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| No. W 26019 | | Due no later than Sep 30, 2014 | | 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 | | SUSAN L WOOD 10172 ROCKWOOD CT BOISE ID 83704 | | | |
| | | 1. Mailing Address: Correct in this box if needed. LONG-TERM CARE INSURANCE OF AMERICA, LLC SUSAN L WOOD 10172 ROCKWOOD CT BOISE ID 83704 USA | | 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 | SUSAN L WOOD | 10172 ROCKWOOD COUT | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 26019 | | Signature: Susan Wood | | | Date: 08/19/2014 | | |
| | | Name (type or print): Susan Wood | | | Title: Manager | | |
| Processed 08/19/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |