


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006054 1. Entity Name THE INSURANCE AGENCY FOR THE AMERICAN WORKING FAMILY INC.	
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Principal Place of Business 520 PARK AVENUE BALTIMORE, MD 21201	Mailing Address 20 MOORES ROAD FRAZER, PA 19355
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0597164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000387061 01/19/06-80023-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BRIAN A 20 MOORES ROAD FRAZER, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EUBANKS, MICHAEL A 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATCHFORD, PAUL C 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCONNELL, MARTHA A 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARP, MARILYN 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RENKO, LAURIE A 20 MOORES ROAD FRAZER, PA 19355

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Brian A. Smith** 1/5/06 610-648-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #