

State of Idaho

Office of the Secretary of State

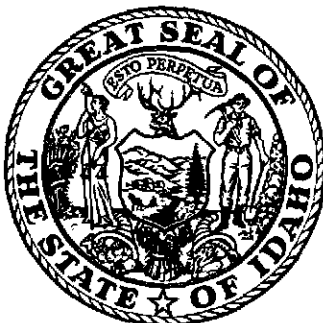
**CERTIFICATE OF AUTHORITY
OF
MALPRACTICE INSURANCE AGENCY, LLC**

File Number W 145423

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 Uniform Limited Liability 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 16, 2014



Ben Yursa

SECRETARY OF STATE

By

John Spring



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 DEC 16 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Malpractice Insurance Agency LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is: California

4. The name and complete street address of the registered agent in Idaho is:

ID Dept of Ins Director - Bill Deal 700 W State St Fl. 3, Boise, ID 83702.

5. The street and mailing address of the limited liability company's principal office is:

31642 S. Coast Hwy Ste 200, Laguna Beach CA 92651

Street Address

Mailing Address, if different

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

300 S. Spring St. Los Angeles CA 90013

Street Address

Mailing Address, if different

7. The name and mailing address of at least one member or manager:

Toby Lason 31642 S. Coast Hwy Ste 200, Laguna Beach CA 92651

8. The mailing address for future correspondence:

31642 S. Coast Hwy Ste 200, Laguna Beach CA 92651

9. Signature of a manager, member or authorized person.

Signature

Toby Lason

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE

12/16/2014 05:00

CK:2152 CT:304193 BH:1453207

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: MALPRACTICE INSURANCE AGENCY, LLC

FILE NUMBER: 200925710140
FORMATION DATE: 09/11/2009
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 20, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

ABW