



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000080600

2. Name of Corporation PayneWest Insurance, Inc.

3. Street Address Principal Business Office:

No. and Street: 2323 SECOND AVENUE NORTH
PO BOX 30638

City or Town: BILLINGS

State: MT Zip: 59107-0638 Country: USA

4. Business Phone No.

406-238-1900

5. State of Incorporation

State: MT

6. Brief Description of the Character of Business Conducted in Rhode Island

DEALING IN NON-RESIDENT INSURANCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRIAN DONAHUE	3214 LLOYD MANGRUM LANE BILLINGS, MT 59106 USA
TREASURER	KEN R. LADDUSAW	2916 STILLWATER DRIVE BILLINGS, MT 59102 USA
SECRETARY	SARAH KELLY	11 WOODWARD COURT HELENA, MT 59601 USA
DIRECTOR	TERRY PAYNE	501 PATTEE CANYON DR. MISSOULA, MT 59803 USA

DIRECTOR	PATRICK S. MCCUTCHEON	7 CLOVERVIEW DR. HELENA, MT 59604 USA
DIRECTOR	LARRY SIMKIN	PO BOX 16630 MISSOULA, MT 59601 USA
DIRECTOR	JERRY LUSK	PO BOX 1018 BOCA GRANDE, FL 33921 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	600,000.00	410477

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 25 Day of February, 2014 at 4:08:22 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KEN R. LADDUSAW
Signature of Authorized Representative of the Corporation

CFO/TREASURER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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