

No. <b>W 26019</b>	<b>Due no later than Sep 30, 2012</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> LONG-TERM CARE INSURANCE OF AMERICA, LLC SUSAN L WOOD 10172 ROCKWOOD CT BOISE ID 83704 USA	SUSAN L WOOD 10172 ROCKWOOD CT BOISE ID 83704	
		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.			
Office Held	Name	Street or PO Address	City State Country Postal Code
MANAGER	SUSAN L WOOD	10172 ROCKWOOD COUT	BOISE ID USA 83704
5. Organized Under the Laws of:  <b>ID W 26019</b>	6. Annual Report must be signed.* Signature: Susan L. Wood Name (type or print): Susan L. Wood		Date: 08/17/2012 Title: Manager
Processed 08/17/2012		* Electronically provided signatures are accepted as original signatures.	