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2. The character of the business in which it is actually engaged in South Dakota The Sale of all forms of insurance.

3. The names and addresses of its directors and officers.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
Katherine A. Maguire	President	3604 Westridge Rd.	Rapid City	SD	57702
Michael J. Maguire	Vice President	635 Texas Ct.	Rapid City	SD	57701
Daniel P. Maguire	Secretary	23759 Pine Haven Drive	Rapid City,	SD	57701
Kelly G. Maguire	Treasurer	3912 Maple Ave.	Rapid City,	SD	57701

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ✓ NO ___ If no, list directors below.

Richard N. Maguire	Director	3606 Grandview Dr.	Rapid City	SD	57701
Kevin G. Maguire	Director	1338 Summerfield	Rapid City	SD	57701
Suzanne M. Fees	Director	438 Tamarack Dr.	Rapid City,	SD	57701

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
1000	1	1	$100

5. NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	
107.92	1	1	$100

6. The amount of its stated capital is $ 10,792.00 (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated June 12 1997

By Katherine A Maguire
(Signature)
Its President
(Title)

STATE OF SD
COUNTY OF Pennington ss

I, Lisa D Mann, a notary public, do hereby certify that on this 12th day of June 1997, personally appeared before me Katherine A. Maguire who, being by me first duly sworn, declared that he/she is the President of Black Hills Agency, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

Lisa D. Mann
Notary Public

My Commission Expires June 13 1998

SEAL — Notary Public State of South Dakota (Notarial Seal)

Lisa D. Mann
Notary Public

SCS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date: _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____.

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____.
_____ ZIP + 4 _____.

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____
* The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19 ____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19 ____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 ____

_____
(signature)

1998
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 6/23/98
RECEIPT NO. 22449

RECEIVED
JUN 23 1998
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-006573 JUL/97
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY, SD 57709-3330

Telephone # 605-342-5555
FAX # 605-342-7901
Federal Taxpayer IC

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota The sale of all forms of insurance.

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
Katherine A. Maguire	President	4074 Valley West Drive	Rapid City	SD	57702
Michael J. Maguire	Vice President	635 Texas Ct.	Rapid City	SD	57701
Daniel P. Maguire	Secretary	23759 Pine Haven Drive	Rapid City	SD	57701
Kelly B. Maguire	Treasurer	3912 Maple Ave.	Rapid City	SD	57701

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ✓ NO ___ If no, list directors below.

Richard N. Maguire	Director	2616 Grandview Dr.	Rapid City	SD	57701
Kevin B. Maguire	Director	1338 Summerfield	Rapid City	SD	57701
Suzanne McFees	Director	438 Tamarack Dr.	Rapid City	SD	57701

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
1000	1	1	$100

5. NUMBER OF SHARES ACTUALLY ISSUED

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	
105.92	1	1	100

6. The amount of its stated capital is $ 10592.00 (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated June 22 1998

By Katherine A. Maguire (Signature)
Its President (Title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Tela D. Mann, a notary public, do hereby certify that on this 22 day of June 1998, personally appeared before me Katherine A. Maguire who, being by me first duly sworn, declared that he/she is the President of Black Hills Agency, Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

TELA D. MANN
Notary Public
State of South Dakota
SEAL
My Commission Expires 6-13-2004
(Notarial Seal)

Tela D. Mann
Notary Public

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date: _____
Receipt No.: _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____ ZIP + 4 _____

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____ ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19____

_____
(signature)

9908198.276

1999

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

9908198.0276

ANNUAL REPORT 1999

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-1-99
RECEIPT NO. 209354
RECEIVED
JUN 25 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-006573 JUL/98
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY, SD 57709-3330

Telephone # 605-342-5555
FAX # 605-342-7901
Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The character of the business in which it is actually engaged in South Dakota The sale of all forms of insurance.

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Katherine A. Maguire	President	23765 Pine Haven Dr.	Rapid City	SD	57701
Michael J. Maguire	Vice President	635 Texas Ct.	Rapid City	SD	57701
Daniel P. Maguire	Secretary	23759 Pine Haven Dr.	Rapid City	SD	57701
Kelly G. Maguire	Treasurer	3912 Maple Ave.	Rapid City	SD	57701

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X NO ___ If no, list directors below.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Kevin G. Maguire	Director	1338 Summerfield	Rapid City	SD	57701
Suzanne A. Fees	Director	438 Tamarack Dr.	Rapid City	SD	57701

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) 1000 CLASS / SERIES / PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE $100

5. NUMBER OF SHARES ACTUALLY ISSUED 105.92 CLASS / SERIES /

6. The amount of its stated capital is $ 10592.00 (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated June 23 1999

By Katherine A Maguire
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Tela D Mann, a notary public, do hereby certify that on this 23 day of June 1999, personally appeared before me Katherine A Maguire who, being by me first duly sworn, declared that he/she is the President of Black Hills Agency, Inc. the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1-3-2003

TELA D. MANN
Notary Public
State of South Dakota
(Notarial Seal)

Tela D Mann
Notary Public

SOS CRP 6/98

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date_____
Receipt No._____

FILING FEE: $10 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
   _____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
   _____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____ 19 ____

_____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 ____

_____
(signature)

0006203.2859 (vertical sidebar)

2000

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

0006203.2859
6729700

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-1-00
RECEIPT NO. 390826

RECEIVED
JUN 14 '00
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-006573 JUL/1999
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone #______
FAX #______
Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The character of the business in which it is actually engaged in South Dakota______

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

SD law requires at least one director.
Do the above listed officers serve also as directors? YES __ NO __ If no, list directors below.

	Director				
	Director				

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is $ ______. (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 6-13-00

By Katherine A Maguire
(Signature)

its President
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

On this the 13 day of June, 20 00, before me, Tela D Mann personally appeared Katherine A. Maguire, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires June 13, 2004

Tela D. Mann
Notary Public

SEAL — TELA D. MANN, Notary Public, State of South Dakota (Notarial Seal)

SOS CRP 11/99

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date _____
Receipt No. _____

FILING FEE: $10 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
   _____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
   _____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

_____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____ personally appeared _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

_____
(signature)

0107209.2918

2001

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

0107209.2918
7718701

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-1-01
RECEIPT NO. 991549

RECEIVED
JUN 14 '01
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-006573 JUL/2000
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone #________
FAX #________
Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The character of the business in which it is actually engaged in South Dakota________

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

________ Director ________
________ Director ________

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is $ ________. (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 6-13-01

By Katherine A Maguire
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

On this the 13 day of June, 2001, before me, Michael J. Maguire, personally appeared Katherine Maguire, known to me, or proved to me, to be the Pres. [illegible] of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 1/26/06

____
Notary Public

(Notarial Seal)

SOS CRP 11/00

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date_____
Receipt No._____

FILING FEE: $10 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
   _____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
   _____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____ _____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____ personally appeared _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ _____
(signature)

1095

2002 ANNUAL REPORT

0208215.1095
8/13/02

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-12-02
RECEIPT NO. 1119804
RECEIVED JUL 12 '02 S.D. SEC. OF STATE
RECEIVED JUL 02 '02 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-006573 JUL/2001
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone # 605 342-5555
FAX # 605 342-7001
Federal Taxpayer II

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★★★★ ATTENTION - FILING INSTRUCTIONS ★★★★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★★

2. The character of the business in which it is actually engaged in South Dakota The sale of all forms of insurance

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Katherine A Maguire	President	23765 Pine Haven Drive	Rapid City	SD	57702
Michael J Maguire	Vice President	635 Texas Court	Rapid City	SD	57701
Daniel P Maguire	Secretary	23759 Pine Haven Drive	Rapid City	SD	57702
Kelly G Maguire	Treasurer	3912 Maple Avenue	Rapid City	SD	57701

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X NO ___ If no, list directors below.

Kevin G Maguire	Director	620 Enchantment Road	Rapid City	SD	57701
Suzanne M Fees	Director	438 Tamarack Drive	Rapid City	SD	57701

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
1,000	I	I	$100.00

5. NUMBER OF SHARES ACTUALLY ISSUED

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES
105.92	I	I

6. The amount of its stated capital is $ 23,470.00 . (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 6/25/02

By Katherine A Maguire
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

On this the 26th day of June, 2002, before me, Marla Peterson personally appeared Katherine Maguire, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 8-16-06

Marla Peterson
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date_____
Receipt No._____

FILING FEE: $10 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
   _____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
   _____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

_____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, *before me*, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

_____
(signature)

2003 ANNUAL REPORT

0308222.3075
8/27/03

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILE DATE 8/7/03
RECEIPT NO. 1236832
S.D. SEC. OF STATE

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

DB-006573
DB-006573 JUL/2002
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone # 605 342-5555
FAX # 605 342-7901
Federal Taxpayer II
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report below in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The character of the business in which it is actually engaged in South Dakota The sale of all forms of insurance

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Katherine A Maguire	President	23765 Pine Haven Drive	Rapid City	SD	57702
Michael J Maguire	Vice President	635 Texas Court	Rapid City	SD	57701
Daniel P Maguire	Secretary	23759 Pine Haven Drive	Rapid City	SD	57702
Kelly G Maguire	Treasurer	3912 Maple Avenue	Rapid City	SD	57701

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X NO __ **If no, list directors below.**

Kevin G Maguire	Director	620 Enchantment Road	Rapid City	SD	57701
Suzanne M Fees	Director	111 E Nebraska Street	Rapid City	SD	57701

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
1,000	I	I	$100.00

5. NUMBER OF SHARES ACTUALLY ISSUED 105.92 CLASS I SERIES I

6. The amount of its stated capital is $ 32,045.00 (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated [redacted]

By Katherine A Maguire
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

On this the 6th day of August, 2003, before me, Marilyn Larson personally appeared Katherine A Maguire, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 3-27-2007

M. Larson
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.state.sd.us/sos

SOS CRP 07/03

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date _____
Receipt No _____

FILING FEE: $10 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
   _____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
   _____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____ _____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____ personally appeared _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____ _____
(signature)

228 5882 06/30/2004

2004 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

RECEIVED JUL 01 '04 S.D. SEC. of STATE

FILE DATE 7/1/04
RECEIPT NO. 1334945

RECEIVED JUN 24 '04 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB006573
DB006573 JUL/2003
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone # 605 342-5555
FAX # 605 342-7901
Federal Taxpa

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The character of the business in which it is actually engaged in South Dakota the Sale of all forms of Insurance

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Katherine A Maguire	President	23765 Pine Haven Dr.	Rapid City	SD	57702
Michael J. Maguire	Vice President	635 Texas Ct.	Rapid City	SD	57701
Daniel P Maguire	Secretary	23759 Pine Haven Dr.	Rapid City	SD	57702
Kelly G Maguire	Treasurer	3912 Maple Ave.	Rapid City	SD	57701

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X **NO** ___ **If no, list directors below.**

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Kevin G Maguire	Director	620 Enchantment Rd.	Rapid City	SD	57701
Suzanne M Fees	Director	111 E Nebraska St.	Rapid City	SD	57701

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
1,000	I	I	$100.00

5. NUMBER OF SHARES ACTUALLY ISSUED

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES
10592	I	I

6. The amount of its stated capital is $ 38,610.00 . (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer.

Dated 6-23-04

[signature] Katherine A Maguire
(Signature)

President / CEO
(Title)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/04

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____

   _____ ZIP + 4 _____

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____

   _____ ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or any other officer.

Dated _____ _____
(Signature)

_____
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____ _____
(signature)

Revised 07/04

239 2755 08/10/2005

2005 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 08/02/05
RECEIPT NO. 1463083

RECEIVED RECEIVED
AUG 2 '05 JUL 27 '05
S.D. SEC. OF STATE S.D. SEC. of STATE

1. Corporate Name, Registered Agent Name and Registered Address:

DB006573
DB006573 JUL/2004
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone # 605 342-5555
FAX # 605 342-7901

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check the box** below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

[X] ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The address of the principal office 820 St. Joseph Street, Rapid City, SD 57701

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Katherine Maguire	President	23765 Pine Haven Dr.	Rapid City	SD	57702
Michael Maguire	Vice President	635 Texas Ct.	Rapid City	SD	57701
Daniel Maguire	Secretary	23759 Pine Haven Dr.	Rapid City	SD	57702
Kelly Maguire	Treasurer	3912 Maple Ave.	Rapid City	SD	57701

4. Provide a brief description of the nature of the business the sale of forms of insurance

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ✓ If no, list directors below.

Kevin Maguire	Director	620 Enchantment Rd.	Rapid City	SD	57701
Suzanne Fees	Director	111 E Nebraska St.	Rapid City	SD	57701

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
1,000	I	I

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
105.92	I	I

The statement may be signed by any authorized officer of the Corporation.

Dated 7-26-05

Signature: Katherine A Maguire

Printed Name: Katherine A Maguire

Title: President / CEO

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/05

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The street address, or a statement that there is no street address, of its current registered office _____

   _____ ZIP + 4 _____

3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but ~~a street address, or a statement that there is no street address, if street addresses have not been assigned,~~ or the RR address, must also be included. _____

   _____ ZIP + 4 _____

4. The name of its current registered agent is _____

5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement may be signed by any authorized officer of the corporation.

Dated _____ _____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____ _____
(signature)

252 0354

2006 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 8-1-06
RECEIPT # 580296
RECEIVED
AUG 01 '06
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:

DB0006573
DB006573 JUL/2005
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone # 605 342-5555
FAX # 605 342-7901

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The address of the principal office ______

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

______ Director ______

______ Director ______

4. Provide a brief description of the nature of the business ______

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES

The statement may be signed by any authorized officer of the Corporation.

Dated 7-31-06

[signature]
Signature

Katherine A Maguire
Printed Name

President / CEO
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/05

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The street address, or a statement that there is no street address, of its current registered office _____

   _____ ZIP + 4 _____

3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____

   _____ ZIP + 4 _____

4. The name of its current registered agent is _____

5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement may be signed by any authorized officer of the corporation.

Dated _____

_____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

_____
(signature)

264 0826

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 07/01/07
RECEIPT NO. 1691753

RECEIVED
JUN 29 2007
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:

DB0006573

DB006573 JUL/2006
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone # 605-342-5555
FAX # 605-342-7901

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The address of the principal office ______

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

______ Director ______

______ Director ______

4. Provide a brief description of the nature of the business ______

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES

The statement may be signed by any authorized officer of the Corporation.

Dated 6-27-07

Katherine A. Maguire
Signature

Katherine A. Maguire
Printed Name

President/CEO
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/05

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The street address, or a statement that there is no street address, of its current registered office _____

   _____ ZIP + 4 _____

3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____

   _____ ZIP + 4 _____

4. The name of its current registered agent is _____

5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement may be signed by any authorized officer of the corporation.

Dated _____

_____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

_____
(signature)

278 2620 07/21/2008

2008 ANNUAL REPORT
DOMESTIC

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $30 Make check payable to SECRETARY OF STATE

FILE DATE 07/09/08
RECEIPT NO 1814539
RECEIVED
RECEIVED JUN 25 2008
JUL 09 2008 S.D. SEC. OF STATE
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB006573
DB006573 JUL/2007
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
820 ST JOSEPH ST
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone # _____
FAX # _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
820 St. Joseph Street,	Rapid City	SD	57701
PO Box 3330 (Mailing Address (Optional))	Rapid City	SD	57709

3. The name of the South Dakota Registered Agent Kelly Maguire

	City	State	ZIP+4
820 St. Joseph Street (Street Address (Required to be a South Dakota Address))	Rapid City	SD	57701
PO Box 3330 (Mailing Address (Optional – Required to be a South Dakota Address))	Rapid City	SD	57709

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

	Street Address	City	State	ZIP+4
☐ Kelly Maguire, President	820 St. Joseph Street	Rapid City	SD	57701
☐ Michael Maguire, Vice President	820 St. Joseph Street	Rapid City	SD	57701
☐ Suzanne Fees, Secretary	820 St. Joseph Street	Rapid City	SD	57701
☐ Daniel Maguire, Treasurer	820 St. Joseph Street	Rapid City	SD	57701
☐ Kevin Maguire, Director	820 St. Joseph Street	Rapid City	SD	57701
☐ Katherine Maguire, Director	820 St. Joseph Street	Rapid City	SD	57701

Dated 6-23-08

(Signature of an authorized officer)

Kelly Maguire
(Printed Name)

President
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

_____
Street Address (Required to be a South Dakota Address) City State ZIP+4

_____
Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

293 0809 07/13/2009

2009 ANNUAL REPORT
DOMESTIC

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 07/10/09
RECEIPT NO 1928419
RECEIVED
JUL 10 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB006573
DB006573 JUL/2008
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone # _____
FAX # _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
820 St. Joseph Street,	Rapid City	SD	57701
PO Box 3330 (Mailing Address (Optional))	Rapid City	SD	57709

3. The name of the South Dakota Registered Agent Kelly Maguire

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
820 St. Joseph Street	Rapid City	SD	57701
PO Box 3330 (Mailing Address (Optional – Required to be a South Dakota Address))	Rapid City	SD	57701

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

	Street Address	City	State	ZIP+4
☐ Kelly Maguire, President	820 St. Joseph Street	Rapid City	SD	57701
☐ Michael Maguire, Vice President	820 St. Joseph Street	Rapid City	SD	57701
☐ Suzanne Fees, Secretary	820 St Joseph Street	Rapid City	SD	57701
☐ Daniel Maguire, Treasurer	820 St. Joseph Street	Rapid City	SD	57701
☐ Kevin Maguire, Director	820 St. Joseph Street	Rapid City	SD	57701
☐ Katherine Randall, Director	820 St. Joseph Street	Rapid City	SD	57701

Dated 7-7-09

(Signature of an authorized officer)

Kelly Maguire
(Printed Name)

President
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

_____
Street Address (Required to be a South Dakota Address) City State ZIP+4

_____
Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

376 0483

Receipt Number: 240077

File Number DB006573

DB006573

ARTICLES OF AMENDMENT

ARTICLES_OF_AMENDMENT

For

BLACK HILLS AGENCY, INC. changing its name to: BLACK HILLS INSURANCE AGENCY, INC.

Filed at the request of:

BLACK HILLS INSURANCE
PO BOX 3330
RAPID CITY SD 57709

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Wednesday, June 16, 2010**

Chris Nelson

Secretary of State

Fee Received: $60.00

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Amendment

ORGANIZATIONAL ID #: DB006573

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **BLACK HILLS AGENCY, INC. changing its name to: BLACK HILLS INSURANCE AGENCY, INC.** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this June 16, 2010.

Chris Nelson

Chris Nelson
Secretary of State

AmendCertificate Merge

376 0485

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

AMENDMENT TO ARTICLES OF INCORPORATION

DOMESTIC BUSINESS CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: $60 payable to SECRETARY OF STATE

RECEIVED
JUN 16 2010
S.D. SEC. OF STATE

Telephone # _____
FAX # _____

Filed this 16th day of June, 2010
Chris Nelson
SECRETARY OF STATE

1. The name of the corporation is Black Hills Agency, Inc.

Note: This must be the exact corporate name.

2. The Articles of Incorporation have been amended in the manner prescribed by SDCL 47-1A and by the Articles of Incorporation on 5-23, 20 05.

☒ Adopted by the shareholders.

☐ Adopted by the Board of Directors.

3. Please state the amendment.

Please change name to
Black Hills Insurance Agency, Inc.

Application may be signed by any authorized officer of the corporation.

Dated 6-14-2010

Suzanne M Fees
(Signature of an authorized officer)

Suzanne M Fees
(Printed Name)

Secretary
(Title)

2010 ANNUAL REPORT
DOMESTIC

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

RECEIVED
JUL 02 2010
S.D. SEC. OF STATE

FILE DATE 07/12/10
RECEIPT NO 247139
RECEIVED
JUN 30 2010
S.D. SEC. OF STATE

RECEIVED
JUL 12 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB0006573
DB006573 JUL/2009
BLACK HILLS AGENCY, INC.
MAGUIRE, KATHERINE
PO BOX 3330
RAPID CITY SD 57709-3330

Telephone #
FAX #
FILING DATE: Due by the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
820 St. Joseph Street	Rapid City	SD	57701
PO Box 3330 (Mailing Address (Optional))	Rapid City	SD	57709

4. The name of the South Dakota Registered Agent Kelly Maguire

	City	State	ZIP+4
820 St. Joseph Street (Street Address (Required to be a South Dakota Address))	Rapid City	SD	57701
PO Box 3330 (Mailing Address (Optional – Required to be a South Dakota Address))	Rapid City	SD	57709

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

	Street Address	City	State	ZIP+4
☒ Kelly Maguire, President	820 St. Joseph Street	Rapid City	SD	57701
☒ Michael Maguire, Vice President	820 St. Joseph Street	Rapid City	SD	57701
☒ Suzanne Fees, Secretary	820 St. Joseph Street	Rapid City	SD	57701
☒ Daniel Maguire, Treasurer	820 St. Joseph Street	Rapid City	SD	57701
☒ Kevin Maguire, Director	820 St. Joseph Street	Rapid City	SD	57701
☒ Katherine Randall, Director	820 St. Joseph Street	Rapid City	SD	57701

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 6-29-2010

(Signature of an Authorized Person)

Kelly Maguire
(Printed Name)

domesticannualreport July 2010

308 0556

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity Black Hills Insurance Agency, Inc

2. The name of the registered agent on file Katherine Maguire

   The name of the successor registered agent Kelly Maguire

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity

Street Address (Required)	City	State	ZIP+4
820 St. Joseph Street,	Rapid City	SD	57701
Mailing Address (Optional)	**City**	**State**	**ZIP+4**
PO Box 3330	Rapid City	SD	57709

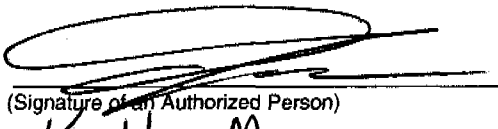
5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional – Required to be a South Dakota Address)	**City**	**State**	**ZIP+4**

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 7-9-2010



(Signature of an Authorized Person)

Kelly Maguire

(Printed Name)

2011

ANNUAL REPORT
DOMESTIC

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 07/01/11
RECEIPT NO 2165530
RECEIVED
JUL 01 2011
S.D. SEC. OF STATE

Telephone # 605-342-5555

321 3390

1. Corporate Name, Registered Agent Name and Address:

DB006573
DB006573 JUL/2010
BLACK HILLS INSURANCE AGENCY, INC.
MAGUIRE, KELLY
PO BOX 3330
RAPID CITY SD 57709-3330

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
820 St. Joseph Street	Rapid City	SD	57701
PO Box 3330	Rapid City	SD	57709
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Kelly Maguire

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
820 St. Joseph Street	Rapid City	SD	[redacted]
PO Box 3330	Rapid City	SD	57709
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

Email Address

5. The names and addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

	Street Address	City	State	ZIP+4
☒ Kelly Maguire, President	820 St. Joseph Street	Rapid City	SD	57701
☒ Michael Maguire, Vice President	820 St. Joseph Street	Rapid City	SD	57701
☒ Suzanne Fees, Secretary	820 St Joseph Street	Rapid City	SD	57701
☒ Daniel Maguire, Treasurer	820 St. Joseph Street	Rapid City	SD	57701
☒ Kevin Maguire, Director	820 St. Joseph Street	Rapid City	SD	57701
☒ Katherine Randall, Director	820 St. Joseph Street	Rapid City	SD	57701

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 6-29-2011

(Signature of an Authorized Person)

Email

Kelly Maguire
(Printed Name)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

_____

2. The name of the registered agent on file _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity **(Old Registered Agent Address)**

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address City State ZIP+4

5. If the address has changed, list the new registered agent address

_____
Street Address or Rural Route Box Number in This State and City State ZIP+4

_____
Mailing Address in This State, if Different from Street Address City State ZIP+4

_____
Email Address

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____ _____
(Signature of an Authorized Person)

Email _____ _____
(Printed Name)

2012 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE 7/23/2012

RECEIPT NO 53529

1. Corporate ID and Name:
DB006573
BLACK HILLS INSURANCE AGENCY, INC.
820 ST JOSEPH STREET
RAPID CITY, SD 57701

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

820 ST JOSEPH STREET	RAPID CITY	SD	57701
Street Address	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KELLY MAGUIRE

820 ST JOSEPH ST	RAPID CITY	SD	57701-2610
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

X	KELLY MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	President	Street Address	City	State	ZIP+4
X	MICHAEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
X	KEVIN MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
X	SUZANNE FEES	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Secretary	Street Address	City	State	ZIP+4
X	DANIEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Treasurer	Street Address	City	State	ZIP+4
X	KATHERINE RANDALL	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 07/23/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

KELLY G MAGUIRE
(Printed Name)

7/23/2012 2:16:58 PM

392 2354

Receipt Number: 71210

File Number DB006573

DB006573

ARTICLES OF MERGER

ARTICLES_OF_MERGER

For

DAKOTAGENCY, INC. a South Dakota corporation merged into BLACK HILLS INSURANCE AGENCY, INC. a South Dakota corporation and the survivor

Filed at the request of:

KELLY G MAGUIRE
BLACK HILLS INSURANCE
PO BOX 3330
RAPID CITY SD 57709

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Wednesday, October 24, 2012**

Jason Gant
Secretary of State

Fee Received: $60.00

State of South Dakota

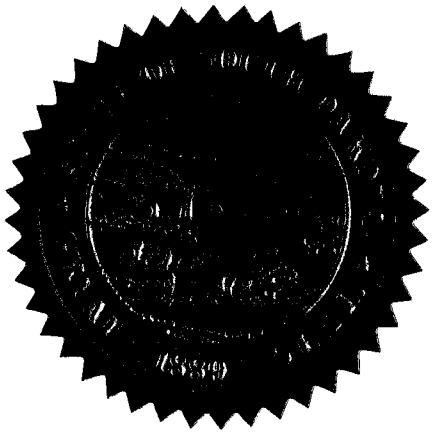
OFFICE OF THE SECRETARY OF STATE

Certificate of Merger

ORGANIZATIONAL ID #: DB006573

I, Jason M. Gant, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Merger **DAKOTAGENCY, INC. a South Dakota corporation merged into BLACK HILLS INSURANCE AGENCY, INC. a South Dakota corporation and the survivor** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Merger and attach hereto a duplicate of the Articles of Merger.



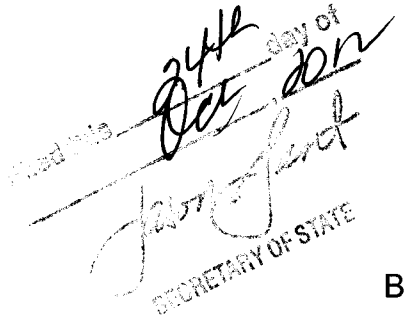
IN **TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this October 24, 2012.**

Jason M. Gant
Secretary of State

Cert of Merger Merge

392 2356 11/01/2012

RECEIVED
OCT 2 4 2012
S.D. SEC. OF STATE



ARTICLES OF MERGER OF

DAKOTAGENCY, INC.

A South Dakota Corporation

INTO

BLACK HILLS INSURANCE AGENCY, INC.

A South Dakota Corporation

Pursuant to the provisions of the South Dakota Business Corporation Act, SDCL. § 47-1A-1101 et seq., the undersigned corporations adopt the following Articles of Merger for the purpose of merging them into one of such corporations:

FIRST: The names of the undersigned corporations and the States under the laws of which they are respectively organized are:

Name of Corporation	State
DAKOTAGENCY, INC.	South Dakota
BLACK HILLS INSURANCE AGENCY, INC.	South Dakota

SECOND: The Articles of Incorporation of Black Hills Insurance Agency, Inc. shall not be amended by this merger.

THIRD: The Revised Plan of Merger dated October 12, 2012 was approved by all of the shareholders and was approved by all of the directors of both corporations in the manner prescribed by their articles and bylaws and the laws of the State of South Dakota and there were no foreign corporations involved..

FOURTH: The surviving corporation is BLACK HILLS INSURANCE AGENCY, Inc., a South Dakota corporation, and it is to be governed by the laws of the State of South Dakota and shall be effective upon the filing of this document.

DATED OCTOBER 12, 2012.

DAKOTAGENCY INC., a South Dakota corporation

By: _____
WILLIAM F. TERMES
President, Sole Director and Only Shareholder

ATTEST:

WILLIAM F. TERMES, Secretary

(SEAL)

BLACK HILLS INSURANCE AGENCY, INC. a South Dakota corporation

By: _____
KELLY MAGUIRE, President

ATTEST:

SUZANNE FEES, Secretary

2013 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE 6/19/2013
RECEIPT NO 124033

1. Corporate ID and Name:
DB006573
BLACK HILLS INSURANCE AGENCY, INC.
820 ST JOSEPH STREET
RAPID CITY, SD 57701

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

820 ST JOSEPH STREET	RAPID CITY	SD	57701
Street Address	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KELLY MAGUIRE

820 ST JOSEPH ST	RAPID CITY	SD	57701-2610
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

X	KELLY MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	President	Street Address	City	State	ZIP+4
X	MICHAEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
X	KEVIN MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
X	SUZANNE FEES	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Secretary	Street Address	City	State	ZIP+4
X	DANIEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Treasurer	Street Address	City	State	ZIP+4
X	KATHERINE RANDALL	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 06/19/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

SUZANNE M FEES
(Printed Name)

6/19/2013 12:06:05 PM

2014 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 6/17/2014
RECEIPT NO 209918

1. Corporate ID and Name:
DB006573
BLACK HILLS INSURANCE AGENCY, INC.
820 ST JOSEPH STREET
RAPID CITY, SD 57701

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

820 ST JOSEPH STREET	RAPID CITY	SD	57701
Street Address	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KELLY MAGUIRE

820 ST JOSEPH ST	RAPID CITY	SD	57701-2610
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

X	KELLY MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	President	Street Address	City	State	ZIP+4
X	MICHAEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
X	KEVIN MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
X	SUZANNE FEES	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Secretary	Street Address	City	State	ZIP+4
X	DANIEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Treasurer	Street Address	City	State	ZIP+4
X	KATHERINE RANDALL	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 06/17/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

SUZANNE M FEES
(Printed Name)

6/17/2014 10:58:39 AM

2015 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 6/30/2015

RECEIPT NO 315606

1. Corporate ID and Name:
DB006573
BLACK HILLS INSURANCE AGENCY, INC.
820 ST JOSEPH STREET
RAPID CITY, SD 57701

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

820 ST JOSEPH STREET	RAPID CITY	SD	57701
Street Address	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KELLY MAGUIRE

820 ST JOSEPH ST	RAPID CITY	SD	57701-2610
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

X	KELLY MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	President	Street Address	City	State	ZIP+4
X	MICHAEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
X	KEVIN MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
X	SUZANNE FEES	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Secretary	Street Address	City	State	ZIP+4
X	DANIEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Treasurer	Street Address	City	State	ZIP+4
X	KATHERINE RANDALL	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 06/30/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

SUZANNE M FEES

(Printed Name)

6/30/2015 3:46:56 PM

2016

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 6/30/2016

RECEIPT NO 431673

1. Corporate ID and Name:

DB006573
Enter Corporate ID

BLACK HILLS INSURANCE AGENCY, INC.
Enter Corporate Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

820 ST JOSEPH STREET	RAPID CITY	SD	57701
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KELLY MAGUIRE

820 ST JOSEPH ST	RAPID CITY	SD	57701-2610
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 3330	RAPID CITY	SD	57709-3330
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

X	KELLY MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	President	Actual Street Address	City	State	ZIP+4
	MICHAEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Actual Street Address	City	State	ZIP+4
	KEVIN MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Vice President	Actual Street Address	City	State	ZIP+4
	SUZANNE MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Secretary	Actual Street Address	City	State	ZIP+4
	DANIEL MAGUIRE	820 ST. JOSEPH STREET	RAPID CITY	SD	57701
	Treasurer	Actual Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 06/30/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

SUZANNE M MAGUIRE

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to $40 will be assessed for returned payments.

6/30/2016 4:00:34 PM