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|--|----------------------|---|--------|--|----------------------------|-------------|--|
| No. C 154915 | | Due no later than Jun 30, 2007 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. CAPITAL ONE INSURANCE AGENCY, INC. 1680 CAPITAL ONE DR MCLEAN VA 22102 | | CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY | FRANK R BORCHERT III | 1680 CAPITAL ONE DR | MCLEAN | VA | USA | 22102 | |
| PRESIDENT | LARRY A KLANE | 1680 CAPITAL ONE DR. | MCLEAN | VA | USA | 22102 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| VA C 154915 | | Signature: Jean K. Traub | | | Date: 05/23/2007 | | |
| | | Name (type or print): Jean K. Traub | | | Title: Assistant Secretary | | |
| Processed 05/23/2007 | | * Electronically provided signatures are accepted as original signatures. | | | | | |