

No. W 26856		Due no later than Nov 30, 2006 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LFD INSURANCE AGENCY, LIMITED LIABILITY COMPANY CHERRY WHITAKER LFD 350 CHURCH ST MLB 1 HARTFORD CT 06103		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name PATRICK J CAULFIELD	Street or PO Address 350 CHURCH STREET MLB1		City HARTFORD	State CT	Country USA	Postal Code 06103
5. Organized Under the Laws of: DELAWARE W 26856		6. Annual Report must be signed.* Signature: Charito C. Whitaker Name (type or print): Charito C. Whitaker Date: 11/27/2006 Title: Assistant Secretary					
Processed 11/27/2006 * Electronically provided signatures are accepted as original signatures.							