

No. **W 26019**

Due no later than September 30, 2004
Annual Report Form

2. Registered Agent and Office **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 applicable

LONG-TERM CARE INSURANCE OF AMERICA
7102 N FAIRFAX AVE
BOISE, ID 83714

SUSAN L WOOD
7102 N FAIRFAX AVE
BOISE, ID 83714

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Susan Wood	7102 N. Fairfax Ave	Boise	ID	83714

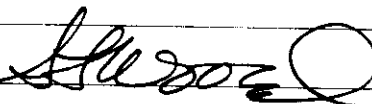
5. Organized Under the Laws of:

IDAHO
W 26019

6.

Signature

Name (Typed or Printed)



Susan L. Wood

Date

7/16/04

Title

Manager

Issuer: