

No. W 26019		Due no later than Sep 30, 2014 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. LONG-TERM CARE INSURANCE OF AMERICA, LLC SUSAN L WOOD 10172 ROCKWOOD CT BOISE ID 83704 USA		SUSAN L WOOD 10172 ROCKWOOD CT BOISE ID 83704			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SUSAN L WOOD	Street or PO Address 10172 ROCKWOOD COUT		City BOISE	State ID	Country USA	Postal Code 83704
5. Organized Under the Laws of: ID W 26019		6. Annual Report must be signed.* Signature: Susan Wood Name (type or print): Susan Wood Date: 08/19/2014 Title: Manager					
Processed 08/19/2014 * Electronically provided signatures are accepted as original signatures.							