

State of Idaho

Department of State

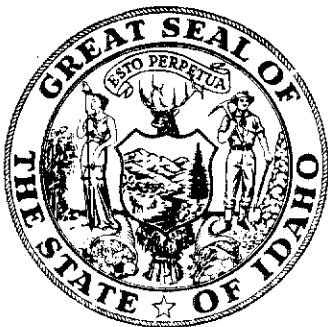
CERTIFICATE OF AUTHORITY OF

COMBINED BENEFITS INSURANCE COMPANY
File Number C 117560

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of COMBINED BENEFITS INSURANCE COMPANY for a Certificate of Authority to transact business in this State, duly executed pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to COMBINED BENEFITS INSURANCE COMPANY to transact business in this State under the name COORDINATED BENEFITS INSURANCE and attach hereto a duplicate original of the Application for such Certificate.

Dated: December 23, 1996



Pete T. Cenarrusa
SECRETARY OF STATE

By *Alta Suko*

APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

To the Secretary of State of Idaho

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

1. The name of the corporation is Combined Benefits Insurance Company
2. The name which it shall use in Idaho is Combined Benefits Insurance Company
dba COORDINATED BENEFITS INSURANCE
3. It is incorporated under the laws of Montana
4. Its date of incorporation is 11/23/94 and its duration, if other than perpetual, is _____
5. The address of its principal office in the state or country under the laws of which it is incorporated is
2925 Palmer Street, Missoula, MT 59802
6. The address to which correspondence should be addressed, if different than item 5, is
Post Office Box 3537, Missoula, MT 59806
7. The street address of its registered office in Idaho is 300 N. 6th Street, Boise, Idaho
and its registered agent in Idaho at that address is CT-Corporation System
8. The purpose or purposes which it is proposed to pursue in the transaction of business in Idaho are
Property and Casualty Insurance
9. The names and respective addresses of its directors and officers are:

Name	Office	Address	#:	C
<u>John T. Riley</u>	<u>Director/Pres. & CEO</u>	<u>2925 Palmer, Missoula, MT</u>	<u>59806</u>	
<u>Alan F. Cain</u>	<u>Director/Chairman</u>	<u>404 Fuller Ave., Helena, MT</u>	<u>59604</u>	
<u>Terry Srenar</u>	<u>Director/Vice Chair</u>	<u>404 Fuller Ave., Helena, MT</u>	<u>59604</u>	
<u>Randy Cline</u>	<u>Director</u>	<u>404 Fuller Ave., Helena, MT</u>	<u>59604</u>	
<u>Ronald C. King</u>	<u>Director/Treasurer</u>	<u>404 Fuller Ave., Helena, MT</u>	<u>59604</u>	
<u>William N. Jensen</u>	<u>Director/Secretary</u>	<u>404 Fuller Ave., Helena, MT</u>	<u>59604</u>	
<u>Barbara Griffith</u>	<u>Asst. Sec. & Treas.</u>	<u>2925 Palmer, Missoula, MT</u>	<u>59806</u>	

10. The corporation accepts and shall comply with the Constitution and the laws of the State of Idaho.

Dated: 9/13/96

Combined Benefits Insurance Company

(Corporation name)

By

[Signature]
President, Vice President, Secretary or Assistant Secretary
(please specify)

Idaho Secretary of State
DATE 09/13/1996 0900 24889

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CK #: 10708 CUST# 70730

AUTH PRO

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SECRETARY OF STATE

STATE OF MONTANA

SECRETARY OF STATE
STATE OF IDAHO
JUN 29 AM '96

CERTIFICATE OF EXISTENCE

I, **Mike Cooney**, Secretary of State of the State of Montana, do hereby certify that

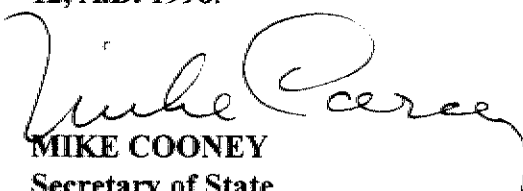
COMBINED BENEFITS INSURANCE COMPANY

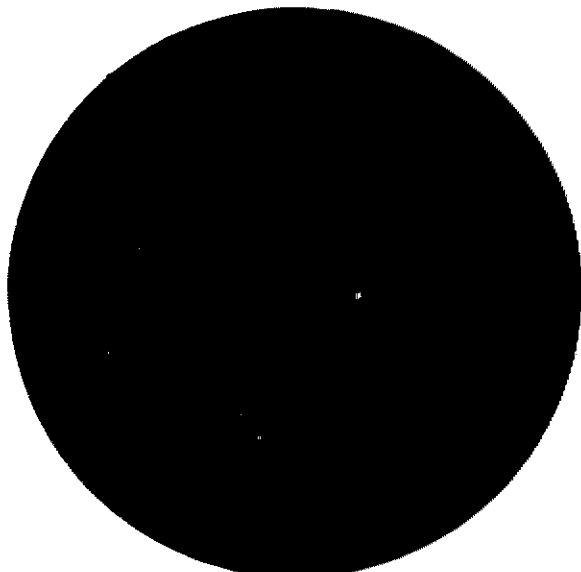
duly filed its Articles of Incorporation in this office on **November 23, 1994**, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **December 12, A.D. 1996**.


MIKE COONEY
Secretary of State



**CERTIFICATE OF THE SECRETARY OF
COMBINED BENEFITS INSURANCE COMPANY**

DEC 23 8 29 AM '96
SECRETARY
STATE OF IDAHO

RESOLUTION

WHEREAS, Management of Combined Benefits Insurance Company anticipates filing for a certificate of authority to do business in the State of Idaho; and,

WHEREAS, Management recommends that Combined Benefits Insurance Company register to do business in the State of Idaho under the name of Combined Benefits Insurance Company dba Coordinated Benefits Insurance.

BE IT RESOLVED, that the Board of Directors of Combined Benefits Insurance Company accepts the recommendation of Management and Management is hereby authorized to register as Combined Benefits Insurance Company dba Coordinated Benefits Insurance in the State of Idaho.

The undersigned, as Secretary of Combined Benefits Insurance Company, a Montana corporation, hereby certifies that the foregoing is a true and accurate record of the resolution duly adopted by the Board of Directors of said corporation on December 11, 1996.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this eleventh day of December, 1996.


WILLIAM N. JENSEN, Secretary