

State of Idaho

Department of State

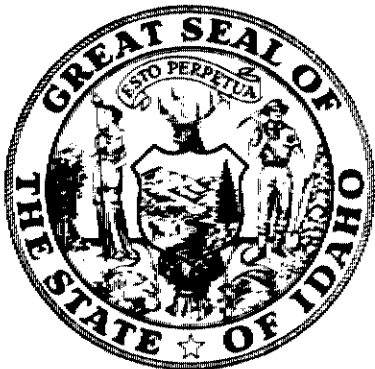
CERTIFICATE OF AUTHORITY OF

GRAVENS MANAGEMENT COMPANY INSURANCE SERVICES

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of GRAVENS MANAGEMENT COMPANY INSURANCE SERVICES for a Certificate of Authority to transact business in this State, duly signed and verified 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 GRAVENS MANAGEMENT COMPANY INSURANCE SERVICES to transact business in this State under the name GRAVENS MANAGEMENT COMPANY INSURANCE SERVICES and attach hereto a duplicate original of the Application for such Certificate.

Dated October 22, 1987



Pete T. Cenarrusa

SECRETARY OF STATE

Sandra A. Anthony
Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

To the Secretary of State of Idaho

Pursuant to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose submits the following statement:

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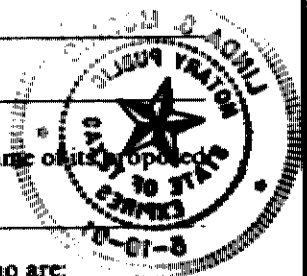
1. The name of the corporation is Cravens Management Company Insurance Services
2. The name which it shall use in Idaho is N/A

(To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.)

3. It is incorporated under the laws of Delaware
4. The date of its incorporation is November 11, 1985 and the period of its duration is Perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is 1209 Orange Street, Wilmington, Delaware 19801

6. The address to which correspondence should be addressed, if different from that in item 5. P. O. Box 1660, Houston, TX 77251 Attn: Ann Kelley

7. The street address of its proposed registered office in Idaho is 300 North 6th Street
Boise, Idaho 83701, and the name of its proposed registered agent in Idaho at that address is CT CORPORATION SYSTEM



8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are: Insurance Management

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

Name	Office	Address
<u>Malcolm Cravens</u>	<u>Chairman of the Board/Director</u>	<u>555 California Street, Suite 2920 San Francisco, CA 94104</u>
<u>Hartley Cravens</u>	<u>Vice Chairman/Director</u>	<u>555 California St., Ste. 2920 San Francisco, CA 94104</u>
<u>James R. Cravens, Jr.</u>	<u>Sr. V. President/Director</u>	<u>1903 Hermann Drive Houston, TX 77004</u>
<u>E.L. Stutsman</u>	<u>President</u>	<u>701 5th Avenue, Ste. 6750 Seattle, WA 98104</u>
<u>Ethel T. Parks</u>	<u>Secretary</u>	<u>1903 Hermann Drive, Houston, TX 77004</u>
<u>Linda Fuex</u>	<u>Asst. Secretary</u>	<u>1903 Hermann Drive Houston, TX 77004</u>

(continued on reverse)

Name

Office

Address

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

11. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated: 2 Oct 87

Cravens Management Company Insurance Services
(Corporation Name)

By James R. Cravens, Jr.

James R. Cravens, Jr. Its President / Vice President (please specify)

Sr. V. President

and Linda Fuex

Linda Fuex Its Secretary / Assistant Secretary (please specify)

Asst. Secy.

Texas)

) ss:

COUNTY OF Harris)

I, Linda S Morris, a notary public, do hereby certify that on

this 7th day of October, 19 87, personally appeared before

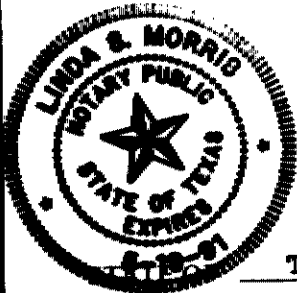
me James R. Cravens, Jr., who being by me first duly sworn, declared that (s)he

is the Sr. V. President of Cravens Management Company Insurance

Services

that (s)he signed the foregoing document as Sr. Vice President of the corporation and that the statements therein contained are true.

Linda S. Morris
Notary Public



State of Delaware

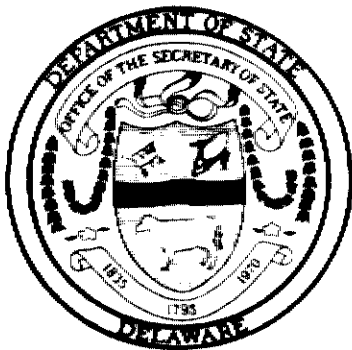


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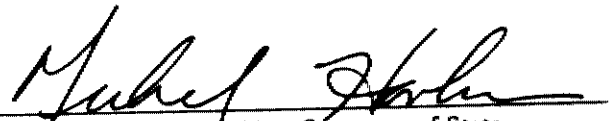
Office of Secretary of State

I, MICHAEL HARKINS, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY CRAVENS MANAGEMENT COMPANY INSURANCE SERVICES IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE DATE SHOWN BELOW.

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Michael Harkins, Secretary of State

AUTHENTICATION: 11432246
DATE: 10/13/1987