

No. W 26856		Due no later than Nov 30, 2010 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		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 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				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	WILFORD H FULLER	130 N. RADNOR-CHESTER ROAD	PHILADELPHIA	PA	USA	19087	
MANAGER	PATRICIA INSLEY	130 N. RADNOR-CHESTER ROAD	RADNOR	PA	USA	19087	
MEMBER	JOEL SCHWARTZ	130 N. RADNOR-CHESTER ROAD	RADNOR	PA	USA	19087	
5. Organized Under the Laws of: DE W 26856		6. Annual Report must be signed.* Signature: Cherry Whitaker Name (type or print): Cherry Whitaker					
		Date: 11/11/2010 Title: Avp					
Processed 11/11/2010 * Electronically provided signatures are accepted as original signatures.							