

No. C 141915		Due no later than Dec 31, 2006		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. GAB ROBINS RISK MANAGEMENT SERVICES, INC. E J ROMANI 9 CAMPUS DR STE 7 PARSIPPANY NJ 07054		NATIONAL REGISTERED AGENTS 1423 TYRELL LN BOISE ID 83706			
				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	JAMES P. ARNOLD	9 CAMPUS DRIVE SUITE 7	PARSIPPANY	NJ	USA	07054	
PRESIDENT	EDWARD G. TROY	9 CAMPUS DRIVE	PARSIPPANY	NJ	USA	07054	
DIRECTOR	EDWARD G. TROY	9 CAMPUS DRIVE	PARSIPPANY	NJ	USA	07054	
5. Organized Under the Laws of: DELAWARE C 141915		6. Annual Report must be signed.* Signature: Elizabeth J. Romani Name (type or print): Elizabeth J. Romani Date: 10/11/2006 Title: Assistant Secretary					
Processed 10/11/2006		* Electronically provided signatures are accepted as original signatures.					