State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY

OF

COMBINED PROFESSIONAL AGENTS INSURANCE SERVICES, INC.

File Number C 186460

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: March 9, 2010



Ben youra SECRETARY OF STATE

By Alexa Delira



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit) (Instructions on Back of Application)

2010 MAR -9 PM 3: 30

	<i>(</i>	an man ar sippin	,	SECRETARY OF STATE	
The undersigned Co	orporation applies for	a Certificate of Aut	hority and state	SECHETARY OF STATE	
. The name of th				en en er en	
•	Professional Agen		***************************************		· · · · · · · · · · · · · · · · · · ·
?. The name whic	h it shall use in Idaho	is: Combined	Professional	Agents Insurance Sen	rices, Inc.
3. It is incorporate	ed under the laws of:	CA			
I. Its date of incom	rporation is: 4/13	/2001			
	its principal office is: ard Street, Suite 1		l Hills, CA 91	367	
3. The address to	which corresponden	ce should be addre	essed, if differe	nt from item 5, is:	<u>.</u>
	ess of its registered o	omice in Idano is., .	1201 N. Libe	rty, Ste. 917; Boise, ID	83704
and its register	ed agent in Idaho at th	nat address is: <u> </u>	ardonp into		
. The names and	respective business	addresses of its di	rectors and offic	ers are:	
Name		Title	Bu	siness Address	
See Attached	<u> </u>				<u> </u>
4					
					- ************************************

Dated:3	03/2010			mer Acct #: using pre-paid account)	
Signature:				Secretary of State use	only
Typed Name: Cyr	nthia D. Levy		g cooptomistoop makepicroendeadranty_profit_	IDAHO SEERE	TARY OF STATE
Capacity: Vice P	resident		(keoption orcertation Revised	Ø3/ 99/20 CK: 7971 CT: 24	810 05:00 2055 BH: 1211822
	r must be a director or an	officer of the corpora	tion.)	1 2 180.00 = 18	9.99 AUTH PRO D

C186460

List of Officers & Directors for: Combined Professional Agents Insurance Services, Inc.

LG Life Insurance Services, LLC

Eric Leavitt
President
Business Address:
21650 Oxnard Street, Suite1825
Woodland Hills, CA 91367

Mark Kenney
Secretary
Business Address:
21650 Oxnard Street, Suite1825
Woodland Hills, CA 91367

Joe Callister
Treasurer
Business Address:
21650 Oxnard Street, Suite1825
Woodland Hills, CA 91367

Cynthia D. Levy
Vice President
Business Address:
21650 Oxnard Street, Suite1825
Woodland Hills, CA 91367

Danny H. Lerner Vice President Business Address: 21650 Oxnard Street, Suite1825 Woodland Hills, CA 91367

David G Granowitz
Vice President
Business Address:
21650 Oxnard Street, Suite1825
Woodland Hills, CA 91367

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

COMBINED PROFESSIONAL AGENTS INSURANCE SERVICES, INC.

FILE NUMBER:

C2339386

FORMATION DATE:

04/13/2001

TYPE:

DOMESTIC CORPORATION

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 March 03, 2010.

DEBRA BOWEN

Secretary of State