

No. W 26019

Due no later than September 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LONG-TERM CARE INSURANCE OF AMERICA
10172 ROCKWOOD CT
BOISE, ID 83704

SUSAN L WOOD
10172 ROCKWOOD CT
BOISE, ID 83704

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 L. Wood	10172 Rockwood CT	Boise	ID	83704

5. Organized Under the Laws of:

IDAHO
W 26019

6.

Signature



Date

7/14/08

Name

(Typed or
Printed)

Susan L. Wood

Title

Manager

Issued 07/01/2008

Do Not Tape or Staple

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