No. W 100778		Due no later than Feb 28, 2013 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. STRATEGIC LIFE INSURANCE PLANNERS, LLC (THE) MORIA WESTENSKOW 441 S 3RD E REXBURG ID 83440		MORIA WESTENSKOW 441 S 3RD E REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compar	nies: Enter Nar	nes and Addresses	of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	MORIA D W	ESTENSKOW	441 SOUTH 3RD EAST PO BOX 282	REXBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Mor	Date: 02/25/2013				
W 100778		Name (type or	Title: Manager				
Processed 02/25/2013 * Electronically provided signatures are accepted as original signatures.							