


| No. W 26019 | Due no later than September 30, 2005 | | 2. Registered Agent and Office 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 | Annual Report Form | | SUSAN L WOOD | | | | | | | | | | | | | |
| | 1. Mailing Address - Correct in this box, if applicable LONG-TERM CARE INSURANCE OF AMERICA 10172 ROCKWOOD CT BOISE, ID 83704 | | 7102 N FAIRFAX AVE BOISE, ID 83714 10172 Rockwood CT Boise ID 83704 | | | | | | | | | | | | | |
| 3. New Registered Agent Signature | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Sole Manager</td> <td>Susan Wood</td> <td>10172 Rockwood CT</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | Sole Manager | Susan Wood | 10172 Rockwood CT | Boise | ID | 83704 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | |
| Sole Manager | Susan Wood | 10172 Rockwood CT | Boise | ID | 83704 | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 26019 | | 6. Signature  Date 7/15/05 Name (Typed or Printed) Susan L. Wood Title Sole Manager | | | | | | | | | | | | | | |

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