AMENDED

AZ Corp. Commission
05633648

00200143

STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

DUE ON OR BEFORE 10/03/2000 **FY00-01** **FILING FEE** $45.00

The following information is required by A.R.S. §10-1622 & §10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A & §10-3121.A. [redacted] Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

-0116729-3

1. FLAGSTAFF INSURANCE, INC.
2100 E CEDAR
PO BOX 1807
FLAGSTAFF, AZ 86002

RECEIVED
AUG 23 2016
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

RECEIVED
SEP 08 2000
[redacted]

Business Phone: [redacted]
State of Domicile: ARIZONA Type of Corporation: PROFIT

2. Arizona Statutory Agent: WESTON W THEN JR
Street Address: 1080 W BASALT LN
(NOT P.O. BOX)
City, State, Zip: FLAGSTAFF AZ 86001-

Use this box only if appointing a new Statutory Agent

[redacted]

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

ACC USE ONLY IPR
Fee $ 45.00
Penalty $
Reinstate $
Expedite $
Restamp $

139487

3. Secondary Address: [redacted]

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

__ 1. Accounting
__ 2. Advertising
__ 3. Aerospace
__ 4. Agriculture
__ 5. Architecture
__ 6. Banking/Finance
__ 7. Barbers/Cosmetology
__ 8. Construction
__ 9. Consultant
__ 10. Credit/Collection
__ 11. Education
__ 12. Engineering
__ 13. Entertainment
__ 14. General Consulting
__ 15. Health Care
__ 16. Hotel/Motel
__ 17. Import/Export
X 18. Insurance
__ 19. Legal Services
__ 20. Manufacturing
__ 21. Mining
__ 22. News Media
__ 23. Pharmaceutical
__ 24. Publishing/Printing
__ 25. Ranching/Livestock
__ 26. Real Estate
__ 27. Restaurant/Bar
__ 28. Retail Sales
__ 29. Science/Research
__ 30. Sports/Sporting Events
__ 31. Technology(Computer)
__ 32. Technology(General)
__ 33. Television/Radio
__ 34. Tourism/Convention Services
__ 35. Transportation
__ 36. Utilities
__ 37. Veterinary Medicine/Animal Care
__ 38. Other _____

NON-PROFIT CORPORATIONS

1. __ Charitable
2. __ Benevolent
3. __ Educational
4. __ Civic
5. __ Political
6. __ Religious
7. __ Social
8. __ Literary
9. __ Cultural
10. __ Athletic
11. __ Science/Research
12. __ Hospital/Health Care
13. __ Agricultural
14. __ Animal Husbandry
15. __ Homeowner's Association
16. __ Professional, commercial industrial or trade association
17. __ Other _____

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5. **CAPITALIZATION:** [redacted]
Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
1,000,000	Common	

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
3,706	Common	

6. **SHAREHOLDERS:** [redacted]
List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. Please Type or Print Clearly.

Name: Weston W. Thew, Jr. Name:

NONE ☐

Name: Name:

7. **OFFICERS** Please Type or Print Clearly.

Name: Weston Thew Jr. Name:

Title: President / CEO Title:

Address: 1080 W. Basalt Ln Address:
Flagstaff Az. 86001

Date taking office: 1-1-96 Date taking office:

Name: Sandra Thew Name:

Title: Secretary Title:

Address: 1080 W. Basalt Ln Address:
Flagstaff Az. 86001

Date taking office: 1-1-96 Date taking office:

8. **DIRECTORS** Please Type or Print Clearly.

Name: Weston Thew Jr Name: Sandra Thew

Address: 1080 W. Basalt Ln Address: 1080 W Basalt Ln
Flagstaff Az. 86001 Flagstaff Az. 86001

Date taking office: 1-1-96 Date taking office: 1-1-96

Name: Name:

Address: Address:

Date taking office: Date taking office:

Please Enter Corporation Name: Plagmore Insurance, Inc. Page 3

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)
Only nonprofit corporations must attach a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) [illegible]

This corporation **does** ☐ **does not** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)
Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to profit corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

(a) fraud or registration provisions of the securities laws of that jurisdiction, or
(b) the consumer fraud laws of that jurisdiction, or
(c) the antitrust or restraint of trade laws of that jurisdiction?

[illegible] **YES** ☐ **NO** ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in items 1. through 3. above.

1. Full name and prior names used.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediately preceding 7 year period).
6. Date and location of birth.
8. Social Security Number
7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case.

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)
Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

[illegible] **YES** ☐ **NO** ☒

Chapter _____ Date Filed _____ Case Number _____

[illegible]

12. SIGNATURES

[illegible]

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

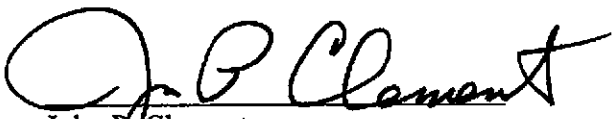
Name Wesley W. Pratt Date 8/7/00 Name _____ Date _____

Signature [illegible] Signature _____

Title President Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

SIGNATURE PAGE TO AMENDED ANNUAL REPORT

Signature: 
Name: John P. Clements
Title: President
Date: August 22, 2016