

No. W 26856	Due no later than Nov 31, 2005 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. LFD INSURANCE AGENCY, LIMITED LIABILITY COMPANY CHERRY WHITAKER LFD 350 CHURCH ST MLB 1 HARTFORD CT 06103 0000	CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 0000			
		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	WESTLEY THOMPSON	350 CHURCH ST MLB 1	HARTFORD	CT	06103
5. Organized Under the Laws of: DELAWARE W 26856	6. Annual Report must be signed.* Signature: Charito C Whitaker Date: 09/14/2005 Name (type or print): Charito C Whitaker Title: Assistant Secretary				
Processed 09/14/2005		* Electronically provided signatures are accepted as original signatures.			