

No. C 154915	Due no later than Jun 30, 2006 Annual Report Form		2. Registered Agent and Address (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	1. Mailing Address: Correct in this box if needed. CAPITAL ONE INSURANCE AGENCY, INC. 1680 CAPITAL ONE DR MCLEAN VA 22102		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	FRANK R BORCHERT III	1680 CAPITAL ONE DR	MCLEAN	VA	USA	22102
PRESIDENT	LARRY A KLANE	1680 CAPITAL ONE DR.	MCLEAN	VA	USA	22102
5. Organized Under the Laws of: VIRGINIA C 154915	6. Annual Report must be signed.* Signature: Jean K. Traub Name (type or print): Jean K. Traub		Date: 04/20/2006 Title: Asst. Sec.			
Processed 04/20/2006		* Electronically provided signatures are accepted as original signatures.				