No. <b>W 26856</b>	Di	Due no later than Nov 30, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  LFD INSURANCE AGENCY, LIMITED LIABILITY COMPANY CHERRY WHITAKER LFD 350 CHURCH ST MLB 1 HARTFORD CT 06103		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LFD INSURAN CHERRY WHI 350 CHURCH						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER TERREN	CE J MULLEN	2001 MARKET STREET	PHILADELPHIA	PA	USA	19103	
5. Organized Under the Laws of:	6. Annual Repor	6. Annual Report must be signed.*					
DE	Signature: Cl	Signature: Charito C Whitaker		Date: 09/20/2007			
W 26856	Name (type o	Name (type or print): Charito C Whitaker		Title: Avp			
Processed 09/20/2007	* Electronically p	* Electronically provided signatures are accepted as original signatures.					