

State of Idaho

Office of the Secretary of State

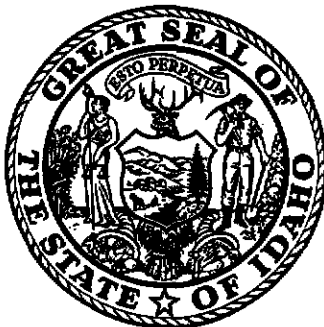
**CERTIFICATE OF AUTHORITY
OF
TAS INSURANCE GROUP, INC.**

File Number C 185400

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 7, 2009



Ben Ysursa

SECRETARY OF STATE

By

Sheryl DeWine



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

09 DEC -7 PM 2: 36

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

TAS Insurance Group, Inc.

2. The name which it shall use in Idaho is: TAS Insurance Group, Inc.

3. It is incorporated under the laws of: Missouri

4. Its date of incorporation is: 08/29/1997

5. The address of its principal office is:

255 NW Blue Parkway, Suite 102; Lee's Summit, MO 64063

6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: _____

and its registered agent in Idaho at that address is: National Registered Agents, Inc.

8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>Charles Wear, Jr.</u>	<u>Chairmn/Dir/Secty</u>	<u>255 NW Blue Parkway, Suite 102</u> <u>Lee's Summit, MO 64063</u>
<u>Tad DeOrio</u>	<u>Director/President</u>	<u>255 NW Blue Parkway, Suite 102</u> <u>Lee's Summit, MO 64063</u>
_____	_____	_____
_____	_____	_____

Dated: 11/17/2009

Signature: _____

Typed Name: Tad DeOrio

Capacity: President/Director

[The signer must be a director or an officer of the corporation.]

Customer Acct #:

(if using pre-paid account)

Secretary of State use only

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forms\app\certificate\authority_profit.pmd
Revised 08/2005

IDAHO SECRETARY OF STATE
12/07/2009 05:00
CK: 354038 CT: 35774 BN: 1198201
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Web Form

C 185400

STATE OF MISSOURI



Robin Carnahan
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**TAS INSURANCE GROUP, INC.
00445378**

was created under the laws of this State on the 29th day of August, 1997, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 16th day of November, 2009

Robin Carnahan

Secretary of State

