

State of Idaho

Office of the Secretary of State

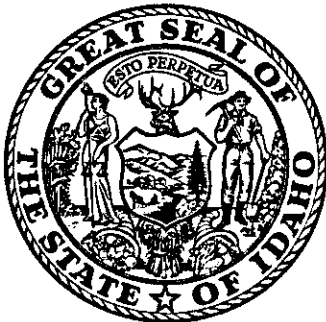
**CERTIFICATE OF AUTHORITY
OF
MCGOWAN INSURANCE GROUP, INC.**

File Number C 174951

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: September 12, 2007



Ben Yursa

SECRETARY OF STATE

By

[Signature]



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

FILED EFFECTIVE

07 SEP 12 AM 8:23

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:
McGowan Insurance Group, Inc.
2. The name which it shall use in Idaho is: McGowan Insurance Group, Inc.
3. It is incorporated under the laws of: Indiana
4. Its date of incorporation is: 11-25-70
5. The address of its principal office is:
10 West Market, # 1850, Indianapolis, IN 46204
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: CT Corporation Systems
and its registered agent in Idaho at that address is: 1111 West Jefferson, Boise, ID 83702
8. The names and respective business addresses of its directors and officers are:

Name	Office Held	Business Address
<u>Hugh B. McGowan</u>	<u>President</u>	<u>10 W. Market, # 1850, Indpls, IN 46204</u>
<u>Hugh M. McGowan</u>	<u>Vice-President</u>	<u>10 W. Market, # 1850, Indpls, IN 46204</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 08/16/07

Signature: _____

Typed Name: Hugh B. McGowan

Capacity: President

[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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form\app\indiana\indiana_profit.pmd
Revised 08/2005

IDAHO SECRETARY OF STATE

09/12/2007 05:00

CK: 42702 CT: 217451 BH: 1075245
1 @ 100.00 = 100.00 AUTH PRO # 2

Web Form

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

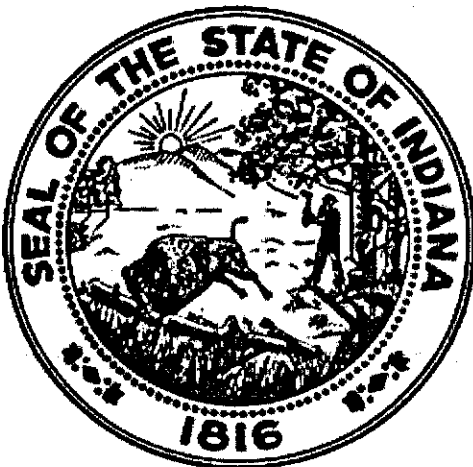
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MCGOWAN INSURANCE GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 25, 1970, and was in existence or authorized to transact business in the State of Indiana on September 10, 2007.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Tenth Day of September, 2007.

A handwritten signature in cursive script that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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