

No. W 22363		Due no later than Jan 31, 2008		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. INSURANCE ADMINISTRATIVE SOLUTIONS, L.L.C. DARCEY J SHAFFER 8545 126TH AVE N STE 200 LARGO FL 33773-1502 USA		PARACORP INC 5481 KENDALL STREET BOISE ID 83706		
				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
MEMBER	STATE MUTUAL INSURANCE COMPANY	ONE STATE MUTUAL DRIVE	ROME	GA	USA	30165-1338
MEMBER	JOHN J ANTHONY	8545 126TH AVE N SUITE 200	LARGO	FL	USA	33773-1502
MEMBER	RAYMOND J BISCOGLIA	8545 126TH AVE N SUITE 200	LARGO	FL	USA	33773-1502
MEMBER	DOUGLAS & ROBIN PRICE FAMILY LTD PARTNERSHIP	1550 RIDGE TOP DRIVE	TARPON SPRINGS	FL	USA	34688
MEMBER	DELOS H YANCEY, III ACCUMULATION TRUST	185 BELLEMONT DRIVE	ROME	GA	USA	30165
MEMBER	CYNTHIA Y LESTER, ACCUMULATION TRUST	49 BELLEMONT DRIVE	ROME	GA	USA	30165
MEMBER	CHERYL Y BOONE, ACCUMULATION TRUST	320 E 3RD AVENUE	ROME	GA	USA	30161
MEMBER	LIFE AND HEALTH HOLDINGS, INC.	ONE STATE MUTUAL DRIVE	ROME	GA	USA	30165
MEMBER	WAKELY AND ASSOCIATES, INC.	8545 126TH AVE N SUITE 200	LARGO	FL	USA	33773-1502
5. Organized Under the Laws of: FL W 22363		6. Annual Report must be signed.* Signature: John J Anthony Name (type or print): John J Anthony Date: 11/14/2007 Title: Member				
Processed 11/14/2007		* Electronically provided signatures are accepted as original signatures.				