No. W 34567		Due no later than Nov 30, 2006 Annual Report Form 1. Mailing Address: Correct in this box if needed. LENDERS PROTECTION, LLC 5910 MINERAL POINT ROAD MADISON WI 53705		2. Registered A	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				300 NORTH BOISE ID 8	C T CORPORATION SYSTEM 300 NORTH 6TH STREET BOISE ID 83702 3. New Registered Agent Signature:*			
4. Limited Liability Compa Office Held MANAGER	nies: Enter Na Name STEVE M M		t least one Member or Manager. Street or PO Address 5910 MINERAL POINT ROAD	City MADISON	State WI	Country	Postal Code 53705	
5. Organized Under the Laws of: DELAWARE W 34567		6. Annual Report must be signed.* Signature: Tracy K. Lien Name (type or print): Tracy K. Lien			1/30/2006 ssistant Sec	retary		
Processed 11/30/2006		* Electronically provided signatures are accepted as original signatures.						